

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

Book of Abstracts

38th International Meeting
June 20-23, 2007
Madison, Wisconsin, USA

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Preface

Dear Colleagues,

SPR has the pleasure of welcoming you to Madison, Wisconsin, for the 38th Annual Meeting of the Society for Psychotherapy Research.

The traditional annual meeting includes a scientific program with more than 320 presentations by researchers from more than 23 countries. In addition to the Presidential Address offered by Professor Erhard Mergenthaler, the program includes 2 Plenary Sessions, 55 Panels, 16 Paper Sessions, 9 Open Discussions, 5 Pre-Conference Workshops, a poster session with over 60 presentations, 5 business meetings, and a Memorial Panel paying tribute to the life and work of Hans Strupp. The breadth of presentations is increased by the active participations of CBT and family therapy researchers, as well as by having a track dedicated to cultural aspects of psychotherapy research. We have attempted to organize sessions thematically with similar topics scheduled during non-competing time slots based on the key words provided by the authors. There will be no more than 8 parallel sessions.

You will find a first author index, a topic index and various maps and plans in the back of the program. There will be notes about the meeting posted at the registration area in case of cancellations or other variations from the printed program.

We look forward to a successful meeting with a rich, and lively interchange between presenters and participants. It is our hope that the program will encourage the advancement of knowledge and collaboration between those in attendance.

Greg Kolden (Chair Local Organizing Committee)
Bruce Wampold
Tracey Smith

Jacques P. Barber (Chair Program Council)
Anna Buchheim
Gary Diamond
David Orlinsky
Bernhard Strauss

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**Pre-
Conference
Workshop**
Depression

Introduction to Longitudinal Data Analysis

Robert Gallop - West Chester University, West Chester, PA, USA

Longitudinal data acquisition has always been a component of psychotherapy research, but the reporting of results through longitudinal data analysis (LDA) has been advanced substantially during the past 20 years. Previously, longitudinal data would be summarized into one measure through methods such as last observation carried forward (LOCF). Then analyses would incorporate cross-sectional methods such as analysis of covariance (ANCOVA) for reporting study results. The fundamental difference with LDA methods is that they recognize that the repeated observations within subjects are correlated. This correlation has a profound impact on the resulting tests of significance. When this within subject correlation is properly incorporated, the LDA takes full advantage of all information obtained from each subject, thereby greatly increasing statistical power over methods that compare treatments cross-sectionally. At least two general approaches are available in a number of software packages for analyzing longitudinal data: (i) Multilevel models adjusting for the hierarchy of clusters with nested random effects; (ii) General Mixed Model Analysis of Variance. The goals of the workshop are to illustrate: (1) How to implement these two models, interpret the results, and distinguish between the two models; (2) How to handle missing data; (3) How to assess if dropout mechanism is informative or ignorable. The workshop will be data driven with examples from various psychotherapy studies. Recommend Reading: Hedeker, D. & Gibbons, R.D. (2006). Longitudinal Data Analysis. New York, NY: Wiley.

**Pre-
Conference
Workshop**
Cognitive

Group Cognitive Therapy for Paranoia in Schizophrenia

Yulia Landa - Cornell Medical College, New York, USA

Schizophrenia is a debilitating illness that affects 1 out of 100 individuals worldwide. Psychotic symptoms occur in 74% of patients with schizophrenia and often persist despite pharmacological therapy -- after two years of treatment with medication, more than 55% of patients remain delusional. Paranoid delusions were found to be the most prevalent and most commonly acted upon delusional belief (Wessley et al., 1993). Over the past decade dozens of studies have shown that when added to antipsychotic medication, Cognitive Behavioral Therapy (CBT) significantly improves drug-resistant psychotic symptoms and associated distress, and that more than 60% of patients with schizophrenia can be helped by this treatment (Gaudiano, 2005). While the majority of CBT for psychosis studies used individual therapy, we hypothesized that: (1) group CBT where beliefs are collaboratively explored and challenged by group members may be beneficial for delusional patients; (2) group approach could particularly benefit paranoid patients, since people who are more isolated and do not express their feelings are prone to paranoia (Freeman et al., 2005). We developed the Group Cognitive Behavioral Therapy (GCBT) intervention and performed an initial assessment of this method. The intervention is based on research findings on cognitive processes contributing to formation and maintenance of paranoid delusions. We currently have two CBT groups for delusions completed (N=11). After the GCBT treatment and in one year follow up there was a statistically significant reduction in delusional conviction, and an increase in ability to dismiss a delusional thought ($p < 0.05$). The majority of patients became aware of the information processing methods they use, and began to use cognitive procedures they did not use earlier. We are currently conducting a larger controlled study to further test this method. Workshop participants will acquire the following skills: 1) Learn about latest research findings on the effectiveness of therapeutic interventions for schizophrenia and on CBT for psychosis; 2) Learn theory and techniques of Group Cognitive Behavioral Therapy for patients with paranoid delusions and research findings of the effectiveness of this method. Background Readings: 1. Beck, A.T. & Rector, N.A. (2000). Cognitive therapy of schizophrenia. *American Journal of Psychotherapy*, 54(3), 291-300. 2. Chadwick, P. D. J., Birchwood, M. J. & Trower, P. (1996). Cognitive therapy for delusions, voices and paranoia.

Chichester: Wiley. 3. Freeman, D., Garety, P.A. & Kuipers, E. (2001). Persecutory delusions: developing the understanding of belief maintenance and emotional distress, *Psychological Medicine*, 31, 1293-1306. 4. Freeman, D., Garety, P.A., Bebbington, P.E., Smith, B., Rollinson, R., Fowler, D., Kuipers, E., Katarsyna, R., & Dunn, G. (2005). Psychological investigation of the structure of paranoia in a non-clinical population. *British Journal of Psychiatry*, 186, 427-435. 5. Gaudiano, B.A., (2005). Cognitive Behavior Therapies for Psychotic Disorders: Current Empirical Status and Future Directions. *Clinical Psychology*, 12, 33-50. 6. Landa, Y., Silverstein, S. M., & Savitz, A. (2006). Group CBT for delusions: Helping patients improve reality testing. *Journal of Contemporary Psychotherapy*, 36, 9-17 . 7. Wessley, S., Buchanan A., Cduiting J, Everitt B., Garety, P., Taylor, P. (1993). Acting on delusions. I: Prevalence. *British Journal of Psychiatry*, 163, 69-76.

**Pre-
Conference
Workshop**
Family

Working with process and outcome: Service user and therapist experiences of a collaborative family therapy practice

Rolf Sundet - University College of Buskerud, Drammen, Norway

The workshop will present a research project applying qualitative methodology to investigate a service user focused practice. Using two tools (the session rating scale & the outcome rating scale) developed by Barry Duncan, Scott Miller and Jacqueline Sparks, the therapists are provided with feedback from the clients/families on process and outcome. This feedback is the material for collaborative therapeutic dialogues which gives structure and content to the therapeutic work. The experiences of clients, family members and therapists partaking in this practice will be presented with special focus on how the use of formal client feedback is embedded within the therapeutic work. A local vocabulary for this practice, based on the research findings, will be presented. This vocabulary will be reflected upon in connection with research on therapy in general and family therapy theory specifically. Suggestions for how to work with process and outcome within a collaborative practice will be presented. Possible consequences for the professional stance and attitude of the therapist will be discussed. The workshop will in addition seek to focus on the interplay between the research perspective and the clinical perspective with the intention to argue for a scientific based practice and a practice based science. Lastly, the presentation will connect the ideas of the project to the broader horizon of ideas in family therapy with a particular focus on the use of post-modern and post-structuralist ideas

**Pre-
Conference
Workshop**
Other

Hierarchical linear modeling for psychotherapy researchers: Analysing nested data and longitudinal data

George Tasca - The Ottawa Hospital/University of Ottawa, Canada

Hierarchical linear models (i.e., mixed or multi-level regression models) represent an important evolution in the analysis of hierarchically structured data and change/development data. Data in psychotherapy research studies can be hierarchically structured (i.e., patients nested within groups; patients nested within therapists; or patients and therapists nested within sites). Nested data often violate the assumption of independence of observations in parametric tests; and this violation results in drastically increased type 1 error rates. In addition, psychotherapy researchers are often interested in change or development over time (i.e., pre to post to follow up; or the development of process variables across multiple sessions). Traditional methods of assessing change and development are often unsatisfactory because of violations of statistical assumptions and because they do not model individual change. Modern longitudinal data analysis methods, including hierarchical linear models, provide an opportunity to model dynamic fluctuations in individual data across time. In this workshop, participants will work through two examples (i.e., of nested data and of longitudinal data) from a psychotherapy study. Learning objectives are to: 1) learn the fundamentals of hierarchical linear models; 2) look at the problems with

traditional methods of data analysis for nested and longitudinal data; 3) examine possible ways of correcting for these problems; and 4) be able to consider new research questions based on multilevel modeling techniques

**Pre-
Conference
Workshop
Culture**

Multilingualism and psychotherapy.

Alessandra Vicari - University of Ulm, Germany, Alla Landa, Bellevue Hospital Center, New York, USA

The aim of this Conference Workshop is to explore a series of clinical approaches and research questions about the implications of the communication between patient and psychotherapist, in case one of them or both are not speaking their mother tongue. We will work on the topic from different perspectives of knowledge acquisition: - conceptual/ theoretical - clinical, and - empirical. First we will discuss the existing literature on multilingualism in psychotherapy including general concepts and the more specific areas such as emotions in multilinguistic context. We will then focus on clinical examples, and will analyse the specific patient-therapist interactions on the base of the literature presented. Third, we will review the previous empirical studies about bi- and multilingualism. Workshop participants will engage in discussion of these three complementary perspectives and will together generate a series of questions that could guide our future research and enhance our clinical work in multilinguistic psychotherapy contexts.

**Open
Discussion
Model**

Moderator
Jacques P.
Barber -
University of
Pennsylvania
School of
Medicine,
Philadelphia,
USA

Models of therapeutic changes in different psychotherapies (2)

Discussants: J. Christopher Muran - Beth Israel , New York City, USA and Robert Elliott - Counseling Unit, University Of Strathclyde (Scotland), UK
Gary Diamond, Per Hoglend, Sona Dimidjian, Robert DeRubeis

Each member of our discussion group represents a different school of psychotherapy (family therapy, behavior therapy, relational therapy, psychodynamic therapy, cognitive therapy). Each discussant will present briefly the model of therapeutic change that they "really" believe in and the research evidence for their models. The other discussants will first provide feedbacks on these accounts. The intention is to clarify what we hypothesize is specific to our models, what is it we know and what is it that we still need to know. The discussion group will benefit from having "hard questions" from the audience for the discussants to encourage a productive and stimulating discussion.

**Open
Discussion
Model**

Moderator
Jacques P.
Barber -
Univeristy of
Pennsylvania
School of
Medicine,
Philadelphia,
USA

Models of therapeutic changes in different psychotherapies

Discussants: Varda Shoham - University of Arizona, Tucson, USA and Louis Castonguay - Penn State University, State College, USA
Bernhard Strauss, Kenneth N. Levy, Jonathan Huppert, Shelley McMain, MaryBeth Connolly Gibbons

Each member of our discussion group represents a different school of psychotherapy (family, integration, behavioral, group, transference focused, dialectical behavioral and dynamic therapy). Each discussant will present briefly the model of therapeutic change that they "really" believe in and the research evidence for their models. The other discussants will first provide feedbacks on these accounts. The intention is to clarify what we hypothesize is specific to our models, what is it we know and what is it that we still need to know. The discussion group will benefit from having "hard questions" from the audience for the discussants to encourage a productive and stimulating discussion.

**Open
Discussion
Practice**

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

Clinicians conducting research: What can we learn from them

A number of authors have suggested that the best way to build a stronger bridge between research and practice is to facilitate clinicians' involvement in empirical studies. The implicit assumption underlying this strategy is that the participation of practitioners will help them to get excited about research ideas and methodologies, which in turn will lead them to pay more attention to the empirical literature. One could also argue, however, that researchers (as well as other representatives of the mental health field) could learn a great deal from clinicians who have been actively involved in research, not only in terms of clinical interventions, but also with regard to theory, research methodology, and public policy. This open discussion will focus on therapists' experiences in participating in naturalistic research, and the implications of such experience for evidence based practice (as viewed from different perspectives in the mental health field). Four experienced clinicians that have been involved in practice research networks (ppa PRN and ucsd prn) or effectiveness studies (conducted at brigham young university and sundance ranch) will describe the pros and cons of conducting research in their practice, what they have learned from it, and how it has shaped their views of psychotherapy, research, and evidence based practice. The implications that such experiences might have on the future of the mental health field will then be discussed from the perspective of a graduate student, the associate director of an outpatient clinic (as well as president of APA division of psychotherapy), the president of a company that has developed a treatment outcome battery, the vice president of a managed health care company, and researchers

**Open
Discussion**
Interpersonal
Moderator

Martin Grosse-
Holtforth -
University of
Bern,
Switzerland

Positive patient-feedback: A neglected aspect of psychotherapeutic process

Discussants: Louis Castonguay - Penn State University, University Park, USA and Michael Lambert - Brigham Young University, Provo, USA
Arthur Bohart, Franz Caspar, Tracy D. Eells, Clara Hill, Wolfgang Lutz, Christoph Flückiger

Various methodological approaches to examine therapeutic effects have been recommended in the literature (Goldfried, 1980; Wampold, 2001). At a high level of abstraction, medical meta-theory explains therapeutic effects by therapist interventions inducing changes in the patient. In contrast, the contextual meta-theory proposes a more interactive interplay of patients' and therapists' behavior to explain therapeutic effects. In particular proactive contributions by patients are discussed (e.g. Bohart, 2006). The dual component model proposes a combination between these two models, in that the interactional context facilitates specific therapeutic interventions. To induce a positive interactional context, specific therapeutic strategies (e.g. alliance fostering strategies or resource activating skills) and patient behaviors (e.g. openness, compliance, verbal feedback) are discussed (Schulte, 1996; Grawe, 2006). Verbal feedback can be given by patients either indirectly by formalized feedback-systems (e.g. Lambert, 2005) or directly within the therapeutic process. Interestingly, there are many strategies for managing negative patient-feedback (e.g. managing alliance ruptures), but positive patient-feedback has received little attention in the literature so far. In our open discussion we will try to initiate an exchange of ideas about the status of positive feedback by patients in the therapeutic process, its preconditions and consequences, as well as potential ways to foster its expression.

**Open
Discussion**
Culture
Moderator

David Orlinsky -
University of
Chicago, IL, USA

SPR Interest Section on Culture and Psychotherapy: Annual General Meeting

Discussant: William West - University of Manchester, UK

The new SPR Interest Section on Culture and Psychotherapy (SPRISCAP) aims to enhance the scientific study of psychotherapy by promoting understanding of the social and cultural contexts of psychotherapy and their impact on patients, therapists, on therapeutic processes and outcomes, and on the forms and theories of therapy and related healing practices. This open meeting will be the second Annual General Meeting of the Section, and SPRISCAP members are requested to attend. Other interested SPR members are also welcome are invited to join in the discussion of ongoing projects (such as compiling a directory of SPRISCAP member interests, and establishing communication and collaboration with the Society for Psychological Anthropology) as well as plans for future initiatives.

**Open
Discussion**
Culture
Moderator

David Orlinsky -
University of
Chicago, IL, USA

Anthropologists and Psychotherapy Researchers Look at Psychotherapy: Complementary and Divergent Research Perspectives

Discussants: Joan Koss-Chioino - Arizona State University, USA and Juris Draguns - Pennsylvania State University, USA

Rebecca Lester, Sally Pattison-Cisna, Luis Vargas

Psychotherapy researchers and researchers in anthropology and sociology have had a longstanding interest in psychosocial healing practices as these appear variously in 'modern' and 'traditional' societies (e.g., Frank, *Persuasion and Healing*, 1960; Kiev, *Magic, Faith, and Healing*, 1964; Opler, *Culture and Mental Health*, 1959), yet researchers from these fields rarely work together or take account of each other's work. The psychosocial healing practices involve phenomena that are studied in both disciplines: interpersonal relationships, group processes, shared meanings, emotional symbolism, community values, etc. Nevertheless, despite their common areas of interest, the disciplines bring different theories, research methods, and questions to bear in their studies, and report their results in different journals. This session brings psychotherapy researchers and anthropologists together to examine convergences

and differences between their disciplines, and to explore what each can learn from the other to their mutual benefit.

Open Discussion Group

Moderator
Hugo Schielke -
Miami
University,
Oxford, OH, USA

Methods for Achieving Group Consensus within Qualitative Research Teams

Discussants: Hugo Schielke - Miami University, Oxford, OH, USA and James K. Mosher - Miami University, Oxford, OH, USA

Carol L. Humphreys, Corinne Hoener, Meredith Glick Brinegar, Jonathan Fishman, William B. Stiles, Clara E. Hill, Sarah Knox, Barbara J. Thompson, Elizabeth Nutt Williams, Nicholas Ladany, Barbara Vivino

Qualitative Researchers often employ groups to capture descriptions of the phenomena being studied and to formulate interpretations. Given the importance of these groups' output, it is important to consider the methods being used to achieve consensus within these groups. This open discussion will focus on processes and procedures for achieving group consensus on descriptions and formulations in qualitative research teams. Two approaches that offer procedural structure and process guidelines that serve this function are the Ward method (an iterative approach, alternating independent work with group discussion focusing on strengths and desiderata) and Consensual Qualitative Research (a method in which team members seek to achieve consensus on the coding of interview data, auditors then examine the codings to control for biases in the group process, and team members then use consensus to resolve discrepancies). Researchers who have used each of these methods will describe their experiences with these approaches as an introduction to an open discussion of issues in using groups for qualitative analysis. Discussion Leaders: Hugo Schielke James K. Mosher Carol L. Humphreys Corinne Hoener Meredith Glick Brinegar Jonathan Fishman William B. Stiles Clara E. Hill Sarah Knox Barbara J. Thompson Elizabeth Nutt Williams Nicholas Ladany Barbara Vivino

Open Discussion Other

Moderator
Sven Schneider -
University of
Ulm, Germany

SPR Online – an open forum about our society’s websites

Discussant: Tracy D. Eells - University of Louisville, USA

This open discussion will focus on the society’s Internet presence at www.psychotherapyresearch.org. It is intended to provide a forum for discussion on the current website and online services. Attendees can make enhancement suggestions, describe problems they have experienced and ask questions about specific aspects of the websites. We will review website functions and resources step by step. Potential topics for this discussion include: (a) member services in general, (b) online payments, (c) conventions, and (d) services we do not provide, but could. Potential authors are particularly invited to attend the discussion and get in touch with our webmasters and the technical support.

Open Discussion Alliance

Moderator
Anderson
Timothy - Ohio
University,
Athens, USA

A research-informed discussion of case study data

Discussants: Jeremy D. Safran - New School for Social Research, New York, USA and Irene Elkin - University of Chicago, USA

William B. Stiles, David E. Orlinsky

We will discuss a well-studied single case from the vanderbilt 2 study. Material from the case will be framed through the use of hans strupp's research-informed case study method. This method involves anchoring qualitative inquiry to the independent variables and other quantitative data from the study that the case is drawn from (in this case, the vanderbilt II project). previous discussions of this case often have focused on how to evaluate the processes between the patient and therapist, as well as identifying how the questionable processes are associated with positive outcomes (the therapist HAD the best outcomes in the project; najavits & strupp, 1994). The general structure of the session will involve presentation of a brief history, along with selected and edited taped material. We will situate the case

with particular attention to both training and client-therapist relational processes (which were the purposes for the original data collection). The discussion leaders will comment throughout this presentation, which will be followed by discussion from the audience

**Open
Discussion**

Therapist
Moderator
Hadas Wiseman
- University of
Haifa, Israel

Therapists' relational experiences with their clients: Diverse perspectives and innovative methodologies

Discussants: Jeremy D. Safran - New School for Social Research, New York, USA and J. Christopher Muran - Beth Israel Medical Center, New York, USA
Jeff Hayes, Stanley Messer, Orya Tishby, Jeanne Watson

The impact of relational factors on the process of psychotherapy has long been recognized both in the clinical literature and in research. Most of the studies to date have focused on client variables that contribute to in-session process, the therapeutic alliance and outcome. However, the therapist's contribution to the client-therapist relational "dance" has been relatively understudied. This open discussion brings together a group of researchers, who are all also practicing psychotherapists, in order to share ways to conceptualize and study therapists' relational experiences with their clients. The conceptual issues will be addressed from the perspectives of diverse psychotherapy orientations: Psychoanalytic/psychodynamic, relational psychoanalytic, experiential therapy, and a transtheoretical approach to countertransference. The methodological challenges call for a pluralistic approach that involves a range of different methodologies including quantitative and qualitative analysis. We invite interested researchers and practitioners to engage actively in considering the questions that await those interested in unraveling the subjective relational experiences of therapists with their clients and the ways these experiences can be measured and studied. Furthering our understanding of the ways in which the therapist's subjective relational experiences may affect psychotherapy process and outcome could have important implications for developing training and supervision practices

Panel

Assessment

Moderator

Sylke Andreas -
Department of
Medical
Psychology,
Hamburg,
Germany

On the international use of the Health of the Nation Outcome Scales (HoNOS)

Discussant: Holger Schulz - Department of Medical Psychology, Hamburg, Germany

Measuring symptom severity of patients with mental disorders is considered to be important in research and in clinical practice. In the UK, the Health of the Nation Outcome Scales (HoNOS) were developed to provide a summary score of the severity of health and social problems commonly experienced by individuals with mental disorders (Wing et al., 1998). The HoNOS is a widely used expert-rated instrument to assess the symptom severity for patients in different therapeutic settings and is also a central component of outcome measurement across various countries. In this panel four papers will be presented that report findings of studies related to the use of the HoNOS in different settings across different countries: (1) Victor Buwalda will address the developments of the HoNOS in the Netherlands and will present data of an extended version of item 8 ("Other mental and behavioural problems"); (2) Torleif Ruud will present empirical results on problems of outpatients in Norwegian CMHCs measured with HoNOS; (3) Dorothea Schoefer et al. will present data on the extent to which outcome measures from different perspectives (clinician vs. patient vs. observer) complement one another and (4) Sylke Andreas et al. will also present data on the examination of psychometric properties of an extended version of item 8 ("Other mental and behavioural problems") of the German version of the HoNOS. The discussant Holger Schulz will give a critical review of the use of the HoNOS in different settings and in different countries.

Health of the Nation Outcome in The Netherlands

Victor Buwalda - Department of Psychiatry, Amsterdam, The Netherlands, N. Mulder, J. Smith

Since 2004 there is a Dutch Adult version of the HoNOS available that is reliable and valid (Mulder e.a., 2004). The HoNOS 'as is', is less suitable for non-severe mentally ill patients (depression, anxiety) due to a floor effect (Audin et al., 2001). We adjusted the HoNOS for non-severely mentally ill populations by changing item 8 (other mental and behavioral problems) into 10 separate items measuring different mental and behavioral problems. Method: A pilot study was done to study the usefulness of the extended item in a non-SMI population in the Netherlands. We rated 91 patients and found 48 patients with a mood disorder; 19 with a psychotic disorder, 13 with a panic disorder and 9 with an addiction disorder. We compared the old item 8 with the extended version of the item for the different disorders. At the conference we will show longitudinal data on sensitivity to change and reliability data of the old and new version of the HoNOS. Conclusion: Due to a floor effect, HoNOS 'as is' is not suitable for Routine Outcome Assessment in patients with non-severe mental illness. We will show data on the usefulness of an adjusted version of the HoNOS.

Problems of outpatients in Norwegian CMHCs measured with HoNOS

Torleif Ruud - Health Services Research Centre, Lørenskog, Norway, Rolf Gråwe

Background: HoNOS is increasingly used as a brief rating scale for problems in key areas for patients with severe mental disorders in clinical practice. There is a question whether it is useful also to describe the severity and types of partly more moderate disorders seen in outpatient mental health services. Method: 1764 outpatients in 2002 and 1969 patients in 2005 at eight CMHCs were rated on HoNOS as part of a larger study. Four additional items on psychological problems designed in the same way as the HoNOS items, were also rated. Patterns of type and severity of problems are analysed across diagnostic groups and types of outpatient treatments. Results: Different patterns of severity and type of problems were found for different subgroups of patients. Outpatients were in general rated higher on psychological problems than on psychiatric problems included in HoNOS. Some of the HoNOS items were less sensitive as measures of severity in outpatients. Conclusions: HoNOS is useful also to describe severity

and type of problems in outpatients, but it also has some limitations. Including items of psychological problems in HoNOS may make it more useful in outpatient mental health services.

Outcome measurement in people with severe mental disorder from different perspectives:
Independent observer vs. patient vs. clinician

Dorothea Schoefer - Department of Psychiatry, Ulm, Germany, Bernd Puschner, Carina Knaup, Thomas Becker

Background: In order to obtain an adequate appraisal of psychopathology, it has been recommended to assess outcome from different perspectives (patients, clinicians, independent raters). Furthermore, instruments should meet demands of both practitioners and researchers: they should at the same time be feasible for use in routine services, be generic (i.e. applicable for a range of mental disorders), and show good psychometric properties. Objective: To examine to which extent outcome measures from different perspectives complement one another. Methods: Since June 2005, the study "Outcome monitoring and outcome management in inpatient psychiatric care" (EMM) takes place at a large psychiatric hospital in Bavaria ("Bezirkskrankenhaus Günzburg). Recruitment of N = 294 participants will be completed by March 2007. Severity of impairment at intake and discharge is assessed from the perspective of patients (via the German version of the OQ-45.2), clinicians (GAF), and independent raters (HoNOS). Results: Psychometric properties, feasibility, and intercorrelations of these three outcome measures will be reported. Results of 200 participants recruited so far suggest substantial relations between HoNOS and GAF as well as between HoNOS and OQ-45.2, but no association between GAF and OQ-45.2. Conclusions: Commonalities and differences of results obtained with these different outcome measures will be discussed with a special focus on the advantages and pitfalls of the Health of the Nation Outcome Scales for outcome assessment in people with severe mental disorder.

Psychometric properties of the extended version of Item 8 of the „Health of the Nation Outcome Scales, HoNOS“ for inpatients with mental disorders in Germany

Sylke Andreas - Department of Medical Psychology, Hamburg, Germany, Marlies Johst, Robert Mestel, Sven Rabung, Timo Harfst, Stephan Kawski, Uwe Koch, Holger Schulz

Background: The HoNOS is a widely used expert-rated instrument to measure symptom severity even though empirical studies showed mostly moderate results on the psychometric properties of the items. Especially item 8, which focus on symptom severity of highly prevalent mental disorders (e.g. anxiety) showed insufficient coefficients. Therefore we developed a revised version of the item 8 and investigated its psychometric properties. Method: The HoNOS consists of 12 items; item 8 "Other mental and behavioural problems" contains 9 other problems (e.g. problems with phobia or sleep) which are to rate separately in the extended version. To examine the psychometric properties of the item 8 we used two samples. The first sample was collected in an inpatient psychotherapeutic clinic (N = 55 patients). The second sample was part of a quality assurance program in Germany (N = 2000 patients). Additionally, upon admission and discharge we used other self-report and expert-rated instruments. Results: There are less missing data for the revised version compared to the original HoNOS, thus indicating a higher feasibility of the extended item 8. The coefficients of the interrater-reliabilities showed moderate to good results and perform slightly better for the extended version of the item 8. Preliminary results on the validity showed better coefficients for the extended version than for the original version of item 8. Conclusions: The results will be discussed critically in view of the results of other studies and recommendations on further development will be given.

Panel
Interviewing
Moderator
Lynne Angus -
York University,
Toronto, Canada

Towards a qualitative understanding of how therapy works : Clients' accounts of experienced change in Cognitive Behavioural, Emotion-focused, Motivational Interviewing and Client-centred Psychotherapy

Little is known about how clients experience change in different forms of psychotherapy. The following paper presentations will present qualitative research findings emerging from client's first person accounts of experienced change in the context of Cognitive Behavioural, Motivational Interviewing, Emotion-focussed and Client-centred Psychotherapy. First, Kagan, Angus & Pos examine the experience of good and poor clients in Emotion-focussed and Client-centred Psychotherapy for Depression as part of a controlled clinical research trial. Qualitative research findings, using quasi-grounded theory methodology, address clients post-therapy reflections on pre therapy views of self, others views of self and descriptions of desired change. Next, Marcus, Westra, Angus & Stala examine the experience of good outcome clients in Cognitive Behavioural Therapy for generalized anxiety disorder as part of a controlled clinical research trial. Qualitative research findings, using quasi-grounded theory methodology, address clients post-therapy reflections on their perceived role as clients, the role of the therapist, the process of the therapy, experienced change, and helpful and unhelpful aspects of the sessions. Westra, Angus & Stala examine the experience of clients in Motivational Interviewing for generalized anxiety disorder as part of a controlled clinical research trial. Qualitative research findings, using quasi-grounded theory methodology, address clients post-therapy reflections on their perceived role as clients, the role of the therapist, the process of the therapy, experienced change, and helpful and unhelpful aspects of the sessions. And finally, Zuckoff examines the first person accounts of men who had received a 90-minute, protocol-guided MI session in a randomized controlled trial of HIV risk reduction intervention. Combined transcripts of each MI session and research interview were analyzed using a novel adaptation of the empirical-phenomenological method of Giorgi (1975, 1985), producing narrative structures of each session, which were then synthesized into a general structure and the essential constituents of good MI and deviations from good practice are described.

Client experiences in Emotion-Focused and Client-centered brief therapy for Depression: A Qualitative Analysis.

Fern Kagan - York University, Toronto , Canada, Lynne Angus, Alberta Pos

There is still a dearth of research on the client's experience of psychotherapy. Aim. Given that the client is main reason for therapy, it is important to tap into the client's experience of change over the process of therapy. Method. The current study utilized Narrative Interviews (NAI:Hardtke & Angus, 1998; Hardtke & Angus, 2004) to explore shifts in clients' view of self at pre and post therapy. A subset of 8 clients from the York II Depression study, who had received either emotion-focused or client-centered therapy for depression, comprised the sample used for this study. All clients completed baseline and post therapy narrative interviews that inquired about views of self, desired changes, experiences of change, perceptions of therapist, the role of emotion, and least and most helpful aspects of therapy. The interviews were fully transcribed and an intensive grounded theory analysis was performed on the pre and post interviews. Results. The qualitative analysis generated three interrelated core categories representative of the experience of self-change for the sample of 8 clients: Self-concept, Processing Style and Self-Change. The subcategories comprising the core category Processing Style will be presented and the implications for therapy practice discussed.

Client Experiences of Cognitive Behavioural Therapy for Generalized Anxiety Disorder: A Qualitative Analysis

Madalyn Marcus - York University, Toronto, Canada, Henny Westra, Lynne Angus, Danuta Stala

Little is known about how clients experience different forms of psychotherapy. Aim. The current study was designed to address this gap and in particular to examine the experience of clients in Cognitive Behavioural Therapy for generalized anxiety disorder as part of a controlled clinical research trial. Method. Prior to therapy, clients were asked to complete a brief questionnaire that asked them to identify what they anticipated about the therapy. Shortly after completion of the intervention, clients met with an interviewer and reflected on their experiences of the sessions in terms of their perceived role, the role of the therapist, the process of the therapy, change, and helpful and unhelpful aspects of the sessions. Interviews were audio-recorded and then transcribed in preparation for an intensive, grounded theory analysis of properties, categories and core themes evidenced in the clients post therapy accounts. Five transcripts were selected for analysis based on quantitative data indicating significant reductions in worry pre to post therapy. Results. Core categories emerging from this intensive qualitative analysis of clients accounts of Cognitive Behavioural Therapy for GAD will be presented and discussed.

Client Experiences of Motivational Interviewing for Generalized Anxiety Disorder: A Qualitative Analysis

Henny Westra - York University, Toronto, Canada, Lynne Angus, Danuta Stala

Little is known about how clients experience different forms of psychotherapy. Aim. The current study was designed to address this gap by examining client experiences of Motivational Interviewing adapted for generalized anxiety disorder. Method. Prior to therapy, clients were asked to complete a brief questionnaire that asked them to identify what they anticipated about the therapy. Shortly after completion of the 4-session intervention, clients met with an interviewer and reflected on their experiences of the sessions in terms of their perceived role, the role of the therapist, the process of the therapy, change, and helpful and unhelpful aspects of the sessions. Interviews were audio-recorded and then transcribed in preparation for an intensive, grounded theory analysis of properties, categories and core themes evidenced in the clients post therapy accounts. Five transcripts were selected for analysis based on quantitative data indicating significant reductions in worry and/or optimism about change pre to post therapy. Results. Core categories emerging from this intensive qualitative analysis of clients accounts of Motivational Interviewing for GAD will be presented and discussed.

Interpersonal Process and Client Experience of Motivational Interviewing

Allan Zuckoff - Western Psychiatric Institute and Clinic, Pittsburgh PA, USA

Aim: Motivational interviewing (MI) is an increasingly prevalent counseling approach shown in controlled outcomes studies to lead to behavior change. Efforts to understand its process have been limited to analyses of associations between therapist and client utterances and outcomes, while clients' experience of MI sessions has not been directly investigated. Methods: Participants were three men who had received a 90-minute, protocol-guided MI session in a randomized controlled trial of HIV risk reduction intervention referrals for men who have sex with men. An audiotape recording of his MI session was played for each participant by an interviewer, who employed an empathic-reflective style of inquiry to help the participant articulate his experience of the session. Combined transcripts of each MI session and research interview were analyzed using a novel adaptation of the empirical-phenomenological method of Giorgi (1975, 1985), producing narrative structures of each session, which were then synthesized into a general structure. Results: The essential constituents of good MI and deviations from good practice are described. Establishment of psychological safety is revealed as

foundational, articulation of clients' central dilemma is revealed as transformative, and objective feedback is revealed to be of ambiguous impact. In good MI, clients experience a sense of healing validation, a broadening of perspectives to include appropriation of that which had been lived but not known, and enhanced self-acceptance associated with a greater sense of potential for changes in the central dilemma. Discussion: Implications of the results for the theory, practice, and teaching of MI are discussed.

Panel

Therapist

Moderator

Jacques P.
Barber -
University of
Pennsylvania,
Philadelphia,
USA

Innovations and Challenges in Outcome Research

This plenary intends to deal with important questions related to outcome research. Bruce Wampold will address the question of disentangling the contribution of the therapists and the patients to therapy outcome focusing on the role of the alliance. Multi-level models are able to disaggregate the total correlation into between therapist relations (therapist contributions), within therapist relations (patient contributions), and the interaction of the two. Results from multi-level model of alliance will be used to illustrate how this disaggregating can be accomplished. Suggestion regarding other variables, such as adherence and credibility, will be offered as motivation for future research. Steve Hollon will show that one could conduct controlled experiments that are very close approximation (replicate?) actual clinical reality. His talk will suggest methods to enhance the clinical representativeness of RCT by selecting clinically representative samples, treating to clinically representative outcomes, maximizing the representativeness of the treating clinician, and implementing treatments in a flexible manner that is representative of actual clinical practice. Glenys Parry will discuss the impact of psychological treatments being part of health care provision and therefore, many of the outcome measures we are using are not helpful for those decision makers involved in policy, resource allocation, service delivery and guidelines development. Glenys suggests incorporating two outcome measurement strategies: multi-attribute health utility measurement to support health economic analysis and outcomes based on consumers' views of what is helpful. Hans Kordy will address three challenges for outcome research: 1) Viewing patient outcome as an ongoing dynamic process rather than a static one. 2) Viewing individual course and rate of change as meaningful outcome and relating these to different patients needs for treatment. 3) Taking into account that not everybody benefits from therapy, RCTs are not paying close enough attention to those who don't improve.

Correlates of Outcome: Disentangling Therapist and Patient Contributions

Bruce Wampold - University of Wisconsin, Madison, USA

There are a number of variables that have been found to correlate with outcomes in psychotherapy studies. Some of these variables, such as the alliance, are robust predictors in that they appear to be associated with outcome across disorder and across type of therapy. From that simple correlation of a process variable with outcome it is not possible to know whether the critical aspect of the variable is due to the therapist or to the patient. For example, with regard to the alliance, it may be that patients who are able to form strong alliances also have better prognoses and consequently the correlation of alliance and outcome is due to the patient's contribution and unrelated to therapist contributions to the alliance. On the other hand, the alliance-outcome association may be due to therapist's ability to form an alliance regardless of patient characteristics. Multi-level models are able to disaggregate the total correlation into between therapist relations (therapist contributions), within therapist relations (patient contributions), and the interaction of the two. Results from multi-level model of alliance will be used to illustrate how this disaggregating can be accomplished. Suggestion regarding other variables, such as adherence and credibility, will be offered as motivation for future research.

Maximizing External Validity in Randomized Controlled Designs

Steven Hollon - Vanderbilt University, Nashville, USA

Is it possible to do controlled experiments in an ecologically representative fashion? It is sometimes assumed that internal and external validity are mutually exclusive and that it is not possible to do controlled experiments in a clinically representative fashion. This presentation examines several questions relevant to enhancing the representativeness of controlled experiments. These include the selection of clinically representative samples, treating to clinically representative outcomes rather than for fixed periods of time, maximizing the representativeness of the treating clinician, and implementing treatments in a flexible manner that is representative of actual clinical practice. Examples are provided from recent controlled trials that reflect recent trends to pursue more fully representative samples of patients and clinicians and to structure controlled trials so as to better reflect actual clinical practice. It is suggested that controlled trials can be designed so as to enhance clinical realism without sacrificing the ability to draw a causal inference and that the incorporation of factors that reflect variability in actual practice can be used to enhance the interpretability of the design.

Psychotherapy outcome research – a never ending story

Hans Kordy - University Hospital, Heidelberg, Germany

Recent clinical, methodological and technological innovations invite for the next generation of outcome research. Among the many challenges I find the three following most exciting: 1. Psychotherapy outcome develops: The adoption of longitudinal methods over the last decade is changing our understanding of outcome. We are beginning to realize that psychotherapy affects the processes of falling ill, getting and staying well rather than changing health status. That calls for dynamic outcome criteria that might be derived from process parameter such as speed of change, acceleration or deceleration or structural process characteristics such as stationarity. 2. Time matters: Some patients respond quickly to treatment, others slowly, and again others not at all – for some the process continues beyond termination, for others the process changes markedly. Such interindividual differences should be reflected in the time plan for the assessments, especially, when treatment length and intensity will be adjusted to individual needs and resources of patients. 3. Variance of outcome challenges: Not all patients benefit from psychotherapy! This remains true despite all the progress. The horse race methodology narrowed the view on comparative studies, reflected specifically through the focus on testing statistical significant differences and on estimating effect sizes. Designs were optimised to detect the “true” effect of a therapeutic intervention, and variance implicitly understood as measurement error. This methodological bias together with the general optimistic attitude of therapists and researchers favour a blind spot for the challenge through chronic ill patients.

Beyond clinical outcomes: responding to the challenges of policy research

Glenys Parry - University of Sheffield, UK

It is a tribute to the development of effective psychological treatments that they are increasingly part of mainstream health care provision. However, this brings challenges as they become subject to appraisal through health technology assessment methods alongside the full range of other health care interventions. The outcomes assessed by psychotherapy researchers are derived from the clinic and are mainly psychological – symptom-based with some acknowledgment of psychological and social functioning. This approach is inadequate for decision makers, including those responsible for policy, cost-effective resource allocation, service delivery and organisation and guidelines development. I explore how we could respond to the challenge of policy research through new ways to incorporate two outcome measurement strategies: multi-attribute health utility measurement to support health economic analysis and outcomes

based on consumers' views of what is helpful.

Panel

Other

Moderator

Jacques P.
Barber - Center
for
Psychotherapy
Research,
Philadelphia,
USA

Innovations and challenges in process research

The goals of this plenary are to reflect on the status of process research and to suggest useful and/or innovative recommendations for future process research. Lynne Angus will address the contributions of process-outcome research findings and methods, for the development of effective training and evaluation strategies in community-based clinical settings will be identified and critically discussed. Future contributions of process-outcome psychotherapy research programs for community-based settings will also be addressed. Sona Dimidjian will highlight the importance of examining therapist behaviors in psychotherapy process and outcome research and will review findings suggesting that the specific behaviors posited by theories of clinical change to account for outcome are not always supported. She will discuss promising approaches to examining the details of the process of coding treatment sessions. Robert Elliott will review different change process research approaches and describe their shortcomings in contributing to our understanding of how clients change. He recommends a pluralistic (qualitative and quantitative) model of requiring multiple lines of evidence to provide a more sound foundation for the evidence-based practice of psychotherapy. Robert DeRubeis agrees that we disagree about almost any aspect of process research. More specifically about the role of the relationship and the role of techniques. His goal in this paper is examining closely the claims regarding the superiority of either "the relationship" or of "techniques" (your choice) and to create a narrative reconciling these differences by integrating them into one

Process-outcome research and the dissemination of effective psychotherapeutic practices :
Present and future developments

Lynne Angus - Department of Psychology, York University, Canada

Understanding the relationship between the specific contributions of therapist characteristics, client characteristics, therapeutic relationship and treatment intervention factors, to treatment outcomes, has been the focus of intense research interest and productivity in the psychotherapeutic research literature (Lambert 2004). Additionally, psychotherapy process-outcome researchers (Orlinsky, Helge Ronnestad & Willutzki 2004) have developed a range of innovative research strategies and measurement systems that can reliably evaluate client and therapist contributions to both session-level and overall treatment outcomes. In this presentation, the contributions of process-outcome research findings and methods, for the development of effective training and evaluation strategies in community-based clinical settings will be identified and critically discussed. Future contributions of process-outcome psychotherapy research programs for community-based settings will also be addressed.

The "Holy Grail" of Psychotherapy Research: Which Therapist Behaviors Matter?

Sona Dimidjian - University of Colorado, Boulder, USA

Have we effectively and comprehensively specified the independent variable investigated in many of the psychotherapy treatment studies to date? Variability in outcomes across sites in clinical trials has been attributed to factors such as allegiance of investigator and competence of clinicians, suggesting a level of complexity in how treatments are implemented that influence outcome. Moreover, the multifaceted nature of most treatment packages presents challenges in specifying the active ingredients of such packages. Surprising findings from dismantling designs and process oriented coding studies suggest that what theory suggests may account for positive treatment outcomes is not always the case. In fact, empirical findings have challenged prevailing theories about what therapists do and what accounts for treatment efficacy. This presentation will suggest that, to be both clinically and theoretically useful, it is

important to specify in a detailed manner what therapists actually do when they practice particular models of psychotherapy and, more importantly, to determine, of such behaviors, which matter with respect to treatment outcome. How best can one accomplish these goals within the context of psychotherapy research? This presentation will review methodological approaches that can address questions regarding the active ingredients of psychotherapy and will specifically discuss promising approaches to coding treatment sessions. Emphasis will be placed on the importance of such inquiries on both conceptual and pragmatic grounds. Illustrative examples will be provided from our recent work on the treatment of depression, in particular on the development and investigation of behavioral activation for depression, as well as from the broader psychotherapy research literature. To be both clinically and theoretically useful, it is important to know at a much finer level of detail what therapists actually do when they practice particular models of psychotherapy and, more importantly, of such behaviors, which matter with respect to treatment outcomes. How best can one accomplish these goals within the context of psychotherapy research? This presentation will review both strengths and limitations of traditional comparative psychotherapy designs as well as alternative designs that help to address questions regarding the active ingredients of psychotherapy; in addition, promising approaches to coding treatment sessions will be reviewed. Emphasis will be placed on the importance of such inquiries on both conceptual and pragmatic grounds, and illustrative examples will be provided from our recent work on the treatment of depression and from the broad psychotherapy research literature.

Change Process Research: Realizing the Promise

Robert Elliot - University of Strathclyde, Glasgow, USA

Change process research (CPR) is the study of the processes by which change occurs in psychotherapy, and is a necessary complement to randomized clinical trials (RCT) and other forms of research that focus narrowly on establishing a causal relationship between therapy and client change. CPR provides and supports the necessary causal-narrative explanations required for causal inferences to be widely accepted and to guide effective practice. Genres of CPR include (a) quantitative process-outcome predictive studies; (b) qualitative, retrospective helpful factors research (including consensual and narrative versions); (c) micro-analytic within-session sequential process research (also generally quantitative); (d) task analysis (a focused, rational-empirical mixed method approach); (e) comprehensive process analysis (an integrative, mixed-method, significant events-based approach). Many of these methods have proven useful over the past 50 years of therapy research; however, they currently face twin challenges: First, for a variety of reasons, they have not fully realized their potential to contribute to our understanding of how clients change. Second, the very real contributions of these approaches are today generally ignored by health care policy-making bodies, which instead emphasize RCT research, to the virtual exclusion of all else. Future progress is likely to benefit most strongly from a more balanced approach that builds on several recent developments, among them systematic, but insightful qualitative methods, advances in psychometric methods (Rasch analysis), and interpretive case study methods. Overall, what is needed is systematic methodological pluralism requiring multiple lines of evidence to provide a more sound foundation for the evidence-based practice of psychotherapy.

I Can Sense Us Coming to a Consensus, and Other Wishes

Robert DeRubeis - University of Pennsylvania, Philadelphia, USA

We are a society committed to the generation and dissemination of empirical research about the most important – and interesting! – questions concerning the growth-promoting and pathology-alleviating effects of psychotherapy. Educated persons unfamiliar with the psychotherapy research enterprise are incredulous when told that we debate – because we seem to disagree about – such basic propositions as: “The relationship is the most important factor in all therapies;” “The patient – or, the therapist –

accounts for the most variance in outcomes in psychotherapy;” “Techniques are important in psychotherapy” and the related “Treatment X is more effective than Treatment Y for people with problem Z.” Perhaps the only thing we agree to agree about is: “Psychotherapy Works.” (How) can we all be looking at the same data and coming to opposite conclusions? Confirmation bias aside (and it is impossible to put it aside completely), what can account for seemingly vast discrepancies in conclusions psychotherapy researchers make about apparently empirical questions? At the risk of plowing old ground and beating dead horses (and exceeding my quota for tired clichés), I will attempt to begin a new dialogue about these central issues, employing two complementary rhetorical devices. First, I will unpack claims such as those that assert the dominance of techniques over relationships, or vice versa. Second, I will attempt, perhaps for the first time ever on an SPR stage, to construct a compound sentence containing a series of claims about the processes and outcomes of psychotherapy that are at once consistent with empirical data and agreeable to all.

Panel

Prevention

Moderator

Stephanie Bauer
- University
Hospital
Heidelberg,
Germany

Clinical evolution and technical innovations: New perspectives in risk factor and prevention research

The prevention of mental disorders requires knowledge on risk factors that predispose individuals for the development of an illness as well as on the longitudinal course of such factors. Unfortunately the scientific knowledge about the processes of getting ill, getting well, and staying well is still meagre and thus the empirical basis for effective prevention programs is not very solid. Technology enhanced assessments and services improve our possibilities for this research: Online data collection allows for the screening of large populations and for the continuous monitoring of symptoms at reasonable time and cost. On this basis longitudinal risk models can be formulated that provide a rationale for the development of prevention programs. For many disorders, a stepped care strategy may be most optimal such that people receive interventions of various intensity depending on their level of illness. Flexible Internet-based programs allow the realization of this strategy using automated or semi-automated components and thus offering timely and cost-effective interventions matching the individual needs of the participants. Taking eating disorders as an example, this panel presents concepts and methods of longitudinal risk models and introduces the innovative Internet-based stepped-care program Es[s]prit. Additionally we present a generic framework for the planning and evaluation of preventive interventions. In summary, the presenters will address the methodological and conceptual challenges of prevention research and discuss the potential of such approaches for a cost-effective optimization of the current health care for mental disorders.

Es[s]prit: An Internet-based prevention program for eating disorders

Stephanie Bauer - University Hospital Heidelberg, Germany, Markus Moessner, Sven Haug, Hans Kordy

New technologies offer innovative possibilities for the development of programs aiming at the prevention of mental disorders. This presentation introduces the program Es[s]prit, an Internet-based eating disorders (ED) prevention program for college students. The program follows a stepped-care approach combining various support components of increasing intensity: Step 1 – Screening: After completing an online screening questionnaire, all students eligible for participation can access the information websites and the message board and can thus get in touch with other participants. Step 2 – Monitoring: Students identified as at risk for developing an ED are invited to participate in the automatized supportive monitoring feedback program which assesses risk factors and ED symptoms on a weekly basis, reinforces positive developments, and suggests alternative behaviours in case of negative developments. Step 3 – Counseling: Additionally, at risk students can participate in individual or group chat sessions moderated by a clinician. Step 4 – Referral: Finally, participants who develop substantial ED symptoms

during their participation in the program are referred to the University Counseling Center for face-to-face treatment. Compared to traditional prevention programs the strength of Es[s]prit is the combination of monitoring and early intervention components that allow to adjust the intensity of the intervention to the individual needs. We will introduce the underlying concepts and various components of this complex prevention program, report on our experiences with the approach in a sample of German college students and discuss its potential beyond the project, e.g. for disease management strategies for patients with chronic diseases.

Modeling risk factors: Methodological considerations and empirical illustrations

Markus Moessner - University Hospital Heidelberg, Germany, Stephanie Bauer, Sven Haug, Hans Kordy

Information on risk factors is essential for an efficient prevention program. Unfortunately, only little is known about the risk factors for most mental disorders and knowledge on the time course does nearly not exist. In the past, enormous costs have hindered the collection of longitudinal epidemiological data. Due to the resulting lack of data, the concepts and methodology for risk models are still in their infancy. The situation is changing because of the increasing availability of modern communication technology. Exemplifying for the field of eating disorders, we introduce concepts and methods of longitudinal risk and illustrate these with data that are collected within the project Es[s]prit. This comprehensive Internet-based stepped-care program includes online modules for cross-sectional and longitudinal assessments. While data from the cross-sectional screening allow for the detection of risk factors, the weekly monitoring provides the longitudinal information on the course. The combination of these two perspectives enables us to develop adaptive longitudinal prognostic models. In the discussion attention will be drawn to the methodological challenges in the development of prognostic models for psychotherapy process-outcome taking into account the recent debate of the European Medicines Agency (EMA).

Planning and evaluating preventive measures: Towards an integrated research framework

Wolfgang Hannover - Ernst-Moritz-Arndt-University of Greifswald, Medical Psychology, Germany

Aim: Prevention programs often lack stringent planning and evaluation of outcomes. Experts from different domains, epidemiology, health care provision research, clinical research and practitioners provide data. However an integration of different strategies is lacking and leaves room for the improvement of prevention programs. Aim of this paper is to present a research framework to plan and evaluate preventive measures. Methods: Results from a) epidemiological studies, b) an effectiveness trial, and c) an implementation study to support smoking cessation and to prevent smoking relapse in women postpartum. Results: The framework integrates: a) Estimating need for intervention and public health impacts of the problem behavior, based on epidemiological and health economical data. b) Investigation of the health care system and health care providers in order to implement intervention within a given health care system. c) Development of an intervention suitable for implementation within a given health care system. d) Evaluating the effectiveness of the intervention under ideal circumstances and estimating the population impact of the intervention. e) Implementing the intervention within the health care system. f) Evaluating the implementation using quality of structure, process and outcome as dimensions for evaluation and basis for ongoing quality management. Discussion: Using seven years of experience in planning and implementing proactive preventive measures to support smoking cessation and prevent relapse in women postpartum led to an integrated framework to plan and study preventive measures. The framework is generic and may be applied to different health behaviors, different intervention strategies and different health care systems.

Panel

Emotion

Moderator

Matthias Berking
- Behavioral
Research and
Therapy Clinics,
University of
Washington,
Seattle, WA,
USA

Emotion regulation and mindfulness

The concepts of “emotion regulation” and “mindfulness” have gotten increasingly popular in recent years among psychotherapists all over the world. This development has taken place in spite of the fact there are still comparatively few studies that a) try to clarify the nature of these concepts, b) investigate their importance for mental health and treatment outcome and c) evaluate different interventions designed to improve emotion regulation or enhance mindfulness. Thus, the goal of this panel is to address these questions and present studies that help to understand how useful these concepts can be for improving outcome in psychotherapy. In the first presentation Antonio Pascual-Leone compares two different kinds of self-soothing as different ways of regulating negative emotions. In the second presentation Nicholas Salzman will present data on the association between difficulties in emotion regulation and borderline features. Then Peggilee Wupperman will present findings about the association of mindfulness, emotion regulation, interpersonal effectiveness and borderline features. Finally Matthias Berking will address the question whether the improvement of emotion regulation during psychotherapy can be enhanced by including an intensive emotion regulation training in the treatment.

Self-soothing in experiential versus behavioral therapies

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

Aim: This paper aims to create a distinction between broad types of self-soothing strategies as they are fostered by different therapeutic approaches in treating clients suffering from different disorders.

Methods: The paper is primarily theoretical. First, it reviews the literature on self-soothing in psychotherapy. Next, two cases in which self-soothing played a role in treatment are contrasted: A case from emotion focused therapy and another from dialectical behavioral therapy. **Results:** Based on the literature review and the clinical observations the author suggests two broad types of self-soothing. In “general” or “behavioral self-soothing” the particular nature of painful emotion not only often remains undisclosed but also remains unexperienced in detail by the client; the feelings of distress are global and remain unexplored. In “specific” or “experiential self-soothing” painful emotion is alleviated through the exploration of related memories and idiosyncratic meanings, which address an unmet need. While general self-soothing moves the focus of attention away from painful feelings, this contrasts with specific self-soothing, in which the nature of painful feelings must be identified and symbolized in the process of alleviating them. **Conclusion:** Most of the psychometric measures of self-soothing, capacity for emotion regulation, or self-care do not make this distinction. Even so, it seems that clients with problems related to under-regulated affect will most benefit from generic behavioral self-soothing while clients suffering from difficulties related to over-regulated affect will benefit most from specific self-soothing.

Emotion Regulation and Borderline Personality Disorder Characteristics

Nicholas Salzman - University of Washington, Seattle, WA, USA, Matthias Berking, Peggilee Wupperman, Marsha Linehan

Aim: Linehan’s (1993) theory suggests that Borderline Personality Disorder (BPD) is a pervasive disorder of emotion regulation. This study examines this theory, particularly looking at the link between characteristics of BPD and problems with emotion regulation. We predicted that those with higher BPD characteristics would have more problems with emotion regulation. **Methods:** Data was obtained from over 170 undergraduates from a large northwestern university. Participants were recruited from undergraduate psychology courses, and were asked to fill out a series of questionnaires in exchange for class credit. Subjects completed the Borderline Symptom List (BSL, Bohus et al., 2001) as a measure of BPD symptoms. Subjects also completed a number of measures of emotion regulation including the

Difficulties in Emotion Regulation Scale (DERS, Gratz & Roemer, 2004), the Emotion Regulation Questionnaire (ERQ, Gross & John, 2003), and the Meta-Regulation Scale (Mayer & Stevens, 1994). Results: Preliminary results support our hypothesis. Conclusion: Individuals with greater characteristics of BPD do indeed have more problems with emotion regulation than those with fewer characteristics of BPD. These results will be discussed within the context of implications for treatment and the findings of other panel members.

Do Deficits in Mindfulness Underlie Borderline Features and Related Difficulties in Emotion Regulation and Interpersonal Effectiveness?

Peggilee Wupperman - University of Washington, Seattle, WA, USA, Nicholas Salsman, Matthias Berking, Craig Neumann

Aim: The current study investigates the role of mindfulness deficits in explaining borderline features and core difficulties in emotion regulation, interpersonal effectiveness, and neuroticism. Methods: In both non-clinical adults (N = 342) and psychiatric inpatients (N = 68), measures of mindfulness, borderline features, interpersonal effectiveness, and neuroticism were assessed. Results: Mindfulness was inversely related to borderline features even when controlling for neuroticism. Mindfulness also predicted less impulsive/passive emotion regulation and more-effective interpersonal problem-solving above the effects of neuroticism. It is notable that mindfulness was inversely related to the use of self-destructive behaviors for emotion regulation in both samples. Finally, mindfulness was inversely related to borderline features beyond the effects of impulsive/passive emotion-regulation, interpersonal effectiveness, and neuroticism. Conclusion: These findings have profound implications for the conceptualization and treatment of borderline features and self-destructive emotion-regulation strategies. They also highlight the importance of mindfulness and the importance of interventions that enhance mindfulness in patients with borderline features.

How can we improve the emotion regulation skills of our clients? First data on the effectiveness of an intensive emotion regulation training module.

Matthias Berking - University of Washington, Seattle, WA, USA, Peggilee Wupperman, Nicholas Salsman, Alexander Reichardt, Alexandra Dippel, Marek Szczepanski, Tanja Pejic, Marsha Linehan

Aim: Deficits and resources in general emotion regulation skills have been shown to be important for the development, maintenance and treatment of mental disorders. Therefore, the enhancement of emotion regulation skills is an important goal in psychotherapy. The aim of the presented study is to clarify whether adding an intensive emotion regulation training to treatment as usual can help to attain this goal. Methods: In a randomized controlled trial, 280 patients suffering from diverse mental disorders were randomly assigned to treatment as usual or to treatment as usual plus an intensive training of emotion regulation skills. Results: Findings indicated that patients in the skills training condition showed a greater improvement in emotion regulation than patients in the control condition. Conclusion: Adding an intensive emotion regulation skills training to treatment as usual is an effective means to improve these skills in psychotherapy.

Panel

Other

Moderator

Jeffrey Binder -
Argosy
University,
Atlanta, USA

A tribute to Hans Strupp: His SPR research and personal legacies

Hans Hermann Strupp was a pioneer in the development of psychotherapy research in the U.S., and truly a giant in the field: The impact of his theoretical writings, ideas, and research was worldwide. Hans also was one of the most influential, eminent, dedicated, esteemed, loved, generous and generative, leaders-members of SPR. He served as its third President (1972-73), after Ken Howard and David Orlinsky (SPR's co-founders), received its Distinguished Career Contribution Award, and was a managing editor of the SPR journal. Hans also brought honor to SPR, as he did to all organizations with which he was affiliated.

SPR journal. Hans also brought honor to SPR, as he did to all organizations with which he was affiliated. Hans died on October 5th, 2006. The panel is intended to illustrate his legacy with descriptions of the impacts of Hans' writings and research on the careers of SPR members who have received either SPR's Distinguished or Early Career Contribution award. Time also will be devoted to reflections on Hans' remarkable human qualities as colleague and mentor; audience members will be invited to contribute reflections.

Indirect influence of Hans Strupp: Leadership by example

William Piper - University of British Columbia, Vancouver, Canada

Based on personal reflection, this paper focuses on how the work of Hans Strupp was influential in determining psychotherapy as my area of research as a graduate student, as a new assistant professor, and ultimately as a lifelong career choice. This is remarkable given that I was never a student, colleague, or co-author of Hans Strupp. Perhaps even more remarkable is the fact that there were very few occasions of direct communication between the two of us. One exception was at the top of a mountain at Lake Louise and another at an SPR Panel that I had organized where he served as moderator. Thus, one may wonder by what indirect process or medium was I considerably influenced by him. This paper will argue that ones writings, in this case his writings, can serve as that medium. Personally, a book authored by Hans Strupp and Allen Bergin titled "Changing Frontiers in the Science of Psychotherapy" proved to be inspirational. In regard to the content and methodology of my research, the paper will cite examples of the influence of the writings of Hans Strupp, which also illustrate how he led by example.

Hans Strupp's Psychotherapy Research Legacy at Ohio University

Timothy Anderson - Ohio University, Athens, USA

Hans Strupp's research legacy can be found throughout all areas of psychotherapy research, but arguably none more than in the study of common relational processes. This presentation will consider how Hans Strupp's questions and methods have played a primary role in psychotherapy research at Ohio University. Facilitative Interpersonal Skills (FIS) was developed through common factors theory and case observation from the Vanderbilt II project. Pre-treatment FIS has been used in three studies in which we are attempting to predict therapeutic alliance and outcome. Each study has been informed by Hans Strupp's lifetime research contributions. Strupp's (1955) early research inspired a video-assisted therapist performance analysis for assigning FIS categories. Vanderbilt I inspired a design where we selected partially trained and untrained "therapist" as a test of prediction based on therapist FIS. Discussion will be framed in terms of how Strupp's research legacy informs future research questions for the field. These include: 1) Research Informed Observation. How can we best structure naturalistically observations in order to effectively generate new research designs and questions? 2) Sources of Therapist Effects on Process. Can therapists be trained to avoid negative therapeutic processes, and/or are matched patient-therapist combinations responsible for process, and/or are there situational variables that can best explain relational processes and outcomes?

The Humble Challenger

Franz Caspar - University of Geneva, Switzerland

The German Journal "Psychiatrie, Psychotherapie und Medizinische Psychologie" considered in 2001 to renew its series honoring old men and women who have made a difference for the field. To the editors it was obvious that Hans Strupp should go first, and the interview I had with him was entitled "der bescheidene Infragesteller" (translation see above). This presentation will shed light on how Hans has influenced a colleague who has not collaborated with him on a regular basis, but for whom Hans has made a difference. His contribution to the questioning of old and the development of new concepts for

the training of psychotherapists will be in the foreground of these memories of a colleague who has been eminently important for the field.

Hans Strupp: Influence by Example

Karla Moras - Independent Consultant, Merion, PA, USA

The remarkable power of Hans Strupp's personal principles and qualities to both touch and positively influence people in his life is widely acknowledged. This presentation will give a few specific examples, and also invite audience members' to provide examples, of Hans' enduring personal influences. A pervasive idea in Hans' theoretical writings and research on psychotherapy is that the quality of the therapist's relationship with a patient is key to psychotherapy's potential to have beneficial and enduring effects. Relationships that Hans developed with colleagues, mentees and others provide naturalistic evidence to support this fundamental idea in his work. Simply said, Hans' writings emphasized the growth promoting power of a good relationship, and professional relationships that Hans developed over his career illustrate and document the point. For example, on a day-to-day basis Hans modeled for his mentees exquisite interpersonal responsibility and reliability, and also the personal discipline needed to achieve it; scientific integrity and the responsibility to both remain open to, and ask-examine, all important questions. Hans also taught fundamental lessons by example such as: "freedom isn't free but with true freedom and true respect for autonomy you create an incredibly fertile environment for growth" (Thomas Schacht, post-doctoral fellow of Hans Strupp, March 11, 2006).

Panel

Interviewing

Moderator

Meredith Glick
Brinegar -
University of
Illinois at
Urbana-
Champaign, USA

What Can Clients Tell Us About Psychotherapy? Qualitative Accounts From the Client's Perspective

Discussant: Arthur Bohart - Saybrook Graduate School, San Francisco, USA

Clients have a great deal to teach us about psychotherapy. They have access to the fleeting, momentary experiences of therapy—moments which can enrich our understanding of psychotherapy process. This panel focuses on the use of qualitative methods to examine therapy from the client's frame of reference. First, Ze'ev Frankel will present a study that used Interpersonal Process Recall (IPR) and Grounded Theory Analysis to examine clients' experiences of disengaged moments, defined as moments when clients withdraw, distance, or lessen their intensity of involvement with therapy-relevant material or relationships. Second, Corinne Hoener will discuss results from in-depth, semi-structured interviews with clients, emphasizing the importance of being active. Finally, Meredith Glick Brinegar will present a multiple case study using IPR to understand the client's perspective on the assimilation model, focusing on the experience of intrapersonal dialogue: alternating expressions of opposing voices in client speech.

Clients Experiences of Disengaged Moments in Psychotherapy: A Grounded Theory Analysis

Ze'ev Frankel - The University of Memphis, USA, Heidi M. Levitt

Aim: To present a model of psychotherapy clients' experiences of disengaged moments, defined as moments when clients withdraw, distance, or lessen their intensity of involvement with therapy-relevant material or relationships. **Methods:** Interpersonal Process Recall (IPR) interviews were conducted with 9 psychotherapy clients of therapists with varied orientations and experience. The interviews were transcribed verbatim and subjected to qualitative analysis using Grounded Theory (Glaser & Strauss, 1967) methodology. **Results:** The interviews were found to contain 795 meaning units (Giorgi, 1970) leading to the development of a 4-level hierarchical model including 48 common experiences, 18 common processes, 5 Central Dimensions, and 1 Core Theme of clients' experiences of disengagement. The final 3 interviews did not add further categories to the hierarchy, suggesting that the data collection was comprehensive. The Central Dimensions include avoiding pain, assembling internal resources,

negotiating the therapy relationship, self-confrontation, and redefining self. The Core Theme across all of the experiences of disengagement relates to working through difficulties by experimenting within the therapy relationship toward resilient authenticity. Discussion: Findings are discussed with reference to theoretical and empirical psychotherapy literature. Recommendations are offered for research and practice.

Client Experiences in Psychotherapy: The Importance of Being Active

Corinne Hoener - Miami University, Oxford, USA

Aim: To explore and gain a deeper understanding of client experiences with and perspectives on psychotherapy. This includes, but is not limited to, clients' relationships with therapists, the impact therapy had on their lives, social stigma, and helpful and not helpful aspects of therapy. **Methods:** In-depth, semi-structured interviews were conducted with 11 current and former therapy clients. The interviews were audio recorded and fully transcribed. The transcripts were analyzed using grounded theory (Glaser & Strauss, 1967) and methods outlined by Seidman (1998). **Results:** The analysis yielded three main categories of experience: 1) client's conception of self in therapy, 2) client's conception of the therapist, and 3) benefits and limitations of therapy. For the purposes of this presentation, we will limit ourselves to the first category, focusing on client experiences of being active in therapy. Specifically, we will present ways in which clients experienced and defined activity, how clients experienced activity differentially across therapeutic approaches, and how these experiences often differed from clients' expectation of therapy. **Discussion:** The findings are discussed in reference to theories of therapeutic change, as well as the possible clinical implications.

Client Experiences of Intrapersonal Dialogue in Psychotherapy: A Multiple Case Study

Meredith Glick Brinegar - University of Illinois at Urbana-Champaign, USA, Michael A. Gray, Rachel Hamilton, William B. Stiles

The assimilation model describes how clients assimilate or integrate painful, problematic experiences (construed as voices) over the course of successful psychotherapy. The self is construed as a community of interlinked voices. Voices may be considered problematic—and kept unassimilated—when they express contradictory thoughts and feelings than other voices in the community. When this dialogue is spoken aloud in therapy (i.e., alternating expressions of opposing voices in client speech) we refer to it as intrapersonal dialogue. The model describes how, through intrapersonal dialogue, voices build meaning bridges or shared understandings with each other on their path toward higher levels of assimilation. The cases featured in this presentation are drawn from a study that examined the assimilation model from the perspective of the client. Six clients were interviewed about their experiences in on-going therapy (of varying theoretical orientations) using Interpersonal Process Recall. Participants listened to portions of recent therapy sessions that seemed particularly germane to key assimilation constructs (e.g., problematic experiences, intrapersonal dialogue) and commented on their thoughts and feelings at the time of the session. The interviews were transcribed and analyzed for ways in which client statements supported, modified, or elaborated assimilation theory. One such elaboration, and the focus of this presentation, was clients' awareness of internal voices and their experience of intrapersonal dialogue. Clients readily noticed and commented on changes in their vocal quality on audio recordings. Implications for the assimilation model and theories of internal multiplicity will be discussed.

Panel

Computer

Moderator

Franz Caspar -
University of
Geneva,
Switzerland

New technologies in psychotherapy and psychotherapy training

Discussant: Tracy D. Eells - University of Louisville, Louisville KY, USA

New technologies are a challenge for psychotherapists and those responsible for psychotherapy training programs. They offer new possibilities, but not everything that is possible is also useful. While scrutiny and empirical evidence for the usefulness of new tools are imperative, one thing is clear: The world around us including the patients change, and standing still means losing. We should, as far as patients suffering from mental disorders are concerned, also take the challenge of making psychotherapy accessible to patients who are not normally seen by therapists for face-to-face psychotherapy. This panel includes two papers on the use of internet for the treatment of Social Phobia in a RCT, and a paper on computer supported psychotherapy training.

A web-based cognitive behavioral approach to social phobia: Insight into the concrete application

Thomas Berger - University of Geneva, Switzerland, E. Hohl, F. Caspar

Today, internet-based technologies are used in all phases of psychosocial services. Current psychotherapeutic applications focus on the implementation of traditional approaches in the Internet. For instance, self-help material is posted onto the net, therapies are conducted via email, and groups meet in virtual chatrooms. However, recent advancements in web-based technologies are providing even greater opportunities for psychotherapy on the Internet. Today, many different aspects of psychotherapy on the Internet can be provided on a single integrated Web platform. Recently, we have created an Internet platform that offers various aspects of a cognitive behavioral approach to social phobia. This includes an interactive self-help guide, contact with therapists, a continuous monitoring and feedback of patient response, as well as collaborative elements, offering patients the opportunity to share their experiences with other patients. The aim of this presentation is to provide insight into the concrete application of such a platform. Experiences, pitfalls and opportunities are discussed along with a demonstration of the program. Empirical results of a controlled trial are discussed in the presentation by Hohl et al.

A web-based cognitive behavioral approach to social phobia: Results of a controlled trial

Eleonore Hohl - University of Geneva, Switzerland, Th. Berger, F. Caspar

Recent trials on anxiety disorders show that Internet-based self-help with minimal therapist contact is a promising approach in the treatment of anxiety disorders. As far as we know, ours is the first efficacy study on an Internet-based self-help program with minimal contact as a treatment for social phobia. The online platform is based on the cognitive behavioral approach by Clark and Wells (1995). The program is presented by Berger et al. In this study, 25 patients suffering from social phobia took part in the web-based program during 10 weeks. This group is compared to a waitlist control group. The aim of this presentation is to report findings related to the feasibility of this online self-help treatment support for social phobia, and primary results of the controlled trial. Results will be presented along with findings concerning predictors of outcome.

Computer supported training of therapists' case formulation abilities

Franz Caspar - University of Geneva, Switzerland, Katrin Wenning, T. Berger, K. Becker, S. Wahl

The approach of "deliberate practice" has been formulated in research on expertise (Ericsson et al.). It includes principles of giving immediate concrete feedback and of providing opportunities of improving solutions repeatedly. We have repeatedly presented computer supported modules realizing these principles at SPR meetings: One tool for giving feedback on formal aspects (coherence) of case conceptualizations, one "understanding" content in freely formulated sentences and giving feedback on

the completeness of the user's understanding of the case in comparison to experts. While the evaluation had so far been limited to computerized measures that could not take quality into account, we will now present expert ratings of the quality of the solutions of 50 subjects, and to what extent the training has a positive impact on it.

Panel

Practice

Moderator

Louis

Castonguay -

Penn State

University,

University Park,

USA

Clinical interventions and helpful events: Three practice research network studies

With the goal of fostering the integration of science and practice, a number of practice research networks (prn) have been created. These PRNS are based on an active collaboration between researchers and clinicians in the development of scientifically sound and clinically relevant studies. The goal of this panel is to present studies that have emerged from three distinct PRNS and that have focused on the examination of clinical interventions and helpful events in psychotherapy. The first study, based on the PRN of the university of california in san diego, describes the interventions used by therapists working with adolescents in naturalistic settings. Based on the pennsylvania psychological association prn, the second study investigates helpful and hindering events, as perceived by therapists and clients, during day-to-day practice. The third study, conducted at the penn state university psychological clinic, examines treatment techniques used by therapists in sessions conducted within their graduate training

Opening the "black-box" to examine community-based psychotherapy processes

Ann Garland - University of California, San Diego, USA, Lauren Brookman-Frazer, Bill Ganger

Aim the goal of this project is to characterize the psychotherapeutic strategies therapists use treating children with disruptive behavior problems in community-based clinics and to examine how these strategies are consistent and inconsistent with evidence-based practices (ebp). The project relies on a strong research-practice partnership. Methods: Participants included 55 therapists from 6 clinics, representing multiple disciplines and theoretical orientations; 80% are female; 58% are caucasian and the range of years of experience is 0-25. Child participants included 210 children ages 4-13 years (mean = 8.9); 73% are male and 46% are caucasian. All psychotherapy sessions are videotaped; a random selection of 400 were coded using the therapy process observational coding system (mcleod, 2001) as modified in partnership with clinicians, yielding frequency and intensity ratings for 27 therapeutic strategies. Inter-rater reliability is adequate (mean ICC =.74). Results: The most frequent strategies targeted to children are: Identifying strengths, using positive reinforcement, and psychoeducation (present in >50% of sessions). Infrequent strategies include assigning homework and addressing client-therapist relationship (present in <20% of sessions). Caregivers participated in 76% of the child sessions and the most frequent strategies targeting caregivers are: Assessing problems/events, and psychoeducation. Infrequent strategies include modeling, addressing client resistance and assigning homework. Observed intensity of interventions strategies is generally low to moderate. Discussion: "real world" therapists are (a) willing to work collaboratively with researchers to rigorously examine psychotherapy process and outcome and (b) using many therapeutic strategies consistent with ebp, but at lower intensity; other EBP are being used infrequently

Helpful and hindering events in psychotherapy: A practice research network study
Louis Castonguay - Penn State University, University Park, USA, J. Boswell, S. Zack, J. Montellese, S. Baker, M. Boutselis, N. Brink, N. Chiswick, D. Damer, N. Hemmelstein, J. Jackson, M. Morford, S. Ragusea, G. Roper, C. Spayd, T. Weiszer, T. Borkovec, M. Grosse Holtforth, L. Wilson

Aim the goal of this paper is to present findings from a study on helpful and hindering events in psychotherapy conducted within the Pennsylvania Psychological Association Practice Research Network (PPA PRN). Method. For a period of 18 months, thirteen experienced therapists randomly assigned their new (and volunteering) clients in their private practice to either an experimental or control condition. In the experimental condition, both clients and therapists filled out the helpful aspects of therapy (HAT) questionnaire after each session. In the control situation, only the therapists filled out the HAT. More than 200 sets of HAT questionnaires, or cards, were collected and are currently being coded by three independent coders using Elliott's (1988) therapeutic impact content analysis (TICAS). Results. At the present time, more than half of the collected HAT cards have been coded and the majority of the ticas categories show good to excellent reliability (cronbach's alpha above .6). Analyses will be conducted to identify the most frequently perceived helpful and hindering events, as perceived by clients and therapists

Theoretical orientation and technique in a training setting

James Boswell - Penn State University, University Park, USA, Louis G. Castonguay

Aim the aim of this study was to investigate the relationship between the identified theoretical orientations of therapists in-training and their use of therapy techniques in a naturalistic setting. This research question originated from three important gaps in psychotherapy research related to the lack of attention paid to therapist characteristics, the possible discrepancies that exist between controlled clinical trials and naturalistic research, and the historically limited focus on therapists in-training. Method. Twenty-three therapists in-training at the pennsylvania state university psychological clinic were asked to rate the level of influence of several different theoretical orientations on their clinical practice using a portion of orlinsky ET al.'s (1991) development of psychotherapists common CORE questionnaire (dpccq), as well as to report their use of interventions after sessions of individual psychotherapy using the multi (mccarthy & barber, 2006). Results and discussion. Therapists' level of endorsement of psychodynamic, behavioral, and cognitive orientations related positively to their use of respective orientation-related therapy techniques. The endorsement of a humanistic orientation related positively with the use of common factors. Implications for effectiveness research are discussed, as well as the relationship between technique and session impact.

Panel

Practice

Moderator

Louis

Castonguay -

Penn State

University,

University Park,

USA

New initiatives to increase the usefulness and relevance of research

Discussant: Thomas Borkovec - Penn State University, University Park, USA

While many have argued that randomized clinical trials (RCT) have contributed significantly to the scientific legitimacy of psychotherapy, many others believe that RCTs cannot serve as the only information source for evidence based practice. A number of suggestions have been proposed to foster the clinical usefulness of empirical research, such as facilitating the active involvement of the clinicians in the design and implementation of studies, increasing clinicians' accessibility to empirical knowledge, and establishing extensive collaborative networks (national and international) to investigate the external validity of rcts, as well as to develop and test new clinically relevant ideas and methodologies. the goal of this panel is to present new initiatives that specifically address these suggestions by fostering the collection and analyses of large data samples, as well as the dissemination of empirical information to

clinicians. the first paper will present an infrastructure that will allow the routine collection of standardized data across a network of more than 110 counseling centers. The second paper will present a methodology that can be used to improve clinical outcomes by integrating evidence-based practice guidelines within naturalistic settings. The third paper will describe an international initiative aimed at investigating the transferability of RCT results in naturalistic settings, combining data (rct and practice-based) collected in different countries, and creating new measures based on the mapping of previously developed outcome instruments. These initiatives will be discussed by tom borovec, a leading figure in the development of valid effectiveness research and practice research networks

Building a research highway: The center for the study of college student mental health
Benjamin Locke - Penn State University, University Park, USA

The last 30 years have brought dramatic changes to our understanding of college student mental health. Although somewhat insulated from changes early on, the field of university/college counseling (and most other units within student affairs) is now clearly in the midst of coping with sweeping changes in the prevalence of mental illness, managed health care, funding, accountability, and liability. Within this context of change, it appears that the prevalence and severity of mental illness (depression, anxiety, eating disorders, self-injury, etc.) are increasing on college campuses around the country (gallagher, 2004; kadison & digeronimo, 2004). Consequently, accurate prevalence/severity rates along with the ability to evaluate the treatment effectiveness have become increasingly central questions which are difficult to answer without large-scale coordinated research efforts. Attendees will be provided with an overview of the evolution, current status, and future plans for the center for the study of college student mental health (cscsmh), a developing research center which will act as a research hub for a national network of over 110 counseling centers. Cscsmh plans to make it possible to accurately and routinely describe the state of affairs in college student mental health, on a national level, as measured by standardized operational data that is collected in common at participating centers. The data collected through this collaborative national infrastructure will be used to inform mental health treatment, training, and research; guide administrative and institutional funding decisions; make accurate and up-to-date information available to the public; and create/maintain a constantly-expanding database of assessment and psychotherapy outcome data for researchers around the country

A methodology for improving therapy outcome within practice research networks
David Kraus - Behavioral Health Laboratories, Southboro, USA, Louis G. Castonguay

This paper will outline a methodology for improving therapy outcome by integrating evidence-based treatments (ebt) guidelines into day-to-day clinical practice. The first premise of this methodology is, "don't fix something that's not broken." in other words, improvement in practice patterns should be targeted only when outcome changes are below average. The second premise on which this methodology rests is that benchmarked outcomes is the most effective way to document and verify that EBT guidelines or other "practice improvement strategies" should be recommended to clinicians interested in improving their effectiveness. Our proposed methodology for improving outcome involves three major steps 1) identify below average outcomes with benchmark analytic strategies; 2) identify EBT guidelines that may assist the improvement of outcomes in that domain; 3) monitor and implement in a consistent manner the chosen EBT guidelines, allowing for time-series or other pre-post-intervention analysis. We will argued that a database of well documented quality improvement plans collected with such methodology can be used to determined which EBT guidelines have the greatest impact in the real world. If based on a large a practice research network (prn), these results are likely to have solid external validity and can thus be disseminated to providers everywhere. We will also describe an infrastructure that includes the basic components of the proposed methodology (i.e., benchmarking analytic strategies

based on a psychometrically sound outcome tool [treatment outcome package; top], identification of EBS guidelines targeting specific domains of the top; large pool of clinicians and clients using the top), and that will serve as the basis of PRN initiatives to test the proposed methodology

Health economics and psychological therapies research

Glenys Parry - University of Sheffield School of Health & Related Research, UK, Michael Barkham, John Brazier

Resources for psychological therapies within health care systems are increasingly allocated on the basis of mathematical models of cost effectiveness constructed by health economists using data from randomised clinical trials of specific therapy types. However, the international evidence base is inadequate for this purpose – limited external validity of randomised trials in this field, invariably conducted within a single country, small samples, with a range of different outcome measures specific to mental health research and unmapped onto generic health utility or quality of life measures. There are no international benchmarks for treatment effectiveness and there are no data-based methods for cost comparisons across countries on which to base economic models. This point is illustrated by a recent health economic appraisal of psychological therapies for borderline personality disorder conducted for the national institute for clinical excellence (nice) in England.¹ international collaboration between health economists and psychotherapy researchers is imperative to address these issues: A) the transferability of RCT evidence both to routine large-scale services and between countries b) economic modelling from randomised trials and practice-based data to investigate how best to combine resource use data from different countries; c) mapping mental health outcome measures onto generic health preference/health-related quality of life measures, and assessing the need for developing condition-specific preference-based measures. 1.brazier, j.e., kaltenthaler, e, shackley, p. Ferriter, m., parry, g., dent-brown, k. (2006) psychological therapies including dialectical behaviour therapy for borderline personality disorder: A systematic review and preliminary economic evaluation. Health technology assessment,10, no.35

Panel

Assessment

Moderator

Jay L. Cohen -
Wayne State
University,
Detroit, USA

Measurement issues in psychotherapy research: Applications of generalizability theory and the social relations model

Sufficient evidence exists supporting the effectiveness of psychotherapy. Less clear are the ingredients that contribute to beneficial psychotherapy process and outcome. Many of these ingredients (e.g. alliance, countertransference) have multiple sources of variance (e.g. client, therapist, relationship). Accurate measurement of constructs can occur when sources of variance are isolated. Traditional research typically sees variability as a function of individual differences and error. Renewed efforts to study the ingredients of psychotherapy, however, are constrained by designs that cannot simultaneously isolate the influences of individual differences and the multiple sources of variance. Generalizability Theory (Cronbach, Gleser, Nanda & Rajaratnam, 1972) and the Social Relations Model (SRM; Kenny, 1994) provide the conceptual and statistical tools for disentangling such influences and analyzing psychotherapy at multiple levels of analysis. Such approaches are also useful ways to conceptualize and measure reliability. This panel proposes several practical applications of G Theory and the SRM approach. First, Bill Hoyt, Kuldir Bhati, and Greg Kolden apply G Theory to demonstrate generalizability of session and alliance ratings across sessions, an important component of construct validity that has rarely been examined. Next, Jay Cohen interprets therapist effects in the context of interrater agreement about therapist competence, and discusses implications for the reliability of panels and licensing boards. Kimberley Lakes applies this approach to reliability/dependability of self- and observer-ratings of child behavior. David Marcus rounds out the panel with an SRM perspective, describing the roles of client, therapist, and relationship variance in producing the dodo bird effect.

Probing Sources of Variance in Psychotherapy Process Ratings: Using Generalizability Theory to Improve Measurement and Interpretation in Psychotherapy Research

William T. Hoyt - University of Wisconsin-Madison, USA, Kuldhir Bhati, Gregory G. Kolden

Investigations of construct validity address the question “What sources contribute to variance in scores?” (Cronbach & Meehl, 1955). Hopefully a substantial proportion of score variance reflects individual differences on the construct of interest. Other sources that may contribute include measurement error and various types of systematic error. Researchers wishing to improve measurement practices, and to interpret findings accurately, need to address the question of construct validity. The presenters show how generalizability theory (GT) is well suited to investigations of construct validity of psychotherapy process measures. To illustrate, we examine generalizability of a measure of therapeutic bond (a.k.a. working alliance) over sessions in 90 therapist-client dyads. Generalizability coefficients estimated from these data ranged from .44 to .59 for subscale scores, and .56 for the total score. This information is substantively important because it addresses the stability of the alliance over sessions. It is methodologically important because it identifies a source of variance in scores (i.e., session-specific variance) that often counts as error variance when working alliance is used as a predictor of psychotherapy outcomes, but is not normally assessed or reported in study Method sections. We show how this “hidden” source of error helps to explain modest correlations between alliance and outcome, and how this generalizability analysis suggests strategies for improving dependability of measurement in process-outcome studies. GT provides a conceptual framework that can inform our understanding of constructs and improve research design and interpretation of findings, as well as improve measurement practices.

Kuhn meets Cronbach: Generalizability theory as a vehicle for quantifying a paradigm for psychotherapy

Jay L. Cohen - Wayne State University, Detroit, USA

Kuhn (1970) has argued that scientific communities develop consensus around coherent theoretical positions (i.e. paradigms). The psychotherapy training model presumes that experts agree on competent therapist behaviors and can therefore evaluate such behaviors in reference to a standard of competence. Agreement informs us as to the extent to which a paradigm exists about competent therapist behavior. Efforts to study psychotherapy, however, can be constrained by designs that cannot simultaneously isolate the influences of consensus (i.e. interrater agreement) and multiple sources of variance (e.g. raters, relationship). Generalizability Theory (Cronbach, et al., 1972) provides the tools for disentangling such influences. I assessed consensus among students and faculty of an APA-approved clinical psychology training program regarding the competence of therapist behaviors. Thirty-three participants viewed three master therapists providing treatment and rated specific behaviors for competence. There was a small degree of consensus (proportion of variance = .12), with variance also attributable to idiosyncratic influences such as the effects of raters (.17) and the rater-therapist relationship (.19). Results did not significantly differ as a function of theoretical orientation, demonstrating that even those who described themselves similarly did not use a shared framework for evaluating competence. Although the low degree of consensus demonstrates an apparent lack of a shared paradigm for psychotherapy in regard to the particular program investigated, it does not necessarily undermine the reliable use of judgments for training or credentialing. Generalizability coefficients ranged from .38 to .93, depending on the number of raters and the relative or absolute nature of the judgments.

Applications of generalizability theory to clinical child and adolescent psychology research
Kimberley Lakes - California State University, San Bernardino, Ca, USA, William T. Hoyt

Using generalizability theory (GT) to evaluate the reliability of measures used in child and adolescent psychotherapy and intervention research will enable scientists to enhance precision of measurement, and consequently increase confidence in research findings. First, with an observer-rated measure of child self-regulation, we illustrate how multiple sources of error variance (e.g., raters, items) affect the dependability (replicability) of scores and demonstrate methods for enhancing dependability of observer ratings. Using ratings of 181 children, we illustrate the use of two-facet (i.e., raters and items as sources of error) and three-facet (i.e., raters, items and occasions) analyses to optimize design features of future studies using this measure. We also present observer ratings from more than 50 parent-child dyads and demonstrate how the reliability of observational coding systems used to evaluate parent-child relationships pre- and post- treatment can be enhanced using GT. In addition, we discuss how GT provides a useful conceptual framework for thinking about determinants of scores on acquaintance (e.g., teacher or parent) ratings as well as observer ratings, and sheds light on the strengths and limitations of both types of data for child and adolescent clinical research.

Psychotherapy research and the social relations model

David K. Marcus - University of Southern Mississippi, Hattiesburg, Ms, USA

The central premise of Kenny's (1994) social relations model (SRM) is that any interpersonal process (psychotherapy) is a function of the actor (therapist), partner (client), and their unique relationship. With the appropriate data, it is possible to partition the variance to determine each component's contribution. However, the SRM requires multiple informants to rate multiple targets, most typically using a round-robin design in which every group member rates and is rated by every group member, whereas in psychotherapy research therapists typically treat multiple clients, but each client has a single therapist. Yet the findings from over 25 years of SRM research may still have implications for how psychotherapy researchers think about the ways in which therapist, client, and relationship variance may each contribute to outcomes. A broad overview of the SRM findings with respect to interpersonal perception and behavior, indicates that the relative contributions of the actor, partner, and relationship is a function of the context, the task, and the variables measured, but that the actor rarely accounts for the majority of the variance. The perspective does not deny that certain therapies may be more effective for certain clients, but it does suggest that it will only be in rare instances that a specific therapy (perhaps panic control therapy for panic disorder) will account for a majority of the variance in outcomes. This SRM perspective may be another way of articulating Kiesler's (1966) classic point about the myth of homogeneity in psychotherapy research.

Panel

Interpersonal

Moderator

Michael

Constantino -

University of

Massachusetts,

Amherst, USA

Depressed patients' interpersonal style, treatment process, and outcome as revealed by the impact message inventory

Recent formulations of depression have emphasized interpersonal functioning in its etiology and maintenance. Basic research has highlighted interpersonal risk factors for depression, including skill deficits, excessive dependency, and excessive submissiveness (Joiner, 2002). Furthermore, research has suggested that depressed individuals pull for responses from others that serve to perpetuate maladaptive exchanges and depressed mood. Consequently, several psychosocial treatments (e.g., Klerman et al., 1984; McCullough, 2000) have been developed that place interpersonal functioning at their center, and such treatments have achieved empirical support. However, there has been limited research examining the basic nature of interpersonal processes in carefully diagnosed, clinically depressed samples. Furthermore, there has been even less of an empirical focus on how interpersonal styles of depressed

individuals change following treatment, and how these styles influence treatment process and outcome. The goal of this panel is to present findings from 3 studies that address aspects of the above domains. All studies use as their centerpiece the Impact Message Inventory (Kiesler & Schmidt, 1993), which assesses patient interpersonal processes from the perspective of an interacting other (i.e., therapist). The first paper will examine the interpersonal profiles of chronically depressed outpatients, as well as change on interpersonal processes following an interpersonally-oriented treatment. These data derive from a large randomized trial comparing medication, psychotherapy, and their combination (Keller et al., 2000). Using the same dataset, the second paper will examine patients' interpersonal impacts in the prediction of treatment process and outcome. The final paper will do the same, but it in a naturalistic setting.

Interpersonal styles of chronically depressed outpatients: Examining profiles and therapeutic change

Joan DeGeorge - University of Massachusetts, Amherst, USA, Michael J. Constantino, Rachel Manber, Bruce A. Arnow

Aim. Theoretical accounts have posited that chronically depressed individuals have interpersonal deficits that serve to promote and to maintain their mood difficulties. In particular, such individuals may produce hostile and/or submissive impacts on others, which compromise their ability to get their interpersonal needs met. The goals of the present study were to assess empirically the theoretical assumptions surrounding the interpersonal functioning of chronically depressed individuals, and to examine change in such functioning following an interpersonally-focused treatment – i.e., Cognitive-Behavioral Analysis System of Psychotherapy (CBASP; McCullough, 2000). **Methods.** Data derive from a large (N = 681) clinical trial that compared the efficacy of CBASP, medication (nefazadone), and combined treatment for chronic depression (Keller et al., 2000). To assess patients' interpersonal styles and impacts, therapists in the CBASP-only and the combined CBASP-nefazadone conditions completed the Impact Message Inventory (IMI; Kiesler & Schmidt, 1993) following an early and a late session. At both time points, IMI data were compared to non-depressed normative samples to assess depression-related interpersonal profiles and clinically significant change in interpersonal functioning. **Results.** Consistent with the theory underlying CBASP, the chronically depressed patients in this sample presented with peak hostile and submissive impacts that were significantly higher than non-depressed comparison groups. Also as predicted, treatment responders evidenced a clinically-significant decrease in hostile-submissiveness and a clinically significant increase in friendly-dominance, suggesting that responders became more effectively assertive – a main target objective of CBASP. **Discussion.** Findings are discussed with respect to their theoretical and practical implications.

Therapeutic alliance, skill acquisition, and outcome in the treatment of chronically depressed outpatients: The role of patients' interpersonal impacts

Michael Constantino - University of Massachusetts, Amherst, USA, Rachel Manber, Joan DeGeorge, Mamta Dadlani, Bruce A. Arnow

Aim. Recent findings provide evidence for the effectiveness of combined psychotherapy and medication, and to a lesser extent psychotherapy alone, in the treatment of chronic depression. However, there are limited data on factors influencing the process and outcome of such treatments for this clinical population. The goal of the present study was to examine the impact of patients' interpersonal style on key therapeutic processes (i.e., alliance quality & interpersonal skill acquisition) and outcome in Cognitive-Behavioral Analysis System of Psychotherapy (CBASP; McCullough, 2000), alone or with medication. **Methods.** Data derive from a large (N = 681) clinical trial that compared the efficacy of CBASP, nefazadone, and their combination in the treatment of chronic depression (Keller et al., 2000).

Patient interpersonal style was assessed early in treatment by therapist ratings on the Impact Message Inventory (IMI; Kiesler & Schmidt, 1993) – a circumplex measure of a person’s interpersonal impact on the rating other. Alliance quality was assessed at multiple points across treatment and skill acquisition was assessed at midpoint. Results. Patients in the combined condition reported better alliances and skill acquisition than patients in CBASP-only. Across both groups, and accounting for the treatment effect, hostile-dominant interpersonal impacts were negatively associated with alliance ratings, skill acquisition, and outcome, whereas friendly interpersonal impacts were positively associated with both process variables and outcome. Change in theoretically key IMI indices was also predictive of outcome. Discussion. Findings are discussed in the context of interpersonal theory and the unique measurement perspective afforded by the IMI.

Coming across and doing well in therapy – how the interpersonal style of patients relates to process and outcome of psychotherapy

Sara Duerrenberger - University of Bern, Switzerland, Martin Grosse Holtforth, Nuria del Rey

Aim. The patient’s interpersonal style can be a helpful or hindering factor in psychotherapy. To further clarify the role of patient interpersonal style in psychotherapy we examined its associations with psychological functioning, therapy process, therapy outcome, as well as its change in therapy. Method. To assess interpersonal style, significant others of patients with various clinical disorders (N = 495 pre, N = 147 post) completed the revised German version of the Impact Message Inventory (IMI-RD; Kiesler, Caspar, Fingerle, & Werner, 2002) at intake and at termination of treatment at a Swiss university-outpatient clinic. Therapists of various levels of experience offered an integrative form of psychotherapy that combines cognitive-behavioral, process-experiential, and interpersonal interventions on the basis of comprehensive case formulations (Grawe, 1997). Clients completed an assessment battery that assessed several aspects of functioning (psychopathology, well-being, interpersonal problems, motivation, etc.). In addition, patients and therapists completed process measures after each session (e.g., therapy relationship). Results. Interpersonal style as reported by significant others was significantly related to various aspects of psychological functioning at intake and termination; it predicted various process phenomena, as well as aspects of outcome; it changed in therapy and this change was related to several other measures of change. Discussion. We will discuss the consequences of our findings for interpersonal theory and psychotherapy practice, and we will explore potential directions for further research.

Panel

Alliance

Moderator

Gary Diamond -
Ben-Gurion
University of the
Negev, Beer-
Sheva, Israel

Assessing the therapeutic alliance - the development and psychometric properties of short forms of common alliance measures

This panel includes 3 papers on developing and examining the psychometric properties (e.g., reliability and validity) of short forms of three popular alliance measures: Wai, vanderbilt therapeutic alliance scale-revised (vtas-r), and the agnew relationship scale (ars). In the cahill ET al. Paper, the authors present both a 5 and 12 item version of the ars. Both forms evidenced high reliability and were able to discriminate between clients. Shelef and diamond present a 5 item version of the vtas-r. They found the short form to be highly reliable, highly correlated with the full length version and similarly predictive of treatment outcome. Munder ET al. Present a factor analysis of the german version of the 12 item wai. Their findings replicate the 3 factor structure of bond, goals and task first proposed by bonding in his transtheoretical definition of the alliance

Short form of the Vanderbilt Therapeutic Alliance Scale: Development, reliability and validity
Karni Shelef - Children's Hospital of Philadelphia, USA, Gary Diamond

The purpose of this study was to develop a reliable and valid 5-item short version of the vtas-r, an observer-based rating scale designed to measure the strength of the therapist-client alliance. Participants were 86 adolescent substance abusers and their parents who received multidimensional family therapy (mdft; liddle, 2002). Three separate samples of alliance ratings (n = 361) were utilized in order to develop, examine the reliability, and test the predictive validity of the short form. More specifically, we used one sample of sessions (n = 127) to conduct a factor analysis of the vtas-r and to select five items, based on both theoretical and empirical considerations. Using a second sample of sessions (n = 128), we examined the internal consistency of the short form, and the correlation between the short- and full-length forms. Finally, using a third sample of sessions (n = 106), we compared the short form and full-length forms in terms of their ability to predict treatment completion and adolescents' days of cannabis use and substance abuse and dependency symptoms at post treatment and at 3, 6, and 9-month follow-ups. Results indicated that the vtas-r-short form was highly reliable, highly correlated with the full-length form, and predicted treatment completion, and adolescents' subsequent cannabis use and substance abuse and dependency symptoms in a manner almost identical to the full-length form

Short ARMs: Two short forms of the Agnew Relationship Measure

Jane Cahill - University of Leeds, UK, William B. Stiles, Michael Barkham, Gillian Hardy, Roxane Agnew-Davies, Gregory Stone

We report the development and psychometric properties of 12-item and 5-item short forms of the 28-item Agnew Relationship Measure (ARM; Agnew-davies et al., 1998). In the development of the 12-item form we drew on the results of previous factor analyses and applications to clinical populations. We selected 3 items to represent each of four of the arm's five subscales: bond, partnership, confidence, and openness. Items are presented in a 7-point likert format, with anchors ranging from "strongly disagree" to "strongly agree." client and therapist versions contain parallel items worded to refer to the same person's experience (e.g., "I feel friendly towards my therapist" is parallel to "my client is friendly towards me"). The 12 item ARM-SF was administered immediately following sessions 1, 2, 3, 7, and 12 to 88 clients and their therapists engaged in 12 sessions of cognitive therapy for depression. for the 5 item version (embedded in the 12 item version) we selected 5 items using rasch analysis to represent the three scales of bond, partnership and confidence which constitute the CORE alliance. The 5 item instrument has a reliability of .85 and a person separation value (ability to discriminate between clients) of 2.41. Separation values of more than 2 are recommended. The 12 item version has a reliability of .87 and a person separation value of 2.5. We describe the results of factor analyses, internal consistency reliability and stability across sessions, and relations with other measures for both of the ARM short forms. No single instrument is suitable for all uses, and it is important for measurement developers to be responsive to the needs of practitioners. We suggest that these shorter versions of this validated measure of the alliance can be useful, particularly for repeated assessment in practice settings where impositions on clients and therapists should be kept to a minimum. We propose that the 12-item version is a cost-efficient measure to be used in research settings while the 5-item version can be used in routine practice settings either to track the alliance over time or to be used as a clinical support tool to investigate alliance issues in cases where the client outcomes are off track and thereby support them in their decision making

Replicating the factor structure of the short revised Working Alliance Inventory in the German version

Thomas Munder - University of Freiburg, Germany, Fabian Wilmers, Hans W. Linster, Christine Gallas, Juergen Barth, Martin Grosse Holtforth

Because of its predictive value, the assessment of the working alliance is recommended for psychotherapy research and practice. The WAI (Horvath & Greenberg, 1989), as one of the most widely used instruments in alliance research, measures the three components of the alliance formulated by Bordin (goals, tasks, bond). The present study investigates a German translation of the revised 12-item short form of the WAI (WAI-SR; Hatcher & Gillaspay, 2006). We test the patient and therapist versions of the WAI-SR by collecting data from two inpatient groups and one outpatient group. We replicate the proposed three-factor model using confirmatory factor analysis (CFA), taking into account different phases of therapy (early, late) and treatment modalities (outpatient, inpatient). To ensure generalizability of the results, effects of patient variables (e.g. diagnoses, interpersonal problems) and therapist variables (e.g. theoretical orientation, experience) are tested. We also examine convergences between the WAI-SR and the HAQ therapist and patient versions. Consequences for the use of the WAI-SR in psychotherapy research and practice are discussed

Panel

Assessment

Moderator

Ann Doucette -
The George Washington
University
Medical Center,
USA

Psychotherapy outcomes: Issues associated with outcomes measurement and outcomes management

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

The emphasis on psychotherapy outcomes is growing, largely in response to healthcare and insurance (commercial and medicaid/medicare) mandates to justify and assert that the treatment provided is effective. Though the psychotherapy field has been engaged assessing outcomes, and has pushed for the modeling of outcome data to disentangle the complexities of care in terms of treatment models, client characteristics and adherence to treatment plans, and therapist competency it has been far less involved in moving from outcomes measurement to outcomes management. The measures and monitoring approaches we use provide the evidence used in making judgments about the effectiveness of care, but far less attention is given to the characteristics and the integrity of the measures we use and the manner in which outcome efforts are implemented. What we measure in terms of psychotherapy outcomes and how we measure it will no doubt have implications for clinical practice. This panel addresses four areas. The first paper challenges the assumption that the variables we measure are adequately defined by the measures we use to operationalize them. The second presentation questions the ability of a multidimensional measure of psychotherapy outcome to sensitively characterize specific areas of change during the course of treatment. The third paper describes an outcomes infrastructure, designed to move the outcomes measurement to outcomes management that informs and optimizes treatment planning and patient outcomes. The final paper provides an example in terms of the implementation of outcomes management model in a medicaid funded behavioral health care system. The discussant's response follows

Questioning the science and objectivity of measuring psychotherapy outcomes

Ann Doucette - The George Washington University Medical Center, USA

Aim little attention is given to the characteristics and the integrity of these measures in characterizing the client, the process, and the outcome. The study examines how assessment items and scoring procedures function across diagnostic groups, their sensitivity and precision in reflecting change over time, and challenges the assumption that the variables we measure are adequately defined by the measures we use to operationalize them. Method: Outcome data from a large commercial health plan

and a metropolitan public mental health/substance abuse system will be examined using the rasch measurement model, often identified as a one-parameter logistic model. Outcomes measures used in this study are client self-report and assess levels of global distress (symptoms, function, quality of life, etc.). Both data sets provide longitudinal data for adult and adolescent samples. Results: Selected results reveal that items included in these measures contribute differentially in accurately describing psychotherapy outcomes across diagnostic groups, demographic characteristics, as well as across a range of initial impairment levels. Items have differential meaning depending where on the impairment continuum they occur. Additionally, items are not equally indicative of distress. Some items, when endorsed by clients signify higher levels of distress than do others. The variability in terms of contributions of these items in characterizing outcomes is lost in summing simple raw scores, as opposed to the logit-measure scores yielded by the rasch model. Discussion: The implications of the measures and scoring procedures typically used in psychotherapy outcome efforts will be discussed in terms of the associated error and misleading conclusions

The convergent/divergent validity of a multidimensional measure of psychotherapy outcome
Abe Wolf - MetroHealth Medical Center , Cleveland, USA

Aim: this study assesses the ability of a multidimensional measure of psychotherapy outcome to identify specific areas of change during treatment. More specifically, the convergent and divergent validity of subscales that assess symptom severity, areas of functioning, and quality of life, in addition to a global measure of psychological distress will be assessed. Methods: The treatment outcome package (TOP) is a multidimensional measure of psychotherapy outcome. This study will evaluate the ability of its subscales to detect changes during an episode of treatment among patients clustered by axis i diagnosis. TOP results, diagnostic and demographic information were obtained from participants in a large commercial health plan. Results: The convergent and divergent validity of TOP subscales for axis i diagnostic groups over the course of a specific treatment are reported. In addition, the ability of person scores derived from item response theory models to improve sensitivity when compared to more traditionally calculated scores is reported. The effect of length of treatment and demographic variables on treatment outcome is also evaluated. Discussion: The use of psychotherapy outcome instruments is increasingly important as third party payers expect accountability from providers of mental health services. Since the efficacy and effectiveness of psychotherapy is based on self-reports instruments such as the TOP, it is these instruments that will be used to evaluate outcomes by commercial and governmental bodies. The internal structure of the TOP is well differentiated. This study evaluates how well that internal structure functions in delineating treatment trajectory

Quantifying Treatment Efficacy when flexibly modeling individual change
Robert Gallop - West Chester University, West Chester, PA, USA, Sona Dimidjian, David C. Atkins

psychotherapy research has begun to ask not only how much change individuals make during treatment but also how that change occurs. The analysis of patterns of change during treatment may help identify unique clinical characteristics of different treatment approaches and may serve to identify possible mechanisms of change. For instance, a number of studies on cognitive therapy have suggested a course of change characterized by an early rapid period of improvement and have speculated about potential treatment mediators (i.e., Iliardi & Craighead, 1994; Wilson, Agras, Fairburn, Walsh, & Kraemer, 2002). Despite the importance of such work, progress in this area has been hampered by the fact that traditional data analytic strategies have not provided clear methods for examining the complexity of change processes over the course of treatment. Although the use of hierarchical linear modeling (HLM; Raudenbush & Bryk, 2002) provided an important statistical advance in clinical trial methodology, the typical use of HLM assumes a linear trend across time for each person, which may not be valid for

modeling clinical change trajectories. Even extending HLM via a polynomial may poorly represent change that occurs in distinct phases. This presentation discusses an important extension of traditional HLM analyses, the flexible piecewise HLM procedure. The flexible piecewise HLM allows the modeling of two treatment phases with differing rates of change for each treatment group: an early, rapid phase of change and a phase of reduced amount of change. The breakpoint between these two phases is allowed to vary between treatment groups as well as between individuals, such that the model fit is maximized. This presentation provides an overview of how to implement the model and quantify treatment efficacy, which is illustrated through an example using data from a recently completed placebo-controlled trial comparing behavioral activation, cognitive therapy, and antidepressant medication in the treatment of major depression (Dimidjian et al., 2006).

Trajectories of change: Clinical outcomes in relation to pre- and post-service utilization
Wayne Stelk - Massachusetts Behavioral Health Partnership - ValueOptions, Boston, USA, David Kraus

Aim: This presentation provides information on the development of an outcomes policy for providers within the Massachusetts Behavioral Health Partnership (MBHP). MBHP was one of the first behavioral health care companies to successfully manage medicaid mental health and substance abuse services on a statewide basis. This presentation examines the relationship between clinical change and changes in service utilization, as well as service cost. Method: Several studies are presented. These studies examine care episodes using claims and clinical outcomes data (Treatment Outcome Package – TOP). These studies examine cost, and highlight the advantages of matching clinical data with claims. Matched TOP and claims data allow us to statistically model trajectories of service utilization for persons with behavioral health disorders and the factors (clinical disability, health status, demographics, service type, provider agency, individual clinician, etc.) that may affect trajectories. Studies address depression, substance abuse, and other mental health concerns. Results: Results indicate that the TOP is sensitive in assessing change. With the exception of violence, TOP scales over time had improved at discharge. Those individuals having the least improvement at termination had worsening top scores. Preliminary predictive modeling indicated that changes in TOP scales did not predict change in cost, although gender provided a weak predictor with female costs decreasing less than average male costs. Discussion: The paper addresses how the TOP can be used to enhance outcomes, and how clinical-cost change relationship can be used to improve outcomes, the implications for evidence-based practices, as well as challenges faced in using “real-world” data.

Panel
Therapist
Moderator
Irene Elkin -
University of
Chicago,
Chicago, IL, USA

Therapist responsiveness in the Treatment of Depression Collaborative Research Program

Discussant: William B. Stiles - Miami University, Oxford, OH, USA

The first few sessions of psychotherapy are often seen as critical, by both clinicians and researchers, for the engagement of the patient in the treatment process. The major premise of these three papers is that a very important ingredient in facilitating the patient’s engagement (i. e., remaining in treatment and beginning to feel positive about the relationship with the therapist) and ultimate improvement is the therapist’s “responsiveness” to the patient in these early sessions. The papers are based on videotapes and data from the NIMH Treatment of Depression Collaborative Research Program. The first paper, by Edward Henderson, reports on his study focusing on whether therapists, in the first two sessions of Cognitive Behavior Therapy or Interpersonal Psychotherapy, formulate and communicate goals for psychotherapy that are based on the patient’s own presentation of problems and concerns, and whether this is then related to the patient’s engagement in treatment. The second paper, by Lydia Falconnier, also using videotapes of the first two CBT and IPT sessions, reports on her study of the degree to which

therapists approach (rather than avoid) patients' communication of economic stresses, and whether this is related to treatment outcome. She focuses, especially, on similarities and differences for lower and middle SES patients. The third paper, by Irene Elkin and colleagues, reports on the development of a general measure of therapist responsiveness in the first two sessions and presents the final instrument, preliminary psychometric characteristics, and pilot predictive utility of the measure.

The patient's words in the therapist's mouth: Therapists' use of patient target complaints when communicating treatment goals

Edward Henderson - Stepping Up Psychosocial Rehabilitation Services, Chicago, IL, USA

This study examined how therapists used patients' initial presentations of their problems when communicating goals for treatment. More specifically, what did therapists actually say about the goals of treatment during the first two therapy sessions and how much did the therapists' stated goals reflect their patients' stated problems? Further, this study examined the impact made by the therapist's use of the patient's presenting problems when communicating goals on early engagement in the therapeutic process. This was examined for the two treatment approaches used in the NIMH-TDCRP: cognitive-behavior therapy and interpersonal therapy. Therapist goals were defined as those goals the therapist identified and communicated to the patient during the first two sessions of therapy. Presenting problems were those issues the patient wanted to work on during the course of treatment. The term "target complaints" is used here when referring to any statement the patient made regarding his/her presenting problems or concerns during the first two sessions. Engagement was defined as the degree to which a therapeutic relationship was established early in treatment and whether or not the patient remained in treatment beyond the 4th or 8th week of therapy. This combination of variables provided a view of what was happening early in treatment and whether the patient was engaged in the therapeutic process. Results indicated that when there is agreement between therapist goals and patient target complaints, patients perceive the therapeutic relationship as more positive and tend to remain in treatment beyond the 8th week of therapy.

Addressing economic stress in the treatment of depression

Lydia Falconnier - University of Illinois at Chicago, Chicago, IL, USA

This study investigates the importance of addressing issues of economic stress in standardized treatments for major depression with lower and middle social class patients. Using a sample of first and second session videotapes from the NIMH Treatment of Depression Collaborative Research Program (TDCRP), the study found high levels of patient introduction of economic stress topics, as well as relatively high levels of therapist approach of this material. There was significant evidence for a positive association between therapist approach of these economic stress topics and outcome. Contrary to expectations, there was very little evidence for social class differences in any of these findings.

Development of a measure of therapist "responsiveness"

Irene Elkin - University of Chicago, Chicago, IL, USA, Yvonne Smith, Edward Henderson, Kelli Canada

This paper will report on the development of a measure of therapist responsiveness in the first two sessions of psychotherapy. The presentation will include a description of the development process, the final instrument, preliminary psychometric information, and piloting of the predictive utility of the instrument. The Responsiveness Scale was developed using videotapes from the pilot/training phase of the NIMH Treatment of Depression Collaborative Research Program. The videotapes include first and second sessions of depressed patients treated with Cognitive Behavior Therapy or Interpersonal Psychotherapy. The Responsiveness Scale is intended, however, to be pan-theoretical and to be applicable to a range of patients. "Responsiveness" is defined as "the degree to which the therapist is

attentive to the patient, is clearly interested in and responding to the patient's communication, is acknowledging and attempting to understand his or her current concerns, and is doing this within a context of respect and caring." To measure these constructs, the scale includes two sets of items, one set rated every five minutes, the other at the conclusion of a session. It is predicted that scores on this instrument will be related to the patient's "engagement" in therapy, i.e., whether the patient remains in treatment and whether he/she develops a positive relationship with the therapist. Piloting to test this prediction will be reported, as well as plans to test it more conclusively in the outcome phase tapes of the TDCRP.

Panel

Experiential

Moderator

Robert Elliott -
University of
Strathclyde,
Glasgow, UK

Key processes in experiential psychotherapy: Relationship construction and emotion regulation

Two of the most central processes in all therapies are alliance formation and the dealing with distressing emotions. Current thinking assumes that alliance formation and emotion regulation are interlinked via attachment processes. In this panel we offer three papers from different research teams on the role of these processes in experiential psychotherapy. In the first presentation, schnellbacher presents results of a pilot study using brief structured recall (elliott & shapiro, 1988) to open up the process by which clients go about constructing an image of the therapist as a helpful other in initial sessions of therapy. Next, lenne offers initial results from a study examining the more general relationship between attachment and emotion regulation in therapy. Finally, elliott presents work that uses client descriptions of significant therapy events to illuminate and provide a wider context for the first two presentations. All three studies illustrate the difficulty of separating relational and emotion processes in therapy and the value of research that encompasses both kinds of processes in order to attain a richer understanding of how clients experience therapy and use it to bring about change in themselves

Therapist genuineness and its impact on initial alliance formation in psychotherapy: A mixed methods study

Jutta Schnellbacher - Katholieke Universiteit Leuven, Belgium, Mia Leijssen, Robert Elliott

Aim: In this research project, we focused on the role of therapist genuineness in alliance formation during initial sessions in psychotherapy. The main objective was to examine how therapist genuineness contributes to initial alliance formation. Method: We used a mixed methods approach, including client, therapist and observer perspectives. We will present the framework for the research project and the results of the completed pilot study (n = 5), in which students discussed personal material in single-session treatments with a psychotherapist. Quantitative and qualitative data on therapist genuineness and the therapeutic alliance were gathered, and clients identified the session-event with the strongest influence on the client's process constructing an inner image of the therapist. Participants separately reviewed recordings of this event and were interviewed about their experiences and perceptions associated with this event. Results: We found that most clients identified moments of observable therapist genuineness as having the strongest influence on their construction process of an inner image of their therapist. The results also showed that most clients selected short therapist self-disclosures that had an important emotional impact on them and that happened in the first half of the session.

Attachment and affect regulation

Sandra Lecce - OISE/ University of Toronto, Canada, Jeanne C. Watson

Aim: According to attachment theory (Bowlby, 1973, 1980, 1982/1969), the ability to regulate affect develops through attachment-related experiences. The attachment strategies formed in early childhood are internalized and become part of self-regulating strategies. When negatively affected, specific

cognitive-affective processes are activated to deal with the negative affect (Mikulincer et al., 2003). Research thus far suggests that individuals with particular attachment styles differ in their style of regulating affect (e.g., Fuendeling, 1998; Lopez & Brennan, 2000; Mikulincer et al., 2003; Pereg & Mikulincer, 2004); however, the specific mechanisms involved have yet to be fully identified and examined. Method: This paper will present preliminary data from a study that is investigating the relationship between attachment and the internal cognitive-affective mechanisms involved in affect regulation (i.e., affect intensity, emotional awareness, emotional clarity, acceptance of emotional responses, engaging in goal directed behaviors, beliefs of effectively regulating distress and controlling impulsive behavior). Results may yield important insights for both psychotherapy and psychotherapy research. In particular, attachment may be used to conceptualize and inform not only relational processes but also affective processes in therapy.

Relational and emotion processes in first sessions of Process-Experiential Therapy: An interpretive discourse analysis of clients' accounts of significant events

Robert Elliott - University of Strathclyde, Glasgow, UK, Jutta Schnellbacher

Aim: Clients typically bring with them to their first session of therapy salient concerns about nature of the therapy relationship they are entering and about their emotions. This makes initial sessions an excellent site for studying these key processes. Method: The Helpful Aspects of Therapy (HAT) Form (Llewelyn, 1988) is widely used for collecting client accounts of significant therapy events; however, it typically produces relatively thin research protocols of brief but information-dense statement, which are sometimes difficult to analyze properly. In this paper, we present a fine-grained, interpretive discourse analytic approach to unpacking the explicit and implied meanings of HAT accounts and apply it to the two key themes of first-session relational and emotion processes in Process-Experiential therapy. Preliminary Results: Client HAT accounts presented an image of the therapist as someone who acts by listening and refraining from responding negatively, thus gaining status as a possessor of positive characteristics, including attentiveness and being understanding. Clients portrayed themselves as someone who acts by producing talk, but otherwise is the recipient of outside events, such as negative life experiences and helpful in-session experiences. The therapy relationship was portrayed as a place different from other situations in the client's life, where the client can be listened to and understood. Emotion processes were not as prevalent as relational processes in these accounts, but commonly involved attachment-related emotions such as anxiety at an unknown situation and security at being listened to, understood and not rejected.

Panel Therapist Moderator

Catherine
Eubanks-Carter -
Stony Brook
University, USA

Mining Clinical Wisdom: Innovative Ways to Bridge the Gap between Research and Practice by Involving Clinicians in Psychopathology and Psychotherapy Research

Discussant: Louis Castonguay - Pennsylvania State University, University Park, PA, USA

A number of psychotherapy researchers have called for greater collaboration between researchers and clinicians on studies of real-world clinical practice. By finding innovative and empirically rigorous ways to access the clinical experience of therapists, researchers can expand upon the knowledge gained from clinical research trials. As Westen et al. (2004) observed, clinicians spend the most time with patients, and have the most opportunities for observation and innovation. Greater collaboration between researchers and practitioners can lead to new insights and perspectives on clinical work, as well as yield findings that are more directly relevant to clinical practice. This panel will feature four studies that draw on the rich resource of clinicians' experience to increase our understanding of psychopathology and effective psychotherapy practice.

Partnering with clinicians to develop basic science: Personality subtypes of axis I disorders and their implications for treatment

Pavel Blagov - Emory University, Atlanta, USA, Joanne Peart, Katherine Fowler, Heather Thompson-Brenner, Laura Levin, Drew Westen

Recent research in personality and psychopathology has brought us "back to the future," to the notion that personality provides an important context for symptom development, expression, maintenance, and coping, and that the "messiness" of presentations of patients in everyday practice ("comorbidity") can largely be accounted for by shared personality diatheses. Most research on personality and psychopathology starts from a variable-centered view, which groups together personality characteristics or axis I symptoms that share variance. A complementary strategy is a person-centered approach, which looks for subgroups or patients who may share the same axis I syndrome or problem behavior but differ substantially in their personality constellations and become symptomatic in similar but ways for different reasons. In this talk we provide four examples of empirical personality subtyping of axis I disorders and problem behaviors: eating disorders, generalized anxiety disorder, ADHD, and male spousal abuse. We also provide an example of a subtyping study that uncovered clusters of subthreshold personality constellations in a high-functioning patient sample that had personality problems but not full-blown personality disorders. These projects recruited clinicians (psychologists and psychiatrists) who used a standardized 200-item personality and psychopathology instrument (the SWAP-II) to describe a randomly chosen patient they saw in psychotherapy for personality problems who met inclusion criteria. We used a Q-sort procedure to identify personality subtypes; assessed the validity of the empirically identified subtypes by testing whether they differed in ways suggestive of validity of a taxonomic distinction; and assessed their incremental validity after holding constant other relevant taxonomic distinctions.

What Clinical Interventions Do Beginning Therapists Perceive as Most Beneficial?

Jesse Geller - Teachers College, Columbia University, New York, USA, Barry A. Farber, Inessa Manevich, Erica Saypol

The primary aim of this paper is to introduce a new measure—the Therapeutic Functions Rating Scale (Geller & Farber, 2005)—that assesses therapists' perceptions of the benefits of multiple, pantheoretical clinical interventions. The development of this measure is consistent with the recommendation of a growing number of researchers who have argued that therapeutic interventions should be evaluated on the basis of a particular patient's ability to use them. Psychology graduate students (estimate, $n = 40$) who are seeing adult psychotherapy patients at the Center for Educational and Psychological Services, an outpatient clinic at Teachers College, Columbia University, are being asked to complete the Therapeutic Functions Rating Scale (TFRS) in order to assess the various types of techniques and interventions they believe would be beneficial to a specific patient of theirs. The TFRS collects data on demographic aspects of the clinician and target patient, and on the treatment history and diagnosis of the patient. The central part of this measure consists of 69 clinical interventions; for each item, clinicians are requested to use a 1-7 Likert-type scale to "estimate your patient's ability to benefit from such interventions if offered." Findings will yield information regarding the primary therapeutic techniques beginning therapists feel are beneficial to their patients. The data will also be examined to determine whether these results are a function of selected therapist and client variables, including therapists' perceptions of the current success of the therapy and their own degree of satisfaction in working with this patient.

Clinical Consensus Strategies for Interpersonal Problems

Catherine Eubanks-Carter - Stony Brook University, Stony Brook, NY, USA, Marvin Goldfried

This study responds to the call for innovative research methods to increase our knowledge of common clinical practice. This study employed the behavioral-analytic model, developed by Goldfried and D'Zurilla (1969), to investigate an area of interpersonal concerns that many young adult clients bring to therapy: interpersonal problems with their parents. The behavioral-analytic model provides a means of tapping into the clinical wisdom of practicing therapists. In the first phase of the study, a sample of psychologists and social workers were asked to provide examples of situations in therapy with young adult clients having problems with their parents. In the second phase, a second sample of therapists were invited to respond to the clinical situations. In the third phase, a sample of peer-nominated expert clinicians were asked to rate the effectiveness of the proposed responses. The final taxonomy of prototypical interpersonal problems with parents and clinical consensus on effective intervention strategies will contribute to the generation of clinically relevant hypotheses for future research, and will aid in the identification of therapists' training needs regarding the treatment of interpersonal problems.

Strategies for addressing problems in the therapeutic alliance

Lisa Burckell - Stony Brook University, Stony Brook, NY, USA, Marvin Goldfried

In this study, the behavioral-analytic method was used to access clinicians' experience with alliance ruptures in psychotherapy. The therapeutic alliance has consistently been shown to predict treatment outcome. There is evidence that problems or ruptures in the alliance are correlated with termination and with poor outcome. This study sought to identify common types of alliance ruptures and clinical consensus on effective ways of responding to them. In the first phase, a sample of psychologists and social workers were asked to provide clinical examples of incidents when they experienced a problem in their relationship with a client. In the second phase, a second sample of clinicians proposed responses to the clinical examples. In the third phase, a sample of peer-nominated expert clinicians rated the effectiveness of the proposed responses. The findings from this study shed light on alliance problems that therapists often encounter and clinicians' consensus on effective ways to address alliance ruptures, as well as important directions for future research.

Panel

Culture

Moderator

James Fauth -
Antioch
University New
England, Keene,
NH, USA

Organizational culture, cultural change, and psychotherapy research in the real world

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

This panel will explore the interactive influence of organization culture, cultural change, and psychotherapy research in naturalistic field settings. The first paper will present an overview of a very successful implementation of an ambitious study in a residential treatment center. The second study will present the history and preliminary results of ongoing efforts to promote and evaluate more responsive modes of therapy for adolescent patients in a community mental health center. As such, the panel is designed to explore how psychotherapy research can be conducted in such settings and the role of organizational culture in that process. The panel will also explore the potential for psychotherapy research as a mechanism for cultural change in community agencies. Finally, the panel will address models for successfully conducting such projects in community settings in the future.

Organizational and cultural issues in research designed to increase the therapeutic responsiveness of adolescent psychotherapy in a community agency

Sarah Gates - Antioch University New England, Keene, USA, James Fauth, Shawna Boles, Hannah Lord

The Center for Research on Psychotherapy Practice (CROPP) is collaborating with a community mental health center (MHC) to evaluate the effectiveness of adolescent outpatient treatment, the effects of an adolescent-focused clinician training, and the effects of feedback to clinicians on client treatment progress. During the two-year research process, challenges to successfully implementing the research arose, including: difficult data collection logistics, technological concerns, insufficient participant interest, wavering commitment to project by MHC staff, ineffective communication between CROPP and MHC, MHC staff turnover and changes, and systemic cultural differences between CROPP and MHC. Preliminary results of this program evaluation are presented along with a discussion on how issues of organizational culture, climate, and readiness for change became crucial to the research process. Suggestions and models for conducting psychotherapeutic research in naturalistic settings are provided and discussion is encouraged.

Reducing adolescent clients' anger in a residential substance abuse treatment facility

Rob Adelman - Sundown Ranch, Canton, TX, USA

Sundown Ranch, a residential behavioral health care treatment facility for adolescents, tracked the progress and results of treatment by selecting performance measures from a psychosocial screening inventory. The temper scale was one of the two highest scales at admission and the highest scale at discharge. A clinical performance improvement (PI) project was conducted to assess improvements in clients' ability to manage anger after the incorporation of Rational Emotive Behavior Therapy (REBT) into treatment. Eighteen months of baseline data were collected and 20 months of data were collected after the introduction of the PI activity. In all, data were collected for 541 consecutive admissions. A comparison of five successive quarterly reviews indicated average scores of 1.4 standard deviations (SDs) above the mean on the temper scale before the PI activity and .45 SD above the mean after. The performance threshold of reduction of the average temper scale score to $< \text{or} = 1 \text{ SD}$ was met for 17 of 20 months. As a result of this research, REBT was promoted as an additional therapeutic modality within the treatment program. The organizational factors that enabled the successful implementation of this large-scale research effort in this setting will be discussed. In addition, the effects of this research project on the treatment and organizational culture of the facility itself will be highlighted. General principles for the development of future effective services research projects will be offered.

Panel

Practice

Moderator

Daniel Fishman -
Rutgers
University,
Piscataway, NJ,
USA

Rediscovering the case study in psychotherapy research: The case method as a vehicle for studying integrative and transtheoretical processes in therapy

The qualitative and quantitative data generated by case studies emerge from clinical phenomena in context in the naturalistic setting in which therapy actually occurs. These data provide a microscopic look at how a theory plays out qualitatively. Also, normed quantitative measures allow for direct comparisons with other, similar therapies with similar clients. Thus, in terms of theory development, the case study provides a powerful complement to data that emerge in group-based efficacy and effectiveness studies. This panel will explore a diverse trio of integrative and transtheoretical examples of the potential of systematic case study clinical data in the exploration and refinement of therapy theories -- examples for which the case study research method is particularly well suited. The examples involve: (1) the integration of distinctively new elements in an established therapy, specifically, integrating yoga, body psychotherapy concepts, and mindfulness into brief psychodynamic therapy (Messer); (2) "Good Enough Level" theory patterns of linkage among the component parts of any therapy case, specifically,

presenting problems and treatment goals, the case formulation, treatment outcomes, and the mutuality of the decision to terminate (Lueger and Baer); and (3) a focus on the phenomenological/lived-experience and narrative dimension of any therapy case (Miller).

Illustrating the pragmatic case study method in practice

Stanley Messer - Rutgers University, Piscataway, Nj, USA

The Pragmatic Case Study Method was applied to three cases in each of three recently completed doctoral dissertations at Rutgers University. Although all cases were treated in a brief psychodynamically oriented modality, each case also included a strongly integrative element. In one set of cases, yoga was taught alongside brief psychodynamic therapy (BPT); in another, mindfulness was added to BPT; and, in a third, bodily-oriented techniques were integral to the brief therapy conducted. This presentation will illustrate how psychotherapy integration gets played out in the context of detailed case studies, e.g., revealing similarities and differences in dynamic processes within each set of three cases.

A case-based analysis of good and poor treatment outcomes of patients seeking psychotherapy for different reasons

Robert J. Lueger - St. Edward's University, Austin, TX, USA, Sheila Baer

The Northwestern-Chicago Study of Long-Term Psychotherapy aggregated case-by-case treatments in an outpatient psychotherapy service attached to a university medical center, and serves as an example of a large-scale naturalistic study of psychotherapy. The Study sought to explore the processes and outcomes of patients receiving long-term psychotherapy for three distinct reasons: (1) Help in coping with an acute response to an environmental stressor, (2) managing an ongoing, long-standing problem, and (3) personal growth through the enhancement of skills and increased self awareness and understanding. With a clustering procedure, we identified psychotherapy patients as belonging to one of these three types. Using self-report measures of overall wellbeing, patients were identified as having good or poor outcomes. We then examined, on a case-by-case basis the following process issues: (a) match between presenting problems and treatment goals, (b) the quality of the case formulation, (c) the therapeutic bond, (d) therapeutic realizations as reported by the patient, and (e) patient/therapist agreement on termination. Results of the individual case analyses were aggregated and reported across groupings of outcome-by-reason for treatment. The findings are discussed in terms of the Good Enough Level model that was introduced recently to explain how patients and therapists mutually agree that an episode of psychotherapy has satisfied treatment needs and that termination can occur. Linkages between individual-case-analysis and group- level-analysis in this project will be discussed.

On the necessity of comprehensive narrative case studies for psychotherapy research

Ronald Miller - Saint Michael's College, Colchester, Vt, USA

A well-written narrative case study allows the reader to enter imaginatively into the world of the client, the therapist and the therapeutic relationship in all its contextual complexity, and intellectual, emotional, and moral ambiguities and uncertainties. These areas of qualitative and dialectical meaning occupy much of the interpersonal space of the consulting room, and do so in such a manner as to defy measurement, and at times even verbal description. A database of comprehensive narrative case studies anchors psychotherapy research (from any theoretical perspective) in clinical reality, and serves as a foundation for developing morally grounded and culturally relevant principles of clinical practice and knowledge. It is only in the context of such a narrative database that the practical significance of any quantitative empirical finding can be evaluated. As such, the narrative case study database is central to clinical practice, training, education, and research in psychology.

Panel
Practice

Moderator

Daniel Fishman -
Rutgers
University,
Piscataway, NJ,
USA

Rediscovering the case study in psychotherapy research: The logic of creating general knowledge from case studies

Traditionally, the qualitative and quantitative data in therapy case studies have been seen as interesting to other therapists, but not a way to create the kinds of more general knowledge and theory to which psychotherapy science is committed. For this reason, until recently, not much serious effort has gone into developing methodological strategies for rigorously mining the potential of therapy case studies for general psychotherapy knowledge. Fortunately, there are now serious efforts of this sort, and these fit nicely into one of the themes of this year's convention, "methodological diversity and innovation." Specifically, today's panel will survey three efforts for employing therapy case studies as a vehicle for creating general psychotherapy knowledge. The Panel will begin with William Stiles, who will describe the logic of how he has employed the use of case study material in the derivation and validation of his general process-theory, which explains successful therapy in terms of the process of clients "assimilating" problematic experiences in psychotherapy. Next, in the context of his empirical work on the process of case formulation in novice and expert clinicians, Tracy Eells will describe the advantage for knowledge generation of analyzing data within each case and then aggregating it as opposed to the usual approach in group research of aggregating the data across cases first and then analyzing it. Daniel Fishman will then describe a variety of research designs that facilitate the analysis of quantitative data within case studies for statistical significance.

The role of case studies in constructing and validating a general theory of psychotherapeutic change

William B. Stiles - Miami University, Oxford, OH, USA

The use of case studies in scientific theory-building rests on (a) incorporating observations on distinctive aspects of cases, rather than studying only common aspects, (b) comparing observations on many aspects of each case to theoretical tenets, rather than many observations on one aspect of each case to one theoretical tenet, (c) employing the logical operation of abduction (creating new tenets to accommodate new observations), and (d) analyzing the logical structure of the theory, to see if observations on one aspect may indirectly strengthen all aspects. These principles will be examined and illustrated as they have been applied in using case studies to construct and validate the assimilation model, a theory of psychological change that seeks to describe how clients, with therapists' help, turn problematic experiences into resources in psychotherapy.

The role of case studies in constructing and validating a theory of expertise in the case formulation process

Tracy D. Eells - University of Louisville School of Medicine, Louisville, KY, USA

A major epistemological advantage of serial psychotherapy process case studies, whether quantitative or qualitative in design and analysis, is that the case study method matches the class of question with which psychotherapy process researchers are ultimately concerned. Questions about psychotherapy process are always ultimately concerned with an individual or dyad embedded in a specific psychotherapy context. In contrast, group comparison analyses examine differences between individuals or dyads, not processes within them. A strategy of analysis at the individual unit of interest, followed by aggregation across units, sometimes yields different outcomes than the usual strategy of "aggregate then analyze". The strategy of "analyze then aggregate" also allows researchers to examine meaningful and adaptive variability in individuals and dyads, rather than categorizing such variability as "nuisance" or "error", which occurs in group-based analyses. Used together, each strategy can address an appropriate range of questions in which method and problem are logically matched. These two analytic

strategies will be explored in the context of constructing and validating a theory of expertise in the process of case formulation construction.

Searching for statistical significance within the case study

Daniel Fishman - Rutgers University, Piscataway, NJ, USA

One way of enhancing the case study's importance in therapy research is to systematize, model, and disseminate emerging designs for evaluating statistical significance in quantitative measures of outcome. Such designs increase the bridges between the quantitative, group research establishment and the developing, systematic case study movement. Moreover, integrating quantitative evaluation into qualitative therapy case studies is an important strategy for increasing the value of case study knowledge in the understanding and improvement of therapy. This presentation will review two general types quantitative research designs available to case study researchers. The first, "bench-marking," involves using Jacobson and Truax's (1991) Reliable Change Index, which (a) determines the statistical significance of change over therapy in the individual case on a relevant normed measure of behavior or subjective experience, and (b) also allows the comparison in the individual case with benchmarks established in efficacy studies for similar kinds of clients. The second type of design emerges from the fact that within the individual case, numerous measures of a particular variable can be generated at intake, e.g., by obtaining (a) different scores on a single scale by multiple observers of the individual client; (b) multiple observations of a particular behavior within a defined time period; and (c) multiple indicators surveying a client's presenting goals. These measures can be repeated at termination and follow-up, and means and standard deviations calculated at each time period. From these data, the statistical significance of change between intake and outcome/follow-up can then be calculated.

Panel

Alliance

Moderator

Gregory Goldman
- Ohio University,
Athens, OH, USA

Alliance measurement and the interpersonal circumplex: Recent integrative efforts

Discussant: Lynne Knobloch-Fedders - The Family Institute at Northwestern University, Evanston, IL, USA

Clinical theory and research have supported the independent existence of the therapeutic alliance and the interpersonal circumplex for half a century now, with very few efforts to integrate them up to this point. However, research is accumulating in support of interpersonal problems, as measured in a circumplex system, as a strong predictor of problems in the alliance. The circumplex model provides a practical and useful organizing framework for understanding interpersonal processes such as alliance formation and maintenance, making the two constructs ripe for integration. In this panel, three researchers report on their efforts to develop relationship measures that have circumplex properties. Gregory Goldman of Ohio University discusses the Circumplex Alliance Assessment, a new alliance measure explicitly designed to reflect the primary circumplex dimensions of agency and communion. Alex Barends of the University of Michigan discusses the successes and challenges fitting the Michigan Psychotherapy Alliance scale, a new and experimental alliance measure, to a circumplex model. Rolf Holmqvist of Linköping University discusses reliability and validity of a modified version of the Feeling Checklist, a relationship measure that was developed using a circumplex structure. Discussion will focus on the advantages and challenges associated with measuring the alliance within a circumplex framework.

Development of a circumplex-based alliance assessment

Gregory Goldman - Ohio University, Athens, Ohio, USA, Robert L. Hatcher, Lynne M. Knobloch-Fedders, Timothy Anderson

Aim: To report on the development of an alliance assessment instrument that is based on the interpersonal circumplex model. The Circumplex Alliance Assessment (CAA) assesses the degree to which clients feel engaged in a process that will bring about positive change (agency) and that they feel cared for and supported by their therapist in this process (communion). **Methods:** Potential items were generated and projected in circumplex space based on agency and communion ratings made by undergraduate students. Content was revised based on these ratings. A pilot validation study of the CAA will be conducted with therapy clients in a university-based outpatient treatment center. A computerized scoring program was developed for maximal clinical usefulness of the CAA. **Results:** Revisions of the CAA based on the pilot study will be addressed. The following properties of the resultant instrument will be discussed: circumplex structure, internal consistency, convergence with other alliance assessment instruments, and predictive validity. The computerized scoring program will also be demonstrated. **Discussion:** The CAA represents the next logical step in alliance measurement. Theory and research support agency and communion as fundamental interpersonal dimensions, and yet alliance research has heretofore neglected this organizing framework. Agency and communion map onto existing dimensions of alliance, and more closely reflect factor analytic findings. Furthermore, the CAA is explicitly designed to assess specific experiences during the session, avoiding globalizations and providing sensitivity to ruptures. Therefore, the CAA reflects current alliance research and provides maximal clinical utility.

Circumplex analysis of the MIPAL

Alex Barends - Psychological Clinic, University of Michigan, Ann Arbor, MI, USA, Robert Hatcher

Aim: To explore whether an existing alliance measure can be characterized as an interpersonal circumplex. **Method:** Examine a client-completed alliance item set for circumplex properties. The Michigan Psychotherapy Alliance scale (MIPAL), a 67-item experimental measure, was analyzed in a sample of 240 clients. Positive items describing therapist, client and mutual alliance features were analyzed separately and in ensemble. **Results and Discussion:** Circumplex analyses of these item sets point to some promise in this area, with considerable challenge in developing items that reflect positive aspects of interpersonal domains typically regarded as negative (e.g., cold, shy, suspicious). Implications for theory, research, and practice are discussed.

Reliability and validity of the Feeling Checklist

Rolf Holmqvist - Linköping University, Sweden, Börje Lech

Aim: The Feeling checklist (FC) is a 24-item scale, where therapists and patients rate their feelings towards each other after the session. The items have been selected in order to create a circumplex structure with 8 subscales. The aim in this presentation is to present reliability and validity data for a modified version of the Feeling checklist. A previous version has been used in several studies (Holmqvist & Armelius, 1994; Holmqvist & Armelius, 2000; Holmqvist, 2001; Holmqvist & Andersen, 2003). In particular, it has been used in studies together with the SASB. The previous version had, however, several psychometric shortcomings. The present version has been used in several studies, both in psychotherapy and in other treatment settings. Its measurement qualities have not, however, been summarized. We now have enough data to give a detailed presentation of the FC. **Methods:** Data from several studies, where the modified FC has been used together with other alliance instruments, as the HaQ, and with self-rating instruments for therapists and patients, such as IIP, SCL-90, ASQ and the Affect consciousness interview, will be presented. Specifically, we will focus on the interplay of

therapist and patient ratings. Results: The FC has been found to have acceptable convergent validity when compared with the HaQ, and to correlate meaningfully with self-descriptive instruments. It measures changes over time in the therapeutic relationship in a more sensitive way the HaQ seems to do. Correlations between therapists' and patients' ratings may detect interesting developments in the relationship. Discussion: The FC can be used to measure developments in the therapeutic relationship in a sensitive way. It may also be used to capture ruptures and problems in the therapeutic work, as well as stalemates and stagnations. The simple format makes it useful in different treatment contexts, and it can easily be combined with other relationship measures in order to get a multi-faceted picture. In addition, it seems to be clinically useful when therapists need to get a simple but formalized idea of the therapeutic interplay.

Panel

Alliance

Moderator

Laurie
Heatherington -
Williams
College,
Williamstown,
MA, USA

Alliance in Couple and Family Therapy: Yours, Mine and Ours

Discussant: Lynne Angus - York University, Toronto, Canada

This panel features three studies of the alliance in couple and family therapy (CFT). Friedlander et al. will present a study of the relationships between observed alliance behaviors and family members' perceptions of improvement in a sample of low-income families treated at a community clinic. Using quantitative and qualitative analyses of the the same data set, Heatherington et al. will focus on the SOFTA alliance dimension, "shared sense of purpose," in a study of how this and other alliance dimensions relate to the convergence (or lack thereof) in family members' target complaints. Finally, Goldsmith et al. will address important conceptual and empirical issues involving "split" alliances in couple therapy. Together these papers will illustrate some of the unique challenges and opportunities of the CFT therapy context for understanding therapeutic alliances and working the facilitate them.

A Step Toward Disentangling the Alliance/ Improvement Cycle in Brief Family "Treatment as Usual"

Myrna L. Friedlander - University at Albany, Albany, NY, USA, Jessica E. Lambert, and Cristina Muñiz

Randomized trials of family treatment have identified several efficacious approaches, yet there is little research on common factors in family therapy as routinely practiced. We investigated the relationship between alliance-related behaviors in session 1 and subsequent perceptions of improvement to test the hypothesis that strong within-family alliances prompt early treatment gains. In a community agency, 27 low-income, multiproblem families with predominantly young children were seen for a maximum of 10 sessions by 10 therapists with varying theoretical orientations and a wide range of experience. Alliance-related behavior was assessed using the System for Observing Family Therapy Alliances (Friedlander, Escudero & Heatherington, 2006). Tests of a theoretically-based mediation model showed that the parent's observed Safety within the Therapeutic System significantly predicted the family's observed Shared Sense of Purpose, which in turn predicted parental estimate of "improvement so far" after session 3. These results suggest that Shared Sense of Purpose, which refers to productive in-session family collaboration, mediates perceptions of improvement. That is, by taking the risk to discuss difficult issues non-defensively in the first session, parents contribute to the family's positive experience of working together - a valuing of therapeutic work that, in this sample, preceded treatment gains. Given the heterogeneous sample of clients and therapists in "family treatment as usual," these findings are promising for the ecological validity of this theorized mechanism of therapeutic change.

Multiple clients, Multiple Complaints: The Therapeutic Alliance in Family Therapy
Laurie Heatherington - Williams College, Williamstown, MA, USA, Myrna L. Friedlander, Rebekah Grome, Kathryn Dorsheimer

A unique feature of the family therapy alliance (FT) is “shared sense of purpose” -- the degree to which family members have similar motivations and work collaboratively toward common goals. We examined the relationship between clients’ observed alliance behaviors and perceptions and the convergence among family members’ initial presenting target complaints (TCs). We developed a method for assessing the content, focus, and extent of similarity of family members’ pre-treatment TCs, and studied relationships between (1) TC similarity and the alliance (2) individuals’ evaluations of session depth and smoothness on the SEQ. Participants were outpatient clinic clients from 20 low-income families. Family members age 12+ completed a TC questionnaire during pre-screening. All sessions were videotaped, and the dimensions of the FT alliance (engagement in the process, emotional connection with therapist, safety within the therapeutic system, and shared sense of purpose) were reliably rated using the SOFTA (System for Observing Family Therapy Alliances; Friedlander, Escudero & Heatherington, 2006). A reliable method was devised for determining TC similarity. Participants completed the SEQ and self-report SOFTA after sessions 1 and 3. No relationships were observed between the family’s TC similarity index and parents’ observed alliance behavior or SEQ in either session. However, TC similarity and self-reported emotional connection with the therapist were highly inversely correlated for teens and marginally positively correlated for parents. Further, for adolescents, high TC similarity was inversely associated with perceived session depth and safety-related behavior in session 1. We will discuss explanations and methodological innovations for assessing family-level process phenomena.

Exploration of Split Alliance in Couple Therapy
Jacob Goldsmith - Miami University, Oxford, OH, USA, William B. Stiles, William Pinsof, Lynne Knobloch-Fedders

Couple therapy relies on a web of alliance, often involving clients with disparate goals and a good deal of animosity towards one another. If all members of the system agree that alliance is poor, this may be problematic. Other potentially problematic patterns, called split alliance, involve disagreement or difference. A husband, for example, may feel strongly allied with the therapist while his wife does not. Splits may occur in different parts of the alliance system. This paper will explore split alliance in relation to outcome of couple therapy. Participants were 35 couples engaged in a range of integrative couple therapies at the Family Institute at Northwestern University during a two-year period. Participants completed the Marital Satisfaction Inventory Revised (MSI-R, Snyder & Aikman, 1999) and the Couples Therapy Alliance Scale Revised (CTAS-R; Pinsof & Catherall, 1986) after their first session, and then at the completion of every 8th session subsequently until the termination of therapy. Our analyses consider a variety of splits involving husbands’ and wives’ perceptions of their own and each others’ alliance with their therapist as well as with each other.

Panel

Person
Centered

Moderator

Clara Hill -
University of
Maryland, Col-
lege Park, USA

The effects of therapist immediacy in a case of brief psychotherapy

Discussants: Edward Teyber - California State University at San Bernadino, San Bernadino, Ca, USA
and

William West - Counselling Research and Training Group, Manchester, UK

Aim both psychoanalytic and interpersonal therapies advocate extensive use of immediacy in therapy to resolve problems in the therapy relationship and to model how to resolve problems in other relationships. Unfortunately, immediacy has not received much empirical attention other than one recent case study (Kasper, Hill, & Kivlighan, in preparation). The purpose of the present study was to investigate the effects

of therapist and client immediacy on both the process and outcome of a case of brief psychotherapy in hopes of replicating the previous case study. Methods: We recruited an interpersonally oriented therapist who HAD written extensively about using immediacy in therapy. Through the regular intake procedures at his community clinic, the therapist recruited a client who seemed appropriate for interpersonal therapy. They HAD 17 sessions over 8 months and the client made clinically significant changes in symptomatology, interpersonal functioning, and self-understanding. After transcribing all the sessions, a team of 5 judges consensually identified 56 immediacy events, of which 7 were rated as particularly valuable for the therapy process. We analyzed each of these events by coding the therapist and client behaviors and the sequences between them. In addition, we also did a more qualitative analysis where we examined each event within the context of the entire case to determine how immediacy operated. In this panel, we plan to show excerpts of the videotapes to illustrate the findings. Results: The three papers in this panel will present the results of this study. Discussion: We assert that immediacy was very helpful in this case and will use the three papers to support this assertion

Therapist behaviors during immediacy events

Wonjin Sim - Dept of Psychology, University of Maryland, College Park, USA, Clara Hill, Patricia Spangler, Jessica Stahl, Catherine Sullivan, Edward Teyber

Aim to elucidate what therapists do during immediacy events. Methods: By going through the immediacy events, the judges independently identified different categories of therapist behaviors. They then came together and discussed these categories until they reached some consensus about a common core. They then used these categories to code all the therapist speaking turns within each immediacy event. Results: In descending order of frequency of occurrence, the therapist most often reinforced the client for something she did in the session, said that he wanted to partner with the client in working out her difficulties, inquired about her reactions to the therapy, reminded the that it is okay to disagree with him, said it was good to see her, talked about a boundary related to fees or meeting times, inquired about possible problems in their relationship, drew a parallel between other relationships and the therapy relationship, disclosed immediate feelings of closeness, affirmed and shared the client's pain, reinforced the client for disagreeing with him, and gave the client a gift. Discussion: We will discuss these results in terms of what we know about the therapist's orientation, try to assess why he used these types of immediacy interventions, and compare and contrast the results with the previous case study (Kasper ET al., in preparation)

Client behaviors during immediacy events

Patricia Spangler - Dept of Psyc, UM, College Park, USA, Clara Hill, Wonjin Sim, Jessica Stahl, Catherine Sullivan, Edward Teyber

Aim to elucidate what clients do during immediacy events methods: The judges independently reviewed transcripts of previously identified immediacy events, examining and categorizing client behaviors during each event. The judges then came together and discussed these categories until they reached some consensus about a common core. They then used these categories to code the client speaking turns within each immediacy event. Results: In descending order of frequency of occurrence, the client most often expressed genuine gratitude to the therapist for something he did, gave a minimal response to whatever the therapist was saying, was productively involved in non-relationship-related exploration, reassured the therapist, indicated a commitment to therapy and making changes, seemed defensive or resistant, directly stated her own immediate feelings about the relationship, negotiated fees, schedule, name, and asked the therapist directly for guidance or reassurance. Discussion: We will discuss these results in terms of what we know about the client's dynamics, try to assess her reaction to the use of immediacy both in the moment and over the course of therapy,, and compare and contrast the results

with the previous case study (Kasper ET al., in preparation)

The function of immediacy in the therapy process

Clara Hill - Dept Psyc, UM, College Park, USA, Jessica Stahl, Wonjin Sim, Patricia Spangler, Catherine Sullivan, Edward Teyber

Aim to determine the role of immediacy in the therapy process. Is it effective? Does it deepen the therapy process? Does it lead to change? If so, what kinds of changes does it lead to? Methods: We did a qualitative analysis of each of the seven immediacy events that received the highest quality ratings to determine how immediacy operated within the therapist process and outcome. Results: As an example, in the first important immediacy event, we speculated that immediacy was used to negotiate the terms of their relationship, to reinforce the client, and to provide the client with a different experience than she typically HAD with her mother. The outcome of this particular event was that it deepened the client's exploration and served as a corrective emotional experience (she started crying and expressing deeper emotions). We will show a videotape to support our speculations here. Discussion: Although immediacy was not the only helpful component of this case, we thought that the evidence showed that it helped the client FEEL safe, reinforced her for being a special person, provided her with a different kind of relationship, and helped them negotiate the relationship. The therapist's genuine caring for the client, reparenting, and active guidance all worked together with the immediacy to lead to a successful outcome

Panel

Interpersonal

Moderator

Leonard M.
Horowitz -
Stanford
University,
Stanford, CA,
USA

Assessing interpersonal motives: Four innovative approaches to psychological mindedness, therapeutic alliance, and psychotherapy outcome

A new trend in psychotherapy research is to focus on interpersonal motives. Many pathological phenomena (e.g., maladaptive behaviors) may be organized in a two-dimensional interpersonal space that is often conceptualized in motivational terms—communion (affiliation) and agency (control). For example, interpersonal problems generally reflect one or more frustrated motives, and the frustrated motives are often viewed as the driving force behind the behavior observed in particular personality disorders. This panel will examine recent innovations in ways to assess important interpersonal motives and demonstrate their importance in psychotherapy research. Leonard Horowitz will describe a new type of method for assessing a capacity that is related to psychological mindedness. The simple assessment task provides two indices—(a) one that reflects the person's level of knowledge about an important aspect of relationships, and (b) another that reflects the examinee's desire for relationships (communal motivation). David Zuroff will describe a way to assess "autonomous motivation," defined as the extent to which patients experience participation in treatment as a freely made choice that emanates from themselves. The data show that this measure is a stronger predictor of outcome than the patient's therapeutic alliance. Martin Grosse Holtforth will describe ways of assessing the frustrated needs and goals that patients bring to treatment, including an important distinction between avoidance (prevention) goals and approach (promotion) goals. His data show their relationship to important aspects of the therapeutic process. Christoph Flückiger has developed an innovative method that tailors early interventions to the patient's needs and goals. His method first identifies each patient's important goals and provides an immediate goal-satisfying experience for the patient. In this way, the therapist becomes immediately "in tune" with the patient's needs.

How ability (interpersonal knowledge) and motivation (desire for relationships) jointly affect social performance: A new type of measure

Leonard M. Horowitz - Stanford University, CA, USA, Bulent Turan

Patients differ in their knowledge about the cues that people generally use when they select a partner who can be counted on to provide emotional support. A patient who values support—but lacks knowledge of good cues—would be at a significant interpersonal disadvantage. We identified the most important cues that people use (knowledge) and used them to form a simple test. A person who possesses the knowledge should be able to discriminate between good (G) cues (e.g., makes time for me even when he/she is busy) and poor (P) cues (e.g., freely discloses information about self). Like a signal-detection task, the measure evaluates each person's ability to discriminate between G cues (signal) and P cues (noise). Also, like a signal detection task, it provides a measure of "bias," which reflects the strength of the corresponding motive—in this case, the person's desire to form supportive relationships (communal motivation). Because of their superior knowledge, people with high scores should detect violations of the cues more readily than people with low scores; they should also remember details of a social interaction that low-scorers overlook. A study will be described that relates the test scores to a person's actual sensitivity to such cues in standardized situations. The results show that knowledge and ability jointly predict the quality of the person's social performance. Implications for personality disorders and treatment will be discussed.

Autonomous motivation for therapy: A new common factor in brief treatments for depression

David Zuroff - McGill University, Montreal, Canada, Richard Koestner, D. S. Moskowitz, Margarita Marshal, R. Michael Bagby

Autonomous motivation is a key concept in self-determination theory (SDT; Deci & Ryan 1985, 2000), which provides a promising guide in the search for common factors that predict treatment outcome. Autonomous motivation for treatment is defined as the extent to which patients experience their participation in treatment as a freely made choice emanating from themselves. We developed a 12-item questionnaire measure of autonomous motivation for treatment for depression by adapting Williams et al.'s (1998) Treatment Self-Regulation Questionnaire for assessing motivation for managing diabetes. 95 depressed outpatients were randomly assigned to receive 16 sessions of manualized interpersonal therapy, cognitive-behavior therapy, or pharmacotherapy with clinical management. Self-report and interviewer-based measures of depressive severity were collected at pretreatment and posttreatment. Autonomous motivation, therapeutic alliance, and perceived therapist support for autonomy were assessed at the third session. Autonomous motivation was a stronger predictor of outcome than the therapeutic alliance, predicting higher probability of achieving remission and lower post-treatment depression severity across all three treatments. Patients who perceived their therapists as more autonomy-supportive reported higher autonomous motivation.

The important role of unsatisfied needs and goals in the work of psychotherapy

Martin Grosse Holtforth - University of Bern, Switzerland, Laila Provinzano, Andrea Christen, Hansjörg Znoj

Humans strive to satisfy psychological needs and prevent the frustration of these needs. Personal goals develop as mental representations designed to ensure need satisfaction (approach goals) as well as self-protection (avoidance goals). We present two self-report measures of personal goals in psychotherapy that distinguish between (a) an approach vs. an avoidance orientation and (b) goal intensity vs. goal satisfaction. The two measures are called the Inventory of Approach and Avoidance Motivation (IAAM) and the Incongruence Questionnaire (INC). We will summarize recent empirical findings with

psychotherapy outpatients showing (a) the association between avoidance goals, psychopathology, and interpersonal problems (N=503); (b) the increased satisfaction of personal goals as a result of psychotherapy (N=253); (c) the association between personal goals and aspects of the psychotherapy process, such as the therapeutic relationship and patient-openness (N=536); and (d) the prediction of change in avoidance goals from corrective experiences in the psychotherapy process, such as mastery and clarification (N=240). If time permits, we will also present a new instrument that measures a specific constellation of approach and avoidance goals that relates to a patient's ambivalence over the expression of emotion. We will also discuss potential applications of these measures to psychotherapy research and practice.

The effect of providing need-satisfying experiences early in treatment by "Resource Activation": An experimental process-outcome study

Christoph Flückiger - University of Bern, Switzerland, Christine Soltermann, Hansjörg Znoj

"Resource activation" is a short-term strategy for encouraging a patient's willing participation in treatment by providing immediate need-satisfying experiences in therapy (Grawe, 2006). It is the short-term "twin brother" of motivational attunement, that is, a strategy for promoting the therapeutic alliance by satisfying the patient's interpersonal motives and needs. The impact of early resource activation is tested with a specific priming-module. This paper will describe details of the experimental study (N = 40). First, it will describe how the patient's resources were assessed using a standardized assessment procedure and ratings by multiple observers. Then it will describe the type of intervention that was implemented as a result of the assessment. Finally, the impact of the intervention on the therapeutic process and outcome will be described. Three important results will be reported in detail. (1) The priming module produced an effect that was specific to the early resource activation, as rated by multiple observers. (2) The resource activation had an impact on the quality of the patient-therapist relationship, as rated separately by the patient and therapist. (3) After 20 sessions of therapy, the effect of the intervention was maintained—as shown by the patient's self-reported goal attainment, psychopathology, and affectivity. The results will be discussed in terms of need-satisfying strategies and experimental process-outcome paradigms.

Panel

Psychodynamic

Moderator

Per Høglend -
University of
Oslo, Norway

Long term effects of transference interpretations

Discussant: Paul Crits-Christoph - Center for Psychotherapy Research, University of Pennsylvania, Pittsburgh, USA

One of the longstanding controversies in psychotherapy has been the role that interpretation of "transference", the interaction between the patient and the psychotherapist, plays in the therapeutic action of psychotherapy. However, 100 years after Sigmund Freud's famous "dora" case, no experimental study of transference interpretations HAD been published. The FEST study (First Experimental Study of Transference) is a randomized clinical trial, specifically designed to measure short-term and long-term effects of transference interpretations. In this panel, Per Høglend presents treatment effects over the whole study period of four years. Randi Ulberg presents moderator effects of patient gender. Paul Johansson presents mediator analyses of insight

Long term effects of transference interpretations

Per Høglend - Department of Psychiatry, University of Oslo, Norway, Paul Johansson, Randi Ulberg, Kjell-Petter Bøggwald, Alice Marble, Svein Amlo, Mary Cosgrove-Sjaastad, Oscar Heyerdahl, Øystein Sørbye,

There has been a long controversy about the use of transference interpretations in brief dynamic psychotherapy. One point of view is that only those patients with greater psychological resources and more mutually gratifying interpersonal relationships benefit from therapy with transference interpretations. Another point of view is that transference interpretations should be avoided in brief therapy. Objective: To determine the long-term impact of two forms of brief dynamic psychotherapy, with and without transference interpretations. Design: A randomized controlled clinical trial with a so-called dismantling design. One treatment component, transference interpretations, was added to a comparison condition, therapy without use of transference interpretations. One year and three years of post-treatment follow-up. One hundred regular out-patients seeking psychotherapy for depression, anxiety, personality disorders, and interpersonal problems. They were 56 women and 44 men, age ranged from 21 to 57 years. Interventions: Fifty-two patients were randomly assigned to exploratory dynamic psychotherapy with transference interpretations, and 48 patients were assigned to the same type of treatment without use of transference interpretations. Both treatments lasted one year. Main outcome measures: The psychodynamic functioning scales (clinician rated), and the inventory of interpersonal problems-circumplex version (self report). We will present results from the whole 4 year period (pre-treatment to 3 years follow-up), using piecewise (spline) linear mixed model analyses. Quality of Object Relations and PD are the pre-determined moderators in this study

The role of gender and QOR for the effect of transference interpretations

Randi Ulberg - Department of Psychiatry, University of Oslo, Norway, Paul Johansson, Per Høglend

In the research literature men and women generally respond equally to psychotherapy. Very few studies have explored whether men and women differentially to different forms of psychotherapy. The primary aim of this presentation is to examine whether men and women responded differently to brief dynamic psychotherapy with or without transference interpretations. Data from the one year treatment period in the first experimental study of transference interpretation (fest) were used. The outcome measures in the study were pfs, IIP-c, GAF and SCL-90-R. Change was assessed using linear-mixed models. We explored whether gender was a predictor or a moderator of outcome, alone or over and above the main and moderator effects of Quality of Object Relations (qor)

Is insight a true mediator in dynamic psychotherapy

Paul Johansson - Department of Psychiatry, University of Oslo, Norway, Per Høglend, Kjell-Petter Bøggwald, Alice Marble, Randi Ulberg, Svein Amlo, Mary Cosgrove-Sjaastad, Oscar Heyerdahl, Øystein Sørbye

Insight is assumed to be an important mechanism of therapeutic action in dynamic psychotherapy. However, exactly what leads to an increased level of insight, and to what degree insight is related to a favorable outcome is largely unexplored. In this study, we examined whether or not a moderated long-term effect of transference interpretations is mediated by an increased level of insight. The outcome measures are the psychodynamic functioning scales and IIP-c. Insight is clinician-rated. Mixed linear models with intercept and slopes as random effects were used, using four waves of data, pre-, post-, 1-year-, and 3-year follow-up. The results will be presented in accordance with the model for mediated moderation, as outlined by Muller, Judd, & Yzerbut (2005). In addition, we will try to explore whether insight changes prior to measures of outcome

Panel

Therapist

Moderator

Jonathan
Huppert -
University of
Pennsylvania,
Philadelphia,
USA

Does technique matter? Evaluations of therapists, nonspecifics, and alliance

Discussant: Irene Elkin - University of Chicago, IL, USA

Many questions have been raised regarding the importance of technique in conducting effective psychotherapy (e.g., Lambert & Barley, 2002; Wampold, 2001). These questions often revolve around lack of differential outcomes among treatments, questions of technique compared with therapist factors, or technique compared with non-specific factors such as alliance or expectancy. Three papers examine the issue of specificity of treatment effects in one of these areas. First, Siev and Chambless present a meta-analysis comparing CBT to relaxation for panic disorder and generalized anxiety disorder (GAD). They find that while both treatments are viewed as credible and had similar expectancies for improvement, CBT yields superior outcome to relaxation in panic disorder, but not in GAD, suggesting that some techniques within CBT are likely to be active and that there are differences in technique effects even among anxiety disorders. Next, Huppert et al. report an examination of therapist effects in comparison to treatment effects across a number of large CBT outcome studies for anxiety disorders. They find that either in the short and/or long term, technique effects are much larger than reported by some. Finally, Barber reviews the literature on alliance and adherence in dynamic therapy, showing that some studies reveal the importance of technique while others demonstrate the importance of alliance. These results suggest that generic models of contributions to outcome that de-emphasize technique may miss differences by treatment and/or disorder, and that single factors such as therapist or alliance are likely to miss complex interactions that comprise the essence of psychotherapy.

Specificity of treatment effects: A meta-analysis of cognitive therapy and relaxation for anxiety disorders

Jedidiah Siev - University of Pennsylvania, Philadelphia, USA, Dianne L. Chambless

Aims: (a) To compare the relative efficacy of cognitive therapy (CT) and relaxation therapy (RT) in the treatment of generalized anxiety disorder (GAD) and panic disorder without agoraphobia (PD), and (b) To address claims that among bona fide treatments, no one is more efficacious than another. **Methods:** Two fixed effects meta-analyses were conducted, for GAD and PD separately, to review the treatment outcome literature directly comparing CT to RT in the treatment of those disorders. **Results:** For GAD, CT and RT were equivalent on all measures. In contrast, for PD, CT outperformed RT on all panic-related measures, as well as on indices of clinically significant change. **Discussion:** Some researchers have claimed that no two bona fide treatments are differentially efficacious for treating a disorder (e.g., Luborsky et al., 2002; Wampold et al., 1997). There is ample evidence that both CT and RT qualify as bona fide treatments for GAD and PD, for which they are efficacious and intended to be so. Therefore, the finding that CT and RT do not differ in the treatment of GAD, but do for PD, is evidence for the specificity of treatment to disorder, even for two treatments within a CBT class, and two disorders within an anxiety class. Furthermore, therapists in all studies were crossed with treatment condition, and most authors assessed perceived treatment credibility and client expectations, which were high and never differed by treatment group. These methodological strengths support the notion that treatment effects were influenced by treatment techniques.

The relative contribution of therapists and technique: A reassessment using randomized trials of CBT for anxiety disorders

Jonathan Huppert - University of Pennsylvania, Philadelphia, USA, Martin E. Franklin, Edna B. Foa, H. Blair Simpson, David H. Barlow

Aim: To examine the relative contribution of therapists versus techniques in recent clinical outcome trials of cognitive-behavioral therapy for the anxiety disorders. **Methods:** Data from recent trials for the

treatment of panic disorder, obsessive-compulsive disorder, and social anxiety disorder are examined to determine the effects of active versus control treatments and the effects of therapists within the cognitive-behavioral therapy arms. Results: In a trial for the treatment of panic disorder (Barlow et al., 2000), results after acute treatment suggest similar effects for technique and therapists, but at follow-up technique effects become dramatically larger while therapist effects remain unchanged. In a trial for OCD (Foa et al., 2005; Simpson et al., 2005), treatment effects at the end of acute treatment are substantially larger than therapist effects, and these remain at follow-up. A recently completed study of CBT for OCD will also be examined, matching better for time and measuring alliance and expectancy. Finally, recent study examining two active CBT treatments for social anxiety disorder (Clark et al., 2006) show strong technique effects and minimal therapist and alliance effects. Open trial data from our center using a similar treatment method will be reported to examine our result in comparison to those. Discussion: Results from recent randomized clinical trials suggest that earlier notions of the relative contribution of therapist effects versus techniques need to be revised. Overall, the endeavor of distinguishing between therapist and technique is complex, and possibly futile, as understanding the interaction of the two is likely what will help us improve outcomes the most.

Techniques and alliance in dynamic therapy for different disorders

Jacques P. Barber - University of Pennsylvania, Philadelphia, USA

This paper reviews the results of a number of studies that have examined the role of techniques and the therapeutic alliance in dynamic therapy and other treatments for depression and cocaine dependence. Some of the studies suggest that techniques contribute solely to outcome, others suggest that alliance predicts subsequent change in symptomatic improvement, while other studies show that an interaction between techniques and alliance is associated with patients' outcome. Clearly, the data are varied and accounts of technique and alliance should both taken into account. Otherwise, overly simplistic models stating that alliance does not matter or that technique does not matter will fail to account for the complexity of the therapeutic process.

Panel

Couple

Moderator

Lynne Knobloch-Fedders - The Family Institute at Northwestern University, Evanston, IL, USA

The interpersonal context of depression in couples

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

The strong links between relationship distress and depression, along with limitations in current theory, research, and intervention, point to the need for a comprehensive, integrated theory of interpersonal assessment and intervention. The goal of this panel is to apply interpersonal theory to the study of couples in which one partner is depressed, as the first step in developing a more effective conjoint treatment for depression. First, initial theoretical work on the application of interpersonal theory to conjoint treatment will be outlined. Second, data will be presented regarding observed interpersonal behavior differences between distressed couples with and without depression. Finally, the predictive validity of an interpersonal theory of the alliance on conjoint therapy outcome will be investigated.

The application of interpersonal theory to couple therapy

Lynne Knobloch-Fedders - The Family Institute at Northwestern University, Evanston, USA

The strong links between relationship distress and depression, along with limitations in current theory, research, and intervention with depressed couples, point to the need for a comprehensive, integrated system of interpersonal assessment and treatment. Although not widely applied to couple therapy, interpersonal theory has the potential to provide such a system. It offers a comprehensive, theoretically-grounded approach for assessing the interpersonal patterns of depressed couples; in addition, it allows measurement of the process and outcome of therapy using the same metric, the interpersonal

circumplex. Finally, interpersonal theory allows for the specification of therapy goals and interventions aimed at changing depressed couples' patterns of maladaptive relational behavior. This paper will present an emerging theory of interpersonal theory applied to conjoint psychotherapy for the treatment of depression.

Depression and relationship distress in couples: Associations with interpersonal behavior at pretreatment

Andrea Rosen - The Family Institute at Northwestern University, Evanston, USA, Lynne Knobloch-Fedders

Structural Analysis of Social Behavior (SASB; Benjamin, 1987; 1996) is an empirically validated method for operationalizing the dynamics of interpersonal behavior. By assessing the focus, affiliation, and interdependence of individual speech acts, coders using the SASB model can create a detailed portrait of interpersonal interactions. This presentation utilizes SASB to illustrate the interpersonal behavioral patterns of treatment-seeking depressed and non-depressed couples. As part of a larger naturalistic study of conjoint therapy for depression, distressed couples in which one partner met current criteria for major depressive disorder or dysthymic disorder were compared with distressed couples with no current mood disorder in either partner. Couples completed a videotaped interaction task, which was coded using SASB. In order to identify interpersonal behavior differences exhibited by depressed persons, their partners, and controls, data analyses were performed at the SASB cluster level, using 8 clusters of behavior (Benjamin, 1996) identified on each surface by a two-digit numeric code (Benjamin, 1987). Understanding the associations between interpersonal behavior, depression, and relationship distress can be used to suggest new clinical intervention pathways with these couples.

Therapeutic alliance as a predictor of treatment outcome in couple therapy

Seema Saigal - Northwestern University, Evanston, USA, Daphna Shafir, Lynne Knobloch-Fedders, Emily Durbin

Measures of therapeutic alliance have traditionally focused exclusively on the relationship between the therapist and patient. However, this perspective ignores the wider interpersonal context of alliance. In his classic definition, Bordin (1979) identified three components of the alliance: tasks, goals, and bonds. Pinsof and colleagues (Pinsof, 1994; Pinsof, Zinbarg & Knobloch-Fedders, 2007) have expanded this definition of the alliance beyond the individual client – therapist relationship to consider its wider interpersonal context, especially the alliance between the client's relational system (family members, spouses, close friends) and the treatment. In this naturalistic study of conjoint treatment for relationship distress and depression, couples participated in up to 16 sessions of Integrative Problem-Centered Therapy (Pinsof, 1995). Alliance was measured after every other session using the short form of the Integrative Therapy Alliance Scale - Revised (ITAS-R; Pinsof, Zinbarg & Knobloch-Fedders, 2007). Data analysis will examine the extent to which the interpersonal subscales of the ITAS-R predict relationship distress and depression outcome. Implications for the assessment of the alliance and the treatment of couples are discussed.

Panel

Therapist

Moderator

Sarah Knox -
Marquette
University,
Milwaukee, USA

Therapist supervisor, and supervisee self-disclosure: Empirical findings and implications

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

Therapy could not occur without client self-disclosure. Therapist self-disclosure, however, remains controversial, with some considering it a breach of boundaries and others deeming it essential to the therapy relationship. Disclosure in supervision follows a similar pattern: Supervision is predicated on supervisee disclosure, but supervisor disclosure, though perhaps not required, may be vital to the supervision relationship. In seeking to better understand the role and impact of self-disclosure, this panel

supervision relationship. In seeking to better understand the role and impact of self-disclosure, this panel examines the phenomenon from a variety of perspectives. First, we discuss factors affecting therapist self-disclosure. Here, researchers investigated how gender differences affect therapists' willingness to self-disclose to patients with borderline personality disorder and social phobia. Potential gender differences were examined in both the types of disclosures therapists were willing to make and also in their reasons for/against using self-disclosure. The second presentation explores therapist self-disclosure in CBT and IPT sessions in the NIMH treatment of depression collaborative research program (TDCRP). In the third presentation, we shift our focus to supervision, and present the results of a qualitative study in which experienced supervisors were asked about their training regarding and use of supervisor self-disclosure. They also described a specific supervisor self-disclosure experience, focusing on the supervision relationship and the disclosure itself (context, intentions, effects). Finally, we present qualitative findings on difficult supervisee disclosure. Here, pre-doctoral interns were interviewed about an incident of difficult/reluctant disclosure with their supervisor. They described the disclosure's content and context, what made the disclosure difficult, what facilitated the disclosure, and the disclosure's outcome on them personally and clinically

Gender differences in therapists' willingness to self-disclose

Joseph Bianco - Teachers College, New York City, USA, Barry A. Farber

This study investigated gender differences in therapists' willingness to self-disclose to patients with borderline personality disorder and social phobia. Gender differences were examined in the types of disclosures therapists were willing to make and their reasons for/against using self-disclosure. Three-hundred-fourteen therapists (122 males, 192 females) currently practicing psychotherapy completed questionnaires assessing their disclosure practices, attitudes, and willingness to self-disclose to two hypothetical female clients, as presented in clinical vignettes. Compared to female therapists, males were more willing to self-disclose. Male therapists rated their reasons for using self-disclosure significantly higher than females, and reported greater willingness to reveal biographical information and personal strategies to patients. No gender differences were found in therapists' willingness to disclose personal feelings or reactions to patients, or in the strength of their reasons against using disclosure. These findings held true regardless of patient diagnosis (bPD and sp), therapist theoretical orientation, and years of clinical experience. The results of this analogue study suggest that male therapists may FEEL safer or more comfortable within their professional roles, such that the maintenance of strict boundaries (i.e., nondisclosure) is unnecessary. Another possibility, drawn from the social psychological literature on gender differences in self-expression, suggests that men are more willing to disclose when the recipient is an acquaintance rather than a friend. Women, in contrast, may be less willing to disclose outside of intimate personal relationships

Therapist self-disclosure in CBT and IPT sessions: Characteristics, correlates, and effects of therapist self-disclosure in the nimh treatment of depression collaborative research program

Mary Coombs - University of California, Berkeley, USA, Daniel Coleman

This study explores therapist self-disclosure in CBT (cognitive-behavioral therapy) and IPT (interpersonal therapy) sessions in the nimh treatment of depression collaborative research program (tdcrp). Therapy transcripts were rated with the psychotherapy process q-set (pqs). It was hypothesized that therapist self-disclosure would reduce patient self-criticalness and perfectionism. Early and late sessions in the IPT (n = 35) and CBT (n = 29) conditions were rated with the pqs. Change from pre- to post-treatment in hamilton rating scale of depression (hrsd), beck depression inventory (BDI), and dysfunctional attitude scale- perfectionism (das-p) were examined in relation to self-disclosure, collaborative-emotional exploration, and active-directive process. Mean therapist self-disclosure was higher in CBT than in IPT

sessions, with a large effect size. Controlling for the principal process factor of collaborative emotional exploration, self-disclosure was modestly associated with change in hrstd and the das-p, but not the BDI. In just the IPT cases, medium-large correlations were found of self-disclosure to reduced hrstd and das-p scores. No association of self-disclosure to any of the outcome measures was found in the CBT cases. Modest therapeutic benefits of self-disclosure were evident across both CBT and ipt, with stronger effects found in the IPT cases. While clinicians in the CBT condition disclosed more frequently, no therapeutic benefit was evident

Supervisor self-disclosure in supervision

Sarah Knox - Marquette University, Milwaukee, USA, Alan W. Burkard, Lisa A. Edwards, Jacquelyn Smith, Lewis Z. Schlosser

Although vital to psychologists' training, supervision has generated limited empirical research. Similarly, while therapist and client self-disclosure are well studied, supervisor self-disclosure remains comparatively unexplored. Our study examined supervisor self-disclosure. We conducted audiotaped phone interviews with a national sample of 17 clinical/counseling psychologists. Participants (experienced supervisors) were asked about their training regarding and use of supervisor self-disclosure. They also described a specific supervisor self-disclosure experience, focusing on the supervision relationship and the disclosure itself (context, intentions, effects). Using consensual qualitative research (cqr) (hill, knox, thompson, williams, hess, & ladany, 2005), the research team consisted of five individuals (3 women, 2 men; 4 faculty, 1 student). Results indicate that most participants received training in therapist self-disclosure, but few in supervisor self-disclosure. Respondents felt that supervisor self-disclosure could be helpful, and used disclosures to decrease supervisee anxiety, normalize struggles, make "teaching points," or render themselves more human. Supervisors did not self-disclose about unresolved personal content, nor when doing so "let supervisees off the hook" from their own learning. In the specific example of supervisor self-disclosure, participants reported a solid supervision relationship, but sensed a moment of difficulty in the supervisee or the supervision relationship that elicited the self-disclosure. The disclosure's content related to typical trainee struggles, but sometimes included supervisors' personal experiences or concerns about the supervision relationship. Disclosures HAD positive effects (i.e., normalizing, providing alternative interventions, fostering discussion of supervision relationship). We hope that the study's findings enhance our understanding of supervisor self-disclosure and facilitate more effective supervision

Supervisee reluctant disclosure in supervision

Shirley Hess - Shippensburg University, USA, Sarah Knox, Jill M. Schultz, Clara E. Hill

The purpose of the study was to better understand the phenomenon of difficult disclosure in supervision. Fourteen pre-doctoral interns were interviewed about an incident of difficult or reluctant disclosure with their supervisor. They were asked to describe the content and context of the disclosure, what made the disclosure difficult, what facilitated the disclosure, and the outcome of the incident. Interns were also asked what effect the disclosure HAD on them personally and on their relationships with their clients and supervisor. Consensual qualitative research (cqr) was used to analyze the data. Results indicated that interns experienced their supervisory relationship as positive. The content of the disclosure was typically about a perceived mistake or clinical issue and less often about interns' reactions to their supervisor or about the supervisory relationship. What made the disclosure difficult was attributed to negative self feelings prior to the disclosure (e.g., shame, guilt, anxiety, lack of confidence), or to interns' concerns about evaluation or worry about how they would be perceived by the supervisor. Factors that facilitated the disclosure were typically related to positive supervisory characteristics such as personal attributes (e.g., trusting, nonjudgmental, safe) and similarities in demographic/cultural variables. Also, having HAD

previous positive discussions with the supervisor facilitated interns' disclosure. Generally, disclosure had positive effects on the supervisory relationship (e.g., became safer, deeper), on therapy relationships (e.g., intern became more authentic, increased appropriate risk-taking), and on themselves (e.g., gained new perspective, became more relaxed, felt more secure as a therapist)

Panel

Computer

Moderator

Hans Kordy -
University
Hospital
Heidelberg,
Germany

Clinical evolution and technological innovations II: processes and outcome of internet delivered psychosocial care.

Increasingly, technology enhanced delivery of care is providing support for mental health care in many fields. Communication technology such as Internet and telephone opens access to psychosocial care for groups of persons for whom it was difficult before because of geographical distances, time constraints, or psychosocial restraints. Little is known about the specific motives, needs, and strengths of these perhaps new clients or the specific skills and attitudes of the counsellors and how this affects the therapeutic processes and the quality of the outcome. Presenters of this panel were among the pioneers in exploring the effective use of the new communication means. In this panel data of different settings will be presented. We will start with a systematic review of studies of technology-based health care interventions delivered to adults in their homes. This review served as the basis for a novel approach to support family care givers of older adults with neurodegenerative disease being carried out in the Toronto area by Elsa Marziali. This will be followed by a report of Robert King about a study in Brisbane that focuses on attitudes and experiences of the counsellors in online counselling programs. Finally, the Heidelberg group will present a study that compared processes in face-to-face group psychotherapy with those in internet delivered chat-groups. The presenters would be especially interested to discuss the differences and similarities with traditional forms of treatment and the implications for the future practice.

Professional practice standards and research ethics in technology-based healthcare programs provided to patients in their homes

Elsa Marziali - University of Toronto, Canada

Purpose: The aim of this project was to ascertain whether e-health intervention programs delivered to adults in their homes meet the same professional practice and ethics standards that apply in face-to-face health service delivery. **Methods:** A systematic review of studies of technology-based health care interventions delivered to adults in their homes was conducted to identify the frequency of reporting of adherence to professional practice and research ethical codes of conduct. Key databases were searched to yield 2866 abstracts that were independently rated by two reviewers using inclusion-exclusion criteria, resulting in 107 articles that were then reviewed for reports of practice standards and research ethics. **Results:** The results showed that the overall reporting of adherence to professional practice standards in e-health environments and the use of research ethics procedures was low. For example, the majority of studies (70%) did not report using safeguards (encryption, firewalls) for protecting client information when providing internet-based interventions. Research ethics most commonly reported were informed consent and REB/IRB approval. When reported, adherence to practice standards included pre-intervention training of clinicians, use of intervention protocols, supervision, and mechanisms for risk management were most common. **Conclusions:** Clinical implications are discussed in terms of professional responsibility for providing evidence-based interventions to adults whether in a face-to-face clinical environment or via the use of various forms of technology and particularly the internet. Examples of professional practice standards-maintenance strategies used in a series of studies of internet, video-conferencing support programs for family caregivers of persons with chronic disabilities are discussed.

Experiences of therapists providing online counseling

Robert King - The University of Queensland, Brisbane, Australia, Matthew Bambling, Wendy Reid, Karly Wegner

Kids Help Line (KHL) is a national organization providing telephone and online counseling to young people. KHL online counseling is primarily text based but is provided in an especially designed synchronous 'chat' environment that includes graphic tools, which counselors can make available to clients to assist with communication of emotion. In this study, 26 counselors provided qualitative data concerning their experience of the online counseling environment. Data were analyzed using a modified form of the consensual qualitative method and cross checked using the Leximancer text analysis program. Findings are discussed with reference to the domains and the themes identified in a concurrent study investigating the experience of the young people who used the online counseling service (King et al., 2006). Counselors were found to have views about the strengths (emotionally safe) and limitations (clarity of communication and time) of online counseling that were broadly similar to those of the young people receiving the counseling but there were pronounced differences in emphasis

Group processes and process evaluations in a new treatment setting: Inpatient group psychotherapy followed by Internet-Chat Aftercare Groups

Severin Haug - University of Greiswald, Greifswald, Germany, Hans Kordy

Aim: Scarcely anything is known about processes in therapeutic Internet-chat groups that offer a novel way of providing group therapy over distances. In the presented study, group processes and group evaluations were examined in a treatment setting where face-to-face inpatient groups are followed by chat aftercare groups. **Methods:** For a sample of 121 patients who participated in both treatment modalities, group processes and group evaluations were modelled by Hierarchical Linear Modelling (HLM). **Results:** The group evaluations followed a consistent upward course from the beginning of therapy until the end of chat aftercare. For the process measures Activity and Emotional Reactivity, the initial scores at the beginning of the chat groups were lower than at the end of the inpatient treatment but higher than at admission. During chat aftercare, Activity and Emotional Reactivity scores increased with reduced pace compared with the inpatient face-to-face phase, but on average Activity and Emotional Reactivity were higher during chat aftercare. **Discussion:** The study demonstrates that relevant therapeutic mechanisms like emotional belongingness to the group or an active participation of the patients can also be realized in an Internet-chat group. The implications of this study for the use of online groups in other fields beyond aftercare, where group cohesion could not have been established before, will be discussed.

Panel

Alliance

Moderator

Georgia Lepper -
University of
Kent, Canterbury,
UK

Observing therapeutic interaction: 3 methodological strategies

Discussant: Erhard Mergenthaler - University of Ulm, Germany

Effective social living requires anticipation of the actions of others, calculation of short and long term costs and gains, and close attention to signals about the consequences of one's own behaviour' (goody 1995). The presentations in this panel make the assumption that successful psychotherapeutic interaction also requires these basic skills. We present three studies from different perspectives which explore the interactional processes of therapist and patient in regulating their relationship. In the first presentation, steffen walter presents a study of patient therapist interaction using the TCM (mergenthaler 1996) to identify emotion/abstraction patterns, and links these to intervention types derived from systemic functional linguistics (sfl). Then we present two studies of the same 8 session brief psychodynamic therapy from the sheffield depression study, focusing on the phenomenon of 'mitigation', an interactional strategy by which speakers anticipate the potential impact of their

utterances on the other, enable the regulation of interpersonal distance and manage a sustainable level of anxiety. First sumi kato uses SFL to explore the lexicogrammatical structure of the therapy, and demonstrates that some specific resources are used by speakers in order to mitigate their utterances and adjust their 'moves' in the ongoing discourse. Finally, georgia lepper examines mitigation strategies at the level of the turn by turn interaction to see how therapist and patient adjust to each others 'moves' in the talk. Findings from both studies will be related to the EAP patterns in the sessions

Do therapeutic interventions trigger the specific patient emotion/ abstraction patterns

Steffen Walter - University of Ulm, Germany

This research explores the relation between therapists' and patients' narratives. Aim: We wanted to find out if there are special therapeutic interventions that trigger specific patient emotion/ abstraction patterns (eap) defined by the Therapeutic Cycles Model (tcm). A further goal is to develop a manual of the therapeutic interventions. Method: The data is based on the rating of 40 sessions from 10 therapies. Four sessions from each therapy were chosen to represent one of the four EAPs (relaxing, reflecting, experiencing and connecting) at the macro level. We evolved categories to classify each intervention made by the therapists. These categories were obtained by using a combined qualitative and quantitative approach. The theoretical background of our paradigmatic method of analysis are specific techniques used in content analyses and aspects of the theory of systemic functional linguistics (sfl). Six categories were developed: 1. Challenge to facts, 2. Challenge to cognition, 3. Challenge to emotion, 4. Challenge to relation emotion with cognition, 5. Challenge to relation cognition with emotion, 6. Other intervention. As soon as the database of the matrix is completed, correlations, variance and contingency analysis between the categories of the therapists' contributions and the patients' EAPs will be calculated on both the macro (therapy sessions) and micro (word blocks) level. The hypothesis is that there are significant relations and preferences between the therapists' categories and the patients' subsequent eaps. Results: We will complete the analysis on the database and present the results at the SPR meeting in june 2007

Face threatening acts, anxiety arousal and mitigation in psychotherapy interaction: A lexicogrammatical analysis

Sumi Kato - Aomori Chuo Gakuin University, Japan

Aims from the sociolinguistic point of view of the therapist-patient relationship, face threatening acts (FTAs) observable at the lexicogrammatical level may be a potential cause of anxiety. Clients are usually expected to give up some face as they will need to make self-disclosures which may prove threatening to their negative face. The therapist will inevitably appear to be invasive of their patient's territory as they pursue the therapeutic task. Upsurge of anxiety acts as a double edged sword in psychotherapy in that while it provides the therapist with an opportunity to explore significant aspects of the patient's life, it must be controlled in order to allow the interview to proceed. Mitigation is the linguistic means by which the distance between speakers is managed. Modal expressions are considered to be one of the lexicogrammatical devices which allow for mitigation. This study will reveal the linguistic mechanism of how FTAs are incurred and how those acts are redressed. Methods: Drawing on both SFL (Systemic Functional Linguistics) and theory of territory of information, qualitative and quantitative analyses were made of 8 sessions from the Sheffield I Depression Study. Results: One specific expression which is considered to cause FTAs and one specific expression which mitigates FTA interaction show saliently high frequency. Discussion: The realization of FTAs and their mitigation occurs through lexicogrammatical devices known as modal or non-modal expressions, whose actions are based on the rule of the territory of information.

Face threatening acts, anxiety arousal and mitigation in psychotherapy interaction: A pragmatic analysis

Georgia Lepper - University of Kent, Canterbury, UK

One of the tasks of the therapist, particularly delicate in brief therapies, is to guide the patient through therapeutic tasks and towards salient topics which will vary from method to method. How therapists attend to these processes while developing and sustaining the therapeutic relationship is currently a topic of interest to psychotherapy research (safran & muran 2006). From another discipline, the concept of 'mitigation' has been recognized (caffi, 1999) as a pragmatic strategy which links cognitive and affective processes at the level of natural interaction. In this study, the mitigation events identified by SFL in the previous presentation are analyzed at the level of the turn by turn interaction between therapist and patient using the method of conversation analysis (ca), in order to study their impact on the clinical process at the micro level of 'moves'. Method: 'moves', turn-constructional units at which next steps in the interaction are negotiated, are analyzed using ca to see how therapist and patient negotiate what will be talked about. Results: The analysis demonstrates how mitigation strategies are employed by therapist and patient to agree a topic and manage potential areas of conflict and anxiety. Relating these sequences to the TCM cycles in the session, the micro-outcomes of these events are linked to the overall process of the therapy. Discussion: The study of mitigation strategies enables the detailed study of the interplay of interpersonal and psychological processes in the therapeutic interaction

Panel

Model

Moderator

Wolfgang Lutz -
University of
Trier, Germany

Psychobiological variables and lab designs: What use do they have for psychotherapy research?

Discussant: Gregory G. Kolden - University of Wisconsin, Madison, USA

Psychotherapy research is dominated by clinical trials and large scale effectiveness studies. In this context the assessment of fine grained changes and therapeutic micro-strategies as well as the inclusion of psychobiological variables is hard to realize. Lab designs on the other side have a high internal validity and let us focus on therapeutic interventions as well as biological variables on a micro-level. Lab designs permit to observe physiological and biological variables in addition to behaviour and self evaluation and allow to control for mediating variables. Psycho-physiological variables can be a helpful contribution to insight in psychological processes and can also be used as predictors for the latter. On the other side issues of external validity should be addressed within those designs. In this panel three studies from different countries and different datasets will be presented. The first study shows, how adult attachment organization can be predicted by psycho-physiological variables. A non-linear methodological approach is used to show the relation between psychobiological variables and attachment. In a second study an experimental lab design was used to study the regulation of mood with cognitive-emotional strategies. Behavioral and neurophysiologic variables are used to study the link. In the final study the impact of writing about perceived failures to attain personal goals on well-being is examined through analysis of immune function and susceptibility to colds and flu.

Psychophysiological predictors of adult attachment organization: From linear data analysis to non-linear models of autonomic regulation of attachment patterns

John M. Klein - University of Trier/ Minho/ FCT, rier/Braga, Germany, Wolfgang Lutz, Pedro Dias, Isabel Soares, Paulo Machado, João Paulo Cunha

Aim: Most studies exploring biopsychology of adult attachment used linear data analysis that at best, even obtaining statistical significant results only shows a part of the phenomena and mostly ignore completely sudden autonomic activity shifts. This study explores the potentiality of non-linear data

analysis comparing them with linear models, in order to approach a much better and substantial understanding of how the attachment may be linked with the autonomic nervous system and the hypothalamic-pituitary-adrenal axis of the endocrine system. Methods: To examine the relations of attachment organization and psychophysiological measures (heart rate –hr- and skin conductance level-scl) during the adult attachment interview, a multimedia system that enables the synchronous collection and analysis of video information, ecg signal and SCL was used. The sample was composed by 50 females, aged between 15-37 (m=21.74, sd=4.77), recruited at community services. Results: The linear trend data analysis models found physiological differences for attachment patterns only for SCL and mostly during the first quarter of the AAI. Although, based on non-linear models hr differences for attachment patterns were obtained. Further, the results revealed that linear models were unable to track down the sudden shifts as they occur during the AAI. Discussion: The result will be discussed regarding the advantages and potentialities of a non-linear data analysis model to explore the links of attachment organization with psychophysiological data. Furthermore, the discussion will include a debate about the link of present findings to and their potential for psychotherapy research

Regulating mood with cognitive-emotional strategies: Behavioral and neurophysiologic evidence

Eva Schürch - University of Trier/Bern, Switzerland, Wolfgang Lutz

Aim: Cognitive-emotional methods are well established and accepted in treatment of affective disorders. However, findings of its usefulness stem from clinical trials, where mediating variables are difficult to control and the change agents can not completely be identified. As an additional verification we investigate therapeutic micro-strategies in a laboratory design combined with behavioral and neurophysiologic measurements. Methods: In the first experiment sad mood is induced into healthy subjects to simulate dysphoric mood. After a mood check and a measure of cognitive performance (visuospatial n-back task) mood is repaired with a cognitive-emotional micro-strategy (reframing). A second mood check and cognitive task permits to observe the impact of the therapeutic strategy on both current mood and working memory performance (known to be impaired in dysphoric persons). In the second experiment the same procedure is realised in a EEG laboratory in purpose of measuring the event related potentials (ERP) following the n-back stimuli. A change in ERP latencies and amplitudes is expected due to sad mood and mood repair. Results: Data from experiment 1 shows that reframing is a useful therapeutic micro strategy to regulate current mood. This is shown in mood ratings as well as in cognitive performance. Results from experiment 2 will be additionally presented at the conference. Discussion: The study can be seen as a further contribution to the efficacy and effectiveness debate. It provides evidence from different experimental designs and data modality to enhance traditional findings from psychotherapy research.

Goals disclosure, and health: The effects of writing about self-discrepancies on well-being and susceptibility to colds/flu

Megan C. Mc Crudden - Duke University, Durham, USA, Timothy J. Strauman

Aim: Pennebaker and colleagues have demonstrated that writing about traumatic or disappointing life events can lead to increased well-being and improved health. However, the impact of such writing on perceived failure to attain important personal goals – the kinds of issues frequently discussed in psychotherapy for depression and other disorders – has yet to be determined, and psychological mechanisms (such as immune function) by which those benefits are obtained remain unclear. Methods: In this study, young adult women with or without self-perceived failure to attain personal goals (as measured by magnitude of self-discrepancy) were randomly assigned to write, in four -hour sessions over a single week, either about experiences in which they failed to attain personal goals or about non-goal-

related personal experiences. At baseline, and then at two subsequent times over a 6-month period (during final examinations and at the end of the following semester), measures of depressive/anxious symptoms, stress, immune function, influenza antibodies, and cold/flu symptoms were obtained. Results: Analyses are currently underway to determine the effect of perceived failure in personal goal pursuit and the writing task on well-being and susceptibility to colds/flu. We predict that the self-discrepant women who wrote about their failures to attain personal goals will manifest fewer depressive symptoms, greater well-being, and fewer cold/flu episodes and symptoms at followup than self-discrepant women who wrote about non-goal-related experiences. Discussion: If supported, our hypotheses suggest psychological and biological mechanisms by which psychotherapy and related forms of self-exploration can have beneficial effects on health.

Panel

Change

Moderator

Wolfgang Lutz -
University of
Trier, Germany

New developments in effectiveness research and empirically-based psychotherapy management

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

In recent years several approaches have been developed to improve the empirical bases of psychotherapy under routine conditions. It seems not enough, that a treatment approach has shown to be effective under controlled conditions, the effectiveness has also to be proven under the circumstances of daily practice. Often cited research topics in this area include outcomes management, patient or client-focused research, practice research networks and quality assurance. The main overlap between these concepts is to extend traditional clinical trials research with research concepts more feasible to services delivered under routine care conditions. Another similarity is the use and development of feedback systems, decision rules or templates, which can be used to identify patients at risk for treatment failure as well as successful treatment progress and the focus on the course of treatment over time. The four papers in this panel are using data and concepts from different countries as well as different clinical samples and treatment modalities to examine these concepts and developments under several aspects. 1) an us feedback study is presented, in which concrete suggestions for further treatment strategies following a negative feedback are evaluated; 2) the second presentation will focus on a stepped care approach to treatment and outcomes monitoring for eating disorders in Portugal; 3) third a feedback instrument is introduced to track progress in individual, couple and family therapy; and 4) finally a study on the evaluation of a feedback system and quality assurance concept in outpatient psychotherapy in Germany is presented

Beyond progress feedback: The case for a problem-solving strategy for negative responders in psychotherapy

Russ Bailey - Brigham Young University, Provo, USA, Michael J. Lambert

Providing progress feedback to therapists has proved to enhance treatment outcome for patients whose predicted treatment outcome is negative. Three previous studies have found evidence for the positive impact of providing "clinical support tools" consisting of 3-4 short scales and a decision tree to guide therapists towards identifying new interventions. The results of further applications of this methodology will be presented. In this case clients were randomly assigned to an experimental condition in which they repeatedly completed a single assessment tool that measured the therapeutic alliance, motivation, social support, perfectionism, and life events and cut-off scores were provided to therapists that suggested problem areas. A clinical support tool manual that included evidence-based interventions for specific problem areas was also provided. This intervention was contrasted with treatment-as-usual and progress-feedback-only control groups. The size of treatment effects as well as differences in clinically significant change will be reported

Eating disorders outcome monitoring: A stepped care approach to treatment

Paulo P.P. Machado - Universidade do Minho, Braga, Portugal, Ana Rita Vaz, Eva Conceição, John Klein

The treatment of eating disorders is a complex endeavour with many forward-backward processes. Indeed, results from outcome studies on eating disorders continue to provide knowledge about the rate of recovery and prognostic factors. However, analysis of process of change is notably missing in the area of eating disorders. The purpose of the current study was to analyze the time course of symptom change in a cohort of eating disorder patients treated in one of the main eating disorder centres in Portugal. This study was an extension of a naturalistic treatment monitoring project that started under the cost b6 action auspices – effectiveness of psychotherapy in treatment of eating disorders. Over two-hundred eating-disordered females under treatment were monthly-monitored for eating disorders key-symptoms. The results were analysed regarding clinical significant changes, estimation of treatment time and symptom progression during treatment time. The results will be discussed in terms of possible contribution for a template of the course to recovery of these disorders. Building on the evidence from the above mentioned project, we developed a step-up treatment protocol that will be monitored in order to match treatment intensity and setting to patient need and course of change. Preliminary data on early response and predictor of change will also be presented, and discussed in terms of clinical implications

Tracking change in family, couple and individual therapy with the STIC

William M. Pincus - Northwestern University, Evanston, USA

The systemic therapy inventory of change (STIC) is a client self-report instrument designed to track and ultimately predict change in client functioning from a multi-systemic perspective over the course of therapy. It uses the same set of scales to track change in individual, couple and family therapy. It assesses individual symptoms and well being, recollections of family-of-origin functioning, current couple/marital functioning, current household/family functioning, current child functioning and the therapeutic alliance. It uses an internet based feedback system to provide therapists and supervisors with graphical on-demand feedback about changes in client functioning and the therapeutic alliance during therapy. The panel presentation will present the STIC and the STIC feedback system. In regard to the STIC, it will present data on the validity, reliability and norming of the STIC scales and their subscales. In regard to the feedback system, it will demonstrate the use of the feedback system and its capacity to interactively test multiple hypotheses within a case about client change and the therapeutic alliance

Quality assurance and feedback in outpatient psychotherapy – an example and a new context

Wolfgang Lutz - University of Trier, Germany, Niklaus Stulz, Eva Schürch, Armita Tschitsaz

Aim: Quality assurance and patient-focused feedback in psychotherapy support clinical decision making in daily practice. Using empirically derived information these feedback systems are a substantial part of future health care systems. The main goal of this study is to develop and evaluate a feedback-system for the ongoing evaluation of treatment progress in outpatient Psychotherapy in Germany. **Methods:** This study is based on preliminary data of approximately 1000 patients in outpatient psychotherapy treated with different treatment modalities in three federal states of Germany by 349 therapists. For these psychotherapies a feedback system about their status at the beginning of treatment as well as during the course of treatment was used to support clinical decisions about the indication as well as the continuation of treatment. Several different measures have been used to provide this feedback: (Brief Symptom Inventory, Inventory of Interpersonal Problems, as well as a disorder-specific measure, e.g. BDI) as well as additional information e.g. about the therapeutic relationship. **Results:** The results show that the feedback system is able to identify the necessity of treatment for most of the patients at the initial

assessment as well as during the course of treatment. They also show, that further analyses are necessary to show the stability and specificity of the system. Discussion: The identified rates of change are first estimates for adaptive indications and therefore the prevention of negative outcomes or drop-outs in psychotherapy. Results are discussed in terms of their implication for evaluating treatment progress and the identification of negative developments in treatment.

Panel

Personality

Moderator

Shelley McMain
- Centre for
Addiction and
Mental Health
and the
University of
Toronto, Canada

Dialectical Behaviour Therapy for Chronically Suicidal Patients with Borderline Personality Disorder (BPD): Treatment Outcome, Processes of Change and Models of Pathology

This panel will present data emerging from a randomized controlled trial conducted in Toronto, Canada to evaluate the clinical and cost effectiveness of Dialectical Behavior Therapy (DBT) for borderline personality disorder (BPD). One-hundred and eighty patients meeting criteria for BPD were randomly assigned to one-year of DBT or a psychodynamically informed General Psychiatric Management control condition derived from the APA practice guidelines for BPD. First, early clinical outcome data will be presented comparing DBT to GPM on the following variables: (1) parasuicidal behavior, (2) treatment retention, (3) psychiatric symptomatology, (4) BPD Axis II criteria, (5) anger expression, and (6) social and global functioning. The second presentation will provide data on cognitive and emotional in-session change processes across both treatment conditions. Finally, data will be presented on the following: subgroups of BPD, empirically derived via three different subtyping methods; the reliability of BPD subgroup identification; and the relationship between BPD subgroups and differential response to DBT.

A Canadian Randomized Controlled Effectiveness Trial of Dialectical Behavior Therapy for Chronically Suicidal Patients with Borderline Personality Disorder

Shelley McMain - Centre for Addiction and Mental Health and the University of Toronto, Canada, Paul Links, William Gnam, Robert Cardish, David Streiner

Early clinical outcome data will be presented on a sample of 180 patients meeting criteria for borderline personality disorder who were randomly assigned to Dialectical Behavior Therapy or a General Psychiatric Management control condition. Clinical evaluations were measured every four months over the one-year treatment and during a two-year follow-up period. The primary clinical outcomes in this study were change in parasuicidal behavior. Secondary clinical outcomes included treatment retention and changes in BPD Axis II criteria, psychiatric symptomatology, anger and social and global functioning. Preliminary findings from clinical outcomes assessed following eight-months of treatment will be reported for the entire sample. The results of this trial have potential to significantly influence clinical practice as well as policy and planning for the treatment of BPD.

The Relationship of Cognitive and Emotional In-Session Change Processes to Psychotherapy Outcome in the Treatment of BPD

Susan Wnuk - Centre for Addiction and Mental Health , Toronto, Canada, Shelley McMain, Paul Links, Rahel Eyman, Yvonne Bergmanns, Y. Serine Warwar, David Streiner

Emotion dysregulation is widely regarded as a core feature of Borderline Personality Disorder (BPD; Levine et al., 1997; Linehan & Heard, 1992). However, little is known about how emotional and cognitive in-session processes correspond to treatment outcome with these individuals. Identifying in-session behaviours and the relationship of these behaviors to treatment outcome is an important strategy in psychotherapy research (Greenberg, 1986). The purpose of this study was to examine how emotional and cognitive in-session processes correspond to outcome in psychotherapy with individuals with BPD. Participants were recruited from an ongoing treatment outcome study funded by Canadian Institutes of

Health Research that examines the clinical and cost effectiveness of Dialectical Behaviour Therapy and a psychodynamically informed General Psychiatric Management treatment. We assessed changes in emotional awareness between early and late sessions with the Toronto Alexithymia Scale-20 (Bagby, Parker & Taylor, 1994) and the Derogatis Affects Balance Scale (Derogatis, 1975). In addition, the Linguistic Inquiry and Word Count software program (Pennebaker, Francis, & Booth, 2003) was used to compare the frequency of positive and negative emotion words used by clients in early and late therapy sessions. Our goal was to assess whether an improvement in emotional awareness from early to late therapy was related to a reduction in the frequency and severity of suicidal behaviour as measured by the Parasuicide History Interview-2 (Linehan, Heard, Brown, & Comtois, 1996) and to an improvement in perceived problem-solving ability as measured by the Problem-Solving Inventory (Heppner, 1988; Heppner & Peterson, 1982). Preliminary outcome data will be presented and discussed.

Identification of clinical subtypes of patients with Borderline Personality Disorder and its relationship to treatment response

Alberta Pos - Centre for Addiction and Mental Health and the University of Toronto, Canada, Shelley McMain, Paul Links, David Streiner

The DSM-IV diagnosis of Borderline personality disorder (BPD) requires the presence of five out of nine criteria, allowing 200 possible criteria combinations. Resulting symptom heterogeneity within this clinical population impedes both basic and clinical research on BPD. BPD subtypes have been theorized based on potential symptom profiles, etiological factors, and patterns of comorbid Axis I and Axis II disorders. Establishing the validity of BPD subtypes may facilitate evaluation of treatment for this disorder, allow investigation of differential treatment response among clients with BPD, and potentially support optimal matching of clients with BPD to effective treatment. At present, no consensus on a method of BPD subtyping exists. Furthermore, to the best of our knowledge, no empirical investigation has examined differential response to specific treatments for BPD subtypes within a large clinical sample of patients meeting diagnostic criteria for BPD. This presentation will present results of a study that employed three empirically based subtyping methods to differentiate a sample of 180 patients into BPD subtypes: 1) therapist ratings of patients' match to prototype descriptions of BPD subtypes based on a recent factor analysis of clinicians SWAP ratings of their BPD clients (Bradley, Zittel Conklin & Westen, 2005; Zittel, 2002); 2) cluster analysis of baseline IPDE scores based on Oldham's theory (2006) of BPD subtypes reflecting different etiologies of the disorder; and 3) latent class analysis of a composite baseline measure of patients' baseline comorbid AXIS I and II diagnoses and their self-reported pre-treatment symptomology. Results concerning the consistency of classification of patients into BPD subtypes derived from these three methods will be reported. Preliminary results relating to differential response to Dialectical Behavior Therapy versus General Psychiatric (psychodynamic) management will also be discussed.

Panel

Instruments

Moderator

Kathrin Moertl -
University of
Ulm, Germany

We still want to know “how”. Qualitative approaches on the patients’ experience

While the therapists’ dictum is one valid criterion for psychotherapy process and outcome research, the patients’ view is another. Different research paradigms have led to an ongoing discussion about qualitative and quantitative methods and how they could be applied to the therapists’ and patients’ data. The current positions differ: Besides the call for mixed methods and complexity, the more pragmatic application of specific methods has become important. The included presentations will give examples of how the implied possibilities and restrictions can be put into innovative study designs. The leading question for all of our projects is how patients experience psychotherapy in different settings. We are

looking for methodological ways to understand how our patients interpret specific interventions, how they benefit or why others drop out of our treatment programs. The methods of choice are mainly qualitatively oriented; besides the explorative character of some studies, the qualitative data collection gives the possibility to assess the patients' view on a "grounded" level. The analysing techniques are multifarious: Reaching from qualitative text analysis strategies, over a new development of an ethno-graphical method using video tapes, to qualitative interviews in combination with a quantitative text analysis. Issues of validity and reliability, the problem of practicability and efficiency will be part of our exchange

A vicarious empathic, hermeneutic, ethnographic method for investigating client experience of psychotherapy

Arthur C. Bohart - Saybrook Graduate School and Research Center, San Francisco, USA

There is little theory on how clients as active agents co-construct the therapy process. We used a qualitative method to explore how different clients might extract different meanings from "the same" therapy interaction, and use the interaction in different ways as well. Teams of co-researchers watched films of a client-centered interaction, a gestalt therapy interaction, a psychodynamic therapy interaction, and a cognitive-behavioral interaction from the client's perspective. The method was an empathic ethnographic one and consisted of having the researchers act as vicarious participant-observers who tried to "inhabit" the role of the client as presented in therapy films and to try to understand and interpret from that vantage point how the client experienced the therapy context. Results, previously reported, found that vicarious clients experienced the therapy interactions quite differently. Different meanings were extracted by the clients from the interactions, and they perceived the "tools" used by the therapists--the interventions-- differently. Cultural backgrounds of the vicarious clients made a difference. In this presentation i will evaluate the strengths and weaknesses of the method. I will compare the method to the use of tape-assisted recall as a way of accessing client experience, and present new data showing that some of our results parallel results obtained with that method

Qualitative and quantitative techniques for understanding attrition in community mental health settings

Marna S. Barrett - University of Pennsylvania School of Medicine, Philadelphia, USA, Wee Chua

Despite 50 years of research, premature termination of treatment remains a major barrier to effective delivery of mental health services with rates approximating 47%. Moreover, methodological problems obscure definitive answers. Relying on established relationships with two community mental health centers, this study utilized quantitative and qualitative measures to obtain a richer understanding of attrition from mental health services. Reviews of 200 charts and 50 consumer interviews were conducted after the intake evaluation or first treatment session to assess factors influencing attrition. Two methods of data analysis were employed. Chart data was assessed by logistic regression analysis using engagement/non-engagement as the dependent variable. Analysis of the interviews utilized a Q-sort technique for initial classification of responses followed by the classification and regression tree (CART) procedure for analysis of the identified themes. CART (Steinberg & Colla, 1995) is a robust data-mining and analysis tool that searches for important patterns and relationships and quickly uncovers hidden structure even in highly complex data. This discovered knowledge is then used to generate accurate and reliable predictive models. Results suggest that racial status most influences attrition at the time of intake, whereas the length of wait is most influential in predicting no show for the first treatment session. Preliminary analysis of the interview data revealed several themes related to agency/staff communication, interpersonal concerns, external responsibilities, and illness. These data will be used to demonstrate how integration of qualitative and quantitative methods can provide a richer understanding of factors contributing to attrition

The grounded theory method: Rennie's variant applied to clients' perceptions of a partial hospitalization program

Gary Johnston - Interact Community Mental Health Program (Lakeridge Health Corporation, Oshawa, Ontario) & Dept. of Psychology, York University, Toronto, Canada, David L. Rennie

The focus in the current presentation is on how David Rennie's (Rennie ET al., 1988, Rennie, 2006) variant on Glaser and Strauss' (1967) grounded theory method was used to explore clients' accounts of experiencing an outpatient partial hospitalization program. The variation pertains to the way textual material is categorized within what Glaser and Strauss describe as the "constant comparative procedure." It also pertains to the rationale supporting the credibility of the categories coming out of the analysis, in which Rennie introduces and applies Charles Sanders Peirce's interplay of induction and abduction, seen within an overarching framework of the hermeneutic circle. This variation is described within the context of the hospitalization study, where there was particular interest in learning whether or not the clients understood the program and its process in the same way that it was formally structured and organized by the clinical staff. It is reported that notable in this regard was the understanding derived from the study that clients identified the importance of certain aspects of informal social interaction as being fundamental to their recovery and therapists, while important to clients, were not crucial to clients' change. Methodological issues encountered during the course of this study will be discussed

Patients narratives about their process of change in a partial hospitalization program

Kathrin Moertl - University of Ulm, Germany, Jörn v. Wietersheim

In our study we were interested in how the patients experience the daily coming and going, the daily confrontation with a therapeutic and a home environment, and how these influence each other. We also wanted to understand which day-clinic specific factors of change the patients experienced. A semi-structured interview was used that included an intervention that led to an immediate reflection of the current problematic situations. The narrated problems were then analyzed on different levels: 1.) the problem frame: Did the problem occur at home or in the clinic; who was involved 2.) what was the topic of the conflict situation 3.) how assimilated were those situations (using the APES by Stiles ET al.) and 4.) what were the specific helpful factors that led to a changing process. We analyzed 71 interviews of 25 patients over a period of 12 months. The number of interviewed patients influenced our methods relevantly: On the one hand we received a general overview of our patients' experiences, on the other hand the large number of interviews had to be analyzed with a more specialized coding technique. The transcribed material still offered us a broad basis of applicable methods: Led by our research questions and the texts we developed an analyzing technique that was roughly led by the grounded theory and Mayring's content analysis. While the development of our methodological strategies will be the focus of our presentation, we will also present the results that will be available in February 2007

Panel

Alliance

Moderator

J. Christopher Muran - Beth Israel Medical Center, New York, USA

Treatment outcome & rupture events in psychotherapy

Discussants: Michael Lambert - Brigham Young University, Provo, USA and Louis Castonguay - Penn State University, , USA

This panel consists of two presentations on the process-outcome relationship in psychotherapy, with particular attention to treatment failure and ruptures in the therapeutic alliance. The first paper has two specific aims: (1) to assess the predictive validity of alliance ruptures and their resolution early in three brief psychotherapies for personality disorders (n = 128), and (2) to conduct an intensive analysis of these early rupture events by examining patient and therapist postsession descriptions and videotaped material and by exploring differences with regard to treatment condition and treatment outcome. The second paper also has two specific aims: (1) to identify treatment deterioration in a large-scale study of a brief relational therapy (n = 103), based on six standard measures of outcome, and (2) to conduct an intensive analysis of those cases, based a review of case files, post-session process measures completed by both patient and therapist, and videotapes of sessions in which patients reported ruptures in the therapeutic alliance

Early rupture & resolution events in three psychotherapies

Jennie Sharf - Adelphi, Garden City, USA, Catherine Eubanks-Carter, J. Christopher Muran, Jeremy D. Safran

This paper presents a study with two specific aims: The first was to assess the predictive validity of alliance ruptures and their resolution early in three brief psychotherapies for personality disorders. Rupture intensity and rupture resolution were assessed by patient- and therapist-report after each of the first six sessions on a sample of highly comorbid personality disordered patients. Results indicated that these measures were significantly related to intermediate outcome measures (i.e., other postsession process measures of therapeutic alliance, and session quality) and predictive of ultimate outcome (i.e., composite measures of symptomatology and interpersonal functioning, as well as dropout status). Differences between patient and therapist perspectives, as well as among the treatment conditions, were evident. Moderator analyses indicated treatment condition to have a significant effect on some relationships between the process and outcome variables. The second aim was to conduct an intensive analysis of these early rupture events by examining patient and therapist postsession descriptions and videotaped material. Differences by treatment condition and treatment outcome were explored

Treatment deterioration and psychotherapy process

S. Cory Harmon - New York-Presbyterian Hospital, White Plains, USA, Richard Martielli, J. Christopher Muran, Jeremy D. Safran

Although the majority of patients benefit from psychotherapy, research suggests that not all patients leave treatment with a good outcome. The current study examines therapeutic process factors related to treatment failure. One hundred and three adults completing brief relational therapy as part of a large-scale outcome study were classified into outcome groups (dropout, deterioration, no change, and good outcome) based on pre-post difference scores on six outcome measures (symptom checklist-90 revised, inventory of interpersonal problems, global assessment scale, patient rating of target complaints, therapist rating of target complaints, and the wisconsin personality inventory). Results indicated that the six outcome measures yielded different conclusions, with some measures showing improvement, others showing no change, and others showing worsening/deterioration. The current study examined the relationship between early therapeutic process and deterioration by focusing on a subset of 10 patients who left treatment with negative change on three or more outcome measures. Data on early therapeutic process were obtained from a review of: (1) case files, (2) post-session process measures completed by

both patient and therapist, and (3) videotapes of sessions in which patients reported ruptures in the therapeutic alliance

Panel

Culture

Moderator

David Orlinsky -
University of
Chicago,
Chicago, IL, USA

**Patients and Therapists Between Cultures—Challenges in Adapting
‘Modern/Western/Majority’ Psychotherapies to
‘Traditional/NonWestern/Minority’ Populations**

The modern psychotherapies developed historically in Europe and countries in the Americas significantly influenced by European culture in order to serve largely middle-class populations. In this context, there was little need to become aware of the implicit ideological, social, and value presuppositions shared by Western psychotherapies (e.g., the importance of individuality and intimate self-expression). Yet major worldwide trends have altered this situation and brought these issues to foreground. One is the economically-driven globalization of ‘Western’ cultural practices, with professional elites in ‘NonWestern’ countries (including medical and psychological practitioners) being educated in Western-oriented institutions or returning home to practice after receiving training in Western countries. Another major trend is the large scale migration of populations from economically depressed or politically oppressed countries, often with other-than-Western cultural traditions, to countries that have Western cultural traditions and offered economic opportunity or political refuge. Other social trends also bring Western-oriented mental health practitioners into more extensive contact with otherwise nontraditional patient populations. This panel presents three studies that focus on the challenges and conflicts that may (or may not) confront patients and therapists in such culturally complex circumstances.

Psychotherapy with minority clients in Portugal: A qualitative study of representations and experiences of physical and mental health.

Carla Moleiro - University Institute for Social Sciences, Business Studies and Technologies, Lisbon, Portugal

The present study addresses the issues of diversity, multiculturalism and mental health, and reports qualitative data of a larger project on Multicultural Counseling Competencies in the Portuguese Population. Current census data indicates that ethnic minorities in Portugal have been changing rapidly in the last 5 years. From 30 to 10 years ago, nearly 50% of all ethnic minority residents came from Africa (e.g., Angola, Cape Verde, Guinea, Mozambique). In the past 10 years, increasing numbers have come from Brazil as well. The foregoing all speak Portuguese or Portuguese dialects. However, in the last 5 years, there have also been immigrants from Eastern Europe, Asia, and non-Portuguese speaking countries in Africa. This study reports results on individual semi-structured interviews with minority group members. Its objectives are to explore the representations of mental health and illness held by minority groups in Portugal, identifying their main concerns associated with the use of mental health services, and characterizing their specific needs and experienced obstacles in their interactions with mental health professionals. Psychologists who work with diverse clients will need to be multiculturally competent, and Portuguese psychologists are increasingly likely to encounter clients from a variety of cultural backgrounds. However, little attention has focused on providing Portuguese psychologists with such training, or even defining what that means in the case of Portugal with its specific minority groups and cultural contexts.

Do Minority Group Members Need Special Adjustments in Terms of Psychotherapy Models and Theories? The Case of Arab Students in Israel.

Zipora Shechtman - University of Haifa, Israel

Theories of multicultural therapy and counseling suggest that Western practices may not fit persons from non-Western cultures, and advise therapists to adjust their theories and methods to those of the particular cultural group they serve. Despite the vast consensus in the literature, however, there is little research to support such advice. I have studied Arab and Jewish students in Israel in regard to their functioning in group counseling, including adolescents and adults. For both ethnic groups we used the same integrative theory and interactional style (Yalom, 2005). Based on the literature we expected the Arabs to function less productively than the Jews in this Western type of group counseling. We expected them to be less self-disclosing, particularly in the area of family, and less constructive clients in general, compared to their Jewish counterparts. We also expected Arab participants to feel safer in culturally homogeneous (all Arab) groups rather than heterogeneous groups. Three studies yielded similar results, rejecting most of these hypotheses. The Arab group members, both adolescents and adults, disclosed private information on an intimate level more than the Jewish members, including sensitive areas such as family. They were at least as constructive as the Jewish participants. Finally, they felt more secure in heterogeneous groups. These results suggest that Arab group participants function very well in a Western modality and do not need adjustments, although they come from a collectivistic society for which such interventions are usually not recommended in the literature. Thus the call to adjust treatments to different cultures may be premature and require further exploration. Preventing such groups from the experience of interactional therapy may be wrong because they do seem to gain a lot from such experience.

Is Cultural Competence the Best Concept for Psychology?

Luis Vargas - University of New Mexico School of Medicine, Albuquerque, USA, Joan D. Koss-Chioino

This presentation questions whether cultural competence is the best concept for psychology. It examines culture from the perspectives of anthropology and psychology. Four aspects related to the concept of cultural competence are examined to explain how American psychology came to espouse this concept and to show its limitations: (1) the Age of Enlightenment and psychology's cult of expertise; (2) the process of legitimization of the study of culture by aligning the concept of competence with culture; (3) the isolation of culture as a variable; and (4) psychology-as-a-science in which science is equated with empiricist methods. The authors suggest that psychology needs to endorse alternative epistemologies, and the methods that derive from them, to develop culturally responsive theory, research, and practice.

Panel

Depression

Moderator

J Christopher Perry - SMBD Jewish General Hospital and McGill University, Montreal, Canada

Dynamic and cognitive changes in a pilot study of 20 sessions of dynamic or CBT psychotherapy for recurrent major depression

Recurrent major depression is a prevalent Axis I disorder that has serious health and economic consequences. Recent research has evolved from focusing solely on treating the acute episodes to treating the presumed underlying vulnerability to future episodes. The panel begins with a comparison of dynamic assessment methods from the literature which yield scale scores capable of detecting change. The two following presentations then examine the degree of change in putative underlying risk factors for depression in a pilot study of 20 sessions of psychotherapy plus adjunctive antidepressive medications (ADM), examined from dynamic and cognitive perspectives. Twelve patients meeting DSM-IV criteria for an acute episode of recurrent major depression were randomly assigned to ADM plus 20 sessions of either Dynamic psychotherapy or CBT. The presenters will focus on two sets of observer rated assessments made at baseline and at one year follow-up. The first concerns evidence of dynamic

rated assessments made at baseline and at one-year follow-up. The first concerns evidence of dynamic conflicts and adaptation to conflicts, while the second examines cognitive errors from the perspective of A. T. Beck, as well as Coping Action Patterns. All measures are made from transcripts of external assessment interviews. Together, these measures will aid our appreciation for the dynamic and cognitive psychological underpinnings of the disorder and the degree to which 20 sessions of psychotherapy can affect these.

A review of quantitative methods of assessing psychodynamic conflict

*Joshua Simmonds - SMBD Jewish General Hospital and McGill University, Montreal, Canada,
Prometheas Constantinides, J Christopher Perry*

Aim. While most studies focus on symptoms and role functioning in assessing psychotherapeutic treatments, psychodynamic theory postulates that symptomatic relief is provided in part by the resolution of underlying relational and intrapsychic conflicts. Research methods in this area assess conflicts and personality features with a major emphasis put on self-perceptions and interpersonal relations. We present an overview of the field. **Methods.** After an electronic search, we reviewed the literature on specific observer-rated conflict rating scales and categorized them according to the following set of criteria: psychoanalytic model used, way of obtaining the information, degree of training and clinical experience necessary to use the scales, methodology, reliability features and outcome data reported in applied research. **Results:** The main methods identified were: Role Model Configurational Method (RRMC), Pattern of Individual Change Scales (PICS), the Scale of Psychological Capacities (SPC), Psychodynamic Conflict Rating Scale (PCRS), Karolinska Psychodynamic Profile (KAPP), Dynamic Functioning Scales (DFS), Core Conflictual Relational Theme (CCRT), and the Shedler-Westen Assessment Procedure-200 (SWAP-200). Few methods assess only conflicts with most considering conflict from a relational point-of-view while also assessing ego strengths. While a minority of scales are qualitative, the majority are quantitative, capable of assessing outcome in different clinical population and treatment settings. Outcome research is nevertheless scarce. When reported, reliability varies from poor to excellent. **Discussion.** Despite the centrality of the dynamic concept of conflict, few methods concentrate only on conflicts. Since dynamic theory posits that symptomatic and general health are in part a consequence of dynamic health, more research is needed to determine the relationship between specific conflicts and symptoms. Conflict-rating scales could help discover and refine active ingredients of dynamic therapy in order to deal with pathological conflicts.

Assessing dynamic change and adaptation with the Psychodynamic Conflict Rating Scales following 20 sessions of psychotherapy for acute recurrent major depression

Prometheas Constantinides - SMBD Jewish General Hospital and Université de Montréal, Montreal, Canada, Joshua Simmonds, J Christopher Perry

This presentation will examine data from a pilot study using the Psychodynamic Conflict Rating Scale (PCRS) in the investigation of adults (N=12) with acute, recurrent major depression treated with both pharmacotherapy and 20 sessions of either dynamic psychotherapy or CBT. In this report, psychodynamic conflict was conceptualized as a pattern of attitudes, beliefs, characteristic interpersonal behaviors, and ways of handling emotions which predispose a person to having difficulty coping with certain stressors. Over the course of a patient's life, deep rooted conflicts take on meaning when facing certain stressors. The conflicts manifest in the context of personal stressful life events which function like a lock and key, triggering the onset of a symptom pattern, in this case depression. Integrating quantitative and qualitative information, the PCRS is an observer rated measure with fourteen pathological conflict scales and corresponding scales of adaptive features. Divided into either focal (specific difficulties) or global (pervasive difficulties) conflict, each encapsulates cognitive, behavioral, or affective domains with

several descriptive anchor points. Each subject gave both a dynamic interview and a Relationship Anecdote Paradigm (RAP) interview at baseline and at one year follow-up. Transcripts of the two interviews were read and rated by trained clinician raters blind to treatment assignment and outcome as well as well as time in the study. With results pending at the time of preparing the abstract, the authors will present data identifying patterns associated with the degree of treatment response vis a vis depressive symptoms and episodes over the course of the one year during and after treatment. This should indicate that the PCRS is a useful instrument in assessing patient change over time, and facilitate this area of dynamic psychotherapy research.

Changes in cognitive errors and coping action patterns following 20 sessions of either dynamic psychotherapy or CBT for acute recurrent major depression

J Christopher Perry - SMBD Jewish General Hospital and McGill University, Montreal, Canada, Martin Drapeau, David Dunkley, Elizabeth Foley, Emily Blake, Elisabeth Banon

Aim. A.T. Beck posited that certain errors in thinking are characteristic of depressed individuals and identifying and challenging them may serve as one focus of treatment. To-date, we have found no measure that assesses cognitive errors from an observer perspective using actual patient transcripts. Similarly, the literature on coping suggests that certain kinds of coping may be more maladaptive than others, but assessments have largely used self-report methods. This presentation reports on the development of an observer-based method to fill this gap: the Cognitive Errors and Coping Acton Patterns method (CECAP; Perry, Drapeau, & Dunkley, 2004). Methods. Twelve patients with acute recurrent major depression were treated with antidepressive medication and 20 sessions of either CBT (n=5) or dynamic psychotherapy (n=7). Dynamic interviews were obtained at baseline ,termination and one-year. Transcripts were blinded as to subject and time and randomly presented to raters who scored the CECAP items as they occurred in the text. Results are presented as the number and type of CEs or CAPs per 1000 subject words, correcting for subject productivity and facilitating comparison across interviews. Results. Cognitive Errors decreased significantly by termination (ES= .76, p=.02),but regressed at one-year to an insignificant difference from intake (ES= .35, p=.26). Negative Coping decreased across all three interviews (ES= -.31, p=.31 and -.99, p=.004), with the largest improvement occurring between termination and one-year (ES=.66, p=.04). Positive Coping was significantly higher at termination (ES=1.12, p=.001) than at one-year follow-up (ES=.46, p=.14), with the regression between termination and one-year significant (ES = -.64, p=.05). Conclusion. These pilot data suggest that change occurs following short-term therapy but generally with some regression by one year. Evidence of continued improvement was found only for a decrease in negative coping. The CECAP appears very promising to capture cognitive and coping phenomena in real-life interview data.

Panel

Change

Moderator

William M. Pinsof - Northwestern University, Evanston, USA

Psychotherapy courses in patient focused research: Which way do our patients follow?

Discussant: Irene Elkin - University of Chicago, USA

One of the main areas of investigation in patient-focused research as well as psychotherapy research as a whole is the study of change and the shape of change patients are following over the course of treatment. In order to analyse treatment courses models and concepts are needed to determine important predictors, and background variables of positive and negative treatment courses in psychotherapy patients. In this panel different methodological inquiries will be presented to model change (continuous as well as discontinuous) and to identify patterns of change in patient subgroups. First, in this panel data of a clinical inventory to evaluate change in psychotherapy (individual, couple and family therapy) courses will be presented. Second, an extension of growth curve models will be applied

to identify groups of psychotherapy outpatients on the basis of shared change patterns in the three dimensions of the phase model of psychotherapeutic outcome. The next paper explores the identification and modeling of positive and negative treatment developments in psychotherapy for an alcoholic sample. Last, discontinuous pathways of patients are analysed in terms of their consequences for therapy outcome as well as possible causes for these fluctuations and shifts will be discussed

Predicting change in spirituality, psychiatric symptomatology and drinking problems during treatment

Stephen M. Saunders - Marquette University, Milwaukee, USA

Aim: Research suggests that improving one's spiritual and religious functioning is important in the recovery process for persons with alcohol-use problems. This study evaluated change patterns in the drinking status of patients as a function of demographic characteristics, prior treatment experiences, spiritual and religious functioning, and psychiatric symptomatology. **Methods:** Data from two outpatient treatment centers in Milwaukee, Wisconsin, USA, were used. The sample of 56 included persons with alcohol abuse and dependence who identified themselves as having a drinking problem. Before, during and 3 months after treatment, participants completed measures of psychiatric symptomatology, drinking-related problems, and spiritual and religious functioning. **Results:** Averaging across patients, general improvements were observed across all three categories of variables. Examining case-specific change allowed more detailed analysis of positive and negative responses to treatment. Post-treatment improvements in drinking status and psychiatric symptomatology were both predicted by improvements in spiritual functioning, and a mediating relationship was suggested. **Discussion:** Implications for evaluating treatment progress and identifying predictors of both success and failure in alcohol treatment will be discussed

Discontinuity during the course of psychotherapy

Armita Tschitschaz - University of Trier/Bern, Switzerland, Wolfgang Lutz

Aim: Since psychotherapy research has shown that not all courses of individual clients follow a continuous pathway, in this study the relationship between discontinuity (great discrepancies between two sessions) and patterns of change will be analyzed. In addition, a further investigation of consequences and possible causes on experiencing a sudden or large gain or a loss during therapy will be presented. **Methods:** Data is used from outpatient centres in Switzerland and Germany. The sample includes patients with anxiety ($n=149$) and depressive ($n=78$) symptoms as well as comorbid disorders ($n=144$). Patient status at the beginning and end of treatment was recorded by several psychological questionnaires (e.g. BSI). The aggregation of non-linear shifts is derived from several criteria presented in the research literature on sudden gains. The patterns of shifts are measured by session-reports which were filled out by the patients at the end of each session. Subsequently, relevant influential factors and mechanisms are analyzed by observing critical therapy sessions. **Results:** Shifts were moderately prevalent, with 205 of 434 patients (50%) achieving a sudden gain or loss. Interestingly, patients who experience gains and losses during their therapy course show a significantly longer therapy duration and significantly lower effect sizes in the BDI and the BSI than the groups who experience only gains or only losses or neither of them. Furthermore, first results regarding possible influences will be presented. **Discussion:** Implications for evaluating treatment progress and identifying negative processes in psychotherapy will be discussed

The phase model of psychotherapy revisited

Niklaus Stulz - University of Trier/Bern, Switzerland, Wolfgang Lutz

Aim: The aim of this study was to identify groups of psychotherapy outpatients on the basis of shared change patterns in the three dimensions of the phase model of psychotherapeutic outcome: Well-being,

symptom distress and life-functioning. Methods: A total of n = 1128 treatment courses provided by a national provider network of a managed care company in the United States were analyzed through the use of growth mixture models. Results: Three patient groups with shared change patterns were identified and several initial patient characteristics (treatment expectations, amount of prior psychotherapy and global assessment of functioning) allowed for a discrimination between these patient groups. Based on this, the patients can be classified into three groups as either phase model consistent, partial rapid responders or symptomatically high impaired patients with each having typical change patterns. Discussion: Results suggest that the phase model might be not universal and should be modified for certain groups of patients.

Measuring early change in treatment for family, couple and individual therapy with the STIC
Jay Lebow - Northwestern University, Evanston, USA, William M. Pinsof

The Systemic Therapy Inventory of Change (STIC) is a client self-report instrument designed to track and ultimately predict change in client functioning from a multi-systemic perspective over the course of therapy. It uses the same set of scales to track change in individual, couple and family therapy. It assesses individual symptoms and well being, recollections of family-of-origin functioning, current couple/marital functioning, current household/family functioning, current child functioning and the therapeutic alliance. It uses an internet based feedback system to provide therapists and supervisors with graphical on-demand feedback about changes in client functioning and the therapeutic alliance during therapy. The panel presentation will present the use of the STIC with respect to the measurement of early change data in families, couples and individual therapy. It focuses on differential early change in different subscales and dimensions like symptoms, well being, current couple/marital, family/household, child functioning and therapeutic alliance.

Panel

Group

Moderator

William Piper -
Department of
Psychiatry - UBC,
Vancouver,
Canada

Hypothesis testing and hypothesis generation; staying alive as a psychotherapy researcher

Discussant: Bernhard Strauss - Klinikum der Friedrich-Schiller-Universität Institut für Med. Psychologie, Jena, Germany

In the context of this year's theme, this panel considers how psychotherapy researchers can be innovative in working with complex data sets that have been generated in psychotherapy clinical trials. Although the primary purpose of data collection is usually formal hypothesis testing, the data set can also be used to engage in hypothesis generation. Two examples of group therapy clinical trials are presented to illustrate the two different processes of hypothesis testing and hypothesis generation. In the first trial, which involved 16 therapy groups and 107 therapy completers, hypothesis testing focused on optimal matching between patient personality and form of therapy. The data collection for the trial also permitted considerable hypothesis generation and a considerable set of associated publications since its completion in the year 2000. In the second trial, which involved 18 therapy groups and 110 completers, hypothesis testing has focused on the effects of group composition on therapy outcome. The trial was completed in 2006 and work concerning hypothesis generation is at an early stage. An argument can be made that in North America the survival of psychotherapy researchers who conduct psychotherapy clinical trials depends on engaging in the innovative process of hypothesis generation and associated publications and research grants. Arguments opposed to this point of view are also considered.

Staying alive as psychotherapy researchers

William Piper - Department of Psychiatry - UBC, Vancouver, Canada

Psychotherapy research projects usually take a long time to collect data, particularly psychotherapy clinical trials. It has been our experience that 3-5 years are often required, especially if one takes into account follow-up assessments. When completed, researchers attempt to achieve a complex publication in a high profile journal. However, even if successful, researchers in north America can not survive as professors, if they only publish as first authors once every several years. They won't get promoted and they won't obtain grants. What they must do to survive is to conduct spin-off studies from the data collected from the long-term project. It can be argued that these are legitimate hypothesis generating analyses HAT inform researchers where to go in the future with new hypothesis testing projects. They do not repeat already published analyses and findings, but may summarize the results of the primary publication to provide the context for the new questions and findings. However, some prestigious journals and their editorial boards look askance at this practice and suspect that such researchers have engaged in redundant publishing and/or "data snooping" leading to articles that are presented as hypothesis testing. This paper addresses the nature of the conflict that many psychotherapy researchers experience and the arguments supporting the divergent positions

Hypothesis testing and hypothesis generation in a psychotherapy trial that investigated patient personality and form of therapy

John Ogrodniczuk - Department of Psychiatry - UBC, Vancouver, Canada

A psychotherapy trial involving 16 therapy groups and 107 completers is presented as an example of hypothesis testing and hypothesis generation. Hypothesis testing focused on the optimal matching of patients with high or low Quality of Object Relations (QOR) scores and interpretive or supportive forms of group therapy. The article that presented the findings concerning hypothesis testing was published in the international journal of group psychotherapy in 2001. Since then, a large number of hypothesis generation studies have been conducted with data collected in the trial. They have focused on such topics as patient personality, therapy process, social support, effects of sex and age, mediation, and new statistical applications. These studies were made possible by intentionally collecting a large amount of varied data during the clinical trial that, while not pertinent to the testing of our primary hypothesis, was intended to allow us to engage in hypothesis generating studies. We will review the products of our psychotherapy trial, discuss what we have learned (about effective psychotherapy and psychotherapy trial design), and consider the implications of this strategy on one's career as a psychotherapy researcher

Hypothesis testing and hypothesis generation in a psychotherapy trial that investigated group composition and outcome

Anthony Joyce - Department of Psychiatry - University of Alberta, Edmonton, Canada

A recently completed psychotherapy trial involving 18 therapy groups and 110 completers is presented as an example of hypothesis testing and as a potential example of hypothesis generation. Hypothesis testing focused on the relationship between group composition, as defined as the percent of high Quality of Object Relations patients, and outcome. The article that will present the findings concerning hypothesis testing will be published in the journal of consulting and clinical psychology. Currently, we are engaged in process of specifying questions that will be addressed as hypothesis generation. As in our previous group therapy trial, they will likely include questions concerning patient characteristics as predictors of process and outcome, affect expression as a mediator of QOR and outcome, sex differences, and so on. Some will come from the results of hypothesis generation in the previous project. Once again, we are faced with the exciting prospect of discovering findings with variables that were not

a part of hypothesis testing, sometimes referred to as secondary analysis, and at the same time being vulnerable to potential criticism regarding piecemeal harvesting of findings. We are interested in your views, what you would do, and what you may have done in the past when faced with similar opportunities

Panel

Instruments

Moderator

Bernd Puschner -
University of
Ulm, Germany

Feedback of Outcome in Different Mental Health Service Systems

Discussant: Robert J. Lueger - St. Edward's University, Austin, TX, USA

For some years, continuous feedback of treatment outcome to stakeholders in mental health care (patients, clinicians, and service providers) has been proposed as a strategy for improving the quality of mental health care. Different mental health service systems have taken different approaches to implementing and testing the efficacy of outcome management. While evidence on the benefit of feedback to therapists in outpatient psychotherapy has been steadily accumulating, appraisal of the efficacy of feedback of outcome in inpatient psychiatry and psychotherapy treatment settings has just begun. In this panel, three presentations will focus on routine feedback of outcome as realized in different mental health service systems: (1) Karstin Slade and Michael J. Lambert examined whether there is additional benefit in providing feedback to therapists already before the start of an outpatient psychotherapy session – as opposed to delivering feedback one week thereafter; (2) Sven Rabung et al., by using a large data set of patients who received treatment in psychotherapeutic hospitals, will tackle the question on how to best feed back outcome data to providers and patients at an institutional level; and (3) Bernd Puschner et al. will report first findings of an RCT on efficacy of feedback of outcome to patients and clinicians in inpatient psychiatric care. The discussion by Robert J. Lueger will critically review these different approaches as to their potential to further improve effectiveness, methodological rigor, and acceptance of outcome management in diverse mental health service settings.

Instantaneous Feedback versus Delayed Feedback for Improving Outcomes in an Outpatient Setting

Karstin Slade - Brigham Young University, Provo, USA, Michael J. Lambert

Four studies have found that alerting therapists to predicted treatment failure improves outcomes for negatively responding patients. In these clinical trials the feedback was provided one-week after progress information was provided to therapists rather than at the time the alert signal could have been generated. The development of OQ-Analyst software allows patients to take an outcome measure 5-minutes prior to their appointment with their psychotherapist. When patients reported to the reception area of an outpatient clinic the receptionist provided them with a handheld computer. Patients completed the OQ-45 on this device which was linked to software via a wireless connection. The software scored the items, applied algorithms for predicting treatment failure, and sent progress graphs to the therapists' office within seconds, allowing therapists to see the information before the patient made it from the reception room to the consulting room. The results of speeding up delivery of progress feedback to therapists are reported and recommendations for routine practice in outpatient settings are made.

Reporting outcomes to providers - fundamentals for an effective perception of the presented information

Sven Rabung - University Medical Center Hamburg-Eppendorf, Germany, Stephan Kawski, Christiane Bleich, Sylke Andreas, Uwe Koch, Holger Schulz

Background: Under the pressure of health economic conditions external quality assurance programs are becoming increasingly widespread. The quality data collected in such programs serves two purposes: On the one hand, the feedback reported to providers shall give them concrete evidence of existing strengths

and weaknesses and thus is supposed to offer them the opportunity to enhance their quality. On the other hand, the information derived shall enable other stakeholders (e.g., patients or health insurances) to identify the facility that suits best their needs. Therefore, quality reports make high demands on the directness of their explicit and implicit message. Methods: Outcome data was derived from a consecutive sample of 2386 inpatients treated in 11 psychotherapeutic hospitals (broad spectrum of affective and personality disorders). Short forms of standardized self-report (SF-8, SCL, IIP, CES-D) and expert-rated measures (SF-8, HoNOS-D) were completed at admission, discharge, and 6-months follow-up. Quality reports were designed aiming for a minimization of potential sources of ambiguity. Results: We identified several sources for a limited validity of outcome reports. Major points concerned the lack of representativeness due to dropouts or discrete missing data, lacking consideration of confounding patients' characteristics, and an inadequate graphical illustration of information. Discussion: Fundamentals for an effective perception of outcome reports will be discussed regarding the necessity of a qualified treatment of missing data (e.g., multiple imputation of missing values), an adequate consideration of patient related risk factors (i.e., risk adjustment), and approaches to illustrate results in a clear-cut way.

Continuous feedback of outcome in inpatient psychiatric care: First results of an RCT

Bernd Puschner - Ulm University, Germany, Dorothea Schöfer, Carina Knaup, Thomas Becker

Background: There is hardly evidence on the efficacy of feedback of treatment outcome to people with severe mental disorder in inpatient psychiatric treatment. Methods: The study "Outcome monitoring and outcome management in inpatient psychiatric care" (EMM) started in June 2005. By March 2007, 294 participants will have been recruited consecutively among patients admitted to a large psychiatric hospital in rural Bavaria. All participants are asked to provide information on treatment outcome on the EB-45 (German version of the Outcome Questinnare OQ-45.2) via weekly computerized assessments. Patients and clinicians in the intervention group receive continuous feedback of outcome. Efficacy of the intervention is scrutinized by means of a prospective cluster-randomised trial assessing comprehensive outcome data at three measurement points (admission, discharge, and six-month follow-up). Results: Outcome management has been well accepted among participating clinicians and patients. Many clinicians state that continuous information on patient-rated treatment outcome is often discussed with patients and can be useful for treatment planning. Most patients say that they read the outcome feedback forms regularly. Further findings on the short-term effect of the intervention (during inpatient treatment) will be presented. Conclusions: Implications of results for improving effectiveness and acceptance of outcome management in inpatient mental health services will be discussed.

Panel

Cognitive

Moderator

Sandra Sassaroli

- "Studi

Cognitivi"

cognitive

psychotherapy

school, Milano,

Italy

Cognitive and cultural factors for eating disorders

Discussants: Yael Latzer - Faculty of Social Welfare and Health Sciences, Haifa University, Haifa, Israel and Leonor Romero - "Psicoterapia Cognitiva e Ricerca" Cognitive psychotherapy school, Milano, Italy

The basic principle of cognitive-behavior therapy is the assessment of non-adaptive beliefs and the usefulness of targeting them for modification in therapy in order to produce change. There are many non-adaptive cognitive beliefs that are risk factors of eating disorders (ED). Among the most prominent are low self-esteem, need of control and perfectionism, both being common antecedents of anorexia nervosa and bulimia nervosa. In addition, there are cultural factors, such as the modernistic ideal of slim feminine beauty suggested by the media in the West since the 1960's and the clash between increased levels of urbanization and modernization, with their subsequent major changes to individual lifestyles, and the traditional patriarchal and familial values of cultural transition could be a possible socio-cultural determinant for eating disorders in developing countries. The paper presents studies regarding cognitive and cultural factors underlying eating disorders.

Cultural values: Traditional vs. Modern as Related to Disordered Eating Behaviors and Pathology in Israel

Yael Latzer - Faculty of Social Welfare and Health Sciences, Haifa University, Haifa, Israel., Ruth Katz, Kohav Gonda, Nitza Barkan

This study explored the relationship between traditional versus modern values as it relates to maladaptive eating behaviours in a non-clinical setting in Israel. The study included 367 female students (age ranges 18-30). The subjects consisted of 70% Jewish and 30% Israeli Arabs. The religious backgrounds of both the Arab and Jewish subjects varied, including; 10%, ultra-orthodox, 19%, modern religious, 26%, moderately religious, and 45% secular. All participants completed background demographic data questionnaires. They were then administered a series of self report questionnaires including; the Cultural Values Scale: Self-Description (Triandis 1995), the Cultural Values Scale (Triandis, 1995), three subscales of the Eating Disorders Inventory ('Drive For Thinness', 'Bulimia' & 'Body Dissatisfaction') (Garner, 1991), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and three subscales of the Frost Multidimensional Perfectionism Scale ('Doubts And Concern Over Mistakes', 'Parental Criticism', & 'Expectations Scales') (Frost Et Al., 1990). All participants were administered questionnaires to determine level of religiosity and assess for traditional versus modern values. The subjects were then divided into two subgroups; those having modern values and those having traditional values. Those subjects with more westernized modern values presented with significantly more disordered eating behavior and pathology, when compared to those subjects with a traditional value system. Results for both groups showed a positive association between increased levels of perfectionism and disordered eating behavior and pathology. Despite this, the findings showed that the more religious the subject was the less the trend of perfectionism was present, and therefore they had less disordered eating behavior and pathology.

Cognitive and cultural factors for eating disorders in Italy

Leonor Romero - "Studi Cognitivi" Scuola di Psicoterapia Cognitiva, San Benedetto del Tronto, Italy, Giovanni Maria Ruggiero, Manuela Legnetti, Fabio Falino, Cristiana Zitti, Isadora Martino, Clarice Mezzaluna, Sandra Sassaroli

It is still not clear whether eating disorders are associated with the westernisation and modernization of the ideal of body beauty, or to more complex phenomena of cultural transition. On one hand, there is the modernistic ideal of slim feminine beauty suggested by the media in the West since the 1960's. On the other hand, the clash between increased levels of urbanization and modernization, with their subsequent major changes to individual lifestyles, and the traditional patriarchal and familial values of cultural transition could be a possible socio-cultural determinant for eating disorders in developing countries. This study administered the Cultural Values Scale: Self-Description (Triandis 1995), the Cultural Values Scale (Triandis, 1995), three scales of the Eating Disorders Inventory (Garner, 1991): 'Drive For Thinness', 'Bulimia' e 'Body Dissatisfaction', the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and three scales of the Frost Multidimensional Perfectionism Scale: 'Doubts And Concern Over Mistakes' e 'Parental Criticism And Expectations Scales' (Frost Et Al., 1990) to Italian females coming from both urban and rural environments. The aim of the study is to explore the relationship between traditional and modernistic values, cognitive features of eating disorders and maladaptive eating behaviours in non clinical women.

The forgotten belief of eating disorders: The perception of control. Independent and interaction effects with perfectionism and self-esteem in a clinical and non clinical sample

Sandra Sassaroli - "Studi Cognitivi" Cognitive Psychotherapy School, Milano, Italy, Giovanni Maria Ruggiero

OBJECTIVE: while there is a large body of research about perfectionism and low self-esteem in eating disorders, little is known about the actual influence of the belief of perception of control. This study examined the main and interaction effects in Multiple Linear Regression between concern over mistakes (one of the most important dimensions of perfectionism), self-esteem and perception of control on drive for thinness, bulimia and body dissatisfaction, the three symptom subscales of the Eating Disorders Inventory. **METHODS:** 40 individuals with an eating disorder and 38 controls completed the Multidimensional Perfectionism Scale, the Anxiety Control Questionnaire, the Rosenberg Self-esteem Scale, and the Eating Disorder Inventory. Multiple Linear Regression was used to test the hypothesis that the belief of control would exert a significant effect on symptomatological measures of eating disorders. **RESULTS:** interaction effects analysis suggested that the belief of control is a cognitive factor for eating disorders. The effect of self-esteem and perfectionism on eating disorders is confirmed. The paper describes the implication that the perception of control could have on treatment and outlines the basic elements of a treatment protocol including the cognitive analysis of the belief of control.

Panel

Neuroscience

Moderator

Timothy

Strauman - Duke

University,

Durham, USA

Using Functional Magnetic Imaging in Psychotherapy Research: Conceptual, Methodological, and Statistical Issues

Discussant: Wolfgang Lutz - University of Trier, Germany

As neuroimaging methods such as functional magnetic resonance imaging (fMRI) are more frequently used in psychotherapy research, critical conceptual and methodological issues often are obscured by the technology itself. In this panel, we seek to focus attention on both the advantages and limitations of fMRI as a tool for testing hypotheses about psychotherapy outcome, process, and mechanisms of action. In the first presentation, Strauman will provide an overview of the technology itself, including a comparison with other methods for making inferences about functional associations among brain activity, experience, and behavior. Issues to be considered will include: how does fMRI compare with EEG? What technical limitations does fMRI involve that could influence how hypotheses about psychotherapy are tested? And can fMRI provide new information about how psychotherapy works? In the second presentation, Carrig will describe the nature of the data that result from using fMRI in psychological research. In particular, she will summarize how fMRI data are related to behavioral data, and how such data typically are analyzed and interpreted. She also will identify promising statistical approaches to linking fMRI data with other sources of data in psychotherapy research. In the third presentation, Kolden will discuss a critical and frequently overlooked aspect of fMRI: the importance of the task which the research participant performs while in the magnet. Understanding the nature of the task in which the participant engages is essential to interpreting the data that result, and since different studies use different tasks, drawing conclusions about psychotherapy across studies can be challenging. Finally, Wolfgang Lutz will draw upon all three presentations and discuss the implications of applying fMRI technology to psychotherapy research. He will conclude by offering recommendations for researchers who conduct, review, and disseminate fMRI treatment research from the perspective of psychotherapy research.

Functional Magnetic Resonance Imaging and Psychotherapy: An Overview

Timothy Strauman - Duke University, Durham, USA, Megan C. McCrudden

Aim: Functional magnetic resonance imaging (fMRI) is becoming increasingly used to draw inferences about how psychotherapy works. In this presentation, we discuss the rationale for its use, the technology itself, and the advantages and limitations of fMRI for making inferences about functional associations among brain activity, experience, and behavior. **Methods:** The presentation will provide a brief introduction of the technology itself, including a comparison with other methods for making inferences about brain activity. We also identify how researchers typically use fMRI to test hypotheses, and identify ways in which this method is, and is not, a good fit to psychotherapy research. **Results:** The presentation will consider questions such as: How does fMRI compare with EEG and other methods of measuring brain activation? What technical limitations of fMRI could influence how hypotheses about psychotherapy are tested? In what sense can fMRI provide “new” information about how psychotherapy works? **Discussion:** This presentation is intended to provide psychotherapy researchers with a basic technical and scientific perspective on why fMRI is used in treatment outcome and process research, and on how to understand its strengths and weaknesses within the domain of psychotherapy research.

Statistical and Analytic Issues in fmri Research: Psychotherapy Outcome and Process

Madeline Carrig - Duke University, Durham, USA, Kari M. Eddington

Aim: Functional magnetic resonance imaging (fMRI) is increasingly used to test hypotheses about how psychotherapy works. However, fMRI involves complex data manipulations, and the data ultimately obtained from fMRI measurement poses challenges for statistical analyses, particularly for complex interventions like psychotherapy. **Methods:** The presentation will provide an overview of the kinds of data that typically result from the use of fMRI in treatment outcome and process research. In particular, we focus on how fMRI data relate to other data usually collected in psychotherapy studies, including questionnaires, clinician ratings, and interviews. **Results:** The presentation will consider the statistical issues inherent in the use of fMRI research, particularly the difficulties involved in testing hypotheses about whether particular brain regions are associated with treatment-induced changes. We emphasize the need for a priori hypotheses and the value of recent developments in data analysis such as hierarchical linear modeling for investigators who want to link brain-level data with the course and outcome of psychological treatments. **Discussion:** This presentation is intended to provide psychotherapy researchers with a basic knowledge of data issues in fMRI research, which will enable them to evaluate findings from current and future research and to integrate those findings within the broader outcome and process literatures.

fMRI and Psychotherapy Research: The Importance of Psychological Task Selection

Gregory G. Kolden - University of Wisconsin, Madison, USA, Tom Johnstone, Michael Peterson

Aim: Inferences drawn from functional magnetic resonance imaging (fMRI) research are fundamentally tied to the reliability and validity of the psychological tasks administered to subjects during scans. In this presentation, we discuss the rationale for task selection, methods for assuring reliability and validity, and the advantages and limitations of commonly used psychological tasks in fMRI research for mood disorders. **Methods:** The presentation will provide a brief introduction to two psychological tasks that have been used in recent psychotherapy studies using fMRI. We will outline general methods for ensuring reliability and validity for psychological tasks used in fMRI research. **Results:** We will present recent findings related to the validity of an emotion regulation task used in fMRI in depressed and nondepressed controls. We will also present some preliminary data on the use of this task as an indicator of treatment response in IPT for depression. We also compare findings from this task from

those of a parallel study in treatment for depression using a task focusing on self-regulation and personal goals. Discussion: This presentation is intended to provide psychotherapy researchers with an appreciation for psychological task selection in psychotherapy treatment response research using fMRI.

Panel

Attachment

Moderator

Bernhard Strauss
- Friedrich-
Schiller-
University, Jena,
Germany

The Adult Attachment Prototype Rating (AAPR) – a reliable, valid and economic measure of adult attachment

Discussant: Paul A. Pilkonis - University of Pittsburgh, PA, USA

The Adult Attachment Prototype Rating (AAPR) has been developed during the 80ies as an alternative measure of adult attachment by Paul Pilkonis and his group and has been originally used to differentiate subgroups of psychiatric patients. Meanwhile, the instrument has been translated into other languages (e.g. German, Spanish) and used in a variety of clinical studies allowing an evaluation of the quality of this instrument. The panel starts with a description of the method and a summary of clinical applications in Germany. These studies relate to samples of healthy subjects, patients with somatic diseases and psychotherapy patients. In a second paper, data related to the psychometric quality and construct validity of the AAPR will be presented. These data come from a recent German study combining AAPR-data with attachment self-ratings and other constructs such as social competence, social support, verbal intelligence as well as psychological mindedness. The third paper will present data based upon the Spanish version of the AAPR. In studies performed in Chile, psychometric properties were determined. The AAPR also has been used within psychotherapy studies and single case analysis. The panel will be closed with the remarks by a very well-informed discussant, i.e. the author of the original AAPR-version Paul Pilkonis.

Use of the Adult Attachment Prototype Rating (AAPR) in clinical studies in Germany

Bernhard Strauss - Friedrich-Schiller-University, Jena, Germany, Helmut Kirchmann

The AAPR has been translated into German more than 10 years ago. Following several modifications and a completely new manualization, the measure has been used in a variety of studies. Among these studies, a large multisite investigation of the predictive value of the AAPR has provided a large clinical data base that allowed studies of the convergent validity of the AAPR. The results of these studies will be summarized as well as studies related to healthy individuals and patient with somatic disease who were investigated to determine the influence of attachment on coping strategies and health behavior. The paper will contrast the distributions of attachment styles within these samples and give an overview of current studies where the AAPR is used. Among these, a controlled clinical trial comparing CBT and psychodynamic short term treatment of social phobia has been started early this year. The conclusions of the presentation will relate to a) the economy of the method, b) its psychometric properties, c) the question if the AAPR is a sufficient alternative to the adult attachment interview and related procedures.

Studies on the construct validity of the Adult Attachment Prototype Rating (AAPR)

Helmut Kirchmann - Friedrich-Schiller-University, Jena, Germany, Bernhard Strauss

The German version of the Adult Attachment Prototype Rating (AAPR) has been used in a variety of clinical studies that have been summarized in the first paper of the panel. This presentation will focus on psychometric questions related to the measure: First, a study based upon the interviews with 65 students will be presented who additionally filled out a variety of common attachment questionnaires. The study revealed that the ratings and the questionnaires share a limited amount of common variance, although some questionnaires (e.g. The Bielefeld questionnaire on partner expectations) show some positive correlations. A second study tried to relate the attachment ratings based upon the AAPR to other constructs such as psychological mindedness, social competence, emotion regulation, verbal intelligence,

parental rearing behavior and social support. This study also was performed in a student sample and mainly confirms assumptions based upon the theoretical constructs. Taken together, the AAPR still seems to be an economic alternative to expensive measures of adult attachment.

Spanish version of the Adult Attachment Prototype Rating (AAPR) - adaptation and first application

Claudio Martínez Guzmán - Pontificia Universidad Católica de Chile, Santiago De Chile

The aim of this presentation is to show the psychometrics characteristics of reliability and validity of Chilean version of AAPR (epaa in Spanish) and the application of the interview in clinical studies and psychotherapy. The adaptation was realized with a sample of 40 university students evaluated by 5 judges with a good interrater reliability ($r = .88$). The concurrent validity was realized by parental bonding instrument and scale of interpersonal relations (eri), and show 72,5 % of concordance between epaa and these self reports, with $k = 0.51$. We also have preliminary results from a study where we seek to compare the AAPR's attachment profiles of teenagers with food disorders and their mother profiles. Finally, we are carrying out a research in psychotherapy process research with a single case of a long term psychoanalytic psychotherapy where we have evaluated the AAPR's attachment profile in the beginning of the treatment of patient and therapist, and we have seen how they use their own defensive characteristics related to their attachment profile during interaction in therapeutic impasse moments by means of analysis of speech. Also we have the AAPR's self report about patient and therapist with outstanding differences. We propose to use this self report as a measurement of therapeutic outcome. The results obtained up to now and the future projections of the AAPR in the field of the psychotherapy research in Chile are discussed.

Panel

Family

Moderator

Jose Szapocznik
- University of
Miami Miller
School of
Medicine, USA

Anatomy of a Multi-Site Effectiveness Trial: Brief Strategic Family Therapy™ for Adolescent Drug Abuse

Discussants: Jose Szapocznik - University of Miami Miller School of Medicine, USA and Varda Shoham - University of Arizona, Tucson, USA

Michael Robbins, Michael Rohrbaugh

While adolescent drug abuse continues to be a pressing public health issue, there is encouraging evidence that family-focused treatments can have a dramatic impact on youth drug use, related behavior problems, and family functioning. One promising approach is Brief Strategic Family Therapy™ (BSFT), which is now the focus of what may be the largest, most rigorously conducted family therapy effectiveness trial ever undertaken. Conducting research in community-based treatment settings presents many challenges in designing and implementing intervention science methods as well as in integrating research and clinical methods in the real world. While many of these methods are of great interest, such as whether community treatment settings should be random versus fixed effects or whether control condition should be constrained or permitted to represent the true heterogeneity that exists in the real world, this presentation addresses only a few of the many complex issues tackled in this study. The panel is organized into four presentations: 1) Overview of the effectiveness study and the context in which the study is being conducted; 2) Study of mediation and moderation; 3) The rigorous procedures for clinical training and remote supervision; and the 4) Study of the training process itself.

The BSFT™ Clinical Trial: Overview, Design, and Rationale *Szapocznik Jose - University of Miami Miller School of Medicine, USA*

Family therapy has been shown to be efficacious in treating adolescent drug abuse. In a recent trial, BSFT was found to be significantly more efficacious than group counseling in the treatment of conduct problems, drug use, and association with deviant peers and in improving family functioning (Santisteban et al., 2003). The BSFT Clinical Trial was designed to test the effectiveness of BSFT when conducted in diverse community-based treatment programs with diverse community-based therapists, and diverse populations. This trial tests the effectiveness of BSFT when compared to treatment as usual (TAU; defined as whatever treatment is provided in the adolescent unit at a particular community agency) in improving adolescent drug use, conduct problems, prosocial behaviors, sexual risk behaviors, family functioning, and engagement and retention in treatment. By comparing BSFT to TAU, the results of this trial can be used to answer the public policy question, “is BSFT better than usual treatment?” The study, conducted in eight sites located in Arizona, California, Colorado, Florida, North Carolina, Ohio, and Puerto Rico, has randomized 480 families, including over 2,200 adolescent and other family member participants. The sample includes approximately 200 Hispanic and 100 African American families, and 100 girls to permit post-hoc estimations of effects of these under-studied subgroups. Adolescent target participants are between the ages of 12 and 17, and were largely referred (72%) by the juvenile justice system. Adolescents and their family members complete a rigorous baseline assessment prior to randomization and are periodically followed for one year post-randomization.

Mediation, Moderation, and Observational Measurement of Family Change *Varda Shoham - University of Arizona, Tucson, USA*

This presentation focuses on research questions related to mediation (how BSFT works) and moderation (for whom it works best). First, because structural family-systems theory assumes that system (family) change leads to symptom (adolescent behavior) change, we examine improvement in family functioning as a mediator of the differential effectiveness of BSFT vs. TAU. By this logic, symptom change following any treatment for adolescent drug abuse should work to the extent that it alters problem-maintaining family relationships – and BSFT should more readily accomplish this than the typical TAU. Family change should also play a mediating role within BSFT by explaining associations between observed intervention quality (therapist adherence/competence) and clinical outcomes. On the moderation side, we expect BSFT to be most advantageous when pre-treatment family functioning is poor, particularly on structural dimensions (e.g., intergenerational enmeshment, role reversal) most relevant to the BSFT theory of change. In other words, relative to TAU, BSFT should level the playing field with respect to risk factors related to family pathology, and family-level moderators of treatment effectiveness should be at least as potent as individual (adolescent) moderators such as problem severity. Across all these analyses, a final aim is to compare the contributions of observational vs. self-report measures of family functioning. Because BSFT privileges direct observation over self-report, we expect observational measurement to pay dividends in analyses of mediators and moderators, thereby justifying the additional costs. (If self-report measures of family functioning mediate and/or moderate just as well, however, this will be important to know.)

Vicissitudes of Therapist Training and Supervision *Michael Robbins - University of Miami Miller School of Medicine, USA*

The state of the science in clinical trials requires the inclusion of rigorous training and supervision procedures to ensure therapist fidelity to experimental and control (if appropriate) interventions. In psychotherapy research, supervision is typically conducted through expert review of audiotaped therapy

sessions. Building on a rich tradition of training and supervising in family therapy, the BSFT effectiveness trial included complex, intensive, and multi-layered procedures for conducting training and monitoring fidelity. Training consisted of four, three day didactic workshops that were conducted in face-to-face meetings with therapists from each agency. Each workshop consisted of a presentation of theoretical principles and treatment strategies, review of videotape exemplars, and role play. Later workshops included live observation, review of videotapes generated by therapist trainees, and case discussion. In addition to the workshops, therapists were required to attend a three-hour weekly group supervision session. Each supervision session included a review of randomly selected videotape as well as case discussion. During training, therapists were expected to work with at least 4 pilot families. Prior to working with study cases, therapists were required to demonstrate proficiency in key areas, including (a) joining family members and the family system, (b) tracking and eliciting family interactions, (c) creating a motivational context for change, and (d) restructuring family interactions. These domains were assessed by independent adherence raters, clinical supervisors, and ultimately a certification panel. Training and supervision involved an intensive collaboration between investigators and trainers in Miami and the leadership systems (administrative and clinical) at each site.

Development of Therapist Behavioral and Conceptual Skills: Preliminary Data

Michael Rohrbaugh - University of Arizona, Tucson, USA

Despite overwhelming evidence that psychosocial interventions work, intervention scientists struggle with ways to make them acceptable to service providers, and to ensure that clinicians apply them with fidelity. In this presentation we propose a paradigm for research on therapist training that parallels research on empirically-supported interventions. For example, the potential importance of therapist characteristics parallels an emphasis on client variables in psychotherapy research, questions about basic processes in therapist skill acquisition parallel those about mechanisms of clinical change, and concern with the sustainability of therapist competence parallels concern about the durability of clinical outcomes. While some findings on therapist training and development may illuminate "common factors" applicable across different treatments, others are likely to be intervention specific. In the BSFT clinical trial, over 60 community therapists have been randomly assigned to provide either BSFT or treatment as usual (TAU). Before seeing study cases, BSFT therapists receive several months of training. To study this, we focus on (a) therapist selection questions (e.g., How crucial are prior experience and conceptual orientation to successful implementation?); (b) training process questions (Are BSFT behavioral and conceptual skills correlated? Are they equally important? Does acquisition of one precede the other?); and (c) dissemination outcome questions (Under what conditions do crucial therapist skills continue to improve vs. deteriorate after training? Does the initial level or trajectory of behavioral or conceptual skills during training predict later case outcome?). We present preliminary data on these questions and highlight conceptual and methodological issues relevant to research on therapist development.

Panel

Therapist

Moderator

Orya Tishby -
Hebrew
University,
Jerusalem, Israel

Therapists countertransference and mindfulness: Their effects on the therapeutic relationship and therapy process

Discussant: Robert Hatcher - University of Michigan, Ann Arbor, USA

Therapy is an ongoing interaction between two people, who perceive each other and respond to each other through the lenses of their characteristic interpersonal patterns (Aron, 1996; Safran & Muran, 2000). One of the challenges of psychotherapy research is to gain a deeper understanding of various elements of therapy relationships, and how they facilitate or hinder the process of change (Horvath, 2006; Safran & Muran, 2006). Studies on the therapeutic relationship have tended to focus on client factors, and there is a paucity of studies on therapists' contribution to the therapeutic relationship. In this

panel, we will focus on therapists' countertransference and mindfulness. Vinca and Hayes will present results from an innovative study which explored how therapists' mindfulness might enhance therapists' effectiveness. They examined the relationship between mindfulness and therapist empathy, presence, and session depth as rated by clients. Therapists' self-reports on state anxiety and presence was also linked with mindfulness. Tishby and Vered will present a pilot study on the countertransference of social workers treating adolescents. Counter-transference was assessed using the CCRT method, which, until now, has been used to study patient transference patterns. Results show that interpersonal patterns characterizing their relationship with their parents appeared in all the therapy relationships, although there were some components of the relationship that were not related to parents. Both papers suggest that increasing therapists' awareness of their subjective experiences and characteristic interpersonal patterns- will allow them greater flexibility in responding to clients' needs. Implications for research and training will be discussed.

Therapist mindfulness as predictive of empathy, presence, and session depth

Maria Vinca - Penn State University, University Park, USA, Jeff Hayes

Mindfulness has been shown to correlate directly with a number of variables including empathy, immune functioning, stress reduction, and positive mood states while correlating inversely with depression, state and trait anxiety, and medical symptoms related to illness. What has yet to be explored is how the positive qualities associated with mindfulness might enhance psychotherapists' effectiveness. This study aims to investigate the relationship between therapist trainees' mindfulness and various therapeutic factors including therapist presence and empathy, as well as session depth. Graduate student therapists completed a trait measure of mindfulness. Several weeks later, following a session of therapy with a client in a university-based training clinic, therapists filled out questionnaires rating their state anxiety and presence. Following the same session, clients completed measures of therapist presence and empathy, as well as session depth. Data were being collected at the time this abstract was prepared. Findings will be reported and recommendations for practitioners and researchers will be discussed.

Counter transference in the treatment of adolescents

Orya Tishby - Hebrew University, Jerusalem, Israel, Miri Vered

The therapeutic relationship is shaped and influenced by the interpersonal patterns and subjective perceptions of both client and therapist (Muran, 2002). In contrast to the large literature on clients' contribution to the alliance, there is a paucity of research on counter transference and its relation to process and outcome. In this study, we used the CCRT method to study counter transference of female social workers. We used Hayes' (2004) integrative conceptualization of counter transference, which serves as the basis for a predominance of research in this area. According to this formulation, counter transference is located in the therapist's unresolved interpersonal conflicts, that are triggered by the client at different points in therapy. Aim: The aim of the study was twofold: 1) To test the utility of the CCRT as a measure of counter-transference 2) To locate themes that are transferred from RE's about parents to RE's about patients. The sample consisted of 12 female social workers, who told 3 RE's about each of the following others: mother, father, and 2 adolescent patients of their choice, for a total of 12 RE's for each therapist. Results show that for all therapists, Wishes, RO's and RS's with parents- appeared in their RE's about both patients. However, there were also new components that appeared in the RE's with the patients (e.g. the Wish "to help"). The implication of these results to our understanding of the therapeutic relationship and to therapy process will be discussed.

Panel
Measures
Moderator
Wolfgang
Tschacher -
University
Psychiatric
Services, Bern,
Switzerland

Synchrony: A Unifying Research Method for the Analysis of Session Reports, Movement and Verbal Interaction in Psychotherapy

Background. Synchronization phenomena are abundant in neurobiological and social systems - synchrony is the hallmark of interaction among components of a system. Synchrony is a thus universal concept in nonlinear systems science. We used various methodological approaches to detect synchrony in diverse data sets in order to investigate psychotherapy process and process-outcome relationships. Methods. The data presented in this panel are patients' and therapists' assessments of therapy sessions, transcribed linguistic data and behavioural measures derived from video recordings. Various measures of synchrony (entropy, time series measures, recurrence analysis) were applied. Results. Studies showed that synchrony occurs at multiple levels of psychotherapy process, i.e. at the levels of motor behaviour, language and semiotics, and cognitive appraisals of patients and therapists. Systematic findings indicated that increases of synchrony may be characteristic of therapeutic interactions; the notion of a generalised 'synchrony principle' was supported. In addition to stating the occurrence of synchrony we explored its functionality, i.e. the significance of synchronization for psychotherapy outcome. Discussion. Synchrony is a novel and promising process measure, which is linked to the outcome quality of psychotherapy.

Synchrony in Session Report Assessments of Psychotherapy Courses

Wolfgang Tschacher - University Hospital of Psychiatry, Bern, Switzerland, Fabian Ramseyer, Klaus Grawe

Background. Self-organization and pattern formation are core concepts of systems theory. Pattern formation was predicted to occur in therapy systems resulting in a 'synchrony effect'. This study evaluated the phenomenon and validity of increasing synchrony in 30 therapy courses and investigated relationships between synchrony and therapy outcome. Two hypotheses were tested: first, synchrony is increasingly established in the course of psychotherapy. Second, synchrony is associated with therapy outcome. Methods. Assessments of synchrony were based on patients' and therapists' session reports. Factor-analytical measures and Landsberg's order measure were implemented (operationalized by increasing 'Landsberg order' in initial versus final stages of psychotherapy courses). A sample of 30 therapy courses (all schema-oriented cognitive-behavioral dyadic psychotherapies, with a mean of 56 sessions each) was recruited for the analyses. Results. Significant increases of synchrony in therapy systems were found with all methods used. This synchrony effect was shown not to be attributable to response stereotypy of session report assessments or other trivial explanations. Synchrony was predominantly linked with interactional variables (interactional problems (IIP) and therapeutic bond variables). Discussion. The synchrony effect in evolving therapy systems was found to be substantial in subjective monitorings of psychotherapy process. Its links to the quality of the therapeutic bond and to outcome measures emphasize the relevance of synchronization phenomena in psychotherapy.

Coordinated Nonverbal Behavior in Psychotherapy: Synchrony and its Relation to Rapport and Outcome

Fabian Ramseyer - University of Bern, Switzerland, Wolfgang Tschacher

Background. Nonverbal coordination between patient and therapist has been conceptualized as a crucial component of the working alliance and rapport in psychotherapy. Our goal was to quantify the level of coordination in dyadic psychotherapies in order to explore behavioral synchrony and its association with rapport. Methods. Nonverbal behavior was analyzed in terms of movement patterns of patient and therapist during the course of selected psychotherapy sessions. The raw data consisted of (N=80) videotaped sessions recorded by two cameras. Motion energy analysis was carried out by a fully

automated frame-by-frame examination of video sequences. Behavioral synchrony was measured as the simultaneous or time lagged correlations between movements of the interactants. Observed movement data were contrasted with shuffled time series (bootstrapping) in order to control for synchrony occurring by chance. Various parameters such as the amount of coordination (turn-taking) in nonverbal activity between patient and therapist were then related to post-session evaluations (session impact scores). Results. On a group level of N=20 dyads, findings showed that a higher quality of the therapeutic bond corresponded to higher levels of synchrony in nonverbal behavior. Furthermore, therapy sessions with better micro outcome were more likely to show significant amounts of coordinated movement. Discussion. The selected analysis is appropriate for the investigation of the role of nonverbal synchrony in psychotherapy sessions on an intra- as well as an inter-dyadic level. Coordinative nonverbal behavior of patient and therapist can be viewed as a crucial variable with ramifications on rapport and alliance in psychotherapy.

Panel

Interpersonal

Moderator

Alessandra

Vicari -

University of

Ulm, Germany

Human Relationship Map. The current state of the art of analyses with the CCRT-LU category system.

A category system CCRT-LU (Leipzig-Ulm) started as an attempt to update the three category lists of the CCRT method conservatively; integrating both the huge rater experience from two decades and numerous newer theoretical concepts. Finally, the system was redesigned radically and a new logically unified and hierarchical structure was proposed. The system was translated from original German into English, French, Italian, Spanish, Czech, and other world languages. The system can be at glance visible in one great paper sheet called "Human Relationship Map". In the panel we will present recent empirical results of the international research network; in the four papers as follows. (1) We will address the two basic methodical issues: How to "translate" a rated text to data structures and how to analyze them statistically. (2) We will present a single-case study from Spain and demonstrate the pattern search within the ratings from the long-term therapy. (3) We will demonstrate the group comparison between the forensic drug-addictive patients and control persons. (4) We will show the analysis of adjectives describing the relationship to the parents. We will compare the perspectives of the trained CCRT-rater and of a group of "naive" students.

Human Relationship Map in a single case: Understanding relationship patterns with the CCRT-LU category system.

Yolanda Lopez del Hoyo - University of Salamanca, Spain, Dan Pokorny, Alejandro Ávila Espada

In this study we present the final results obtained in the analysis of a psychotherapeutic single case through Core Conflictual Relationship Theme Method (Luborsky & Crits-Christoph, 1990). We established the detailed map of relationship of a young female patient diagnosed as a Histrionic Personality Disorder who was treated with focal planned psychoanalytical psychotherapy during seven years. We analyzed her relationship episodes extracted from transcripts of sessions using CCRT-LU- S (López, Ávila, Pokorny, and Albani, 2004), the Spanish version of the category system CCRT-LU. First, we will show the general relationship patterns comparing the world of wishes of the patient and the world of reported reactions. Second, we will present patterns specific for relevant patient's relationship objects and discuss similarities and differences. Third, we will show that systematical relationship-pattern changes are possible within a long-term therapy and we will present the map of their development. We will demonstrate the application of global relationship measures as harmony and positivity index. We will explain the psychotherapeutic process through the evolution of these relationship patterns and measures during the phases of treatment. We will conclude that the method of pattern search provides a comprehensible representation of patient's relationship patterns and their evolution during the psychotherapeutic process.

Core Conflictual Relationships Themes in a Group of Drug-dependent Women: An Explorative Study.

Carola Modica - University of Ulm, Germany, Dan Pokorny, Franziska Lamott

Aim: We aim to extract Core Conflictual Relationship Themes from attachment stories in a group of 20 drug-dependent women. Since attachment classification is primarily based on mental coherence against the reported facts of childhood history, we propose the investigation of attachment “themata” as a way to connect mentalistic and thematic instances in the comprehension of patterns of relating. **Methods:** For extracting Core Conflictual Relationship Themes from narrative material, we used CCRT-LU (Albani et al., 2001), a reformulation of the previous Luborsky’s CCRT, developed with the purpose to reach higher levels of completeness and coherency. The use of the Adult Attachment Interview AAI as a source for relationship episodes is an innovative approach of the Ulm group (cf. Vicari, Buchheim, Albani, Pokorny, 2005). **Results:** Attachment-related measures show the predominance of unresolved states of mind and a general deficit on mentalization competence. We expect that the variety of CCRT-LU predicates and CCRT-LU profiles will be consistent with these findings. We also expect that CCRT-LU predicates will be able to operationalize and describe conflicts, which are theoretically assumed to be likely in drug-dependent populations, such as the conflict between the need for closeness and the aspiration towards independency. **Discussion:** Since the innovation of this methodology, special emphasis will be given to methodological issues. Results will be discussed for their implications for the treatment of drug-dependency; we will propose also some theoretical remarks connecting the concepts of “central relationship model” and “attachment”.

Psycholexical approach to interpersonal relationships.

Alessandra Vicari - University of Ulm, Germany, Dan Pokorny

Aim: The presented study accompanies a CCRT-LU study Adult Attachment Interview with female borderline patients, anxiety patients and control persons (sample of Buchheim, 2005). Hence, by each of the sixty persons in this study, two sets adjectives, describing the relation to the mother and to the father in the early childhood, were gained. These two sets of adjectives can be seen as representations of both parental figures. The aim of the current study is to investigate how these representations are perceived by German medical students and to test their stereotypes about the relationship with mother and father. **Methods:** Each student in the sample in the current study will obtain the list of 60 randomly ordered adjective-set pairs gained in the previous study. She/he will be asked to judge which adjective set was related to the mother and to the father. The success rate of the student judge will range from 0 to 60. **Results:** Following questions will be investigated and reported. (1) What is a mean rate of successful rating? Is it significant higher than 30 correct answers in average by the random rating? (2) How high is the inter-rater agreement? (3) Are male or female students more sensitive for the gender-role differences? (4) Can a “gender-role switching” be observed? It means: Are there adjective-set pairs where the students answer falsely but they agree in this statement? (5) Is there a difference in the “gender-switching” between the adjective-set pair obtained from three groups of borderline, anxiety patients and control persons?

Panel
Disorder
Moderator
Bo Vinnars -
Karolinska
Institutet,
Stockholm,
Sweden

Longitudinal analyses of outcome: Effects of attrition, dosage, and outcome domain

Discussant: Per Hoglend - Department of Psychiatry, University of Oslo, Norway

Data-analytic methods like growth-curve analysis take psychotherapy research into the domain of exploring individual change during the course of psychotherapy in contrast to traditional pre- and post-treatment group measurements. The dose-effect methodology was originally introduced by Kenneth Howard and showed that different aspects of pathology improves at different rates related to dose of treatment. Further findings showed that these different rates of improvement were also depending on diagnostic group of the patient. In this panel we will explore a number of different domains of improvement, with different samples of patients including different diagnoses of personality disorder as well as axis I disorders like major depressive disorder, generalized anxiety disorder and panic disorder. Treatments being evaluated are 1) cognitive-behavioral and interpersonal-psychodynamic, 2) dialectical behavior therapy (DBT), transference focused psychotherapy (TFP), and a dynamic supportive treatment (SPT), and 3) Supportive-Expressive psychotherapy and community-based non-manualized psychodynamic treatment.

Rates of improvement for psychiatric symptoms and interpersonal problem for personality disorder patients

Bo Vinnars - Karolinska Institutet, Stockholm, Sweden, Jacques P. Barber, Kristina Norén, Barbro Thormählen, Robert Gallop

Aim: Symptoms and character have been shown to improve at different rate in psychotherapy. For patients with Personality Disorder (PD) improvement in pathological character traits is important since it reflects the patients' core pathology. But research with PD samples has often only addressed symptoms or non-specific measures like general well-being. Dose-response research has provided evidence for the differential responsiveness to psychotherapy for symptoms, interpersonal problems and diagnoses. This study will explore rate of change of psychiatric symptom and interpersonal problems in relation to amount of treatment for a sample of PD patients. **Method:** A sample of 103 psychiatric outpatients with any PD diagnosis was administered the SCL-90 and IIP-64 monthly during one year of treatment, with either manualized time-limited or non-manualized open-ended dynamic psychotherapy. SCID-screen questionnaires were filled out at 3-month intervals. A growth curve modeling of time will be applied to these measures. **Results:** The results will be presented as different curves of improvement for SCL-90, IIP and PD criteria in relation to amount of treatment received. **Discussion:** The results of the study will be of importance when considering what treatment goals can be achieved in treating maladaptive personality traits as compared to psychiatric symptoms.

Changes in Quality of Life Over the Course of Psychotherapy

Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Sarah Ring-Kurtz, Robert Gallop, Matthew Worley, Julie Present, Bridget Hearon

Aim. Although improving general quality of life is often a goal of psychotherapy, few studies have conducted an in depth analysis of such changes over the course of treatment. The current study addressed several questions about change in quality of life: (1) What is the magnitude of change in quality of life over the course of psychotherapy? (2) What is the time course of change in quality of life? (3) What is the relation between symptomatic response and change in quality of life over the course of treatment and follow-up? **Methods.** A Quality of life assessment was conducted in 4 studies that evaluated the efficacy of cognitive-behavioral and interpersonal-psychodynamic therapies for a variety of disorders. Patient samples included major depressive disorder, generalized anxiety disorder, panic

disorder, and borderline personality disorder. A common assessment battery of outcome measures (Beck and Hamilton Anxiety and Depression scales, quality of life measure) were given at intake, mid-phase, termination (typically 4 months after intake), and follow-up (6 and 12 months after intake) for all patients. Results. The data will be presented in terms of mean changes on the quality of life measure from intake to termination (for all patients and broken down by type of treatment) and relation of the changes in quality of life to changes in symptoms. Discussion. The results suggest that quality of life is an important aspect of psychotherapy outcome. The relation between symptom change and change in quality of life is complex.

A multivariate RCT evaluating three treatments for borderline personality disorder

Kenneth N. Levy - Pennsylvania State University, University Park, USA, John F. Clarkin, Mark F. Lenzenweger, Otto F. Kernberg

Objective: We examined three year long outpatient treatments for borderline personality disorder (BPD): dialectical behavior therapy (DBT), transference focused psychotherapy (TFP), and a dynamic supportive treatment (SPT). Method: Ninety patients diagnosed with BPD were randomized to TFP, DBT, or SPT, and, in addition, received medication when indicated. Blind raters assessed 6 domains, including suicidal behavior, aggression, impulsivity, anxiety, depression, and social adjustment in a multiwave design, prior to treatment and at four month intervals during a one-year period. Results: Individual growth curve analysis revealed that patients in all three treatments showed significant positive change in multiple domains (depression, anxiety, global functioning, social adjustment) across one year of treatment. Both TFP and DBT were significantly associated with improvement in suicidality, whereas only TFP and SPT were associated with improvement in anger. TFP and SPT were each associated with improvement in facets of impulsivity. Only TFP was significantly predictive of change in irritability, verbal and direct assault. Conclusions: Patients with BPD respond to structured treatments in an outpatient setting with change in multiple domains of outcome. A structured dynamic treatment, TFP, was associated with change in multiple constructs across 6 domains; DBT and SPT were associated with fewer changes. Future research is needed to examine the specific mechanisms of change in these treatments beyond common structures.

Panel

Therapist

Moderator

Barbara Vivino -
California
Institute of
Integral Studies,
San Francisco,
USA

Therapist Bereavement: The Impact on Psychotherapy

Discussant: Hadas Wiseman - University of Haifa, Israel

While death is a universal experience, the bereavement literature has only recently begun to appreciate the complexity and variation of grief. Studies investigating the impact of personal events in the life of the psychologist on the clinical relationship have given insufficient attention to grieving a death. We wanted to focus on how the experience of bereavement is managed by practicing clinicians, and to discuss in depth the impact that grief has in various aspects of clinical work, specifically the areas of empathy, self-disclosure, coping, and countertransference. The first three papers were based on data from a study which used a Consensual Qualitative Research (Hill, Thompson, & Williams, 1997) approach to investigate the experience of twelve psychologists who endured the death of a loved one within the past two months to six years while simultaneously working as a clinician. The fourth paper used a quantitative approach to investigate therapist loss resolution and fears of intimacy as origins of countertransference that may trigger therapists' affective and behavioral responses to termination, potentially affecting therapeutic outcome. In this study, therapists completed measures of loss resolution and fear of intimacy upon consenting to participate in the study, and then completed a termination behavior checklist subsequent to their next termination session. Results will be presented and implications for treatment will be discussed.

Psychologists' disclosure of personal bereavement to clients

Stephanie Boyden - California Institute of Integral Studies, San Francisco, USA, Barbara Vivino, Jennifer Bozenski, Nicole Colao-Vitola, Barbara Thompsen, Nick Ladany

Empirical studies and anecdotal narratives that discuss the impact of a clinician's personal life events on the clinical relationship suggest that self-disclosing is one of the most important issues clinicians face during a time of crisis. Self-disclosure can be defined as personal information a clinician reveals to his or her client; disclosure can be congruent or incongruent with the material the client is discussing, as well as voluntarily or involuntarily revealed. Examining how psychologists manage their grief while practicing therapy with clients, as well as the impact on the therapeutic relationship of disclosing this event, was the focus of this aspect of the larger study. Twelve psychologists who experienced the death of a loved one in the past two months to six years were interviewed. A team of three researchers analyzed the data using the Consensual Qualitative Research (CQR) method (Hill, Thompson, & Williams, 1997), and the results indicated that psychologists typically disclosed their loss to one or more clients. The type and amount of disclosure varied from client to client, and was based on both client and therapist variables. The length of time clients had been in therapy, grief and loss issues the client was working on in therapy, cultural factors, and whether clients asked about the clinician's absence were all client variables influencing disclosure. The nature of the relationship with the client, and theoretical orientation were given as psychologist variables. Participants tended to believe that the disclosure of personal grief was beneficial for the therapeutic relationship.

The Impact of Therapist Bereavement on Empathy

Jennifer Bozenski - California Institute of Integral Studies, San Francisco, USA, Barbara Thompson, Barbara Vivino, Stephanie Boyden, Nicole Colao-Vitola

The impact of therapist bereavement on empathy in the clinical relationship was explored as part of a collaborative study investigating the influence of therapist bereavement on psychotherapy. Twelve psychologists from the east and west coast of the United States were interviewed about their experiences as a psychologist during the time of bereavement. A team of three researchers and two auditors analyzed the data using consensual qualitative research (CQR). Out of the data, six domains emerged for general aspects of bereavement and three domains emerged for general aspects related to empathy. In General Aspects of Bereavement, results indicated: (1) psychologists typically continued bonds with deceased loved ones without distress, (2) psychologists oscillated between talking about the current loss and past/multiple losses, (3) psychologists typically felt the death of their loved one was unexpected and had an emotional reaction, regardless of whether or not they were cognitively prepared for the death, (4) psychologists experienced a shift in perspective on life, and (5) psychologists felt increased sensitivity to clients' experiences of loss and death. In General Aspects of Empathy, the results revealed that psychologists felt increased empathy for their clients, suggesting that although bereavement can be challenging for therapists, it can also produce some positive opportunities such as deep empathy in clinical work. This study aspires to raise awareness of the little researched topic of therapist bereavement. This researcher hopes that this study will cultivate support for clinicians who have lost a loved one and returned to clinical practice.

Therapist Loss and Coping

Nicole Colao-Vitola - California Institute of Integral Studies, San Francisco, USA, Barbara Vivino, Stephanie Boyden, Jennifer Bozenski, Barbara Thompsen, Nick Ladany

Psychologist coping behavior was investigated as part of a collaborative study on psychologist bereavement and impact on psychotherapy process. Twelve psychologists were recruited using a chain of

referral method, and interviewed. A team of three researchers and two auditors analyzed the data using consensual qualitative research (CQR). Out of the data, six domains emerged for general aspects of psychologist bereavement, with results suggesting that, psychologists generally have experienced previous losses, have emotional reactions to their loss, and attend memorial services. Typically, they feel emotionally close to their loved one, emotionally experience their loss as unexpected, experience a shift in perspective on life, feel an increased sensitivity to client's experience of loss, and feel they have an ongoing bond with their loved one. Four domains also emerged for the data specifically related to psychologists coping suggesting that they typically used a variety of coping methods found to be beneficial. Particularly, talking and socializing, connection with family, professional guidance, involvement in funeral service, creative expressions/self-reflection, and seeing clients/work was seen as helpful. Generally, they felt that they experienced hindrances to their coping, and typically would have done more helpful meaningful things when retrospectively looking back.

Therapist Loss Resolution and Fear of Intimacy

Joslyn Cruz - Penn State University, University Park, USA, Jeff Hayes

The profound impact that termination has on treatment warrants investigation into the variables that contribute to successful termination. This study examines the possible effects of therapists' countertransference reactions in termination sessions. In particular, this study investigated therapist loss resolution and fears of intimacy as origins of countertransference that may trigger therapists' affective and behavioral responses to termination, potentially affecting therapeutic outcome. Therapists completed measures of loss resolution and fear of intimacy upon consenting to participate in the study, and then completed a termination behavior checklist subsequent to their next termination session. Results will be presented and implications for treatment will be discussed.

Panel

Integration

Moderator

Jörn von
Wietersheim -
University of
Ulm, Germany

Research in Art Therapy

Art therapy has been a part of psychiatric and psychotherapeutic treatment for quite some time now. Art therapy is used in hospital treatments, but also in outpatient settings. There are many case reports but not much empirical research data in art therapy until now. But there is a rising number of research approaches and studies done in this field. Some approaches will be covered by the panel: In the first presentation, a new rating instrument is described with which the behaviour of patients during the art therapeutic process can be studied. First interrater reliability studies show promising results. In the second presentation, immediate changes of the patients' health (measure before and directly after the art therapy session) are studied. In addition, the meanings of the paintings produced in the art therapy session, are assessed. This is done by interviews with the patients, which are transcribed and evaluated by qualitative methods. The third presentation uses another approach: Here the work of art therapists in the UK who are members of the Art Therapy Practice Research Network is studied by a survey. Institutions, clients, treatment settings, treatment duration etc. are documented and will be presented. So the panel will show that there is a rising activity in psychotherapy research in the field of art therapy.

Art therapy process evaluation: A new instrument and first results

Ulrich Elbing - University for Art Therapy, Nuertingen, Germany

The current discussion on measures and instruments of ART therapy process research focuses mainly on the evaluation of patient paintings and drawings (e.g., betts 2005). Complementary, this presentation introduces an instrument with 62 items covering the factors of (1) patient behaviour and (2) attitude during the painting process, (3) the patient's self reflective thinking about the process and (4) aspects of the therapeutic relation concerning the group and the therapist, and (5) relation to the resulting painting.

Therapist's estimates about the material used (6) and the expression of the painting (7) are included, too. First interrater reliability studies were carried out by rating a videotape with 20 minutes of painting process in a therapy group and with additional 10 minutes of group discussion about the painting led by an ART therapist. The results show an overall Kendall's τ of 0,63 ($p < 0,000$) for an expert group of 12 ART therapists, and an overall Kendall's τ of 0,56 ($p < 0,000$) for a group of 35 ART therapy students rating the video. These and further detailed reliability measures will be presented together with a cross validation, and with clinical case work highlighting the sensitivity of the instrument to intervention, group dynamics and the general change process observed in a psychiatric hospital setting. The instrument is being developed and evaluated in a multicenter ART therapy research project in Germany, with two universities and three psychotherapeutic hospitals taking part

The effects of art therapy on somatic and emotional patient health - a quantitative and qualitative analysis

Jörn von Wietersheim - University of Ulm, Germany, Daniel Plecity, Lubow Szkura, Alexandra Danner-Weinberger

The purpose of this study was to assess what the pictures generated during art therapy mean to these patients and also to look at how these pictures can reflect changes in the patients' current mood during art therapy. To this purpose, this study was conducted with 26 patients undergoing treatment in a psychosomatic day hospital. The average participant had 16 sessions of art therapy, which was conducted in a group setting. To measure their mood and somatic symptoms, patients were given standardized questionnaires (B-L and POMS) at the beginning and the end of every art therapy session. 15 patients were interviewed about the pictures they had created during the art therapy sessions (104 interviews in total). The quantitative evaluations showed a small, but statistically significant reduction in somatic symptoms and a tendency to be in a more positive mood during art therapy. The evaluation of the interviews showed that the paintings mainly dealt with the patients' own (current, problematic) issues. The colours that were chosen for the painting were particularly important to most patients, and often there is no connection to paintings created during the previous sessions. The patients' problems are often depicted in a symbolic manner. Nearly all patients felt better after the art therapy session. The patients indicated that they mostly use art therapy as a way to express their problems, and only very few also named other goals of art therapy, such as creativity or relaxation.

The work of art therapists in the UK - a survey

Chris Evans - Nottinghamshire Healthcare, Nottingham, UK, Val Huet, Neil Springham and the Art Therapy Practice Research Network

Aim: To describe the experience, work settings and clients seen by British Art Therapists (ATs) in the Art Therapy Practice Research Network (ATPRN). Methods: Voluntary survey of ATPRN members: one survey sheet per location in which they worked and one per client they saw one week in autumn 2005. Results: 97 ATs participated, working in 139 locations (from 1 to 5 per AT) and describing 1,122 clients (1 to 60 per AT). 75% of ATs were women, ethnicity was more "white" than the UK population though less "white British". They had a collective 850 years of post-qualification experience (men more than women) and held a variety of qualifications other than in Art Therapy. Clients were 52% female covering a wide age range (4% 0-9 years, 14% 10-19, 6% each 60-69 and 70-79). Ethnicity showed markedly lower proportion "white British" than general population. 22% were self-referrals. 48% were being seen individually, 34% in group and 18% in the very interesting format of "studio" work. Total work with clients was equivalent 1,013 years of weekly sessions: 0 to 96 months duration to date, median 5 months. 43% were seen in open ended work for the remaining 57% planned durations ranged from 0 to 72 months, median 8. Discussion: We believe this is the first systematic survey of the routine work of Art

Therapists. More will be said about client problems and associations between variables in the presentation which may also include a 2007 update.

Art Therapy Research in the dilemma between science and arts

Claire Edwards - University of Queensland, Australia

Art therapy, like other 'expressive therapies', combines purposeful creative activity with a psychotherapy framework and approach. The art therapist is an artist as well as a therapist and, in a sense, the client is also an artist as well as a person seeking relief from some form of psychological distress. This crossing of disciplines and 'languages' - psychotherapy and the visual arts, has created a fundamental dilemma for art therapy. Does it work within an evidence-based psychotherapy paradigm or embrace the visual arts, and risk being seen as 'unscientific' and marginal in a medical or mental health context? This dilemma has implications for the research agenda. The psychotherapy research tradition is dominated by investigation of client symptoms and functioning outcomes and the relationship between therapy processes and such outcomes. The visual arts research tradition is dominated by the creation of original work in the context of exploration of historical, cultural or personal experience. The development of a distinctive art therapy research agenda requires clarification of the research traditions central to disciplines that inform the processes and activities of art therapy. It also requires investigation as to whether these traditions can jointly inform research or whether any specific research project must be developed under one or other tradition. This presentation will review contemporary art therapy research in the light of this dilemma and will make recommendations regarding future research. The presentation will also discuss the role of research in the training of art therapists.

Panel

Psychodynamic

Moderator

Sherwood

Waldron - Mt.

Sinai School of

Medicine, New

York, USA

Two Views of Process and Outcome in long term psychodynamic treatment using the APS and the SWAP

Discussant: Robert Russell - Medical College of Wisconsin, Milwaukee, USA

This panel will compare intensive qualitative study of three cases from Rome and three from New York using overlapping instruments: the Analytic Process Scales (APS) and the Shedler-Westen Assessment Procedure (SWAP). Parallel findings about the interdependence of therapist and patient contributions from both places strengthens the work of each research group. A variety of comparisons are utilized, including reliability studies, factor analyses of the 32 APS variables, and the Defense Mechanisms Rating Scale (for the Rome sample only). Findings from a new method of assessing outcome, the Personality Health Index or PHI based upon the SWAP will also be discussed.

The benign circle of a good analysis

Francesco Gazzillo - University "La Sapienza", Rome, Italy, Vittorio Lingiardi

Aim The aim of this study is to show how therapist interventions affect patient contributions to therapeutic process, and what is the relationship between these contributions and changes in psychological functioning which affect patients life outside the therapeutic room **Method** This study is focused on the investigation of therapeutic process and outcome (Lambert, 2004) and is based on the assessment of 22 sessions from the first two years of three psychoanalytic psychotherapies. We analysed 1 or 2 sessions every six months with the Analytic Process Scales and the Defense Mechanism Rating Scales. Every patient was assessed with the Shedler-Westen Assessment Procedure-200 at the beginning of the therapy and then every 12 months of therapy. We calculated univariate correlations, partial correlation, liner regression and ANOVA. **Results** The overall therapeutic productivity (an APS variable) of patient contributions is correlated with the goodness of therapist intervention (an APS variable) in the previous segment and shown to be correlated with the overall defensive score (DMRS)

and with the high functioning (a SWAP factor) of the patient. The goodness of therapist intervention can be used as a predictor of the overall therapeutic productivity of the following contribution of the patient. Discussion There seem to exist a benign therapeutic circle which is affected both by the therapist and by the patient. In future research it will be necessary to articulate the different dimensions of patient and therapist quality contributions and their differential action.

The relation between process and outcome in three psychoanal
Sherwood Waldron - Mt. Sinai School of Medicine, New York, USA

Using the Analytic Process Scales (APS, Waldron et al. 2004 a,b), the process of three long-term psychoanalytic patients was examined at three different points, early, middle and late. Because we segment sessions into dynamically meaningful units, we can study the relationships between 18 therapist variables and 14 patient variables over time, including core psychodynamic aspects, and also the quality of therapist communication. We trace the relationship between these scores and what we call "patient productivity" and other patient variables via multiple regression. Meanwhile, we also have developed a new measure of therapeutic outcome derived from the Shedler Westen Assessment Procedure (SWAP) to obtain an assessment of change from early to late in these treatments. Findings from the three treatments illustrate both the process taking place, and the nature of changes occurring from early to late in the treatments. The reported study includes a description of the reliability of the variables, along with a factor analysis from the 92 sessions and 451 segments rated by two to four clinicians. We find preliminarily that a stable estimate of central characteristics of the treatment may be obtained from studying 8 to 10 consecutive sessions. We previously reported a strong degree of interdependence of patient and therapist work. This study extends this finding. We also describe certain proposed changes to the APS instrument which hold promise of increasing its utility, by shortening the time necessary for accomplishing the ratings.

Panel

Experiential

Moderator

Neill Watson -
College of
William and
Mary,
Williamsburg,
Va, USA

Process and outcome measures for person-centered and emotion-focused therapies

In his theory of therapeutic process and outcome, Rogers (1951, 1959) described therapist facilitation of emotional processing that leads to a decrease in self-discrepancy as the outcome. The four papers in this panel present research on three measures of emotional processing and three measures of self-discrepancy. The Scale for Experiencing Emotion was evaluated in a study of its multidimensional structure, reliability, concurrent validity, and cross-cultural validity. The Observer-Rated Measure of Affect Regulation was evaluated in terms of its reliability and validity and used in a path analysis that provided evidence of affect regulation as mediating the effect of therapist empathy on the outcome of therapy for major depression. The Emotion Episode Measure was used to track changes in emotion and found to be related to other change measures in a successful case of emotion-focused therapy for depression. Three methods for measuring real-ideal and real-ought self-discrepancies, together with three measures each of depression and anxiety, were evaluated in a study of their reliabilities, convergent and discriminant validities, and criterion-related validities. Discussion focuses on the use of these process and outcome measures in research and practice of person-centered and emotion-focused therapies.

Validating the scale for experiencing emotion on a Canadian sample

Jeanne C. Watson - OISE / University of Toronto, Toronto, Ontario, Canada, Svetlana Lilova

An important aim of psychotherapy research is to understand how change occurs. In order to accomplish this we need to develop scales that will allow us to identify the active ingredients of different therapeutic approaches and measure the changes that occur in psychotherapy. One such measure is the Scale for Experiencing Emotion (SEE – Behr & Becker, 2002). The SEE is a 7-dimensional measure of fundamental facets of emotional processing, including symbolization of bodily experiences, experiencing overwhelming emotions, symbolization by imagination, lack of self-control, experiencing congruence, being comfortable with one's own feelings, experiencing lack of emotions, and emotion regulation. It draws upon concepts associated with Rogers' (1951) theory of personality and therapeutic change, and has been shown to be valid in a study conducted by Behr and Becker (2002) on a German sample. This paper will present data from a study that sought to measure the SEE's concurrent validity and to establish cross-cultural validity with a Canadian sample. Results show that the SEE has good overall reliability and excellent validity. Findings also indicate that emotional experience is multidimensional and that the SEE encompasses key facets of emotional processing. Although some of the SEE's psychometric properties require further testing, it can be used with confidence for both clinical and research purposes, and with caution in different cultures. It is hoped that this instrument will be used in research, inform therapists of individuals' emotion processes, and contribute to the judicious application of interventions.

Beyond rapport: How therapist empathy contributes to outcome in the treatment of depression

Meghan Prosser - OISE / University of Toronto, Toronto, Ontario, Canada, Jeanne C. Watson

Psychotherapy research has demonstrated a link between therapist empathy and treatment outcome; however, there is little empirical evidence regarding the function of empathy in therapy. This paper attempts to respond to this gap by building on previous research to examine how therapist empathy functions in psychotherapy to contribute to positive outcomes in the treatment of depression. Specifically, this study tested the hypothesis that therapist empathy indirectly affects outcome through its facilitation of client affect regulation. Affect regulation was measured with the Observer-rated Measure of Affect Regulation (O-MAR; Watson & Prosser, 2004) which was used to rate clients' awareness and differentiation of emotions, modulation of arousal and expression, and acceptance of and reflection on their experience. Data for the current study was drawn from the Watson, et al. (2003) treatment study of depression and consisted of 50 clients diagnosed with a major depressive disorder. Path analysis was used to test the main hypothesis and treatment outcome was defined in terms of depressive symptoms, self-esteem, dysfunctional attitudes, interpersonal problems, and problem-focused reflective, suppressive, and reactive coping styles. Total effects of all explanatory variables in the path model tested in the current study accounted for small to moderate proportions of total variance in outcome variables. Results indicate a mediating effect of clients' affect regulation as well as provide some preliminary evidence for reliability and validity of the O-MAR. Study findings and their implications will be discussed.

An analysis of change in emotion episodes across a single case of emotion-focused therapy for depression

Rhonda Goldman - Argosy University, Schaumburg - Illinois School of Professional Psychology, Schaumburg, Il, USA

Change in psychotherapy occurs on different dimensions. An important target of inquiry is change in emotional processing. A scale that has been developed to track emotional change across therapy is the Emotion Episode Measure (Korman, 1997). An Emotion Episode (EE) is a segment of psychotherapy in

which a client speaks about having experienced emotion in response to a situation, real or imagined. The EE segment is complete when the narrative theme changes or a new emotional response is being expressed. The protocol for an EE contains five components: the situation (e.g., loss of a loved one), an emotional response (e.g., sadness), a tendency toward behavior or action associated with emotion (e.g., crying), an appraisal of self or situation (e.g., "I'm alone" or "she's gone forever"), and a related concern or need. Emotional responses are coded according to a list of 16 possible emotions. In this study, the emotion episode method of sampling has been used to track emotions across a successful case of Emotion-focused Therapy for depression. Emotion episodes are drawn from transcripts. Changes in specific emotions as well as frequency of emotion episodes across therapy have been mapped. An analysis of change in emotion episodes will be presented. Changes in emotion episodes will be related to other change measures such as client session and outcome measures. The emotion episode method of measuring change in emotional processing will be discussed.

Psychometric properties of multiple measures of self-discrepancies, depression, and anxiety
Brandon C. Bryan - Department of Psychology, College of William and Mary, Williamsburg, Va, USA, Neill Watson, Todd M. Thrash

In research on client-centered therapy, Rogers and colleagues (1954) introduced self-discrepancy as a theory-relevant outcome measure together with measures of depression and anxiety. Replicating and extending previous work, we evaluated for use as outcome measures the psychometric properties of three measures each of real-ideal and real-ought discrepancies and three measures each of depression and anxiety. Method. Self-discrepancies were measured with the idiographic Self-Concept Questionnaire-Personal Constructs, the nonidiographic Self-Concept Questionnaire-Conventional Constructs, and the content-free Abstract Measure. Depression was measured with the Beck Depression Inventory-II, the Depression scale of the Depression Anxiety Stress Scales (DASS), and the Center for Epidemiologic Studies Depression Scale. Anxiety was measured with the Beck Anxiety Inventory, the Anxiety scale of the DASS, and the State-Trait Anxiety Inventory Trait scale (STAI-T), on which only one factor was scored. All questionnaires were completed twice four weeks apart by 282 undergraduates. Results. Confirmatory factor analysis supported the convergent and discriminant validities of all measures. Test-retest reliabilities ranged from .59 to .80. Internal consistencies ranged from .85 to .92. Correlations of discrepancies with depression and anxiety were significant except for the Abstract Measure of real-ought discrepancy (AMRO) with anxiety, supporting the criterion-related validities of the other discrepancy measures. Discussion. All measures were found to have acceptable reliability and validity for use as therapy outcome measures, with special scoring of STAI-T and limitations for AMRO. Correlations of the discrepancies with anxiety and depression, with limitations for AMRO, support use of the discrepancy measures to assess therapy outcome. Results are culturally limited, pending future research.

Panel
Psychodynamic
Moderator
Andrzej Werbart
- Institute of
Psychotherapy,
Stockholm,
Sweden

Helpful and hindering factors in psychotherapy with young adults: Patients' view and long-term outcomes

Discussant: J. Christopher Muran - Beth Israel Medical Center, New York, USA

The panel presents results from completed qualitative and quantitative studies, which are included in the naturalistic, prospective research project yapp (the young adult psychotherapy project). The patients were interviewed prior to and at termination of psychoanalytic individual and group psychotherapy, as well as at a 1.5-year follow-up concerning their ideas of problems, background and cure. A theoretical model of therapeutic action in group psychotherapy, as experienced by the patients, was created using grounded theory methodology. A study of the views of clearly dissatisfied patients about the therapeutic process

and outcome resulted in a process model of a vicious circle. Finally, the effects of psychoanalytic psychotherapy for a sample of 134 young adults from intake through termination until the 1.5-year follow-up are presented. The reported stability in improvement during the follow-up period, as well as predictors of outcome, are discussed

Patients view of therapeutic action in group psychotherapy: What is therapy and what is maturation

Andrzej Werbart - Institute of Psychotherapy, Stockholm, Sweden, Lena Johansson

Aims the aim was to explore the patients' view of curative and hindering aspects in psychoanalytic group psychotherapy, and to create a theoretical model of therapeutic action as experienced by the patient. Method. Private theories interviews were conducted with 28 young adult patients at termination of their group therapies. Therapeutic action was defined as the patients' view of curative and hindering factors in group therapy as well as their experience of change. The method of grounded theory was used to construct a theoretical model of the patients' view of therapeutic action. Efforts were made to bracket pre-existing theory and to keep the theoretical language close to the patients' own formulations. Results. The patients' own action in combination with the group members' action were perceived as curative factors by the patients, leading to new understanding, increased self-knowledge and improved handling of emotions. Hindering aspects included experiencing the group as disjointed, which interfered with the group work. The comprehensive model of therapeutic action brings together the positive and negative path in group psychotherapy and reflects the patients' experience of a strong relation between the mechanisms and the outcome of change. Discussion. The patients' experienced change was effected by variables not referred to in earlier research, such as people outside therapy and things taking place in the patients' real life. Guidance was considered more helpful by the patients than in yalom's model of therapeutic factors. The patients experienced the role of the therapist as less significant as compared to therapist-based theoretical models

Dissatisfied patients in psychotherapy: What went wrong?

Camilla Von Below - Institute of Psychotherapy, Stockholm, Sweden, Andrzej Werbart

Aim. Usually, between ten and twenty percent of patients with all kinds of diagnoses are dissatisfied with their psychotherapies. This study explores the clearly dissatisfied patients' view of the therapeutic process and outcome. Method. Thirty-four young adult patients in psychoanalytical therapy were interviewed at termination of therapy and at a 1.5-year follow-up. Five had been judged as dissatisfied with their therapies. A process model of dissatisfaction was constructed using grounded theory analysis. Of the 29 patients judged as generally satisfied, 17 were dissatisfied with some aspects of therapy. The dissatisfaction of the generally satisfied patients was compared with the model of the dissatisfied patients' experiences. Results. Dissatisfied patients lacked confidence in the relationship to the therapist, described their therapist as unsure, critical and having problems of their own, and complained about missing advice, answers and practical exercise. They felt unable to express their own feelings, lacked direction in therapy and missed the therapist's response. Together, these factors compose a vicious circle. At the core of the conceptual model of dissatisfaction lies the patient's feeling of being abandoned by a therapist who is not sufficiently flexible, of a therapy that is not intense enough, and of missing links between therapy and everyday life. Discussion. Possible explanations of why some patient-therapist dyads get stuck in the vicious circle are discussed. Clinical implications of these findings are presented.

Long term effects of psychoanalytic psychotherapy with young adults

Annika Lindgren - Psychotherapy Section at Karolinska Institutet, Stockholm, Sweden, Andrzej Werbart

Aims the objective was to investigate the effects of psychoanalytic psychotherapy for a sample of 134 young adults from intake through termination up to a 1.5-year follow-up. Method. The symptom checklist-90 (SCL-90-R) and the inventory of interpersonal problems (IIP) were selected as the main outcome measures. Secondary outcome measures were self-rated health (srh), structural analysis of social behavior (sasb intrex questionnaire), global assessment of functioning (GAF) and differentiation-relatedness of self and object representations (drs). Post hoc analyses of possible predictors of the main outcome measures were performed. Predictors of change were gender, treatment duration and modality (individual and group psychotherapy), and patient- and therapist-rated therapeutic alliance, as measured with the helping alliance questionnaire (haq-II). Results. The group improved significantly during treatment, and the gains were sustained over the follow-up period. Thirty-four patients HAD reliably improved at follow-up compared to intake, while 17 patients changed in a negative direction on scl-90. Therapist-rated alliance was negatively correlated with change in IIP during treatment. Discussion. The reported stability in improvement during the follow-up period is in accordance with findings on short-term psychodynamic psychotherapy for adult patients. In contrast to results of meta-analyses, lower therapist-rated alliance was predictive of positive outcome. A speculative explanation is that patients that were perceived as a challenge by the therapists have forced a mobilization of all their therapeutic skills

Panel

Culture

Moderator

William West -
University of
Manchester, UK

Culture and psychotherapists

Discussant: Nick Ladany - Lehigh University, Bethlehem, USA

The three papers in this panel raise critical issues relating to the culture of psychotherapy. In the first paper David Smith presents the results of his study into hypnotherapists in conjunction with the collaborative research network and the international project on the development of psychotherapists. His research explores the hypothesis that hypnotherapists may be more cognizant of spiritual values and identify with spiritual values. David Tune's paper re-visits his qualitative research study into touch and psychotherapy to raise critical questions about the culture of psychotherapy and its attitude to the body. William West's paper reports on a dialogue between Kenyan and British counsellor trainers raising key questions around therapy, training and culture

The culture of hypnotherapists

David Smith - University of Chicago, USA

The psychotherapy research on culture often looks at broad cultural issues in which psychotherapists practice and grow. However, the world of psychotherapy and identification as a psychotherapist provides a culture of its own. In the research on psychotherapists, an underrepresented group is hypnotherapists and clinicians that utilize hypnosis in their treatment. This presentation is based on preliminary research on hypnotherapists that was conducted in conjunction with the collaborative research network and the international project on the development of psychotherapists (Orlinsky & Ronnestad, 2005). A pilot study collecting 21 common CORE questionnaires from hypnotherapists was completed in 2006. This initial sample has been added to a growing database of over 5,000 psychotherapists across the globe. As a pilot study, this presentation will focus on general demographics of hypnotherapists and how this compares to the larger sample. It is also hypothesized that hypnotherapists may be considered more "spiritual". Spirituality appears to relate to involve early developmental mentation, e.g., primary process thinking. When therapists refer to spirituality they tend to describe personal and interpersonal processes

that related to issues involving, meaning, attachment and self-concepts. (smith, 2000) as hypnosis tends to facilitate primary process thinking, hypnotherapists may be more cognizant of spiritual issues and identify with spiritual values. This presentation will examine the support for this hypothesis in our data

Touch and psychotherapy culture

David Tune - York St John University, UK

This presentation will examine findings from a qualitative study concerning the development of prevailing attitudes within the 'culture' of psychotherapy, towards the ethical use of touch. The historical context of a 'touch taboo' will be briefly discussed in terms of a perceived lack of a consensus within and between the theoretical models of the interviewees, and the presentation will also examine to what extent the findings contribute to an awareness of how different theoretical attitudes regarding the use of touch are adhered to in practice. The study is based on a thematic examination of reports from twenty three semi-structured interviews with practising psychotherapists from a range of theoretical backgrounds. Messages regarding the use of touch that were reported from their training will also be considered in relation to interviewee's theoretical orientations and actual practice experiences.

Questions are raised about therapist's awareness, confidence, proficiency, and support in addressing issues of touch in therapy, and whether a largely 'touch negative' culture in psychotherapy can be said to be responding to practitioners experience's or creating an atmosphere for addressing legitimate concerns

Kenyan and British trainers dialogue about counselling

William West - University of Manchester, UK, Don Balmer, Colin Felhtam, Elias Gikundi, George Manono, Cecilia Rachier

This paper is based upon a dialogue between the six authors all who are involved training counsellors - four based in kenya and two in britain. The dialogue began with a face to face focus group and was continued via email. The key themes that emerged from this dialogue are: The differing context of counselling in kenya and britain; attitudes to the person-centred model; the challenges of using a person centred approach in africa; lack of african based literature and case material; counselling needs to relate more to the local culture including traditional forms of helping. These themes are discussed in relation to counselling in kenya and britain, and some reflections are made about research, race and culture

Panel

Spirituality

Moderator

William West -
University of
Manchester, UK

Spirituality and psychotherapy

Discussant: David Smith - University of Chicago, USA

In this panel we will consider the challenges of researching and of practising as a psychotherapist in relation to spirituality. In the first paper ann scott presents the findings of her study into the experience of psychotherapists who are christian and have been trained in integrative psychotherapy. Besides key findings around faith as a resource but also a problem, the challenges of balancing empathy and authenticity is explored. Dori yusef then presents her paper which examines the methodological challenges arising in her doctoral study into being in the world. This led her to a stance of bricoleur which included the use of autoethnography

Integrative psychotherapists and christianity

Ann Scott - University of Manchester, UK

This study examines the phenomenological experience of christian psychotherapists working with clients in an integrative psychotherapy paradigm. A qualitative phenomenological methodology was used in order to give congruency with the subject matter. Eight co-researchers were interviewed and the data obtained was analysed by the Colaizzi method (Moustakas 1994). An overall composite description of the

phenomenon under investigation was obtained and discussed in light of the existing literature. Common themes emerged showing that faith can be both a help and a hindrance in the therapy room. Whichever is the case, it seems that if the therapist has a faith it is unhelpful to ignore it. The issue of judgmentalism was figural for many of the co-researchers, revealing the possible dilemma of a conflict between the major person-centred principles of authenticity and deep empathy within the therapeutic relationship. There were some indicators that this may be more of a problem for christian rather than non-christian therapists. A number of avenues for future research are suggested

Developing methodology for researching self and creation

Dori Yusef - University of Manchester, UK

Let the beauty we love be what we do/ there are hundreds of ways to kneel and kiss the ground.' - rumi. In this paper I AM exploring the use of plural methodologies which traditionally falls under the heading of bricolage and examine the many areas of researching the self and human experience. Transpersonal transformative research processes are discussed and the reflexive aspect of the lone ethnographer in auto-ethnography is considered. These approaches to methodology are philosophically similar to those used by artists to engage, reflect, create and explicate. This is defined in broad and refined terms as a/r/t/ography (irwin and de cosson, 2004). It resembles the heuristic immersion of moustakas (1998). It is the artist, the researcher, the teacher and the 'graphy' of writing to discover, explicate and create. There are overlaps and connections and within this territory there are interfaces that are the in between places or the liminal spaces. At these points there seems to be a vast field of possibilities and a profound unknown. Perhaps here are the intuitive, transpersonal, extraordinary experiences that may reside in the ordinary ones of daily life. Research is the exploration for me of these liminal spaces and methodology must support them and the researcher: And so bricolage allows for that exploration. John mcleod's observation defines this approach as transcending 'the confines of any one specific method of genre... the demands of qualitative research require the researcher to improvise and create his or her own techniques for collecting and analysing material is captured in the concept of the researcher-as-bricoleur. There seems to me to be a kind of shamanic or alchemical journey of a kind where the outcome is unknown and the process is unclear. The emergence of the methods derives from the question, the self and personality, culture, personal growth and for me my psycho-spiritual state. These signal the data collection and then allow the tacit knowing to expand and reveal that which, 'we can know more than we can tell' (polyani, 1983. P.4

Spirituality and clinical psychology graduate students: follow-up study.

Gloria Workman - Midwestern University, Downers Grove, IL, , USA, Don E. Workman, Michelle M. Lee. J. Derek McNeil

In this study, we evaluated the religious and spiritual attitudes of 1st-year clinical psychology doctoral students entering two graduate programs, including a secular program and one that is explicitly Christian. Students were surveyed at the beginning of their doctoral program and again after completing their first academic period. Students reported their views on organized religion and personal spiritual experiences as well as other attitudes and beliefs about spirituality and the clinical encounter. Analysis of results from the initial evaluation will be presented. Surprisingly, there were no significant differences between these groups on their attitudes towards organized religion or level of personal spirituality. There were significant differences in religious fellowship practices, participation in worship services, and seeking assurance through prayer. Students entering the Christian program reported being more knowledgeable, more competent, and more likely to implement spiritual assessment and intervention techniques with clients. Students from both programs indicated it was important to ask clients about their spiritual needs and identified similar levels of comfort in doing so in the clinical context. Results

from the post-test have been collected and will be analyzed and included in the conference presentation. The initial findings provide some information about the religious and spiritual character of clinical psychology doctoral students as they are entering their graduate training, along with their early attitudes regarding the integration of spirituality with clinical practice. Comparison with follow-up data should provide information as to how the religious and spiritual character of clinical psychology doctoral students from different programs changes over time.

Panel

Linguistic

Moderator

Markus Wolf -
University
Hospital
Heidelberg ,
Germany

Clinical evolution and technological innovations: New research perspectives in online psychotherapy

Discussant: Leonard M. Horowitz - Stanford University, CA, USA

A growing body of evidence shows that online interventions can be tailored to patients' needs. However, the web-based communication offers more than alternative ways for service delivery. In chats or open discussion groups people share their feelings and problems as well as they report how they coped with critical situations and overcame personal upheavals. The naturalistic setting of these encounters and the non-obtrusiveness of the observation ensure external validity of data on problems, behaviors and motives of people approaching online mental health sites or seeking psychotherapeutic support online. In this panel three examples into therapeutic online communication research are given. Each of the studies applies modern text analytic approaches. In the first presentation Benjamin Zimmer will explore how interpersonal problems of psychotherapy inpatients influence their inter-actional behaviors in a therapeutic aftercare chat group. Also using transcripts from Internet chats, Cindy Chung will exemplify in her presentation, what can be learnt from chat postings of depressed people by using computer aided text analysis and meaning extraction methods. Finally, Markus Wolf will report on his investigation of the association between psychological distress and linguistic styles and contents in e-mails from participants of an online aftercare program.

Interpersonal problems in the context of therapeutic chat groups: Text and process analyses
Benjamin Zimmer - University Hospital Heidelberg, Germany, Markus Wolf, Severin Haug, Hans Kordy

Aim: Since 2001 the Center for Psychotherapy Research together with several clinical partners is investigating the potential of Internet chat groups for the optimization of the delivery of psychotherapeutic care. While the relationship between group members is considered a key feature in f2f-group therapy, little is known about these relationship aspects in the text based group communication via online chat. Lacking most of the nonverbal cues, the chat setting seems to be challenging especially for patients with specific interpersonal problems. **Method:** The 190 patients who participated in the aftercare chat groups between 2001-04 participated also in a comprehensive assessment that included measures on well-being and interpersonal problems (IIP) pre-post of their inpatient treatment. Furthermore, online transcripts of the chat sessions were recorded for all participants as well as therapists providing data on the participants' chat activity, interactional behaviors as well as linguistic features. The possible effect of the interpersonal problems – as indicated by the belongingness to pre-defined IIP-circumplex subgroups – on these sessions parameters were examined through regression analysis. **Results:** Levels of interpersonal problems were associated with specific linguistic and communicational patterns in the chat participants. The study proved automated text analyses to be a valid approach to identify subgroups with regard to their interpersonal problems. **Discussion:** Implications for the assignment to chat aftercare groups are discussed.

Computerized text analyses of depressed people on the internet: Deductive and inductive approaches

Cindy Chung - University of Texas, Austin, USA, N. Ramírez-Esparza, E. Kacewicz, James W. Pennebaker

Aim: The use of Internet communication by depressed people is increasing all over the world. This open resource for studying naturalistic depressive behaviors can suggest possible informational or support needs that are relevant for psychotherapy. The present studies demonstrate two computerized approaches for the identification and expression of depression across cultures. **Design & Methods:** Posts by 400 English speaking depressed people and 400 Spanish speaking depressed people in an Internet chat room were collected; posts by English speaking non-depressed people were also collected. A deductive approach using Linguistic Inquiry and Word Count (LIWC, 2007 version) was used to validate the linguistic cues previously found to be associated with depression by comparing depressed English speakers to non-depressed controls. An automated inductive approach to content analysis using the Meaning Extraction Method (MEM) was used to compare the expression of depression across cultures. **Results:** Linguistic cues previously associated with depression were found to be higher in depressed than in non-depressed English speakers, validating the use of LIWC as a means of characterizing the language of online depressed people. The MEM revealed that depressed Spanish speakers were more likely to mention relational concerns than depressed English speakers, who were more likely to mention medicinal concerns. **Discussion:** These findings demonstrate the use of computerized tools to efficiently examine the expression of depression across cultures. Implications for psychotherapy needs and online support across cultures will be addressed. There is a clear need to extend these methods to additional patient populations, languages, and other research questions.

Associations between language and self reported symptom distress in an e-mail aftercare program

Markus Wolf - University Hospital Heidelberg, Germany, Hans Kordy

Aim: The 'E-Mail Bridge', an online aftercare program via electronic mail developed by the Center for Psychotherapy Research, proved feasible and effective for psychotherapy patients to facilitate the transition from intensive inpatient care to outpatient or no treatment. In the program participants wrote an e-mail once a week to their therapist in which they expressed their feelings and concerns with regard to their actual situation at home. Over 1.500 single e-mails were written by 120 project participants up to now. The aim of the present study was to identify language features from single e-mails that are associated with the course of symptomatic distress of the writer. **Method:** Symptomatic distress was assessed weekly over the course of the aftercare through an 38-item questionnaire, which was administered online. All E-Mails longer than 20 words were extracted, preprocessed and analyzed with computerized text analysis methods. Symptom trajectories and associations with language features were analyzed using a growth curves approach with time-varying predictors and regression analyses. **Results:** As expected a small further decrease of symptoms was found in the participants over the course of the e-mail aftercare. Specific associations were found between symptom distress and several language parameters. **Discussion:** Analyses into language patterns of participants of an e-mail after care program offer a promising way to add knowledge to traditional symptom self-reports. Implications for the clinical use and improvement of therapeutic online communications are discussed.

Panel

Other

Moderator

Richard Zinbarg -

Predictors of Outcome of Psychotherapy for Generalized Anxiety Disorder

The treatment outcome literature clearly shows that psychotherapy for generalized anxiety disorder (GAD) is efficacious. However, even the form of psychotherapy with the most empirical evidence supporting its efficacy – cognitive behavioral therapy – is estimated to produce clinically significant

Northwestern University/The Family Institute, Evanston, USA

change in only 50% of treated patients. Clearly, there is a need to improve upon our current treatments to increase the percentage of patients achieving clinically significant improvement. One approach to improving current treatments is to identify predictors of sub-optimal response to those treatments. Once such predictors are identified, new interventions can be developed to target them in the case of client predictors and new training and/or supervision techniques can be developed to target them in the case of therapist predictors. Each of the papers in this panel has taken this approach and aims to identify predictors of treatment outcome in GAD. Strengths of the panel include diversity across papers in terms of treatment approaches (brief psychodynamically-oriented therapy, cognitive behavioral therapy, non-directive therapy), potential predictor variables tested and research methods (quantitative analysis, qualitative analysis). It is hoped that this panel will stimulate more research in this area, lead to preliminary hypotheses about predictors that may generalize across treatment approaches and those that might be specific to a particular treatment approach and stimulate treatment development for GAD.

Pre-treatment Dyadic Predictors of Outcome in Cognitive-Behavioral Therapy for Generalized Anxiety Disorder: A "Spoonful of Sugar" and a Dose of Non-Hostile Criticism May Help
Richard Zinbarg - Northwestern University, Evanston, USA, Jeong Eun Lee, K. Lira Yoon

Aim: Though the outcome literature clearly shows that standard cognitive-behavioral therapy for GAD leads to statistically significant change, the results are disappointing in terms of clinically meaningful change. One reason for the disappointing levels of clinically meaningful change may be the failure to address problematic patterns of interpersonal transactions in long-term relationships that may constrain the impact of therapy for at least some patients. The present study tested an individual cognitive-behavioral therapy package for generalized anxiety disorder (GAD) that included an imagery exposure component and also tested whether pre-treatment levels of partner hostility and non-hostile criticism predicted outcome. **Methods:** 18 patients with a principal or co-principal diagnosis of GAD were randomly allocated to a treatment condition (n = 8) or a delayed treatment condition (n = 10). In addition, the patients and their partners were videotaped discussing the patients' worries. These videotapes were later coded for levels of partner hostility and non-hostile criticism directed at the patients. **Results:** Treatment resulted in statistically significant change at posttest and pre-treatment partner hostility predicted worse end state functioning whereas pre-treatment partner non-hostile criticism predicted better end state functioning even when pre-treatment functioning was entered as a third predictor in our regression model. **Discussion:** These findings add to a growing body of evidence suggesting that couple therapy may have potential for incrementing the effectiveness of CBT for GAD and begin to suggest what the targets of a couple therapy module for GAD might include.

A qualitative analysis of partner's non-hostile criticism of patients with Generalized Anxiety Disorder

Danielle Black - The Family Institute at Northwestern University, Evanston, USA, Jonathan M. Adler, Jon Baker, Amanda Uliaszek, Richard E. Zinbarg

Aim: Approximately half of generalized anxiety disorder (GAD) patients treated with cognitive behavioral treatment (CBT) do not experience clinically significant change. Zinbarg et al. (in press) found that partner non-hostile criticism predicted better patient outcomes. The development of a couple-based treatment that increases non-hostile criticism might therefore boost the effects of standard CBT. The goal of the present study is to identify the major components of this potentially valuable non-hostile criticism in a sample of GAD patients and their partners using grounded theory (e.g., Glaser & Strauss, 1967). **Method:** Eighteen GAD patients and their partners completed a 10 minute interaction in which the patients discussed a current worry with their partner. The worry interactions were divided into 2-minute units and coders rated non-hostile criticism as defined by the Kategoriensystem für Partnerschaftliche Interaktion,

an established marital observation coding system, on a 0 (absent) to 2 (marked) scale. All of the 2-minute segments with a score greater than 0 were then analyzed by a team of five coders using grounded theory methodology, a qualitative method for deriving salient themes. Results: Preliminary results suggest that partner non-hostile criticism toward GAD patients was characterized by the partner challenging the patient's perceptions, active down-regulation of hostility, and acknowledgment of the partner's flaws. Discussion: Future work should seek to replicate these themes quantitatively. If they do replicate, they hold great potential for informing the development of a systemic treatment of GAD.

Predictors of Cognitive Behavioral Treatment outcome in generalized anxiety disorder

Michelle Newman - The Pennsylvania State University, University Park, USA, Amy Przeworski

Aim: Despite the plethora of research demonstrating the efficacy of CBT in individuals with GAD, clinically significant change is evident in fewer than 50% of treated samples (Newman, 2000). For that reason, it is important to examine client- and therapist-specific factors, which may influence the efficacy of treatment (Kramer, Wilson, Fairburn, & Agras, 2002). To date, little research has examined predictors of treatment outcome in GAD. The purpose of the present study is to examine what variables contribute to the prediction of treatment outcome. Method: Predictor variables to be examined include anxiety severity, duration of GAD symptoms, comorbid diagnoses, demographic variables, expectancy of outcome, and homework compliance. Fifty-five individuals who met GAD criteria were randomly assigned to one of three treatment conditions (cognitive behavioral, applied relaxation, or non-directive therapy). Outcome was assessed immediately post-treatment, and at 6- and 12-month follow-ups. Results and Discussion: Results and implications of these analyses will be presented.

Predictors of Outcome of Supportive-Expressive Therapy for Generalized Anxiety Disorder

Julie Present - University of Pennsylvania, Philadelphia, USA, Paul Crits-Christoph, Mary Beth Connolly Gibbons, Robert Gallop, Sarah Ring-Kurtz, Bridget Hearon, Matthew Worley

To examine a broad range of predictors of outcome of brief psychodynamically-oriented treatment for generalized anxiety disorder (GAD). Data was pooled from two studies investigating brief (16 session) supportive-expressive (SE) psychodynamic therapy for GAD to explore the relationship between a range of potential predictor variables and treatment outcome in a total of 68 patients. Potential predictor variables included demographic, diagnostic, interpersonal, expectation, and treatment process variables. Additional predictors, such as the presence of pain symptoms at baseline, will also be examined. Outcome was assessed using patient and interviewer measures of anxiety symptoms and worry, a core feature of GAD. The presence of an AXIS-II disorder, comorbid major depressive disorder (MDD), overly nurturant interpersonal problems, and negative expectations of psychotherapy when compared to medication were all significantly associated with a poorer treatment outcome. Further exploration of these variables using multiple regression analyses revealed that only the overly nurturant interpersonal style and the negative expectation of psychotherapy were statistically significant predictors of outcome. Results show that GAD patients with severe interpersonal problems, a comorbid personality disorder, and/or comorbid MDD may be a challenging population to treat; treatment should incorporate specific interventions targeting problematic interpersonal behaviors. Alternative treatments, including psychotherapy, should be developed and assessed which may have a more successful remission outcome with these patients.

Paper
Narrative

The narrative reconstruction of psychotherapy and psychological functioning

Jonathan Adler - Northwestern University, Evanston, USA, Dan P. McAdams

Aim we seek to add to the growing body of research that suggests that clients develop new stories to tell about themselves and their experiences as the result of psychotherapy (e.g., angus & mcleod, 2004). Indeed, the process of undergoing psychotherapy presents a challenge to clients – they must narrate the therapeutic experience itself. As frank (1961) and spence (1982) noted, these stories about psychotherapy are fundamental to the individual's continued functioning following treatment. method: In two studies, one qualitative (n=76) and one quantitative (n=104), the researchers examined former psychotherapy patients' narrative reconstructions of their therapy and the relation of themes from their stories to measures of (1) psychological well-being and (2) maturity (ego development). results: Adults high on well-being (compared to those low) tended to narrate their therapy as a victorious battle. In this kind of story, a problem rises from obscurity to become a fierce antagonist, only to be defeated by a re-energized self. Those adults high in ego development (compared to those low) tended to recall their therapy as one chapter in an ongoing narrative of self-development. In this kind of story, the self continues to face new problems over time, but the therapeutic relationship facilitates the individual's journey of ongoing growth. discussion: Therapy stories that conceive of personal problems as aberrations to be vanquished by an agentic self may promote and preserve well-being, whereas those stories that view personal problems (and therapy) as opportunities for growth and personal transformation may enhance ego development and promote psychological maturity

Paper
Therapist

Counselor influence on response to a treatment rationale

Mariyam Ahmed - York University, Toronto, Canada, Henny A. Westra

Response to a treatment rationale has been found to instill positive expectancy for change. However, little is known about the individual and contextual factors influencing expectancy in response to a rationale. In this analogue study, the CBT rationale was presented via videotape to undergraduate students selected for high fear of negative evaluation. Prior to viewing the rationale participants' were categorized as either 'high' or 'low' in optimism for anxiety change based on their responses to the Anxiety Change Expectancy Scale. Within these groups, participants were randomly assigned to view a rationale presented by the same counselor acting in either a 'warm' or 'cold' manner. Several measures of response to a rationale were included such as confidence in conducting interpersonal exposures and credibility of the rationale. We hypothesized that the warm counselor condition should generate a more positive response to the rationale. Furthermore, individual differences in expectancies about anxiety change were predicted to moderate the impact of counselor attractiveness on response to a rationale. Results and implications will be presented and discussed. 1 1- data are collected and will be entered and analyzed for the presentation.

Paper
Group

Statistical Analysis of Group-Administered Treatment Data: A Re-Analysis of Two Randomized Trials

Scott Baldwin - Brigham Young University, Provo, UT, USA, Eric Stice, Paul Rohde

Aim. When treatments are administered in groups, clients interact in ways that violates the key statistical assumption of independence of observations. The resulting dependencies, when not properly accounted for, can increase Type I errors dramatically. However, most methodological research in this area has relied on simulated data. The purpose of this presentation is to explore the impact of statistical dependencies on the tests of treatment effects using data from two group-administered treatment trials. Methods. Trial 1 compared the relative efficacy of a group-administered cognitive-behavioral intervention

and a group-administered life skills intervention for adolescents with major depressive disorder and/or conduct disorder (N = 182). Trial 2 compared the relative efficacy of a group-administered dissonance-based eating disorder prevention program to a group-administered healthy weight prevention program (N = 222). We focused on three primary outcomes from each trial. Results. For both Trial 1 and 2 we compared tests of the treatment effect from models that ignored dependencies and models that included dependencies. As expected, adjusting for dependencies reduced the statistical significance of the test of the treatment effects, although for some outcomes the dependencies were small and did not affect the test of the treatment effect much. The size of the reduction was a function of the magnitude of the dependencies and the number of groups in each treatment condition. Discussion. We will discuss the implications these results have for the design and analysis of group treatment studies. We will also discuss potential sources of the dependencies.

Paper
Interpersonal

Psychometric properties of the Dutch translation of the IIP-64: Research in a clinical and a non-clinical sample

Caspar Berghout - Netherlands Psychoanalytic Institute, Amsterdam, The Netherlands, Jolien Zevalkink

Aim. The main purpose of the present research was to evaluate the psychometric properties of the Dutch translation of the Inventory of Interpersonal Problems (IIP-64) and to evaluate the degree to which this version corresponded to the original IIP-64 (Horowitz et al., 2000). **Method.** The IIP-64 scores of a non-clinical group of psychology students (N=207) were analyzed, as well as the scores of a clinical sample of patients who applied at a mental health facility specialized in long-term psychoanalytic treatments (N=673). **Results.** The alpha coefficients of the Dutch translation fall within the range of acceptability and match those in the IIP Manual values almost exactly. Compared to the clinical sample, all the subscale mean scores and the IIP total score were significantly lower for the non-clinical sample. The gender differences we found in our clinical and non-clinical samples were consistent with those reported in the IIP Manual. When compared to the sample norms in the IIP Manual, the Dutch non-clinical sample was significantly different on a number of the subscale means, in general scoring higher on the friendly-submissive subscales. **Discussion.** The Dutch translation succeeds in replicating both the psychometric properties of the IIP as well as an empirical description of various samples. Both the gender differences and the clinical – non-clinical differences can be interpreted as evidence for the discriminant validity of the IIP-64. However, the empirical structure of the data does not map neatly onto either the circumplex or the factor structure taken a priori in the IIP.

Paper
Assessment

Using Clinical Support Tools with Failing Clients: Assessing Gains at Follow-up

Matthew Bishop - Brigham Young University, Provo, USA, Michael Lambert, David Smart, David Dayton, John Okiishi, Karstin Slade, Marko Moreno

This study reports the differential effects of two randomly assigned treatments, as measured at follow-up, with clients (N=153) who were predicted to have a negative therapy outcome. During the course of therapy, those clients whose session-by-session scores on the Outcome Questionnaire showed deterioration were randomly assigned to either an augmented therapy regimen or continued treatment as usual. The augmented treatment consisted of the use of "clinical support tools" in the form of four measures: therapeutic alliance, social support, motivation for therapy, and perfectionism. Clients' scores on these clinical support tools (CSTs) were provided to therapists along with a CST manual which outlined various interventions keyed to each measure. Several months after termination, clients in both the CST group and the treatment-as-usual group again completed the Outcome Questionnaire. Two previously published studies have reported the beneficial effects of the CST augmentation, but this study is the first to report effects at follow-up. Consistent with the recommendations of the APA Taskforce on Evidence-

Based Practice (2005), this study addresses the use of "clinical support tools" while "monitoring patient progress and modifying treatment as appropriate." Differential effects of CSTs with failing clients are presented and implications for process and outcome, including a discussion of the computerized method of CST administration and reporting, are drawn.

Paper
Cognitive

Process and outcome of constructivist and cognitive therapy for postpartum depression: A pilot study

Luis Botella - Ramon Llull University, Barcelona, Spain, Laia Belles, Ricardo T. Pinheiro, Olga Herrero, Ricardo Azevedo da Silva, Karen A.T. Pinheiro, Anna Martí

This study compares cognitive therapy with relational constructivist integrative therapy for postpartum depression. Participants were 30 women (mean age = 29) fulfilling diagnostic criteria for postpartum depression and randomly assigned to one of the two psychotherapies. The Beck Depression Inventory, Beck Anxiety Inventory, and Edinburgh Post-natal Depression Scale were used as outcome measures and a specially designed form of Personal Construct Grid as a process measure. Results indicated that (a) symptomatic improvement in depression (but not in anxiety) was significant ($p=.001$) after psychotherapeutic treatment in general and higher in RCIT than in CT; (b) none of the two treatment conditions generated significant changes in cognitive complexity nor intensity but there was a significant decrease ($p=.005$) in polarized construing in both; (c) RCIT fostered a greater amount of changes in the element "myself now", and it also made it closer to "ideal woman" and "ideal mother" than CT.

Paper
Therapist

Do opinions of strengths and limitations as psychotherapist change during training? – a study with a Therapeutic Identity Questionnaire

Jan Th Carlsson - Psykoterapiinstitutet/Karolinska Institute, Stockholm, Sweden, Johan Schubert

The aim of the present study was to explore the development of students' views of their strengths and limitations during formal training. Ninety-six students at a training institute for psychoanalytic psychotherapy in Stockholm were asked to answer a Therapeutic Identity Questionnaire on education, experience, attitudes and values, and forty-six of those were asked to answer in the beginning, middle and end of their training. This includes two open questions on strengths and limitations. The question "What do you consider to be your greatest strength as a therapist?" gave 374 answers categorized into: a) personal qualities; b) being emphatic/containing; c) relating ability and d) theoretical knowledge/work experience. The question "What do you consider to be your greatest limitation as a therapist?" gave 201 answers categorized into: a) restraining personal qualities; b) being too passive; c) being too active; d) insufficient knowledge/experience and e) external conditions. The results show that most students value the ability to be containing and emphatic as a strength. During training theoretical/practical knowledge is increasingly valued, while personal qualities is less valued. Restraining personal qualities are increasingly considered as a limitation, as well as being too active. The paper discusses these findings regarding the development of therapist's views during training in the psychoanalytic theoretical context.

Paper
Alliance

Reliability and validity of a new measure to assess therapeutic alliance ruptures and resolutions: The Therapeutic Alliance Index- r (TAI-r)

Antonello Colli - University La Sapienza Faculty of Psychology, Rome, Italy, Vittorio Lingiardi

The aim of this study is to assess the reliability (inter rater and test retest reliability) and the validity (convergent validity) of a new measure to assess therapeutic alliance rupture and resolution processes: The Therapeutic Alliance Index – TAI-r. We evaluated (in a random order) the transcriptions of 42 sessions of seven different therapies (six sessions for each therapy). The evaluations (in blind) were

made by three different groups of raters (five judges for each group). We used: The therapeutic alliance index – tai (colli, lingiardi, 2001), revised version, a transcript based method; the working alliance inventory – observer version (wai-o; horvath, 1981), to obtain a global alliance assessment level for each session; the psychotherapy process q sort (pqs, jones, 2000) to assess and describe the psychotherapy process.results. The tai-r showed good reliability (mean inter rater reliability (icc> .70). We found significant correlations with the wai-o (>.78), in particular with the bond scale (>.83), and with the PQS items describing strains in the patient-therapist relationship (> .81). Discussion. Our results show that tai-r can be a reliable instrument, with good convergent validity, to assess therapeutic alliance, and rupture/resolution processes (safran, muran, 1996). It can be considered as a coding system helpful for studying, at a microanalytic level, the way patient and therapist construct their relationship

Paper
Integration

The Effects of Providing Process and Outcome Feedback to Therapists on Clinical Progress in a Managed Care Setting

Brett Copeland - George Fox University, Newberg, USA, Rodger Bufford, David Vermeersch, Clark Campbell

With a growing push to integrate science and practice, several recent studies have successfully applied feedback studies with student populations (see, for example, Whipple et al., 2003). However, few if any feedback studies have been conducted with a clientele that represents the diversity of persons who typically receive psychotherapy in the United States, thus generalizing findings to community clinics is problematic at best. The paucity of studies in community settings may be partially due to the complexity of presenting problems and comorbidity, insurance and managed care requirements, and loss of experimental control and distance from researchers that naturalistic settings entail. This study was a randomized investigation of feedback applied at six treatment sites of Western Psychological & Counseling Services, an outpatient mental health center in the northwest United States. Results indicated significant treatment effects after five sessions as measured by the LSQ. Results were general across sites. In addition, improvements were found in both positive and negative empathy. Negative empathy and termination predicted outcomes. In the discussion we will first explore the setbacks, victories, and strategies associated with incorporating "client-focused" research--or research in general--in a naturalistic setting. Second, we will compare the results of this non-student-population-based study with the landmark student-based study conducted by Lambert et al. (2001). These findings should provide insight into future endeavors seeking to wed research with clinical practice as well as add validity to the feedback studies conducted previously.

Paper
Alliance

Early Predictors of Treatment Outcome Within Cognitive-Behavioral Therapy for Children With Anxiety Disorders: Child Involvement, Therapist Behavior, and Alliance

Torrey Creed - The Children's Hospital of Philadelphia, USA, Philip C. Kendall

Examined a mediation model of the relationships among therapist and child in-session behavior, alliance, and treatment outcome in an empirically-supported, manualized cognitive behavioral therapy for anxiety disorders in youth (N=68, age 8-17). Therapist behavior (collaboration, common ground, pushing) and client behavior (overall involvement, positive behavior, negative behavior) in the first three sessions of treatment were coded by reliable, trained observers. Therapist, child, and observer ratings of alliance were gathered independently after session three. Child psychopathology was rated by independent diagnosticians and parents at intake and posttreatment. Contrary to hypotheses, alliance did not mediate the associations between these child or therapist behaviors and treatment outcome according to two out of three methods of testing mediation. However, significant relationships among early in-session

behavior, alliance and treatment outcome were found. Specifically, collaboration was a positive predictor of alliance (therapist and observer report) and parent-reported treatment outcome. Overall child involvement was also a positive predictor of alliance (therapist, child and observer report) and parent-reported treatment outcome, notably accounting for 31%, 36%, and 45% of the variance in each report of alliance, respectively. Parent-reported treatment outcome was also predicted by negative child involvement behavior (negatively) and positive child involvement behavior (positively). Therapist and observer report of alliance were positive predictors of parent-reported treatment outcome. Diagnostician reported treatment outcome was not predicted in any analyses. Implications and suggestions for further research are discussed.

Paper
Experiential

Efficiency of experiential psychotherapy in the treatment of children with attention deficit hyperactivity disorder

Geanina Cucu Ciuhan - University of Pitesti, Other

A child who is hyperactive is not feeling in control of his body. His motor difficulties cause poor eye-hand co-ordination and affect his ability to write easily and clearly. This child has severe learning disabilities caused by impairment of perceptual abilities (visual, auditory and sometimes tactile). He is confused and irritated by the many stimuli in his environment. There are also many secondary effects that contribute to the child difficulties. Adults are impatient with him, do not trust him, yell at him and sometimes can't stand him. He has few friends, since he has poor interpersonal relationship skills. He feels bad about his learning impairments and his self-image is usually very poor. This paper presents a complex plan for the treatment of attention deficit hyperactivity disorder. The paper presents the results of a controlled study with HAD the purpose to test the efficiency of a complex plan for the treatment of attention deficit hyperactivity disorder: This therapeutic plan combines metaphorical scenarios adapted for therapeutic intervention in small groups of hyperactive children with special groups of professional optimisation organised for the teachers of these children. The originality elements of the paper are: 1) using a modern research design by completing the clinical controlled study with qualitative analysis of the process; 2) validation of experiential expressive techniques for the therapy of ADHD children and creating new techniques; 3) validation of a training program for primary school teachers for working with ADHD children in the classroom. The paper includes statistical data of the experiment

Paper
Assessment

The outcome questionnaire in a Dutch population: A cross-cultural validation

Kim De Jong - GGZ Noord-Holland-Noord, Heiloo, The Netherlands, Annet Nugter, Hans Wagenborg, Marika Polak, Philip Spinhoven, Willem Heiser

The cross-cultural validity of the OQ in the Dutch population has been examined by comparing the psychometric properties and equivalence in factor structure and normative scores of the Dutch OQ with the original American version. Data were collected at university (n=268), in community (n=810) and in three mental health care organisations (n=1920). Results showed that the psychometric properties of the Dutch OQ were adequate and similar to the original instrument. Some differences in equivalence were found though. In factor analysis, two additional factors were found: One consisting of social role items and another that reflected anxiety and somatic symptoms. Furthermore, normative scores were different for the Dutch and American samples and this resulted in different cutoff scores for estimating clinically significant change in the Dutch population

Paper
Training

Transcultural counselling training: How are training videos interpreted by Australian indigenous and non-indigenous professional audiences?

Geoff Denham - Auckland University of Technology, New Zealand, Carmen Cubillo

The producers of training videos promoting transcultural awareness in professional communication (such as medical interviews and psychotherapy sessions) have assumed that it is sufficient to outline the principles of such communication by illustrating good and bad exemplars in videoclips, without investigating how such training material is received, interpreted, and negotiated by its audience. We examined how 3 videoclips were interpreted by a group of Australian health professionals (White group, $n = 10$) and a group of indigenous health workers (Winnunga group) ($n = 10$). Each videoclips showed an Australian indigenous client being interviewed by female health workers in two quite different settings- a hospital and a university student centre. The encounters varied in quality and purpose. The verbatim responses to set of structured questions were analysed using the Leximancer Text Mining and Mapping program with a focus on comparing the two groups. The Winnunga audience group used body language as a central concept in their evaluation of the videoclips. It opened up a discussion of respectfulness in terms of the paralinguistic features of the encounter. White folk, for all their words, need to be watched carefully so that their meanings can be discerned, provides a summary. The White group identified both a medicalisation of human distress with its attendant interrogation, and the important work of building a therapeutic alliance in counselling and psychotherapy. In this presentation the three short videoclips will be shown in introducing the methodology of the study and a summary of the major findings will be presented.

Paper
Family

Attachment Based Family Therapy for Suicidal Adolescents

Guy Diamond - Children's Hospital of Philadelphia and University of Pennsylvania, USA, Matt Wintersteen, Gary Diamond, Hillary Dingfelder, Andrea Wittenborn

This paper presents the preliminary results of a randomized clinical trial comparing Attachment Based Family Therapy (ABFT) versus Enhanced Usual Care (EUC) for suicidal adolescents. To date, 39 adolescents and their families have been randomized. Those receiving ABFT have completed an average of 10.6 sessions, whereas those receiving EUC have completed an average of 4.2 sessions. Eighteen of the 39 adolescents have 12 week post-intake data. Results of a repeated measure ANOVA indicate that, across the two treatment conditions, adolescents are showing significant improvement in depressed mood (BDI) from baseline through 12 weeks, evidenced by a significant main effect on BDI scores, $F(1,17) = 24.35, p = .000$. There was no between-condition effect on the BDI, suggesting that adolescents receiving EUC improved to a degree similar to those receiving ABFT. In contrast, there was both a main effect, $F(1,17) = 19.5, p = .000$, and a near significant time by treatment condition interaction for suicidal ideation, $F(1,17) = 2.48, p = .11$. Post-hoc analyses indicate that while both groups showed similar and dramatic decreases in suicidal ideation over the first six weeks of treatment, adolescents in the EUC condition showed an increase in their suicidal symptoms from week 6 to week 12, whereas adolescents in the ABFT group continued to improve (i.e., decrease in suicidality) over the same time frame.

Paper
Alliance

Experience of the relationship between social workers and clients with and without a structured interview (ASI)

Christer Engstrom - Department of psychology, Umeå, Sweden, Bengt-Åke Armelius

Two groups of social workers and clients participated in an assessment session: One group used the addiction severity index (asi) and the other group did not. Aim. The aim was to investigate whether there are differences between these two conditions regarding the experience of the relationship between the

clients and the interviewers. Method. The relationship is measured with a newly-constructed questionnaire (asi-relation) consisting of sub-scales: Alliance, client's own competence and negative experiences. A total of 32 social workers and 92 clients participated. Result. There where no difference in the perception of the working alliance or in the number of negative experiences with or without the asi, but the clients' perceptions of competence are lower when the ASI is used. Diskussion. The question as to whether the feeling of diminished own competence amongst the clients is an expression of greater realism and reduced denial or merely an increased helplessness negatively affecting the clients' self-esteem can not be answered in this study

Paper
Psychodynamic

Psychodynamic psychotherapy for young adults: Outcome in a community mental health centre

Fredrik Falkenström - Samtalscentrum Unga Vuxna (Young Adults Counselling Centre), Nyköping, Sweden

Aim: To study the outcome of psychodynamic psychotherapy offered to young adults in a small community mental health service clinic for young adults aged 16-23 in terms of changes in symptoms, interpersonal problems and global functioning during and after therapy. Methods: Two self-report measures, the Symptom Checklist 90 (SCL-90) and the Inventory of Interpersonal Problems (IIP) were administered before therapy, at termination, and one year after termination as follow-up. Therapist rated Global Assessment of Functioning (GAF) before therapy and at termination was also used. Results: From August 2003 to December 2006, 81 patients had completed therapy. The most common diagnoses were mood disorders (43%) and anxiety disorders (35%). 29% also fulfilled diagnostic criteria for any personality disorder. The median number of sessions was 16, and effect sizes at termination ranged from .78 for interpersonal problems, .97 for psychiatric symptoms and 1.15 for therapist assessed global functioning. Almost two thirds (63 %) of patients achieved clinically significant change in symptoms, and slightly more than half (54%) in interpersonal problems. Discussion: Data indicate that patients in this community mental health centre make statistically significant and substantial positive changes after psychodynamic psychotherapy. The study can be seen as an example of effectiveness research with high external validity at the cost of internal validity control.

Paper
Psychodynamic

The influence of therapists' thoughts and feelings on the process and outcome of Time-Limited dynamic psychotherapy

James Fauth - Antioch University New England, Keene, USA, Antoinette Mathisen, Sarah Gates

We investigated the link between doctoral therapist-trainees' thoughts and emotions on clients' thoughts, emotions, perceptions of session impact, and outcome during the course of Time Limited Dynamic Psychotherapy (TLDP). The variables were assessed using self-report measures. Therapists' thoughts and emotions were measured with the Therapist Appraisal Questionnaire and a Thought-listing procedure, respectively. Therapist responses to the Thought-listing procedure were subsequently coded by trained raters. Parallel versions of these same instruments were used to measure clients' thoughts and emotions as well. Session impact was measure from the client perspective with the Session Impact Scale (SIS), which contains three scales: Task Impacts (progress on goals), Relationship Impacts (perceptions of therapeutic alliance), and Hindering Impacts (negative impacts). To date, preliminary regression analyses have been conducted on approximately 117 TLDP sessions. These results indicate that therapists' emotions are powerful predictors of clients' thoughts, emotions, and session impact. For instance, as therapist-trainees' experienced more negative emotions, clients reported less progress on their goals in therapy, experienced the therapeutic relationship as less positive, and reported more hindering session impacts. By June, we will complete all analyses, including those linking therapists' thoughts and emotions with outcome as assessed by the OQ-45. We will discuss the findings in terms of

future research, training, and therapy.

Paper
Therapist

Therapists types depending on their personal styles: A quanti and qualitative study

Fernando García - Fundación Aiglé, Buenos Aires, Argentina, Beatriz Gómez, Claudia Castañeiras, Verónica Rial, Héctor Fernández-Alvarez

Aims: One of the aims of this study is to present a qualitative study on the most paradigmatic profiles of therapeutic styles in a sample of 466 argentinian psychotherapists. Another aim is to qualitatively describe different compositions of therapeutic styles profiles. This will allow doing an interpretative work of quantitative data in order to give the profiles a concrete meaning in the sense of real therapist.
Methods: A cluster analysis was carried out in a 466-psychotherapist sample. A five cluster solution was determined to be the most appropriate for a first approximation to categorize the present sample of psychotherapists into different "types". In order to make some progress on the study of how these paradigmatic psychotherapists would be, an in-depth interview was proposed to be done with the two most representative therapists within each cluster a semi-structured interview was carried out to investigate what the therapist thinks about his/ herself with regard to the five dimensions that the PST-Q assesses. Age, sex, years of experience and a personality profile obtained through the mips (millon index of personality styles) were considered. The obtained data through the in-depth interviews were interpreted through a qualitative methodology and therapists belonging to different clusters and from the same cluster were compared. The utility of this study consists of showing real therapists beyond a numeric profile in the dimensions of PST-Q -assessment questionnaire on the personal style of the therapist. It shows the degree in which the PST-Q is useful to differentiate between qualitatively different psychotherapists.
Results: A summary of in-depth interviews and comparative data of the mips will be presented.
Discussion: The research implications of the findings will be discussed. Directions for future research will also be discussed

Paper
Assessment

Assessing metacognitive functioning in psychotherapy through the Therapeutic Cycle Model: Preliminary results

Omar Gelo - University of Ulm, Germany, Antonino Carcione, Giancarlo Dimaggio, Giuseppe Nicolò, Erhard Mergenthaler

Background: The Therapeutic Cycle Model (TCM) is a computer-text analysis based model of psychotherapeutic process which identifies emotion and abstraction markers within the therapeutic dialogue, allowing the analysis of emotional-cognitive regulation in psychotherapy. It has been shown that a) the co-occurrence of emotional and abstraction (Connecting) predicts good outcome in therapy; b) a specific sequences of emotion and abstraction along the treatment (Therapeutic Cycles) mark moments of good therapeutic work. In this study we test the assumption that the ability of using metacognitive functioning during psychotherapy can be identified by a) the co-occurrence of emotion and abstraction (Connecting) and by b) specific phases of therapeutic work "built" around Connecting (Therapeutic Cycles).
Methods: The sample consisted of one patient with a diagnosis of Narcissistic Personality Disorder treated with metacognitive-interpersonal therapy. The transcribed sessions were analyzed following the TCM, which allowed identifying different modalities of emotional-cognitive regulation (Relaxing, Reflecting, Experiencing, Connecting) and the quality of therapeutic work (Therapeutic Cycles) within the sessions. The Metacognition Assessment Scale (MAS) was used to assess the amount of patient's successes in using specific metacognitive abilities.
Results: MAS global and sub scores presented statistically significant higher values within Connecting and within Therapeutic Cycles.
Discussion: The ability of the patient in reflecting on her emotion (Connecting) and the therapeutic work

developed around this ability (Therapeutic Cycles) indicates high levels in the overall metacognitive functioning and in the specific metacognitive abilities shown by the patient. This study suggests the sensitivity of TCM in assessing metacognitive functioning within psychotherapeutic process.

Paper
Linguistic

Dimensions of patient speech: Evidence of primary and secondary processes

Dan Gilhooly - Boston Graduate School for Psychoanalysis, Brookline, Ma, USA, Stephen Soldz

Aim Freud used the terms primary and secondary process to describe two different forms of thought: One that is subjective, emotional, nonverbal, and perceptually-based; another that is reality-oriented, unemotional, verbal, logical and reflective. This study looks for evidence of primary and secondary process thought in the speech of psychoanalytic patients. Method: The speech of 15 patients was studied by analyzing the frequencies of 30 co-occurring psycholinguistic variables long associated with psychopathology. The frequency results were factor analyzed, and speech samples selected from high and low points of each factor were qualitatively analyzed. Results: The factor analysis of the speech of 14 patients revealed four bipolar dimensions described as self-efficacy, therapeutic dyad, self-narratives about personal problems, and other-narratives. The factor analysis was repeated in the speech of a single patient during 56 sessions spread across an entire analysis, and the same four factors appeared. Qualitative analysis revealed that three of the four dimensions of speech vary in linguistic and psychological integration. During disintegrated phases patients speak in a ruminative, negative, uncertain and self-referential way, focusing on immediate experience. Conversely, during integrated phases patients provide diverse narratives, representing themselves as continuous in time, and reflecting upon themselves in terms of the past or within the context of others. Discussion: The four factors discovered in the speech of these 15 patients are discussed within the context of psychoanalytic theory and recent linguistic research. Three of the four factors appear to represent aspects of primary and secondary processes as conceptualized by psychoanalysts

Paper
Psychodynamic

Psychodynamic Psychotherapy for Co-Occurring Borderline Personality Disorder and Alcohol Use Disorder: Preliminary Findings of a Controlled Trial

Robert Gregory - SUNY Upstate Medical University, Syracuse, USA, Susan Chlebowski, David Kang, Robert J. Ploutz-Snyder, Anna L. Remen, Maureen G. Soderberg, Subhdeep Virk, Michael J. Wade

Objective: Co-occurrence of borderline personality disorder (BPD) and alcohol use disorders has been associated with increased suicide risk and poor treatment response and retention. This presentation describes the 6-month results of an on-going 30-month treatment trial. Methods: 30 adults with cooccurring BPD and alcohol use disorders were randomized to either a manual-based psychodynamic treatment, labeled dynamic deconstructive psychotherapy (DDP), or to treatment in the community (TAU). Individual treatment contact hours averaged one/week for both groups, but TAU participants received more hours of group therapy. Primary outcomes included parasuicide, alcohol misuse, and institutional care assessed every 3 months by structured interviews. Results: By 6 months, the relative risk for para-suicide behavior in the group receiving DDP decreased by 38% versus an increase in relative risk of 35% for TAU. For both treatment groups, the relative risk for an episode of intoxication decreased by 31%. The relative risk of institutional care decreased by 55% for DDP and 32% for TAU. DDP demonstrated substantially better therapist retention than TAU (73% versus 18%, Fisher Exact $p=0.015$) and trended towards better results on most secondary measures. Conclusions: Early findings of this on-going study suggest that dynamic deconstructive psychotherapy is associated with significantly better therapist retention than high intensity community treatments and may reduce the relative risk of parasuicide, alcohol misuse, and institutional care by 31-55% within 6 months. The findings support the need for further research, including long-term outcomes and mechanisms of action in comparison to other manual-based treatments.

Paper
Therapist

The psychotherapeutic relationship among psychotherapists in Turkey and the United States

Gulin Guneri-Minton - Illinois School of Professional Psychology - Argosy University/Chicago, USA, Sue Hyun Bae

Modern psychotherapy originated mainly in Europe and North America. Developing countries like Turkey exported the Western models of psychotherapy with aspirations of modernity in education, industry and cultural development. Although psychology as a scientific discipline was introduced to Turkey in 1915, psychotherapy was not actively practiced in clinical settings up until the late 1950s. The questions addressed in this paper presentation concern the adaptation of Western theories to the Turkish culture as a unique blend of Ottoman history, Muslim religion, and mix of Eastern and Western cultures. In pursuing this aim, the main focus will be the psychotherapeutic relationship experienced by Turkish psychotherapists of different personal and professional characteristics within the context of Turkish society. This paper presentation describes a sample of 59 Turkish psychotherapists in various mental health professionals. Data were collected in Turkey by using the Turkish-language version of the self-administered survey, namely the development of psychotherapists common CORE questionnaire, as the research instrument. Results showed that the majority of the Turkish therapists, regardless of theoretical orientation, rated themselves "high" on being directive whereas the majority of the American therapists rated themselves "low" on being directive. This finding fits well with the Turkish people's tendency to be submissive toward therapists, as authority figures. Given that Turkish people are accustomed to being told what to do by authority figures, Turkish patients/clients will expect their therapists to provide direction and structure during therapy sessions. Therefore, Turkish therapists regardless of their theoretical orientation are more inclined to be guiding and directive with patients/clients compared to American therapists. In discussion section, the question will be raised as to whether Western theories of psychotherapy equip Turkish psychotherapists with sufficient basis to effectively treat problems influenced or caused by unique cultural situation.

Paper
Interpersonal

Relationship between self-image and interpersonal problems in normal adolescents

Camilla Hakelind - Department of Psychology, Umeå University, Sweden, Kerstin Armelius, Mikael Henningsson

Aim: The study of the relationship between self-image and interpersonal problems in a group of 322 normal adolescents (168 girls and 154 boys) aged between 12 and 18 years. Methods: The study was performed using two self-assessment instruments; Inventory of Interpersonal Problems (IIP) and Structural Analysis of Social Behaviour (SASB). Results: Results showed that all aspects of a less positive and more negative self-image were associated with more interpersonal problems. Interpersonal problems were also systematically related to three different self-image patterns. Being intrusive, domineering, and vindictive was explained by hostile self-autonomy and low friendly self-control. Being overly nurturant, exploitable, and non-assertive was explained by hostile self-control and friendly self-autonomy. Being cold and socially avoidant was explained by hostile self-autonomy and low friendly self-autonomy. Discussion: Feelings of both relatedness and separateness are necessary for a healthy development of autonomy. The present study shows that when self-autonomy is combined with a hostile self-image, the result could be interpersonal problems located at the top of the IIP circumplex — being domineering, vindictive, and intrusive — and when self-control is combined with a hostile self-image, the result could be problems located at the lower/right part of the circumplex — being too submissive, exploitable and nurturant. It seems necessary to consider the combination of self-love and self-autonomy in order to understand interpersonal problems in adolescents.

Paper
Other

Meta-analysis of non-randomized trials - possibilities and limitations

Armin Hartmann - Abteilung für Psychosomatische Medizin und Psychotherapie, Freiburg, Germany, Almut Zeeck

The integration of outcome research by common meta-analysis is limited to randomized controlled studies (RCTs), and very often to RCTs with no-treatment controls. In psychotherapy researchers have a hard time realizing comparable no-trt-groups. Trials comparing active treatments only are also hard to integrate into meta-analysis. This is a major problem for all kinds of reviews and for the development of guidelines. The approach of "standardized mean change scores" (Singer, 1988) proposes a solution allowing for an integration of far larger numbers of studies into meta-analyses. It makes use of "Pre-Post-Effect-Sizes" in stead of "Treatment-Control-Effect-Sizes". In principle, every study reporting means and sds for at least one active treatment can be included into such a meta-analysis. It is argued, that integrating the ES of no-trt-control groups from different studies may serve as a "benchmark" for the active treatments. Recent efforts to create alternative research strategies, leaving the RCT-standard (Leichsenring, 2006, Psychotherapy Res), suggest the same strategy. We present a review of treatments of Anorexia nervosa using both meta-analytic approaches. The results are compared and discussed. Conclusion: The standardized mean change score approach generates "second best" evidence. This is better than "no evidence" for some fields of research, but wherever possible RCTs and standard meta-analysis are to be preferred.

Paper
Interpersonal

Inventory of interpersonal strengths

Robert Hatcher - U of Michigan, Ann Arbor, USA, Alex Barends, Daniel Rogers, Giovanni Minonne

Aim: The Inventory of Interpersonal Strengths (IIS) complements the Inventory of Interpersonal Problems (IIP), designed to measure positive interpersonal strengths in all 8 domains of the interpersonal circle. Previous interpersonal measures (e.g., IAS) measure positive qualities on the right side of the interpersonal circle, and negative qualities (e.g., vindictive) on the left. As a psychotherapy research measure, the IIS should help identify strengths to capitalize on, and areas of less strength to work towards, in therapy and in other settings. Methods: The IIS is modeled on the IIP. An initial set of 240 positive interpersonal strength items was developed based on the IIP, Seligman et al.'s measures of strength and virtue, and other sources. Using undergraduate samples (N = 340, 328), this set was successively reduced to 147 and then to 64, with 8 items in each of 8 octants, representing interpersonal strengths arranged around a version of the interpersonal circle. Results: The reliability and circumplex characteristics of the measure were demonstrated in two samples (N=328, 275). Convergent and divergent validity of the octant scales were assessed in these samples using the IIP, the Satisfaction with Life Scale (SWLS), the Perceived Relationship Quality Component Inventory, the Experiences in Close Relationships Scale, and the 3M40, a Big 5 inventory. The IIS contributes uniquely in regressions with the IIP on the SWLS scale. Additional factors were identified in the remaining item set corresponding to interpersonal versions of the Big 5 inventory, including conscientiousness, neuroticism, and openness to experience.

Paper
Training

Trainees perception of impaired peers in clinical psychology program in Japan: A Qualitative Study

Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan, Yoshinobu Kanazawa

The paper presents the interim result from a qualitative study on students' experience of impaired peers in clinical psychology training programs in Japan. A total of eight graduate students enrolled in clinical psychology training programs and recent graduates were interviewed on (a) what types of impairment

and problems they observed in their peers; (b) how the peer (s) and his/her difficulties were handled by the program chair and its teaching staff; (c) how they helped or interacted with the impaired peer (s); (d) how the experience of interacting with this student influenced the interviewee's perception of the profession; (e) how and if other students and their training were affected by the impaired peer (s); and (f) what they learned from the experience. The interview data will be analyzed using grounded theory approach. Implications for training and education will be discussed.

Paper
Supervision

Novice supervisee's experiences of what's good and bad psychotherapy supervision

Claus H. Jacobsen - Aalborg University, Denmark

This paper presents a qualitative study of novice supervisee's experiences of good and bad supervisory experiences and on how this change as the supervisees gain more experience. Novice psychotherapists rate supervision as the most important element in their acquisition of professional skills in therapeutic activity. In spite of this, it has been documented that many supervisees are discontent with the supervision they receive. Still relatively little research has been conducted that examines the quality of supervision and the learning involved seen from the perspective of the supervisees. This study was conducted as a series of semi structured qualitative research interviews with 7 student therapist 2 month after their first clinical experience in a university clinic setting. The subjects were re-interviewed when they had almost a year of clinical experience and supervision. The interviews were thematically focusing on the experience of specific good and bad supervisory experiences. Also included were the importance of peers in the supervision group and the organisational setting of the supervision. After analysing each individuals experience all individual experiences were examined until patterns across the interviews could be identified. The main findings will be presented on what is considered good and bad supervision as seen from the perspective of the supervisees. It also describes the changes of preference as a function of the supervisee's level of experience.

Paper
Training

Impaired trainees in clinical psychology programs in Japan: A qualitative study on instructors' view

Yoshinobu Kanazawa - Meijigakuin University, Tokyo, Japan, Japan, Shigeru Iwakabe

The paper presents the interim result from a qualitative study on instructors' views of impaired trainees in clinical psychology training programs in Japan. A total of eight faculty members in clinical psychology training programs were interviewed on (a) what types of impairment and problems they have commonly observed in their trainees during their training; (b) what precipitant events contributed to the occurrence or the worsening of the problems; (c) how the impaired students and their difficulties were handled by the program and its teaching staff; (d) what roles peer students played in helping with the impaired trainees; (e) what guidelines they feel would be helpful in selecting candidates if any; and (f) what guidelines they feel are necessary in judging the course of remediation (e.g., dismissal from the program, mandatory personal therapy, etc.). Both successful and unsuccessful case examples of remedial actions will be presented with implications for training and education of clinical psychologists.

Paper
Quality

Process Quality in Hospitals of Psychosomatic Rehabilitation

Stephan Kawski - University Medical Center Hamburg-Eppendorf, Germany, Sven Rabung, Holger Schulz, Christiane Bleich, Sylke Andreas, Peter Follert, Uwe Koch

Background: Quality assurance has become increasingly important also for the field of mental health services. In this context a Peer Review procedure (PRP) was developed as an approach to the evaluation of process quality in Hospitals of Psychosomatic Rehabilitation. It is based on the examination of Patients' discharge reports by experienced and trained specialists of the same field (peers) Methods: We evaluated the suitability of the PRP for evaluating the quality of therapeutic processes under conditions of clinical practice. Analyses were based on three samples: sample I: 1566 inpatients being treated in 91 psychotherapeutic hospitals, II: 1446 inpatients from 79 hospitals, III: 326 inpatients / 19 hospitals. Examinations targeted the reliability and validity of the method, the economy of the approach and the effects of the feedback of the results to the hospitals. Results: Finn's coefficients of reliability were at least satisfying ($> .5$) or even good ($> .7$). Some significant correlations of process quality and outcome measures were found as information about the validity of the method. An average need of 36 minutes for each review characterize the method as appropriately economic. A re-testing did not lead to systematic effects of the feedback of the results. Discussion: The PRP – developed for the screening of process quality in the field of medical rehabilitation – can be considered suitable for this objective. In longer terms it should be reflected to replace the PRP by alternate approaches allowing an economic, reliable and valid comparison of process quality of hospitals of psychosomatic rehabilitation.

Paper
Depression

Depression Management Program for Depressed Patients and Their Family Members

Gabor Keitner - Rhode Island Hospital, Providence, USA, Christine Ryan, Stephen Bishop, Anna Eng, Michaela Jamiel, Joan Kelley

Background: Disease management approaches that emphasize both health education and the teaching of specific coping skills to manage illness have been used successfully in the treatment of chronic conditions. The specific goal of this pilot study was to test an adjunctive depression management program that teaches depressed patients and their family members a set of skills to help them cope better with the persistence of depression and improve their quality of life. Method: 14 patients meeting DSM-IV criteria for major depressive disorder, dysthymia, or chronic depression who failed or only partially responded to an adequate antidepressant medication trial and at least one family member received a combination of individual intervention sessions, family sessions, and telephone contacts for 16 weeks while continuing on their antidepressant treatment(s) and were then followed for an eight-month period. Change scores from baseline to Week 16 were compared using the Quality of Life and Enjoyment Questionnaire (Q-LES-Q), the Scales of Psychological Well-Being (SPWB), the Montgomery-Asberg Depression Scale (MADRS), the Beck Depression Inventory (BDI), Clinical Global Impression (CGI) scales and the Family Assessment Device (FAD). Results: After 16 weeks there was significant improvement in patient Q-LES-Q scores (17.2 ± 6.5 to 23.4 ± 8.1 , $t = -2.81$, $p = .019$). Patients showed significant improvement in self acceptance, environmental mastery, and purpose in life after 8 weeks (all p -values $< .05$). After 16 weeks, changes in self-acceptance remained significant. Depression scores reflected significant changes by week 8 ($p < .05$) and remained significant at 16 weeks for the BDI ($p < .02$). Family functioning showed a nonsignificant trend ($p < .07$) in improvement from week eight to sixteen. Conclusion: Learning how to cope with and manage their depression may help some patients improve their self acceptance, perceived quality of life, and family functioning in spite of persistent symptoms of depression.

**Paper
Group**

An Archival Data Analysis of Coping Style and Positive Outcome Data of Social Fitness Model (Stanford Model) for Shy Individuals developed by Henderson from Systematic Treatment Selection(STS) developed by Beutler et al.

Satoko Kimpara - Pacific Graduate School of Psychology, Palo Alto, USA, Lynne Henderson, Larry E. Beutler

In the present study, central characteristics of shyness were examined using constructs posed as predictive of change by the Systematic Treatment Selection (STS) model of Beutler, Clarkin, and Bongar. These central characteristics were coping style, resistance, subjective distress, and the feelings of shame and guilt. Also, the positive outcome of treatment was evaluated by STS. The treatment of social fitness model (Stanford Model) of Henderson has been developed from Cognitive Behavioral Therapy (CBT), Interpersonal and psychodynamic therapies for shy individuals. The Minnesota Multiphasic Personality Inventory 2 (MMPI-2) was used to assess coping styles, subjective distress, and resistance, and the Harder Personal Feelings questionnaire 2 (PFQ2) was used to measure shame and guilt. Outcome was evaluated in terms of improvement in coping ability; well-being was measured with the Beck Depression Inventory II (BDI-II) scores. Results are discussed with implications for future research in internalizing coping styles and the terms of shame and guilt for Eastern Culture, as well as optimal coping by using coping styles in STS.

**Paper
Disorder**

Observer Rater Methodology for Assessment of Adaptive Processes in Bipolar Affective Disorders

Ueli Kramer - University of Lausanne, Switzerland, Martin Drapeau, Christopher J. Perry, Guy Bodenmann, Jean-Nicolas Despland, Yves de Roten

Two related concepts have been developed to understand an individual's adaptive potential to reality: Coping and Defense Mechanisms (Cramer, 2000; Steffens & Kächele, 1987). This study aims at a better empirical understanding of their overlapping and interaction. Dynamic Interviews (Perry et al., 2005) with severely disturbed inpatients with Bipolar Affective Disorders (N=30) were rated using the Defense Mechanism Rating Scales (DMRS; Perry et al., 1990) and the Cognitive Errors and Coping Action Patterns (CECAP; Perry et al., 2004) method. Each patient was interviewed twice within a 3-month interval, in order to test for stability of the variables. Self-report questionnaires (DSQ-60; CISS; SCL-90-R) were also used to assess symptomatology. A strictly matched control group was used to control for the impact of psychopathology on adaptive processes. Intra-class correlation coefficients (ICC 2, 1) for the rating scales vary between .65 and .95 (Mean = .83; SD = .09). Preliminary results showed that adaptive defenses are related to coping when the individual perceives the stressor as a challenge. However, no association was found between maladaptive defenses such as projection or acting out, and coping when the individual perceives the stressor as a threat. Methods based on rating scales and self-report measures lead to different results; it can be argued that self-report questionnaires assess conscious aspects of coping and defenses, whereas observer rated methods assess their unconscious aspects. These results are discussed in terms of validity of the rating scales, their similarities and differences, and their relevance in clinical research with severely disturbed subjects.

Paper
Person
Centered

Boolean Intervention Models as a Method for Psychotherapy Process Research – The Case of Clarification in CCT

Zeno Kupper - University of Bern, University Hospital of Psychiatry, Switzerland, Wolfgang Tschacher

Aim. Common verbal theoretical thinking has limitations. Verbal theories tend to remain on the level of simple cause and effect relationships. Such thinking often neglects feedback processes and nonlinear interactions. Formal mathematical models may provide new insight into the dynamics underlying psychotherapy process. In this work, one such formal model of psychotherapy is presented. The heuristic possibilities of this approach are illustrated, focusing on the process of clarification in psychotherapy. **Methods.** Common assumptions of Client Centered Therapy (CCT) were taken as background. The model was framed in general psychological terms, utilizing a Boolean logic method (Kinetic Logic). **Results.** The mathematical modeling and simulation of the clarification process in psychotherapy suggested two natural 'attractors'. They can be described as 'small talk' and 'pseudo-clarification'. The system will tend to gravitate to these undesirable states. **Discussion.** The results suggest that the theoretical assumptions of classical CCT are logically insufficient to describe the process of clarification. As suggested by newer approaches, active interventions by the therapist are needed to steer the client towards clarification. As a novel method, Boolean intervention models help to identify specific temporal patterns and allow for a novel comparative analysis of different types of intervention. Boolean intervention models provide a useful thinking tools for psychotherapy process research. Reference: Kupper, Z. & Tschacher, W. (2006) Application, effectiveness and maintenance – Boolean intervention models of the effects of psychotherapy. *Zeitschrift für Klinische Psychologie und Psychotherapie*, 35, 276-285.

Paper
Emotion

The relation between therapists' and patients' affect consciousness and rating of the alliance.

Börje Lech - Linköping University, Sweden, Rolf Holmqvist

Aim: The aim of this study was to analyze the relations between therapists' and patients' affect consciousness and ratings of the treatment process. We hypothesized that both the patients' and the therapists' consciousness of own and others affects would influence the rating of the treatment process. **Methods:** 68 patients and 15 therapists were interviewed with a modified version of the affect consciousness interview (Monsen et al., 1996). The interview intends to capture the individual's consciousness of both own and others' affects in four aspects: awareness of the affect, tolerance of it and ability to express or respond to the affect non-verbally and verbally. The interview had an acceptable interrater scoring reliability and correlated meaningfully with other measures of mental functioning. Process was measured with a Feeling checklist and the Helping alliance questionnaire, completed by therapist and patient after each session. **Results:** Patients' consciousness about affects correlated significantly with both their own and the therapists' rating of the alliance. Therapists' affect consciousness correlated significantly with the patients' rating of the alliance in the beginning of the treatment but not with their own rating of the alliance. **Discussion:** Patients' but not therapists' judgement of the alliance is one of the most important predictors of a successful outcome. One important predictor for differences in alliance might be the participants' affect consciousness.

Paper
Culture

Impact of cross-cultural dialogues in therapy on alliance rupture-repair processes

Unjung Lee - Smith College School for Social Work, Northampton, USA, Adam O. Horvath

Reflecting increasing diversity in society, cross-cultural practice has become more common and the need to develop culturally competent practice has been widely discussed. Encouraging open discussion of cultural differences with clients is the most frequent recommendation for culturally competent practice and is identified as one way to actively include a multicultural element into psychotherapy, as well as to strengthen therapeutic alliance and promote better treatment outcome. However, there is a paucity of empirical research on the process of engagement and disengagement of cross-cultural dialogue and its effect on therapeutic alliance. As an initial step to fill this gap, the present study explores 12 segments of cross-cultural dialogues from a pool of therapeutic sessions in the beginning phase of therapy in White therapist/client of Color dyads. As an explorative study, this research utilizes multiple perspectives (clients, therapists and observers) and examines moment-to-moment interactional processes of cross-cultural dialogues in therapy, in particular, the effect of the cross-cultural dialogue on alliance rupture-repair processes. Finally, the study aims to develop the cross-cultural practice model that illustrates the dynamic and relational aspects of cultural competence in psychotherapy.

Paper
Instruments

Quality control of interview assessments in the Helsinki psychotherapy study

Olavi Lindfors - Helsinki Psychotherapy Study, Finland, Paul Knekt, Maarit Laaksonen and the Helsinki Psychotherapy Study Group

Background in psychotherapy studies using repeated interview assessments made by several interviewers during a long time period, the information of agreement between and repeatability of interviewers' ratings is of importance, but seldom reported. Aims: This study evaluates the quality of repeated assessments made by 7 interviewers with an interval of 3 years between the assessments. Study population and designs: The helsinki psychotherapy study is a clinical trial, based on 326 patients, 20 to 46 years of age, and suffering from depression or anxiety disorder. Patient's diagnosis was evaluated with a semi-structured interview, and psychiatric symptoms, personality organization and suitability for psychotherapy with interview-based scales. A total of 7 clinical psychologists and psychiatrists with 60-100 hours of training carried out the interviews during 1995-2005. The agreement between and repeatability of the interviewers' ratings was assessed based on 39 videotaped interviews, which all the 7 interviewers rated twice with an interval of three years. Methods: Diagnoses, based on dsm-iv, gaf, symptoms of depression (hdrs) and anxiety (hars), Quality of Object Relations (QOR), level of personality organisation and suitability for psychotherapy scale were studied. Results: Excellent agreement between and repeatability of the interviewers' ratings was found for symptom measures (median kappa (k) \geq 0.90), good for depressive and anxiety disorder diagnosis, QOR and level of personality organisation ($k \geq$ 0.70) and satisfactory for personality disorder diagnosis and suitability variables ($k =$ 0.40-0.74). Quality of assessments was lowest among the least trained interviewers. Conclusion: The quality of interview assessments was, on average, found to be high enough for reliable use in psychotherapy research. High quality can be assured by adequate training of interviewers

Paper
Supervision

Training supervision research: Final report

Clara Lopez-Moreno - Asociacion Psicoanalitica Argentina, Buenos Aires, Silvia R. Acosta

The aim of the presentation is to present the final results of a systematic study performed within the psychoanalytic institute of The Argentine Psychoanalytic Association (APA) in order to study the process of training supervision. We studied ten cases of two-years training supervision with the goal to

understand the influence of a) patients capacity to benefit from psychoanalytic psychotherapy, b) therapist/supervisee cognitive and emotional reactions and his/her assessment of supervision, and c) supervisor's cognitive and emotional reactions and his/her assessment of the supervision on the therapeutic process. Hypotheses: 1) the chosen indicators allows detecting treatment feasibility, 2) the research protocol that is filled out every six months during the two years of the study will permit us to assess the dynamics of patient-therapist and supervisor-supervisee interaction and 3) the longitudinal comparison of protocols will allow evaluating the psychotherapist's learning process. Methodology: This is an exploratory naturalistic study. The training supervisor and candidate's participation is voluntary and the dyads are conformed according to established institutional rules within the APA. The protocol used was the Differential Elements for a Psychodynamic Diagnosis in Supervision (DEPD, Lopez-Moreno, et al, 1997). This protocol was originally designed to detect the dynamic interactions taking place between supervisor and supervisee. Result: The early supervisor assessment of the utility of the supervision is an indicator of treatment feasibility. The longitudinal comparisons of the DEP protocol showed the psychotherapist's technical improvement. Specifically, the, DEP showed the therapist improvement of their capacity to use his/her cognitive and emotional reactions.

**Paper
Group**

Can insight be measured? SUIP-R (self-understanding of interpersonal patterns) – a method to measure degree of understanding of interpersonal patterns.

Steinar Lorentzen - Institute of Psychiatry, University of Oslo, Norway, Per Høgland, Torleif Ruud

Empirical studies of the impact of the treatment duration in psychotherapy are scarce. Short-term therapies are insufficient help for many patients, but the number of long-term studies is very limited. In an outcome study of group psychotherapy of 2.5 years duration, patients improved significantly (Lorentzen, 2003), and preliminary analyses of ATI-effects showed that aspects of initial severity of disturbance and personality pathology were important moderators interacting with treatment duration (Lorentzen & Høgland, 2006). We are now conducting a RCT with the primary goal of investigating the effect of treatment duration, by comparing change during and after group psychotherapy of varying lengths. We also want to study degree of personality pathology and quality of object relations as potential moderators of treatment effect, and to study potential mediators of change (self-understanding, attributional style, and degree of introjection of the group) One hundred and twenty outpatients from three (geographical) centers will be included, and they are randomized to one of two different manualized psychodynamic group psychotherapies (20 and 80 sessions) after evaluation. Each therapist will treat one short- and one long-term group. Eighty patients are included in the study and the last 8 groups will start January 2007. In this paper, we want to present an attempt to validate a Norwegian version of SUIP-R (Self-understanding of interpersonal patterns, by replicating a study by M.B. Connolly Gibbons (2005). We will investigate some of its psychometric properties (sensitivity to change during short- and longer-term psychodynamic group psychotherapy and cognitive behavioral group psychotherapy, and how it correlates with the measures of symptomatic- and interpersonal stress used in this study.

**Paper
Practice**

Bridging the gap – a cross-contextual diary study of psychotherapeutic practise

Thomas Mackrill - Aarhus University, Denmark

Psychotherapeutic practise involves clients going to a special context to improve the quality of their lives that they live elsewhere. How this GAP is bridged is central to psychotherapy practise. Considering this, it is strange that psychotherapy process studies generally focus solely on sessions. This study aims to explore psychotherapeutic practise as a fundamentally cross-contextual phenomenon. Method. Five psychotherapy cases from a counselling service for adult children of alcoholics in Denmark were studied.

Diaries were solicited from clients and therapists that focused on significant aspects of sessions, significant client experiences outside sessions and client and therapist reflections about the relationship between the two. The diary data were subjected to a theory driven analysis. The case analysis was validated by three procedures, comparing the analysis with the diary data, comparing the analysis with the contents of session recordings and by submitting the analysis to the participating therapists and clients to correct misinterpretations. Results. Clients employed forms of therapeutic thinking before entering the therapy setting, and this was significant for ongoing therapy. Clients encountered therapeutic thinking from a range of sources other than the therapy sessions while in therapy and this was significant for their therapy. Therapeutic sessions were but one activity that clients participated to 'get better'. Clients combined activities across contexts. The diary method also revealed pre-therapeutic change as central to clients' presentation of their problems in the therapy context

Paper
Linguistic

Discourse dialogic analysis for psychotherapy research

Claudio Martínez Guzmán - Pontificia Universidad Católica de Chile, Santiago, Lorena Medina Morales

Psychotherapy is a process that happens almost completely by means of dialogue between two or more persons, who in this exchange build an intersubjective and relational scenario where the participants actively contribute in a process of mutual regulation through out the different phases of therapy. In this work we propose the utilization of the Discourse Dialogic Analysis (DDA) as a method and innovative approach to investigate the psychotherapeutic process, reconsidering Bakhtin's theory about speech. We present a discourse analysis that combines macro analytical strategies of conversational analysis (CA) with micro analytical strategies of procedures of utterance analysis (UA). We analyse excerpts of psychotherapy sessions taken from three phases of a time-limited psychoanalytic psychotherapy. We aim to prove that this approach displays the discursive strategies from patient and therapist, while in the process of constructing shared meanings and dialogically regulating the therapeutic bond. The concepts of dialogical self, dialogism and polyphony of voices or multivoicedness as core theoretical elements of this approach and methodology are discussed.

Paper
Prevention

Integrating Psychotherapeutic Techniques in a Classroom Based Violence Prevention Curriculum

Monica Megivern - George Washington University, Washington, DC, USA, Chris Erickson

Youth Violence in the US has increased dramatically in recent years. Efforts have been made to deliver school-based violence prevention programs. However, without evaluation of these efforts it has been difficult to determine their general effectiveness. This presentation will provide the results of a quasi-experimental research project that investigated the differences between two different approaches to violence prevention and a control group. By comparing a skills based approach with an experiential approach the researchers attempted to examine the differential effects of two theoretical approaches to violence prevention, cognitive/behavioral and affective. Presenters will provide an overview of previous efforts using cognitive/behavioral techniques and an introspective, experiential approach to reduce violence among adolescents. In addition, specific techniques that changed adolescent attitudes toward violence will be discussed

Paper
Child

Direct comparisons of treatment modalities for childhood disorders : A meta-analysis

Scott Miller - ISTC, Chicago, USA, Bruce Wampold

The study sought to determine whether differences in efficacy exist between treatments for children and adolescents. Studies involving direct comparisons of psychological therapies for depression, anxiety, conduct disorder, and ADHD were included. In contrast to analyses of the adult literature, effect sizes were not homogeneous. However, the upper bound of the true effect size of the difference among treatments was .22, a small effect and one that approximates that reported for adult treatments. Researcher allegiance was strongly associated with the size of the effects of difference; after adjusting for allegiance, effect sizes were found to be homogeneously distributed around 0. Generally, the results suggest that the "dodo verdict" applies to treatments for children and adolescents as it does to adults

Paper
Practice

Effect of Alliance and Expectancy at Intake on Retention and Outcome

Takuya Minami - University of Utah, Salt Lake City, USA, D. Robert Davies

Aim: This study investigated effects of therapeutic alliance and outcome expectations of both therapists and clients on client retention and outcome in a naturalistic setting. As clients often are not assigned to their intake therapists, additional interest was on the effect of therapist switching. **Methods:** Data from 325 clients seen by 54 therapists were analyzed. Therapeutic alliance was measured immediately after intake sessions using the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), modified for intake with permission. Outcome expectancy was measured using a brief instrument developed for this study. Client outcome was assessed using the Outcome Questionnaire – 45.2 (OQ-45; Lambert et al., 1994). **Results:** Consistent with previous research, returned clients had significantly higher beliefs that counseling would be beneficial [$F(3, 269) = 3.164, p = .025$]. Clients were also more likely to return when intake therapists had higher beliefs that counseling would be beneficial for the clients [$F(3, 307) = 6.703, p < .000$], although hierarchically, the contribution of therapists' belief above and beyond clients' belief did not reach statistical significance [regression F change (3, 223) = 2.555, $p = .056$]. Both clients' and therapists' outcome expectancy was positively related to clinical outcome. Therapist-reported therapeutic alliance affected outcome only when clients continued with the intake counselor. **Discussion:** While psychotherapeutic investigations are often only interested in theoretical orientations and skills, effect of naturally occurring motivations in both therapists and clients and their effect on outcome should be investigated in naturalistic settings as they do not allow for experimental control.

Paper
Migration

Influence of Turkish migration background on the outcome quality of psychotherapy

Mike Moesko - University Medical Center Hamburg-Eppendorf, Germany, Holger Schulz, Birgit Watzke, Uwe Koch

Aim Around 3.5 Million people with a Turkish migration background currently live in Germany. Until now only one study focuses on treatment results from inpatient psychosomatic rehabilitation of Turkish migrants (Nickel et al., 2006) without taking into consideration other outcome predictors. The study analyses the influence of migration background as well as psychopathological and socio-economical predictors on the outcome quality of inpatient psychotherapeutic treatment. **Methods** The consecutive sample consists of 753 inpatients of a psychotherapeutic clinic whose native language and nationality is German and 99 patients with a Turkish migration background. A regression analysis approach was chosen to determine the influence of different predictors. **Results** With regard to the Global Severity Index (GSI) of the SCL-14 a significant influence on the psychotherapeutic treatment outcome is found for

the GSI score at the beginning of the treatment, the duration of being incapacitated for work before the treatment, the Turkish migration background, the diagnosis of a Somatoform Disorder and a low educational level. Discussion Despite methodological restrictions the results indicate that apart from socio-economical and psychopathological predictors the migration background has a negative influence on the treatment outcome. Moreover there is a need for developing and implementing ethno-cultural sensitive questionnaires for patients with a migration background in order to achieve general statements concerning the influence of ethno-cultural aspects on outcome quality.

Paper
Personality

Others mind reading and psychopathology: Analysis of psychotherapeutic sessions by the metacognition assessment scale

Giuseppe Nicolò - Terzocentro Psicoterapia Cognitiva, Rome, Italy, L.Conti, G. Dimaggio, R. Pedone, A. Semerari, A.Carcione

Aim several authors back up the hypothesis according to which patients suffering from personality disorders (PDs) have difficulties in understanding others' mind in a sensitive and articulate way, but there are not any empirical results. With this regard, literature on PDs is a step backward compared to schizophrenia and autism for which literature is very rich in studies on the way these people fail in theory of mind tasks or are egocentric when talking about the others during semi-structured interviews. In this study we assess the abilities to read the others' mind, and the perspective (egocentric vs. Hallocentric) from which it is carried out, in a sample of patients with PDs. Method: We have used the subscale understanding others' mind of the metacognition assessment scale since it is a tool specifically built in order to analyse the way people succeed in putting thoughts and emotions down to the others and if they succeed in doing it in a decentrated way sample: We have analysed the integral transcripts of the first year of psychotherapy of 17 patients suffering from the various PDs and those ones of 4 patients with the only diagnosis of axis I as controls results: All the patients suffering from PDs have proved to be able to put thoughts and emotions down to the others in a sufficiently articulate way and to identify plausible causes for the subjective experience of the others. Instead all the patients tend to fail in the construction of the others' mind in a decentrated way. We discuss the results concerning the initial hypothesis and we provide details of the way future research plans can investigate in a more specific way the differences between the various PDs with regard to the others' mind reading abilities

Paper
Measures

Linking insight to assimilation of subjectively problematic experiences in schizophrenia

Katerine Osatuke - Veterans' Affairs National Center, Cincinnati, USA, Mary Reid, Noah Allen, William B. Stiles, John W. Kasckow, Sidney Zisook, Somaia Mohamed

The assimilation model describes how clients assimilate painful, problematic experiences in successful psychotherapy. The Assimilation of Problematic Experiences Scale (APES) presents eight developmental stages: from Warded Off/ Dissociated to Problem Statement/ Clarification and eventually to Mastery/ Integration. The model thus quantifies therapeutic progress, through a measure grounded in empirical data of patients' improvement on initial presenting problems. Describing progress as the evolving relationship between fragments of patient's experience seems particularly relevant for schizophrenia. Schizophrenic pathology largely consists of disconnect between fragments of subjective experience (e.g., metacognition and sensory processing deficits), with resulting inability to cope. Recent findings of strong connection between poor insight and severe symptom, in the absence of clear links to global neurophysiological brain measures, highlight the importance of understanding subjective experience of schizophrenia and changes through successful treatment. Our study participants were 20 outpatients with schizophrenia and subclinical depression, treated pharmacologically (by atypical antipsychotics +

antidepressant). Each patient was administered the Problematic Experiences Questionnaire (PEQ)--a 15-minute semi-structured interview piloted in this study. The PEQ elicited patients' subjective evaluations of their psychological problems; responses were audiorecorded and subsequently rated on APES. Schizophrenia or pharmacotherapy patients have not been previously included in assimilation studies. We report on issues these patients subjectively endorsed as their main problems, and how model-related concepts lent to an understanding of developmental changes in these endorsements. Through using the APES ratings, patients' levels of mastery over these problems are translated into a metric system used for describing patients' process in previous psychotherapy research.

Paper
Trauma

Disclosing gay-related stress: Psychological and physical health effects and mechanisms underlying improvement

John Pachankis - SUNY-Stony Brook, USA, Marvin Goldfried

Aim given the substantial stressors faced by many gay men and the potential lack of venues available for revealing this stress, the present study tests the effectiveness of disclosing gay-related stress or trauma on the physical and mental health and gay-related functioning of gay men (ages 18-25). This study also aims to test mechanisms underlying the effectiveness of the disclosure paradigm by utilizing the experiencing scales and an enhanced disclosure condition. Method. 84 participants were randomly assigned to either 1) write about a neutral topic over three days, 2) write about a stressful or traumatic gay-related event over three days, or 3) write about a stressful or traumatic gay-related event over three days after reading their previous days' writing. All writing was completed via the internet. Outcome measures assessed psychological functioning, physical health, and gay-related social functioning (attitudes toward being gay, level of sexual orientation openness, gay-related rejection sensitivity). Trained coders rated each participants' level of emotional involvement in the disclosure using the experiencing scales. Results. Although all data analysis will be completed by June, we are still in the process of analyzing the data. Participants in both experimental groups exhibited very high scores on the experiencing scales. As a result, we expect them to report a significantly greater improvement on measures of psychological health, physical health, and gay-related social functioning. Participants who read their writing from the previous day are expected to report significantly greater improvement on measures of psychological health than those participants who wrote without reading their writing. Level of emotional experiencing is expected to be positively correlated with improvement on measure of psychological health. Additionally, those who HAD not previously shared their stressful event with anyone are expected to benefit the most from this intervention. Discussion. The findings suggest that a computerized disclosure intervention may be especially promising for individuals who possess a hidden stigma and who have few outlets for disclosure of stressors related to that stigma. The theoretical implications of the findings will be discussed in terms of exposure, self-regulation, and perspective-taking/cognitive processing. Implications of these findings for clinical work with LGB populations will also be discussed

Paper
Culture

Validation of Italian version of the CORE-OM

Gaspare Palmieri - University of Modena and Reggio Emilia, Italy, Chris Evans, Vidje Hansen, Greta Brancaleoni, Silvia Ferrari, Piero Porcelli, Francesco Reitano, Marco Rigatelli

Aim in this study we tested acceptability and psychometric properties of the Italian version of the CORE-OM in a clinical and non-clinical sample. Methods the dataset consisted of data from 263 non-clinical and 647 clinical participants (57% women, 43% men; age range from 15 to 80), receiving the Italian version of the core-om. Results 81% of non-clinical sample and 96% of clinical sample completed all the items. Internal consistency did not differ statistically significantly between clinical and non-clinical

samples and all values were above .7. The convergent validity with SCL-90 scores was similar to that of the original british sample. Though there were large and statistically significant differences between clinical and non-clinical datasets on all scores, the differences tended to be smaller in the italian data than the UK data. The correlations between domain scores were very similar to those from the british data. The reliable change criteria were not dissimilar from those for the UK referential data (in the italian sample: Reliable change index = .51; clinically significant change for total score = .09 for men and 1.22 for women). Discussion the italian version of the CORE-OM showed respectable psychometric parameters. However, it seemed plausible that non-clinical and clinical distributions of self-report scores on psychopathology and functioning measures may differ by language and culture.

Paper
Practice

Comparing apples and oranges

Björn Philips - Center for Dependency Disorders, Stockholm, Sweden

Aim to investigate whether different modalities and orientations of psychotherapy diverge with regard to patient characteristics and treatment goals, in a naturalistic setting for patients with substance related disorders. Methods: All psychotherapies (n=262) during one year were surveyed at the center for dependency disorders, stockholm county council – the large public addiction clinic in stockholm county. Data were collected from the psychotherapists (n=38). The incidence of psychological problems among the patients was high (88%). Descriptive statistics are presented comparing the different psychotherapy methods. Results: There were substantial differences regarding patient problems: Patients in family therapy (ft) and cognitive behavior therapy (CBT) HAD less severe psychological problems than patients in the other psychotherapy types. Furthermore, there were large differences between the psychotherapies with regard to treatment goals: FT focused on family relations, group therapies (gt) focused on interpersonal relations and functioning, psychodynamic therapies (PDt) focused on self-understanding, functioning and interpersonal relations, CBT focused on behavior change, motivation and symptom reduction, while cognitive therapy (ct) focused on self esteem and symptom reduction. Discussion: These findings suggest a shortcoming of the aim of the EST movement to consider reduction of target symptom as the only relevant treatment goal and to compare the efficacy of different treatments in this regard. On the contrary, different psychotherapy methods seem to focus on patients with diverging problems, at different stages of the illness career, and with different goals for the treatment. Psychotherapy research should take these differences into consideration

Paper
Personality

Grandiose narcissistic daydreams stimulate low self-esteem worries: an experimental study

Giovanni Maria Ruggiero - "Psicoterapia e Ricerca" Cognitive Psychotherapy School, Milano, Italy, Agata Tudisco, Sandra Sassaroli

According to theoretical models (Aktar, 1984; Dimaggio and Semerari, 2003) individuals affected by narcissistic personality disorder use grandiose daydreams and fantasies in order to get distracted from underlying doubts about their personal worth. In addition, we suppose that such doubts are present either in form of worry before and after the grandiose fantasies or in form of intrusive thoughts during the grandiose fantasies. The study aimed to investigate such hypothesis. We asked to 40 individuals non affected by any personality disorder to complete the Rosenberg self-esteem questionnaire, the Narcissistic Personality Questionnaire and to participate to a experimental design. The experiment had two phases. During phase 1 the individuals were asked to worry for a minute about their past episode in which they experienced the worst threat to their self-esteem. After the worry, they had to imagine a grandiose daydream for a minute, to signal every time they had an intrusion of the threat to their self-esteem and to report how long time they thought about the threat to their self-esteem. During phase 2

the individuals were asked to worry for a minute about their past episode in which they experienced the worst threat to their self-esteem. After the worry, they had to imagine a neutral scenario for a minute, to signal every time they had an intrusion of the threat to their self-esteem and to report how long time they thought about the threat to their self-esteem. The hypothesis was that the grandiose daydream induced more frequent and longer intrusions of the threat against their self-esteem. The scores of the two questionnaires permitted to partial out the basal self-esteem and narcissism of the participants. The results confirmed the hypothesis.

Paper
Alliance

Styles of adherence: Impacts and constraints

Robert Russell - Medical College/Children's Hospital of Wisconsin, Milwaukee Wi, USA, Nathaniel Jungbluth, Stephen R. Shirk, Catherine Linn

Manualization of therapy protocols helps to standardize administration of treatments and to make evidence based practices more widely available to front line clinical providers. Common worries about manualization and the insistence that providers achieve high levels of adherence to treatment protocols include a.) stifling therapist creativity and individuality in administering therapy, and b.) creating conflict between achieving adherence and being responsive to patient needs. In this study, micro-analytic methods are used to assess the degree of stylistic variation between and within therapists whose opening sessions were rated as highly adherent to the manualized CBT protocol. Patients were 55 referred adolescents diagnosed with major depressive disorder, dysthymic disorder, or Depression NOS who were enrolled in a benchmarking study of CBT in a clinical service setting. Every ten minute segment of session one was reliably rated on over 16 therapist process variables and adherence ratings for specific treatment components were assessed over the first three sessions. P-technique factor analysis is used to identify underlying process component structures. Factor scores are then plotted across segments and average linear and quadratic coefficients are calculated, along with their variance. Nearest neighbor analyses are conducted to cluster stylistically similar patterns of therapist engagement, and comparisons across these groups are made on mean adherence scores. The impact of stylistic variation on third session client rated alliance scores are assessed using multiple regression analyses. Similarly, constraints on stylistic variation are assessed in terms of patient pre-treatment characteristics (e.g., severity of depression, comorbid symptomatology). Results are discussed in terms of the role of manualized therapies and adherence in achieving more uniform and effective delivery of services, in the context of preserving therapist creative skill and responsiveness to patient needs.

Paper
Integration

Assessing Improvement in Patients with severe and complex diagnostic characteristics treated with the Cognitive Integrative Model (Fenrández – Alvarez, 1992). A naturalistic longitudinal clinical research.

Elena Scherb - Aigle & Private Practice, Buenos Aires, Argentina

This research project started out in 1998. We observed, at a Private Assistential Center, confirming the existing literature, that there were many patients that went from one treatment to the other without clear results, and yet they persisted in their seek for help. Frequently, in the intake process, we saw that their problems, symptoms and whole life had deteriorated also as a result of these unmet needs. We arrived at the conclusion that if they persisted in their demand for psychotherapy, even when the results from previous treatments was not clear, there was still something that psychotherapy could do to help them alleviate suffering in a definite manner. In order to prove this, I started a research group with patients with certain characteristics (severity and complexity of symptoms, more than three previous treatments with no clear results, multiple problems and others) that were selected from the natural demand. Then they were referred to private practice and started a treatment program based in the

principles of the Integrative Model (Fernández – Alvarez, 1992). Interventions were cognitive –social in essence, combined treatment strategies were tailored to each case. Each process was assessed from the beginning until they lasted with multiple measures, as Kazdin has suggested. We used standardized measures to assess symptomatology, an ad – hoc Problem List assessed by both patient and therapist at different stages of treatment, interviews with significant others, rate in which they referred others to treatment, laboral, financial and academic achievements, quality of relationships, follow – ups, follow along, relapse prevention, cost - efficacy, drop – out rates and more. Multiple Regression analysis was used to compare outcome status pre and post treatment, and a cross – over criteria justified the fact that changes had to be attributed to new treatment. Some specific aspects of results will be analyzed in terms of its preventive value. As a conclusion, clinical recommendations to improve treatment with this type of patients will be provided.

Paper
Therapist

What Experienced Psychotherapists Learn from Doing Qualitative Research

Margot Schofield - La Trobe University, Psychotherapy and Counselling Federation of Australia, Melbourne

Research skills are considered a core competency in most professional disciplines. Psychotherapy research is usually valued for what it contributes to the knowledge base of the profession, however, there has been little research examining how it may contribute directly to the clinical skills and practice of the researcher. This paper describes a qualitative study with a purposive sample of experienced therapists from varied theoretical traditions, who took up research later in their professional career. The study involved in-depth interviews of 60-90 minutes, which were transcribed and analysed using a thematic analysis within a phenomenological-hermeneutic framework. This paper examines the therapists' experiences of undertaking qualitative research and their perceptions of how it has impacted on their professional identity, on their practice as therapists, and on client outcomes. A comparative analysis is also undertaken across theoretical disciplines and work settings. The implications of the study for research training and integration of research and practice are discussed.

Paper
Assessment

Can quality of life in psychotherapy be measured by clinician ratings? A comparison of self and clinician ratings of the SF-8

Holger Schulz - Dep. of Medical Psychology, University of Hamburg, Germany, Timo Harfst, Joerg Dirmaier, Birgit Watzke, Sylke Andreas, Stephan Kawski, Sven Rabung, Uwe Koch

Objective: Quality of life is a main outcome of psychotherapeutic interventions. The concept of quality of life emphasizes patient self ratings. However, they can be burdensome or inappropriate in some cases. Therefore we have compared self and clinician ratings of quality of life. Method: Self and clinician ratings of the SF-8 (1-week recall version) were measured from consecutive samples of 1812 inpatients from 11 psychotherapeutic hospitals at admission and at discharge six weeks later. A physical summary score (PSS) and a mental summary score (MSS) were calculated. Pearson product-moment correlations were used. Results: Effect sizes of differences from admission to discharge are higher for clinician ratings compared to patient self ratings. Self and clinician ratings of the PSS correlate .48 at admission and .58 at discharge, of the MSS .46 and .51, respectively. Concerning single items we find the highest correlation for item 4 (pain: .53 and .55), the lowest for item 6 (social functioning: .26 and .30). Change scores of the PSS correlate .20, of the MSS .32. Correlations differ between diagnostic groups: Correlations are low for patients with either Schizophrenia (F2), Depressive Episode (F32) or Personality Disorder (F60-62), comparatively higher for patients with Dysthymia. Comparing correlations across the 11 hospitals reveals substantial differences, for the MSS ranging from .38 to .58 at admission and .27 to .68 at discharge. Conclusion: Self ratings of quality of life as a psychotherapeutic outcome measure using

the SF-8 Health Survey could not be substituted by clinician ratings, they should be used complementarily.

Paper
Training

When the shoe is on the other foot: A qualitative study of intern-level trainees' perceived learning from their clients

Jessica Stahl - University of Maryland, College Park, Md, USA, Clara Hill, Tova Jacobs, Stacey Kleinman, Daniel Isenberg, Alexa Stern

Background: Although research on therapist development tells us that therapists attribute the majority of their learning about therapy to their clients (e.g. Ronnestad & Skovholt, 2003; Goldfried, 2001; Orlinsky, Botermans & Ronnestad, 2001; Skovholt & McCarthy, 1988), very little empirical research has been conducted on what therapists learn from their clients. Aim: The purpose of the current study was to use interviews with intern-level therapists-in-training to investigate what therapists learn from clients. Method: Twelve individuals (5 male; 7 female) who completed pre-doctoral internships at university counseling centers in the 2004-2005 school year were interviewed. In addition to answering questions about what they learn from clients, participants were asked about how they learn from clients, what they do with what they learn from clients and what therapy variables contribute to the content and use of what they learn from clients. Furthermore, they were asked what differentiates clients from whom one learns a lot from those from whom one does not learn as much. The data were analyzed using Consensual Qualitative Research (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005; Hill, Thompson, & Williams, 1997). Results: Participants reported learning things about themselves, doing therapy, client dynamics, the therapy relationship, the usefulness of supervision, and human nature; these lessons will be presented. Additional results will also be discussed. Discussion: The primary practice implication of this study is that questions about learning from clients should be incorporated into supervision. Suggestions for future research will also be discussed.

Paper
Group

A comparative study of group therapy for generalised anxiety disorder

Esben Strodl - Queensland University of Technology, Brisbane, Australia, Emma Burt, Robert Schweitzer

Generalised anxiety disorder (gad) is a prevalent and debilitating mental disorder. For example, it is the second leading cause of burden of disease in Australian women aged 25-44 years. Surprisingly few studies have examined the effectiveness of group psychotherapy for the treatment of gad. The current study examined effectiveness of three forms of group therapy (cognitive behaviour therapy [CBT], supportive expressive therapy [set] and emotion focused therapy [eft]) in reducing the symptoms of gad. The outcome measures included the depression anxiety stress scale, spielberger state-trait anxiety inventory, penn state worry questionnaire, anxious thoughts questionnaire, toronto alexithymia scale, inventory of interpersonal problems, and the meta-cognitions questionnaire. The study randomised 57 participants (90% female) to one of the three therapy conditions. Thirty nine participants returned their post-therapy questionnaires, while 32 participants returned their 6-month follow-up questionnaires. The results indicated that the three groups appeared to be equally effective in reducing the symptoms of GAD at post-therapy and at 6-month follow-up. The results provide support for a common factors explanation of the mechanisms of change in group psychotherapy for the treatment of gad

Paper
Practice

Exploratory study on the use of people's resources in psychotherapy

Luis Tapia - Universidad del Desarrollo, Santiago, Chile, Gianella Poulsen, Ivan Armijo, Teresita Serrano, Perla Ben-Dov, Ximena Pereira, Pablo Isakson, Patricia Sotomayor

During the past few years there has been an increasing interest in knowing and studying scientifically not only psychopathological processes, but also the resources of the people in psychotherapy. The goals of this research are to define the concept of resource, identify different types of resources, and to make operative the resources used by psychotherapists from different psychotherapy approaches. With this aim we developed a descriptive study, with a non-experimental, cross-sectional comparative design, that evaluated the resources from three methodologies. Task force (group discussion): Constituted by 5 expert psychotherapists with at least 20 years of experience in the exercise of psychotherapy. Delphi: 13 expert psychotherapists with at least 10 years of experience that answered iterative questionnaires. Experiential: 3 groups of psychotherapists with different levels of experience using an experiential psychodramatic methodology. The study revealed that these different types of methodologies allowed identifying different levels and types of resources. Task force: Distinguished resources of the patient, the therapist, the therapeutic system and the context. They defined resources as an intersubjective co-construction in the psychotherapeutic sPaCE in the service of the well-being of the people of contextual, temporary and teleological nature. Delphi: They allowed making operative, in a more direct way, the definition, identification and use of the resources. Experiential: Dimensions related to the playful area, maternity and education were identified. The resources were lived like one inclusive gestalt where the nature of the resource or the deficit is rather related to its contextualisation in a local and specific aesthetic

Paper
Depression

Factors in Depression Treatment Bias: Can Psychotherapists Compete with Big Pharma?

Brian Uhlin - Ohio University, Athens, USA, Timothy Anderson

Research suggests that marketing efforts by pharmaceutical companies are partly responsible for the rise of antidepressant use in recent years (Berndt et al, 2002). In a previous study, we found that exposure to the biomedical model of depression in the media, endorsement of that model, and false beliefs about it, accounted for roughly 20% of the variance in people's belief that antidepressant medication is the superior treatment (Uhlin & France, 2006). Given that bona fide psychotherapies are at least as effective as psychotropics in treating mild and moderate cases of depression, have no physical side-effects, offer prophylactic benefits, and promote lasting change, it seems reasonable that a fair depiction of current scientific evidence regarding all effective treatment options should be made widely available. To begin delivering a complete picture of treatment options to the public, it should be important to understand factors that influence public perceptions about the effectiveness of psychotherapy for depression. This follow-up survey first attempts to replicate our findings that endorsement of the biomedical model of depression is associated with the belief that medication is superior to psychotherapy for depression. In this study we were also interested in what personal characteristics, such as personality, attribution style and social values, will predict preferences for one treatment over another, and how these factors interact with causal attributions about depression. It is hoped that this line of research will provide psychotherapists both information and support for furthering efforts to offer the public a realistic picture of how depression is best treated.

Paper
Culture

Is Cultural Competence the Best Concept for Psychology?

Luis Vargas - University of New Mexico School of Medicine, Albuquerque, USA, Joan D. Koss-Chioino

This presentation questions whether cultural competence is the best concept for psychology. It examines culture from the perspectives of anthropology and psychology. Four aspects related to the concept of cultural competence are examined to explain how American psychology came to espouse this concept and to show its limitations: (1) the Age of Enlightenment and psychology's cult of expertise; (2) the process of legitimization of the study of culture by aligning the concept of competence with culture; (3) the isolation of culture as a variable; and (4) psychology-as-a-science in which science is equated with empiricist methods. The authors suggest that psychology needs to endorse alternative epistemologies, and the methods that derive from them, to develop culturally responsive theory, research, and practice.

Paper
Alliance

Clients' experiences of important alliance related events in psychotherapy: A conversation analytical approach

Erika Viklund - Linköping university, Sweden, Rolf Holmqvist, Karin Zetterqvist Nelson

Aim: This paper takes as a starting point the need for further research on therapists' and clients' subjective experiences of the therapeutic alliance. The aim is to describe key conversational aspects of what clients experience as relationally important. The study is part of a larger research project using video-assisted reviews and semi-structured interviews to explore how therapists and clients identify, experience and handle important alliance-related events. **Method:** Eight therapist-client pairs were asked to videotape a session at the beginning, middle and end of therapy. In interviews immediately after the sessions, the clients were asked to identify important alliance-related events. The sequences from the beginning of therapy were transcribed and analyzed using conversation analytic methods. **Results:** Nearly all clients selected as important at least one sequence where client and therapist expressed differing subjective experiences or understandings of an event inside or outside therapy. It is the therapist who sets the agenda of whether or not to orient to the client's cues of disagreement. The therapist may actively work to connect or integrate the participants' different realities by using words that bridge the differences and/or allow for the simultaneous existence of more than one valid experience. **Discussion:** The results are discussed in relation to existing alliance theories, and in relation to the training and supervision of therapists. It is proposed that therapists need to refine their ability to identify and handle client's expressions of differing subjective experiences, as well as develop strategies for enhancing various forms of intersubjectivity.

Paper
Group

Feeling bad, doing bad? -- the impact of group impasse

Li-Fei Wang - National Taiwan Normal University, Taipei, Shu-chun Lin, Pey-ling Shieh, Meei-ju Lin, Chia-Heng Fang, Chiung-Hui Huang

Group impasse" means the moment when therapists experienced stuck, confusing or not working under group process. When impasse happened, not only the group therapists but also the members all felt anxious, disappoint, frustrate, or even angry. Although most group therapists have viewed group impasse as one of the most negative experiences in groups, there still lacks empirical studies to support such perspectives. The purpose of this investigation was to examine how the effects of group impasse impacted on the group outcome. Study 1 developed a scale for measuring: 1) experiences and 2) working through levels of group impasses. Three hundred seventy-seven group therapists were recruited in study 1. Item response theory and confirmatory factor analysis were conducted. The results supported the factorial validity and reliability of the scale. Seven subscales were developed. They were group impasse on 1) group therapists themselves, 2) problematic members, 3) conflicts between therapists and

members, 4) conflicts under partnership, 5) group structure, 6) group atmosphere, and 7) enculturation conflicts. Study 2 examined the relationships between group impasse and group outcome. The indices of group outcome were gcq, seq, and group helpful and harmful inventory (wang & lin, 2000; lin & wang, 1999). Twenty-two group therapists and their members were recruited in study 2. The results suggested that instead of doing bad while "feeling bad", group impasse on the problematic members, group structure, and enculturation conflicts were related to some positive group outcome (e.g., engagement) from the member's perspective. Implications of the results for group practice and further research are discussed

Paper
Attachment

Therapists' affective reactions to patient initiated termination: Impact of therapist professional and attachment characteristics

Hadas Wiseman - University of Haifa, Israel, Sharon Egozi

Aims: Termination is a stage where both patient and therapist experience highly intense emotions. Our aim was to study the impact of therapist professional experience, theoretical orientation, and therapist attachment style on therapists' affective reactions to patient initiated termination. Method: The sample consisted of n = 95 psychotherapists (72% women and 28% men), whose professional experience ranged from 1 to 37 years, (m = 11.98, SD = 9.78). A psychoanalytic/psychodynamic orientation was endorsed by 56% and the remaining 44% endorsed other orientations (humanistic/existential, cognitive-behavioral, systemic, and eclectic). They completed an emotions questionnaire in response to vignettes describing two cases of patient initiated termination, and in response to a case from their own clinical practice in which they perceived the patient to have ended prematurely. Therapists' attachment style was assessed on the adult attachment scale (Brennan, Clark & Shaver, 1998). Israeli psychotherapists (77%) completed the questionnaires in hebrew (76.8%) and the international sample (23.2%) completed them in english. Results: Experienced psychotherapists reported a lower degree of negative emotions toward their own patient than less experienced psychotherapists. Psychodynamic therapists scored significantly higher on negative emotions and lower on positive emotions toward the vignette patients than therapists from other orientations. Insecurely attached therapists reported more negative emotions across the vignette patients and their own case, with those characterized by a preoccupied attachment style scoring significantly higher from therapists characterized by a secure attachment style. Discussion: Divergence and convergence in therapists' reactions to termination are discussed and implications for training are considered

Paper
Group

Group Effects in a Mindfulness Based Stress Reduction Program

Imel Zac - University of Wisconsin-Madison, USA, Scott Baldwin, Donal Maccoon, Katherine Bonus

The aims of this study were twofold: (1) to evaluate the symptom changes in individuals after undergoing Mindfulness Based Stress Reduction (MBSR) in an outpatient clinic and (2) to model the effects of group membership and composition on treatment outcome. We hypothesized (1) that individuals undergoing MBSR will show decreased psychological distress and medical symptoms and (2) that group membership will account for a significant proportion of the variance in outcome. To address these hypotheses, we obtained an archival data set from an ongoing 8 week MBSR program, consisting of 505 participants, 39 groups, and four meditation teachers. Program participants completed both the SCL-90 and Medical Symptoms Checklist (MSC) before and after the program. In order estimate group level variance, we analyzed data using Hierarchical Linear Modeling (HLM), entering group as a level 2 random effect. Results from preliminary analyses provided support for our hypotheses. Participants demonstrated significant decreases from pre to post treatment in both MSC, $d = .63, (.49, .76, 95\% CI)$ and SCL-90 scores, $d = .81, (.67, .94, 95\% CI)$. After controlling for individual and group pre-treatment symptoms,

group accounted for approximately 6% of the variance in outcome. Based on these findings we conclude that group level variables may have an influence on the effectiveness of MBSR. Future analyses will include additional (n = 250) data obtained from recent groups and an examination of the effects of group member symptoms on participant outcome.

Poster
Emotion

Status and Future of Research in Intensive Short-term Dynamic Psychotherapy

Allan Abbass - Dalhousie University, Halifax, Canada

Intensive Short-term Dynamic Psychotherapy was developed by Davanloo over the past 35 years. Early videotape-based research and dismantling procedures were used to develop the original treatment method. Outcome research in the early form of this therapy, which was called STDP, found it more effective than a waitlist control for clients or patients with personality disorders. It was found equally efficacious as other brief therapy models in 2 studies. Other studies using this technique found it was efficacious with patients with panic and with somatic symptoms while another found it effective with movement disorders. Modifications were developed to allow the therapy to be applied with patients with high resistance, depression, somatization and dissociative phenomena. This new treatment format called ISTDP emphasizes the somatic experiencing of feelings and the "unconscious therapeutic alliance". ISTDP has been found effective and cost effective in naturalistic settings, in the hands of resident psychiatrists, in hospitalized patients with personality disorders, and with treatment resistant depression. Efficacy and cost effectiveness appeared to increase with degree of emotional experience in one study of mixed patients. A recent randomized controlled trial of ISTDP in patients with personality disorders found it more efficacious than a minimal contact control condition and found effects were maintained in long term follow-up. The methods, outcomes, strengths and limitations of the existing studies in ISTDP will be presented. The author looks forward to conversations with colleagues about future research directions for this treatment approach and the role of emotional experience in diverse psychotherapies.

Poster
Training

Diversity training at graduate school: Do students change

Sue Bae - Argosy University, Chicago, USA, Susan Powell, Terry Palmer

Aim: This qualitative study examines whether psychology graduate students experience change as a result of taking a required diversity related course aimed to heighten their awareness of their own biases on various differences and how they may influence their work as future clinicians. Furthermore, if students do experience change, it investigates how they change. For example, how much do they think about issues of difference now as compared to before taking the course? How do they FEEL about the changes that have taken place as a result of taking the course? What is the most striking change of all? How has the course impacted the students' professional development? More importantly, how do these changes manifest themselves professionally (i.e. At practicum, school, work, etc.) and personally (i.e. With friends, family, life style, etc.)? Furthermore, it also examines how students plan on maintaining the changes that they have achieved as well as how they plan to continue to change in the future. **Methods:** We used consensual qualitative research (cqr) method (hill ET al., 1997) for this qualitative study. 18 clinical psychology graduate students from a midwest professional psychology graduate program were recruited. All of these students HAD recently taken the same course in the past year. Individual, face-to-face interviews were conducted using a set of semi-structured and informal questions. All interviews were conducted by the same interviewer and they were audiotaped. **Results and discussion:** All interviews have been completed and transcribed. A team of researchers have begun to analyze the data according to the guidelines of cqr. Since all aspects of data analysis require consensus among the researchers, it is quite an intensive process. We expect to be done with data analysis and the write up of the results and discussions section in spring before the SPR conference. Important implications in the context of multicultural competency training will be discussed.

Poster
Other

How one client productively constructs a therapy interaction from within her world view: A vicarious-ethnographic examination of one client's experience

Arthur C. Bohart - Saybrook Graduate School and Research Center, San Francisco, Ca, USA, Azeb Bekele, Gayle Byock

In order to explore possibilities of how clients may interpret the therapy context, researchers acted as vicarious participant-observers who tried to "inhabit" the role of the client as presented in therapy films on a response-by-response basis. We have previously reported general findings. In this report we focus on a specific case of how one researcher, a person from a collectivist culture, trying to "be" the client with aaron beck, interpreted her interaction. What emerged was a picture of the client as highly active internally, engaged in continual private dialogue with the therapist. She interprets to herself what the therapist is saying; she draws out implications and insights; she argues with what the therapist is doing; she ultimately finds a way to interpret what he is doing from her point of view in a useful way. In particular, she objects to the message she sees him as sending that her happiness should not be dependent on relationships. This conflicts with her interconnected cultural view. Then, towards the end, when beck starts to teach her that when she (as the client) is depressed, she should name names of friends, she sees the therapist as finally coming around to help her from her frame of reference, i.e., by helping her develop interconnection! this study illustrates how clients may use/interpret therapy productively from within their own frames of reference

Poster
Assessment

Evaluating Treatment Efficacy in Substance-Abusing Inpatients: The Utility of Multiple Approaches

Nicholas Bowersox - Marquette, Milwaukee, USA, Stephen Saunders, James Wojcik

Questionnaires assessing psychiatric symptoms and life impairment were administered to 55 persons jailed for substance-use related offenses, both at intake and discharge from an intensive jail-based substance-use treatment program. Improvement in symptom functioning was assessed using significance testing as well as measures of reliable change, functional change, and clinically significant change. While traditional significance testing suggested that the group experienced significant improvement in functioning across nearly all symptom areas, the other approaches resulted in less encouraging results (e.g., only 30% of participants experienced clinically significant improvement in depressive symptoms). Additional analyses were conducted to examine the effect of removing patients who were not in the "ill" range at the beginning of the study. When the dataset was restructured in this manner, changes were seen in the percentage of participants that experienced an improvement in functioning (e.g., 40% experienced clinically significant improvement in depressive symptoms). The utility of making such a distinction, as well as the implications that result from such a shift in focus are discussed. The results of this study additionally offer insights into the efficacy of a mandatory inpatient substance-abuse treatment program in an understudied population: offenders jailed for substance-related crimes.

Poster
Alliance

The relationship between therapist mindfulness and therapeutic alliance and therapeutic outcome

Noah Bruce - PGSP Stanford Consortium, Palo Alto, USA, Manber, Rachel, Shapiro, Shauna

Aim to date there have been at least 250 studies examining the efficacy of teaching mindfulness techniques to patients for a variety of problems including pain, depression relapse, and anxiety disorders. However, there has been, to our knowledge, no empirical study of the link between the therapist's mindfulness on the therapy or on the patient, despite solid theoretical reasons to conclude that "the influence of mindfulness on the mind of the therapist is consistent with the qualities underlying a

successful treatment relationship”(fulton, 2005, p.58). The present study aims to test the correlations between mindfulness as measured by self-report and therapeutic alliance and therapeutic outcome. Methods: The present study is an add-on study to a randomized, clinical trial called research evaluating the value of augmenting medication with psychotherapy (revamp). Revamp is examining the efficacy of brief supportive therapy vs. Cbasp (cognitive-behavioral analysis system of psychotherapy) vs. Medication alone for patients diagnosed as chronically depressed. Thirty five therapists on this study were invited to participate in the current study. Twenty therapists responded and completed two validated measures of mindfulness: The mindful attention and awareness scale (maas) and the five factor mindfulness scale (ffmq). These scores were correlated with measures for 183 patients including the working alliance inventory as well as several measures of therapeutic outcome provided by the revamp study. Results: Preliminary results have been mixed. Higher scores on some measures of mindfulness correlate with a stronger alliance and better outcome while others are correlate in the reverse direction. Discussion: Findings will be discussed with reference to different mindfulness constructs as well as the different therapies being tested in the multi-site trial. Future directions will be highlighted. Reference fulton, p. R. (2005). Mindfulness as clinical training. In c. K. Germer, r. D. Siegel, r. D., & p. R. Fulton, p.r. (eds.), mindfulness and psychotherapy. New york: Guilford press

Poster
Emotion

The Task of Resolving Anger in Psychotherapy

Rachel Coleman - University of Memphis, USA, Divya Kannan, Jennifer R. Henretty, Heidi M. Levitt, Susan Mathews

Introduction Anger may be conceptualized as both a potentially disruptive emotional force (Kassinove & Tafrate, 2002), and as an adaptive internal signal that cues self-protective action (e.g., Greenberg, Rice & Elliott, 1993). Although the expression and treatment of anger has been addressed in the psychotherapy literature (e.g., Greenberg, 2002; Paivio, 1999), there has been little empirical study of the specific processes by which anger may be resolved within a psychotherapy session. In this study, task analysis was used to develop a model of these Method Clients who participated in this study were receiving individual psychotherapy at a university counseling center and were part of a larger research project conducted by Levitt and Mathews. Audiotapes of sessions in which clients indicated on post-session outcome measures that they had experienced anger were reviewed and moments of anger were identified. The method of task analysis (e.g., Greenberg, 1975, 1980, 1984, 1986; Rice & Greenberg, 1974; Rice & Saperia, 1984) was used to characterize and compare the process of anger resolution for both the good outcome and bad outcome moments (see Greenberg, 2007 for a detailed description of this methodology). Results and Discussion The result is a theory of the process of the resolution of anger experienced within psychotherapy that differentiates sequences that lead to successful resolution from those that lead to unsuccessful resolution. This model has implications for understanding how clients change in therapy and also points to ways that therapists may most effectively facilitate client experiences of anger.

Poster
Therapist

A new scale, based on a Q- SORT methodology, to assess therapist countertransference: The countertransference assessment q- sort (CTA Q-SORT)

Antonello Colli - La Sapienza University Psychology Faculty, Rome, Italy, Vittorio Lingiardi

Aim. In this study we present a new scale, based on a q sort methodology (Stephenson, 1935), to assess the therapist countertransference: the Countertransference Assessment Q sort (CTA-Q sort). We also interested to study the relationship between therapist countertransference and patient diagnosis. Methods. After a review of the clinical and empirical literature we arrived at the final pool of items (70).

We asked to 20 therapist to evaluate their experience with at least three patient (randomly selected) that they saw in their private practice (n = 60). To assess the countertransference we used the CTA Q sort (Colli, Lingiardi, 2006). The CTA Q sort is based on a Q sort methodology: the therapist must choose, following a fixed distribution, the items (cards) that better represent their experience with the patient. We used the SWAP – 200 (Shedler, Westn, XX) to assess personality style of the patients. Results. The CTA Q sort seems to be able to differentiate therapists for their different experience with the patients. Some items of the CTA Q sort (specially regarding reflexivity in the therapist) resulted highly correlated with the diagnosis of personality disorders in the patients, specially cluster B of DSM IV. Discussion. Q sort methodology, for its methodological and epistemological fundamentals, may be considered as a suitable way to study subjectivity. With Q sort we don't look for correlations among suppose factors (classical factor analysis) but between persons (Q analysis) In this sense we think that this kind of methodology maybe very usefull to study the subjective experience of the therapist.

Poster

Depression

Changes in psychotherapy utilization in the community mental health system

Mary Beth Connolly Gibbons - University of Pennsylvania, Philadelphia, USA, Paul Crits-Christoph, Aileen Rothbard, Kimberly Farris, Bridget Hearon, Sarah Ring-Kurtz, Julie Present, Matthew Worley

Aim national surveys have demonstrated an increase in the use of psychotherapy by some socio-economically disadvantaged groups and a marked decrease in the number of sessions of psychotherapy received. Further there has been a marked increase in the use of antidepressant medications among users of psychotherapy. The goal of this investigation was specifically to explore changes in psychotherapy utilization for patients with major depressive disorder treated in community mental health agencies. A longitudinal database was used to examine treatment utilization in community mental health for major depression across two cohorts (1993 and 2003). the aim was to examine the proportion of patients receiving medication and psychotherapy for the treatment of major depression and the factors predicting their treatment duration. Finally, changes in treatment utilization across the decade were explored. Method: The penn longitudinal database was examined. This database combines information across several different systems of care on approximately 300,000 public sector clients in the philadelphia region, beginning in 1985 and uPDated continuously to the present. Results: For the 2003 cohort, there were 263,942 outpatient claims for treatment for any depression diagnosis. Over 6100 individuals received a treatment for major depressive disorder. Twenty-six percent received psychotherapy alone, 11% received medication alone, and 63% received the combination of psychotherapy and medication. The modal number of sessions of any outpatient treatment for major depressive disorder was 1. Descriptive results for the 1993 cohort will be presented, along with analyses of predictors of treatment duration and analyses of changes in treatment utilization across the two cohorts. Discussion: The descriptive results from this exploration can be used to design intervention protocols to test ways of enhancing practice in the weakest areas of the system. Psychotherapy treatment manuals can be tailored to contextual factors including the setting, the level of provider, and the duration of treatment that influence treatment in the real world

Poster

Quality

Client reports on failure in psychotherapy – further support for the contextual model of psychotherapy

Annegret Conrad - Freie Universität, Berlin, Germany, Anna Auckenthaler

Research on negative effects in psychotherapy is characterized by three shortcomings: 1) it is seldom done. 2) it mostly disregards the client's subjective perception of the therapeutic process in its role as a strong predictor for therapy outcome. 3) it ignores that the effectiveness of psychotherapy predominantly depends on common factors, which has been one of the major findings of process-outcome-research and,

amongst others, has given rise to the formulation of the contextual model of psychotherapy (wampold, 2001). Aim: The purpose of our study is to investigate what factors are associated with failure in individual therapy, from the client's perspective, and across different psychotherapeutic approaches. Methods: Choosing a qualitative research design, we conducted problem focused interviews with 20 clients who reported on negative experiences in outpatient settings. Transcripts were analyzed using grounded theory methodology. Results: Preliminary results clearly show that common factors are prominent in the clients' attribution of treatment failure. In addition to lack of therapist authenticity and emotional warmth, the findings also highlight the importance of information about treatment operations and distinct psychotherapeutic approaches prior to treatment as well as the destructive impact of therapeutic statements that rather demoralize than encourage the client. Discussion: Implications for further research, for concepts of quality management and for therapeutic practice are discussed

Poster
Therapist

Therapist's personal style and personality

Sergi Corbella - FPCEE Blanquerna, Ramon Llull University, Barcelona, Spain, Héctor Fernández-Álvarez, Luis Angel Saul, Luis Botella, Fernando García, Francisco Javier de la Morena, Verónica Rial

The therapist is one of the protagonists in the therapeutic process and, in recent years, several researchers have been studying it. One of the items that has triggered most a clear advance in this field was a work entitled personal style of the therapist (fernandez-alvarez, 1998). Therapist's personal style (pst) has been defined as a set of characteristics that each therapist carries out in every psychotherapeutic situation, therefore shaping its basic attributes. This is made up of peculiar conditions that lead the therapist to behave in a particular way in the course of his professional job (fernandez-alvarez, 1998; fernandez-alvarez, garcia and scherb, 1998; corbella and fernandez-alvarez, 2006). The project entitled development of personal style of the therapist was impelled with the aim to deepen in the knowledge of therapist's personal style. The project involves two Spanish universities (universitat ramon llull and universidad nacional de educación a distancia), and two argentineans (universidad de belgrano and fundación aigle). The primary endpoint for this interuniversity project is to study the development of therapist's personal style in professionals being trained for a master degree in psychotherapy, so as to analyze any relationship with different variables like attachment's style, direction of interest and personality. This poster will feature preliminary results of the first study carried out in the development of personal style of the therapist project. It focuses on parallels between therapist's personal style and variables of therapist's personality

Poster
Alliance

The resolution of ruptures in therapeutic alliance and change in patients with border-line personality disorder

Joana Coutinho - University of Minho, Braga, Portugal, Eugénia Fernandes

The inability of borderline patients to experience others as potentially available compromises their capacity to make a positive use of the therapeutic relation. The establishment of a collaborative alliance with the therapist and its repair when damaged contribute to the increased ability to maintain a positive image of the therapist, which in turn will allow the decrease of catastrophic reactions to separations and their associated behavioural disturbances. We present a study whose main goal is to understand the role of alliance ruptures in the change process of patients diagnosed with borderline personality disorder. We intend to determine if the interventions considered useful to resolve impasses and ruptures in the therapeutic alliance are equally effective with borderline patients. We also want to understand in what way the resolution of ruptures is associated with change processes across therapy sessions (in what concerns emotional self-regulation) in borderline patients. The sample will be composed by 12 dyads in therapeutic process. Despite different theoretical orientations therapists will receive training in brief

relational therapy, with emphasis on principles of effective management of ruptures. It will be used several symptoms and process measures in order to do a sequential analysis so that we can track the emergence of ruptures in the alliance, its successful management and their impact in emotional regulation processes. To explore the relation between therapist interpersonal schemas and the way he experiences moments of rupture, therapist will complete interpersonal schema questionnaire and answer to an interview focused on that moments

**Poster
Model**

Predicting patient progress in outpatient psychotherapy in The Netherlands

Kim De Jong - GGZ Noord-Holland-Noord, Heiloo, The Netherlands, Annet Nugter, Willem Heiser, Philip Spinhoven

In research as well as in practice there is a growing awareness that treatment effects should be evaluated for the individual patient in every practice. As a result of these developments practically orientated research is booming over the last decade. In this study data is collected at four naturalistic settings in the Netherlands that provide outpatient psychotherapy. Data collection started in June 2006 and will continue until December 2007. The goal is to develop a prediction model that is representative of Dutch outpatient psychotherapy. Several prediction variables are taken into account: therapeutic alliance, treatment expectations, initial level of distress, demographic variables, diagnosis. The data will be analysed using multilevel analysis. In an exploratory analysis relevant predictor variables for the patient's progress are selected.

**Poster
Assessment**

Qualitative change episodes and the Therapeutic Cycles Model as process measures: How do they relate to each other and to outcome

Guillermo De La Parra - Pontificia Universidad Catolica de Chile, Santiago, Erhard Mergenthaler, Camila Dobry, Maria Fontao, Paula Dagnino, Katy Strasser, Perla Ben-Dov, Mariane Krause

Aim: Previous research has shown that therapeutic processes evolve in phases or episodes. The Therapeutic Cycles Model, based on quantitative computer assisted text analysis, and measurement of qualitative defined Change Episodes intend to account for critical phases or episodes in therapeutic process. The relationship between these two process measures were explored and related to outcome. Method: Twenty sessions of a dynamic psychotherapy were qualitatively evaluated through the identification of emerging Change Indicators which define Change Episodes. The Spanish version of the computer assisted text analysis program (TAS/S) was applied. It identifies emotional and abstract words and four emotion-abstraction patterns: Relaxing (low frequency of abstract and emotional words), experiencing (high frequency of emotional words), connecting (high frequency of abstract and emotional words), reflecting (high frequency of abstract words). Outcome was measured through the Outcome Questionnaire, which was applied before each session. Results: A positive correlation was found between the frequency of abstract words and outcome. A negative significant correlation was found between the frequency of emotional words and the hierarchy of Change Indicators. No clear relationship was found between emotion-abstraction patterns and Change Episodes. Discussion: Qualitatively defined Change Episodes and Emotion-Abstraction Patterns probably entail different implicit therapeutic processes. Moreover, more work is needed on the Spanish version of emotion and abstraction dictionaries.

Poster
Alliance

Readiness to Change and the Working Alliance in Psychotherapy

Michelle Emmerling - University of Alberta, Edmonton, Canada, Barb Paulson, William Whelton

To better understand the change process in psychotherapy, this study investigated client readiness to change, the working alliance, and therapeutic outcome. Minimal research investigating the role of mediating variables that impact the relationship between readiness to change and outcome has been conducted. In this study, two hypotheses were investigated; the first tested whether the working alliance mediates the relationship between readiness to change and therapeutic outcome. The second hypothesis tested was that clients who progress to a higher stage of readiness to change have more positive therapeutic outcomes. Forty adult clients seeking psychotherapy at a psychology training clinic completed the University of Rhode Island Change Assessment scale, Working Alliance Inventory, and General Health Questionnaire, after the first, fifth, and termination sessions. The first hypothesis was tested using multiple regression procedures, while the second hypothesis was tested with repeated measures anovas. Preliminary results indicate that the stronger the working alliance the greater the positive change and when clients were in a higher stage of readiness to change, improved therapeutic outcomes were achieved. The results of this study have important clinical implications as assessing and responding to clients' readiness to change may increase the effectiveness of psychotherapy.

Poster
Integration

Clients' Simultaneous Use of Complementary and Alternative Medicine and Talk Psychotherapy

Carrie Evenden - California Institute of Integral Studies, San Francisco, USA, Candice Seckols-Ruiz, Erin Eads, Barbara Vivino, Barbara Thompson, Nick Ladany, Libby Nutt Williams

Our poster will describe research which explores clients' simultaneous use of talk psychotherapy and complementary and alternative medicine (CAM), specifically massage and acupuncture. It is estimated that within a given year two thirds of Americans use some type of complementary or alternative medicine (Kessler, Foster, et al., 2001). Although numerous psychotherapy clients are utilizing CAM modalities in addition to talk-therapy treatment, little is known about the combination of CAM and psychotherapy. It is important that we achieve a greater understanding of the benefit of the integration of CAM and psychotherapy and the impact that concurrent use of CAM and psychotherapy by clients has on psychotherapy process . Twelve clients who participate in simultaneous use of CAM and psychotherapy will be interviewed in a 60 – 90 minute telephone interview. Data will be analyzed using the Consensual Qualitative Research (CQR) method (Hill, Thompson, & Williams, 1997). We will present initial findings on three aspects of this topic: motivation, client self-disclosure, and clients' experience of integrating CAM and psychotherapy. Results are expected to reveal: a greater understanding of clients motivation for seeking both modalities; a clarification of the benefit that clients receive from utilizing both modalities; a better understanding of the impact of CAM on psychotherapy process, and a greater understanding of the factors involved in whether or not clients disclose these benefits to their psychotherapist and the impact of this disclosure or lack of disclosure on the psychotherapy process.

Poster
Model

Impact of Attrition on the Analysis of Outcome in Randomized Controlled Trials

Jay Fournier - University of Pennsylvania, Philadelphia, USA, Robert J. DeRubeis

Aim: To examine biases associated with the use of hierarchical linear modeling (HLM) when data are missing due to attrition. The effects of the number and timing of dropouts were each examined separately. Bias was expected to be particularly pronounced in cases when the assumption of linear response over time was violated, and a new technique was introduced to mitigate this effect. Methods:

Multiple datasets containing simulated outcome data for two treatments were created to mimic the properties typically observed in randomized clinical trials. The true difference between treatments was manipulated as was the linearity of the average reduction in symptom severity over time. Attrition was imposed on the data, and the number and timing of dropouts was manipulated. A new method for specifying the time variable was examined to determine if observed bias could be reduced. Results: Preliminary results reveal that the presence of attrition can cause HLM analyses to overestimate treatment effectiveness. The magnitude of the overestimation increases as the number of dropouts increases, the treatment response curve deviates from linearity, and the timing of the dropouts occurs at sensitive portions of the treatment response curve. This bias can be reduced if the variable assessing time is re-specified. Discussion: Attrition can bias HLM estimates of treatment efficacy. This bias can either lead to a representation of spurious differences between equivalent treatments or it can mask a true difference between differentially effective treatments. This bias can be minimized by model re-specification.

Poster
Cognitive

Evolution of cognitive complexity during psychotherapeutic process: a comparative study between psychotic and non-psychotic patients.

Antonia María Gómez - Ramon Llull University, Barcelona, Spain, Meritxell Pacheco, Luis Botella

Results of two researches considering symptomatology and cognitive complexity from a cognitive-constructivist standpoint are presented and compared. Participants in Study 1 were 34 adults with non-psychotic psychotherapy complaints, following individual psychotherapy, and participants in Study 2 were 30 adults diagnosed of paranoid schizophrenia, 15 of them included in a treatment group and the other ones following regular intervention. In both studies we assessed cognitive complexity by means of Repertory Grid Test (Kelly 1955/1991) referred to self construction. As regards symptomatology, in study 1 we administrated Core Outcome Questionnaire (Core System Group, 1998) and in study 2 we assessed symptomatology by means of Positive and negative Syndromes Scale, PANSS (Peralta & Cuesta, 1994). We assessed participants during three different moments of psychotherapeutic intervention. In both studies, results show a significant symptomatology improvement at the end of psychotherapy intervention and, also in both cases, improvement was related to an evolution of cognitive complexity to simplicity.

Poster
Therapist

The aigle program: Advancements in the confirmatory factor analysis of the assessment questionnaire on the personal style of the therapist (PST-Q)

Beatriz Gómez - Fundación Aiglé, Buenos Aires, Argentina, Fernando García, Claudia Castañeiras, Verónica Rial, Héctor Fernández-Alvarez

Aims: The aim of this study is to present new findings of the research programme on the personal style of the therapist about the construct validity of the PST model which has been operationalized by the PST-Q measure (Fernández-Alvarez et al., 2003). This program is being developed since 1998 by the research department at aiglé foundation (Argentina). We consider the personal style of the therapist (PST) as one of the components of every psychotherapeutic procedure, and we define it as a multidimensional construct that refers to: "the set of characteristics that express the dispositions, traits and attitudes which each therapist brings into action in every psychotherapeutic situation, shaping its basic attributes." It has an impact on the results of therapeutic action, albeit in varying degrees according to the kind of patient, his/her pathology and the specific context where it is applied (Fernández-Alvarez, García, Lo Bianco & Corbella, 2003). Method: The PST-Q, a 36 item self-administered measure of the PST construct, was applied to a sample of 466 Argentine psychotherapists from different theoretical orientations (cognitive, humanistic, systemic, integrative, and psychodynamic). Confirmatory factor

analyses (CFAs) using maximum likelihood estimation were applied to assess the fit between the data and the five-factor model of PST proposed by Fernández-Alvarez et al. (2003). This study presents new developments on the CFA that were carried out after the one presented in 2006 (Fernández-Alvarez et al., 2006). Results: Factorial structures derived from confirmatory factor analyses were analyzed and compared with the ones that had been empirically obtained as a result of the explorative and confirmatory factor analyses of a preliminary study carried out by this research group. All CFAs were performed using AMOS 6.0. Goodness of fit indexes indicated that the fit of the measurement model presented was good. Discussion: The research implications of the findings are discussed. Directions for future research are also discussed.

Poster
Narrative

Unfinished business and traumatic grief: a qualitative analysis of a good outcome psychotherapy process

Olga Herrero - Ramon Llull University, Barcelona, Spain, Luís Botella, Laia Bellés

In this work we were interested both in psychotherapy process research and in a phenomenological study of a particular case of psychotherapy with a grieving client. With this twofold aim we have developed two separate but related studies. In both cases our research has focused on a qualitative and in-depth analysis of a whole psychotherapy using the Grounded Theory Method. The main goal of the first analysis (Study 1), responds to our interest in studying those pragmatic and rhetoric devices that contribute to the client's change. We focused on explaining and interpreting in process analysis terms what is the goal of what is said in therapy and how is this goal pursued. The goal of the second analysis (Study 2) is a phenomenological approach to a particular experience of grief and, thus, to understand and describe the semantic content of the twelve psychotherapy sessions we analysed. In this sense, Study 2 answers the question "what is said in the sessions?" The main results of Study 1 constitute a node map derived from our analysis, which overarching node responds to the question "what for?" and subordinate ones to the question "how?". In a parallel way, the results from Study 2 constitute another node map in terms of discursive ways to make sense of a traumatic loss, session by session, being maximally faithful to the text.

Poster
Personality

Borderline Personality Organization: Examining a prototype with the Structured Interview of Personality Organization (STIPO)

Susanne Hoerz - Ludwig-Maximilians-Universität, München, Germany, Barry L. Stern, Eve Caligor, Ken Critchfield, Otto F. Kernberg, Wolfgang Mertens, John F. Clarkin

Aim: The diagnosis of personality pathology based on Kernberg's model of personality organization (Kernberg, 1975; 1976; 1984), was examined in this study. The Structured Interview of Personality Organization (STIPO; Clarkin et al., 2004) was developed in an effort to operationalize his theory. In this study, domains from the STIPO were used to generate a prototype of Borderline Personality Organization (BPO), and its utility in explaining variance in personality pathology across a sample of patients of different levels of pathology was examined. **Method:** Based on an experts' consensus, a prototypical profile of BPO was formed which would differentiate between Borderline Personality Organization and Neurotic Personality Organization. This profile was examined regarding its ability to discriminate between patient groups of different levels of general functioning, axis I and axis II pathology. Also, a BPO similarity index, reflecting the similarity of a clinical sample (n=60) to the BPO prototype was computed and its validity was examined. **Results:** The STIPO-based BPO prototype was able to discriminate between clinically relevant groups according to levels of pathology in general functioning, axis I and II symptoms and correlates. Furthermore, the reliability, convergent and incremental validity of this BPO similarity index could be established. The BPO prototype and STIPO are discussed as valuable tools for

the diagnosis of patients with personality pathology and for deriving corresponding treatment implications.

Poster
Personality

Precursor to psychotherapy training: Helping skill preference and personality

Ann Hummel - University of Maryland, College park, USA, Charles Gelso

Aim When undergraduate students are taught to use basic helping skills, individual students may prefer using different helping skills. The goal of this study was to find out if helping skill preferences relate to students' personalities. **Method** Ninety-two undergraduates enrolled in helping skills classes completed personality measures and measures of their preferences when serving in the role of helper. Helping skill preferences were measured by students' ratings for each of nine skills and their rank ordering of those skills. Personality was measured using the five-factor model. These personality factors were correlated with student ratings and rankings. **Results** Modest, significant correlations between the five personality factors and preference for particular helping skills were found, suggesting that personality may be related to helping skill preference. For example, the personality factor Openness to Experience was positively correlated with preference for reflection of feelings and open questions, and was negatively correlated with preference for information-giving and direct guidance. **Discussion** Before starting graduate training in psychotherapy, students are likely to have pre-existing preferences for certain therapy techniques or helping skills that are due in part to their individual personalities. These preferences may make them more or less receptive to learning certain techniques. Being aware of personality-based preferences should help clinical supervisors teach techniques or helping skills more effectively.

Poster
Other

A meta-analysis of bona-fide psychosocial treatments for alcohol use disorders.

Zac Imel - University of Wisconsin-Madison, USA, Bruce E. Wampold, Liza Guequierre, Ruth Montero, Nick Scull

The findings of psychotherapy meta-analyses reveal little evidence of differences between treatments in general. However, as these findings were derived from heterogeneous patient samples, differences between treatments might emerge in a more homogenous population. In the treatment of alcohol use disorders, the acrimony between treatment advocates has been particularly salient. As such, it would appear that if differences were present in certain disorders, they would likely be present in the treatment of alcohol use disorders, thus providing a more rigorous test of treatment equivalence. Our primary hypothesis was that the true difference between bona fide psychosocial treatments for alcohol use disorders directly compared is zero. We used standard meta-analytic procedures to derive an estimate of the difference between any two treatments within the same study (Hedges & Olkin, 1985). We accommodated problems with the inclusion of multiple treatments by randomly assigning a positive negative sign to the effect size derived from each comparison. We utilized the modified minimum chi-square test to estimate the extent to which effect sizes were heterogeneous (cf. Wampold et al., 1997). Preliminary analyses indicated that effects were not homogeneously distributed about zero, indicating that different treatment comparisons did not yield a common effect size (i.e., there were some differences between treatments). However, it appears one that one study accounted for the preponderance of heterogeneity. When this study was removed, analyses indicated that treatment differences were homogeneously distributed about zero. Future analysis will involve an analysis of therapist allegiance as well as the inclusion of additional studies.

Poster
Child

Parent training and ADHD: Symptoms, comorbidities, and function

Heather A. C. Kaiser - Medical College/Children's Hospital of Wisconsin, Milwaukee Wi, USA, Alison Gerdes, Robert L. Russell

The Multimodal Treatment Study of Children with ADHD did not find empirical support that adjunctive psychosocial treatments significantly enhanced the positive effects of stimulant medication. However, adjunctive treatments improved outcomes for children receiving medication, although such improvement was not statistically significant, and many symptoms and functional deficits persisted following treatment. Results are presented for a parent training treatment offered to parents of children (5-12 years old) diagnosed with ADHD Combined Type or Predominantly Inattentive Type. Parent training consisted of 6 structured 1.5 hour weekly group therapy sessions based on Barkley's model. Groups were comprised of 2 to 5 sets of parents. ADHD symptoms were assessed at least 4 times using the parent SNAP-IV, a reliable and valid symptom checklist based on the DSM-IV criteria for ADHD and ODD. Assessment of symptoms is completed during an intake evaluation prior to testing, at the beginning of the first parent training session, after the third session, and at the conclusion of the sixth session. Thirty sets of parents will have completed treatment. Individual growth curves will be calculated across pre, post-third, and post-sixth sessions for ADHD and ODD symptoms, and for classroom functioning, to estimate treatment effects in comparison to the growth curves between intake and the first session, and to the null hypothesis that no positive growth has occurred. Results will be discussed in terms of the clinical utility of parent training as an adjunctive treatment for ADHD and in terms of an example of a practice based research program.

Poster
Attachment

Psychotherapeutic experiences and attachment characteristics in group psychotherapy inpatients: Are there main or interaction effects on treatment outcome?

Helmut Kirchmann - Institute of Psychosocial Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany, Bernhard Strauss, Research Network on Inpatient Psychotherapy

In a multi-site study with 288 inpatients with different diagnoses from five psychotherapeutic hospitals, the authors evaluated two main questions: 1) Do patients' self-reports of different psychotherapeutic experiences (measured with the Curative Factors Questionnaire by Davies-Osterkamp, WDO-GHK-3F) predict treatment outcome operationalized as psychopathological symptoms as well as interpersonal problems (quantified with self-report-based residual gain scores of the Symptom Checklist-90-Revised, SCL-90-R, and the Inventory of Interpersonal Problems, IIP)? 2) Are there interaction effects between patients' psychotherapeutic experiences and attachment characteristics (evaluated with the interview-based Adult Attachment Prototype Rating, AAPR) on treatment outcome? According to the multilevel data structure, the program HLM 6.0 was applied for statistical analyses. Treatment outcome did not discriminate between psychotherapeutic hospitals nor diagnostic groups, whereas statistically significant differences were found depending on attachment characteristics as well as the patients' ratings of curative factors. We found relatively consistent, significant direct effects of the factor group-cohesion on different treatment outcome variables (13 statistical significant parameters out of 19) but only few effects related to other factors covered with the WDO-GHK. Furthermore there were no direct effects related to attachment characteristics and no interaction effects on treatment outcome. In summary, the results related to curative factors suggest that for inpatients undergoing group psychotherapy the emotional experiences of confidence and companionship within the group seem to be more important for successful treatment than insight or social learning.

Poster
Inpatient

SCL pre-symptom profile clusters and differential treatment outcome

Helmut Kirchmann - Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany, Bernhard Strauss, Karin Schreiber-Willnow, Klaus-Peter Seidler, Research Network on Inpatient Psychotherapy

In a series of cluster analyses using four independent samples (N=836; N=591; N=1714; N=547) it was examined if stable psychopathological profile groups between the samples exist. Psychopathological profiles were conceptualized by ipsatized scores of the subscales of the Symptom-Checklist-90-Revised (SCL-90-R). In a next step, clusters were analysed for differences in treatment outcome (quantified with self-report-based residual gain scores of the SCL-90-R and the Inventory of Interpersonal Problems, IIP). The identified (and stable) seven clusters can be described as follow: 1) Neutralizers: all scales near to zero, lowest SCL-mean, n=1018, 27.6%; 2) Obsessive-Depressives: high scores in "obsessive-compulsive" and "depression", moderate mean, n=609, 16.5%; 3) Uncertain-Paranoics: high scores in "interpersonal sensitivity" and "paranoid ideation", moderate mean, n=528, 14.3%; 4) Somatizer: high scores in "somatization", low mean, n=511; 13.9%; 5) Aggressives: high scores in "hostility", very high mean, n=353, 9.6%; 6) Uncertain-Phobics: high scores in "interpersonal sensitivity" and "phobic anxiety", highest mean, n=341, 9.2%; 7) Phobic-Anxious: high scores in "anxiety" and "phobic anxiety", very high mean, n=328, 8.9%. Data for analyzing the relationship between clusters and treatment outcome was available for a subsample of 1427 patients. According to the multilevel data structure, the program HLM 6.0 was applied for statistical analyses. There were only few significant cluster differences but consistent trends: Patients belonging to the clusters Aggressives and Obsessive-Depressives had better and cluster Uncertain-Phobics worse treatment outcome in all SCL-Scales than the mean of the subsample. Statistically significant differences were found for the scales "hostility", "paranoid ideation" and "psychoticism". Moreover Neutralizers reduced overall interpersonal problems significantly. In an additional step, the relationship between pre-treatment IIP-scales and SCL residual gain scores were examined for the single clusters. For IIP raw scores, the cluster Uncertain-Phobics revealed statistically significant parameters in almost all correlations, indicating that for this cluster a reduction of interpersonal problems seemed to be specifically important for therapeutic success. Referring to ipsated IIP scores, only for the cluster Aggressives the scale "overly intrusive" consistently correlated with the SCL variables, indicating that Aggressives with high self-rated intrusiveness reached a better SCL symptom reduction

Poster
Psychodynamic

Quasi experimental study on the effectiveness of psychoanalysis, long-term and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 5-year follow-up

Paul Knekt - National Public Health Institute, Helsinki, Finland, Olavi Lindfors, Maarit Välikoski, Maarit Laaksonen and the Helsinki Psychotherapy Study Group

Aim the helsinki psychotherapy study showed that short-term or long-term psychotherapy are insufficient treatments for part of the patients with depressive or anxiety disorder. Psychoanalysis might help such patients, but the empirical evidence is scarce. This quasi-experimental study compares the effectiveness of two short-term psychotherapies and one long-term psychotherapy with that of psychoanalysis in the treatment of depressive and anxiety disorders. Methods. A total of 326 psychiatric outpatients from the helsinki area, with depressive or anxiety disorder, were randomly assigned to solution-focused therapy or to short-term or long-term psychodynamic psychotherapy. Furthermore, 41 patients suitable for psychoanalysis were included. The patients were followed for 5 years from start of therapy. Primary outcome measures were depressive symptoms, measured by the self-report beck depression inventory (BDI) and the observer-related hamilton depression rating scale (hdrs), and anxiety symptoms measured by the self-report symptom check list, anxiety scale (scl-90-anx) and the observer-related hamilton

anxiety rating scale (hars). The statistical analyses were based on an 'intention-to-treat' –design. Results. A significant reduction of symptoms was noted in all treatment groups during the follow-up. Recovery was fastest in both short-term therapy groups and slowest in the psychoanalysis group. After 5 years of follow-up, however, psychoanalysis was the most effective. About 82% of the patients receiving psychoanalysis recovered from their symptoms (i.e. BDI < 10), whereas the corresponding proportion for the other groups varied from 48-67%. Discussion. In the long run psychoanalysis might be more effective than long-term or short-term therapies. The results are, however, preliminary and no firm conclusions can be drawn

Poster
Supervision

Lesbian gay, and bisexual supervisees' experiences of affirmative and nonaffirmative supervision

Sarah Knox - Marquette University, Milwaukee, USA, Alan W. Burkard, Shirley A. Hess, Jill M. Schultz

This project investigated lesbian, gay, and bisexual (LGB) doctoral trainees' experiences of affirmative and non-affirmative supervision, and sought to enhance our understanding of LGB issues in supervision. seventeen participants each completed two audio-taped phone interviews that focused on specific experiences of LGB affirming and non-affirming supervision. Data were analyzed according to consensual qualitative research procedures (cqr). most participants HAD received minimal graduate training in LGB issues. Most reported having an LGB affirmative supervision experience, one in which supervisors affirmed supervisees' identities as LGB persons, or responded affirmingly to client sexual orientation needs. All participants reported that the already-solid supervision relationship improved after the event, and that the experience improved their clinical work. Most also reported an LGB non-affirmative supervision experience. Here, supervisors made assumptions about supervisees based on LGB stereotypes, or were dismissive of LGB issues. Participants experienced negative emotions as a result of this experience, and noted that the supervision relationship deteriorated. Participants reported mixed reactions regarding the effect of such experiences on client treatment. participants reported that their LGB affirming experiences HAD salutary effects on the supervision relationship and on participants' clinical work. LGB non-affirming events HAD deleterious effects on supervisees and their supervisor relationship, and HAD mixed effects on their clinical work. Clearly, programs need to better attend to LGB issues in training students, and need to reduce the frequency of LGB-averse supervision experiences, given their potential toll on both supervisees and clients

Poster
Measures

Subjective and Objective Improvement in Schizophrenia

Zeno Kupper - University of Bern, University Hospital of Psychiatry, Switzerland, Wolfgang Tschacher

Aim. Subjective, self-rated improvement of patients with schizophrenia spectrum disorders can carry significance as a first-person account of treatment outcome, and can be of importance for the individual patient's acceptance of further treatment, including psychotherapy. This study assessed the concordance between post-treatment subjective improvement after a psychotic episode and the observed symptom change. Methods. The study sample consisted of 43 younger, primarily first- or second-episode patients. Observed symptom change was calculated both as pre-post differences and as symptom trajectories. Subjective improvement was assessed at the end of treatment by using the "Emotional and Behavioral Changes in Psychotherapy Questionnaire" (VEV). Results. The findings indicated no significant concordance between observed pre-post differences in symptoms and self-rated improvement, nor were final levels of symptoms related to subjective improvement. Higher initial and mean symptom levels for positive symptoms were related to a lower degree of subjective improvement. A shorter duration of an initial trend-like improvement in psychosis was shown to be associated with greater subjective improvement. Discussion. Subjective assessment of improvement may differ markedly from observer

assessment of improvement. In psychotic episodes, more severe initial positive symptoms as well as a delayed improvement of positive symptoms may be related to a reduced subjective experience of improvement. The treatment of psychosis should take the discordance between subjective and objective change into account.

Poster
Depression

Psychological suitability factors as selection criteria between short and long-term therapy

Maarit Anniina Laaksonen - National Public Health Institute, Helsinki, Finland, Paul Knekt, Olavi Lindfors

Aim patient's pre-treatment personality characteristics and interpersonal predispositions are known to predict outcome of psychotherapy. To be able to choose an optimal treatment length it is essential to know which of these psychological suitability factors predict different outcome in short and long-term therapy. In the helsinki psychotherapy study the prediction of suitability factors between short-term and long-term therapies was studied. Methods: A total of 326 outpatients, aged 20-46 years and suffering from depressive or anxiety disorders were randomized to short-term therapy (short-term psychodynamic psychotherapy or solution-focused therapy combined) or long-term psychodynamic psychotherapy and were followed-up for 3 years. Psychiatric symptoms were assessed with the symptom check list, global severity index (scl-90-gsi) and psychological suitability factors with a 7-item suitability assessment scale. Results: Patients with good or moderate values of psychological suitability factors gained more from short-term than from long-term therapy during the first year of follow-up. Among patients with poor values of certain suitability factors, long-term therapy appeared more effective than short-term therapy during the third year of follow-up. When combining two individual suitability factors, four patient groups could be found: Patients who gained faster from short-term therapies, patients who gained equally from both short and long-term therapies, patients who gained only from long-term therapy, and those who gained neither from short nor long-term therapy. Discussion: Patients with good or moderate values of suitability factors can be successfully treated with short-term therapy, whereas patients with poor values need long-term therapy or some other treatment to recover. More research is needed to verify these findings

Poster
Couple

Couples therapy preferences: Gender matters (and interacts with sexual orientation)

Justin Lavner - UCLA Dept. of Psychology, Los Angeles, USA, Laurie Heatherington

To the extent that couples therapies differ in their theoretical bases, therapist interventions, and client tasks, certain kinds of people might find certain modalities more appealing than others. Yet little research has examined therapy preferences in general, and no research has considered preferences for different types of couple therapy. The current study examined preferences for cognitive behavioral couple therapy (cbct), emotion-focused couple therapy (EFT), and solution-focused couple therapy (sft) as a function of gender and several relevant personality characteristics in a sample of homosexual and heterosexual participants. Participants were 35 men (21 heterosexual, 14 homosexual) and 31 women (25 heterosexual, 7 homosexual) in committed relationships who were recruited via advertisements and networking. They read descriptions of each therapy, rated each on a 7-item "affinity" questionnaire, and rank-ordered their preferences. They then completed standard measures of gender role orientation, emotional expressiveness, and psychological mindedness. Multiple regression analyses indicated that heterosexual men and women differed, with men preferring cbct and sft over EFT and women showing no distinct preferences among the three types. Among homosexual participants, however, men and women showed no distinct preferences. Qualitative data suggests that these results were driven by heterosexual men's aversion to certain types of therapies and therapy tasks. Among heterosexuals, emotional

expressiveness was a marginally significant predictor of affinity for EFT and masculinity significantly predicted affinity for sft; among homosexuals, psychological mindedness significantly predicted affinity for eft. Methodological limitations, preliminary implications for conducting couples therapy, and future research directions will be discussed

Poster

Interpersonal

Analysing interpersonal narratives

Yolanda Lopez del Hoyo - Salamanca University, Spain, Jesus Herrero, Alejandro Avila Espada

Based in the work of Barber, Foltz, DeRubeis & Landis (2002) this first part of the study will try to probe the consistency of interpersonal narratives through the analysis of more than five hundred relationship episodes obtained using a written version of Relationship Anecdote Paradigme Interview (Luborsky, 1990) in a students sample. We'll use the Core Conflictual Relationship Theme Method (Luborsky and Crits- Christoph, 1990) and the Central Relationship Questionnaire (Barber, Foltz & Weinryb, 1998) in order to explore the relationship patterns of the subject with different object and with the same object in different narratives. We show the first results founded in this study which try to prove the hypothesis that normal subject evidence consistent interpersonal themes.

Poster

Interpersonal

Interpersonal Patterns in Hetero- and Homosexual Clients

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

A common clinical belief is that gay and lesbian individuals experience radically different social and interpersonal stressors compared to heterosexual individuals. These challenges are thought to lead to unique relationship problems for gay and lesbian clients that require specialized treatment approaches. We tested the assumption that heterosexual and homosexual clients differ in their interpersonal patterns and problems in a sample of 131 heterosexual (92 female) and 33 homosexual (18 female) clients seeking treatment for a variety of different disorders. Clients completed a measure of relationship patterns (Central Relationship Questionnaire) and interpersonal problems (Inventory of Interpersonal Problems) at intake. Gay and lesbian clients did not significantly differ from heterosexual clients in the features or consistency of their relationship patterns. Additionally, homosexual clients reported fewer interpersonal problems than their heterosexual counterparts. Implications of these findings for practice and research are discussed.

Poster

Self

The effects of a relationally oriented camp experience on the adolescent female sense of self: An exploration of gender factors and wilderness participation

Natalie Mitchell - Illinois School of Professional Psychology- Argosy University/Chicago, USA, Sue Bae

This study examined the impact of a relationally oriented summer camp experience on the adolescent female sense of self, with specific attention to camp gender composition and wilderness trip participation. This study hypothesizes that a camp experience, based on its relational and non-achievement based environment, will improve the participants' perception of self, while minimizing gender-specific conditions of worth. The study also hypothesizes that these benefits will be amplified through participation in wilderness adventure programming and/or single gender camp composition, as these factors would serve to further reduce gender specific expectations while providing experiences, in a social environment, that challenge perceptions of self as well as socialized role expectations. In the summer of 2006, 97 participants, representing two relationally oriented camps (one mixed gender and one single gender), were administered the Harter Self-Perception Profile for Adolescents, the Bem Sex Role Inventory, and a Measure of Self-Authenticity (developed for this study) prior to and following their four week camp experience. T-test comparisons were performed to assess for overall change over the

course of the camp experience. T-test comparison were also used to determine the differential impact of gender composition and wilderness participation. This study investigates the potential benefit of interventions specifically targeted toward socialized stressors and gender based role expectations for adolescent females. The resulting data may provide evidence for the clinical benefits of single gender experiences and/or experiences that challenge gender norms.

Poster
Attachment

Neurosciences perspectives for attachment theory

Maria E. Moneta - University of Chile, Santiago

It is well known to which extent social interaction experiences are important for children in the first years of life. For example alterations in the social environment due to deprivation could have long lasting and deleterious effects. Environmental influences can determine the establishing of specific neuronal networks or can led to the creation or maintenance of aberrant connections. Early social, emotional and environmental influences exert significant organizing effects not only at the neuronal level but shaping all aspects of intellectual, perceptual and emotional development. It is not clear in which way children's relationship with the care person, through the processes of attachment, induces the formation of models or archetypes for future relationships (imprinting type form). On the light of developmental issues in infancy one could argue that attachment experiences are necessary but not sufficient for the building up of other relationships later in life. Except in cases of extreme deprivation of care, the mother-child attachment relationship can be modulated by experience as many other aspects of sensory, emotional and cognitive development. There are some evidences indicating that the relationship with the primary caregiver becomes contextualized and specific for a particular person, since the brain has codified this information in a non transferable way. This poster will present examples from the neurosciences to help understand how experiences could be coded and rated in the brain during sensitive periods of development. There are many important implications of the neuroscience into psychotherapy research. The long and short term success or failure of any intervention for intellectual or psychotherapeutic purposes depends in part of the capacity to modify the brain at the cellular and structural levels.

Poster
Group

Describing Change Over Time in Group Therapy III: Analyses of Individual and Group Trajectories

Frederick L Newman - Florida International University, Miami, USA, Mark Macgowan, Eric Wagner

Group therapy process research offers methodological and analytical challenges when testing models describing the interplay of the behaviors of individuals on the group's processes over time, and the group's dynamics on the individuals' behaviors over time. The poster describes the result on the within and between session behaviors for 200 adolescents in 19 groups, where the planned intervention of 10 sessions focused on the self regulation of both delinquent and substance use behaviors. The units of analysis employed in the multilevel analyses are both the individual's behaviors and group assignment for a single session, and that of the group. We describe the difficulties in dealing with the endogenous character of the within-group demographic and clinical mix of the youth for each of the 10 sessions where not all youth assigned to a group attended all of the sessions. Some youth appeared to have dropped out, while others missed one or more sessions for reasons beyond the youth's or the investigator's control (e.g., illness of self or family member). The results focus on the match of: 1) the predicted relative to the obtained trajectories over sessions and 2) the difficulties that surfaced in the interpretation of the results in light of the difficulties in meeting statistical assumptions that may be routinely violated in group therapy research that seeks to map both individual and group behaviors over time.

Poster
Interpersonal

Dialogical processes that contribute to client's positioning on the psychotherapeutic relationship

Meritxell Pacheco - Ramon Llull University, Barcelona, Spain, Luis Botella

This study presents a qualitative analysis of client's and therapist contribution to client's satisfactory positioning on psychotherapeutic relationship, as viewed by clients. Participants were 6 expert psychotherapists and 34 adults with non-psychotic psychotherapy complaints that followed successfully individual psychotherapy. We assessed pre-therapy, intermediate and post-therapy client's satisfactory positioning in therapeutic relationship by means of three administrations of Repertory Grid Test (Kelly 1955/1991) referred to self construction. The results of the Repertory Grid were used to design an open-ended questionnaire about dialogical contributions of the therapist and of the client, that every client was asked to answer. Their answers were analyzed by means of Grounded Theory Methodology (Glaser & Strauss, 1967) and arranged as a hierarchical concept tree. Results support the standpoint of psychotherapy as a relational process and show that main relational positioning of clients during psychotherapy are related to collaborative attitude and emotional bond. Regarding to dialogical contributions, clients found that therapist personal attitudes were helpful and also therapist contributions trying to promote consciousness and reflexivity. Regarding to client contributions, clients see themselves mainly self- disclosure and collaborative, and relate these processes to their satisfactory positioning on psychotherapeutic relationship.

Poster
Experiential

Experiential treatment for domestic violence: Recidivism rates at 3 year follow-up

Antonio Pascual-Leone - University of Windsor, Ontario, Canada, Ralph Bierman, Eugene Stasiak

Aim: The purpose of this study is to examine the long term follow-up of a treatment outcome study. The treatment was an experientially-based integrative psychotherapy for incarcerated men who had a history of domestic violence. This paper examines the recidivism rates following the Relating Without Violence (RWV) program, the only known manualized experiential treatment for incarcerated batterers. **Methods:** 74 men were drawn from the database of all men who completed the RWV program, at the Ontario Correctional Institute. All men in the sample had been released from the correctional facility at least 3 years before recidivism data were collected. Government and correctional service records of convictions were reviewed for all 74 men. Using the Offence Severity Scale, scores on the most serious charge which brought the men to the correctional facility were compared with scores for the most serious offence post release. **Results:** At least 3 years post treatment and a minimum of 3 year after their release, the recidivism rate for the 74 men was 66%. Offence severity scores also declined. The top two most frequently occurring serious offences prior to entering the correctional institute and treatment were sexual assault and aggravated assault (35%). These dropped to a rate of 5.5%, 3 years after treatment and release. **Discussion:** The indicators of recidivism point to a substantial and significant reduction in violent crime after violent men completed the RWV treatment program. Research currently in preparation will compare these findings to a matched control group.

Poster
Person
Centered

Healing Process: Exploring the variables

Sally Pattison-Cisna - Southern Methodist University, Dallas, USA, None

AIMS: First, to explore how anthropologists and psychotherapists can improve therapeutic procedures by drawing on each body of experience/knowledge. Secondly, to understand how an individual's thoughts, emotions, and behaviors integrate with cultural rhetoric to move them towards suffering or healing. Thirdly, to analyze the power of cultural and personal symbols/metaphor to affect the body in healing and

suffering and, accordingly, their use in therapeutic practice. METHODS: Deep qualitative data with quantitative comparative data is most effective. The research design most useful is phenomenological, multi-sited ethnographies. Methods include: longitudinal (> 12 months), in-depth interviews incorporating instruments (Likert Scales, Semantic Differential Scales, TAT;s, Pile Sorts)to track shifts in cognitive domains, emotional orientations, and behaviors. Data will begin to reveal the variables in healing/suffering which are relatively unexplored. RESULTS: My fieldwork is in progress. My interests are grounded in graduate work in psychological and medical anthropology including fieldwork with urban, U.S. psychiatric patients informed by years of working directly in the care of “abnormal” people including the institutionalized mentally and physically abnormal; psychiatric patients in halfway homes. The result of these experiences is the realization of the power of the self in healing/suffering, my primary research focus. DISCUSSION: The resources, examples, and reasons why collaborations to better understand how healing/suffering work to develop effective therapeutic practices; the cultural construction of the meaning(s) of mental health/illness and healing/suffering; understand the power of controlling political, therapeutic, and spiritual rhetoric about mental illness in any society.

Poster
Depression

Effects of Therapist and Patient Variables on Outcome in Cognitive Therapy for Depression

Melissa Peskin - University of Pennsylvania, Philadelphia, USA, Robert J. DeRubeis

Previous research, including a study conducted at Penn and Vanderbilt, has found cognitive therapy (CT) to be an effective treatment for moderate to severe depression. In a recent investigation at the University of Washington (Seattle), behavioral activation therapy (BA) and antidepressant medication (ADM) both outperformed CT among more severely depressed patients. The authors attributed the inferior average response to CT, relative to BA and ADM, as well as to the CT conditions in other studies and the very poor responses exhibited by 30% of the CT patients, whom the authors labeled “extreme non-responders” (ENR; defined as ending treatment with scores above 30 on the Beck Depression Inventory). The present study is an investigation of therapist and patient characteristics that could account for the high proportion of ENRs in the Seattle CT condition. Ratings of adherence and alliance from session videotapes will be made on the 30% worst-outcome patients from Seattle, Penn and Vanderbilt, respectively, allowing for between-site comparisons of the processes of CT. Session ratings from the best-outcome cases – the two best for each of the three therapists at each of the three sites – will also be obtained, to see if any differences obtained between the sites are apparent only with more treatment-refractory patients. Raters will be blind to site and outcome, as well as to the research questions that are being addressed. Implications for optimizing treatment outcome in CT for depression will be discussed.

Poster
Depression

Psychological factors and quality of life of people with Parkinson's disease

Glauca Rocha - Universidade Presbiteriana Mackenzie, Sao Paulo, Brazil, Elisa Yoshida

The study aimed at the evaluation of some psychological factors and quality of life of people with idiopathic Parkinson's disease. It included 100 participants (59 females and 41 males), aged from 38 to 90 years old ($M = 70$, $SD = 10.1$), who were treated at a Brazilian institution that provides medical and psychological assistance, as well as social and artistic activities to this population. The majority of the participants (59%) were diagnosed at least 6 years previous to the study, and was classified as the 2nd stage of Parkinson's disease (80%). Instruments: Beck Depression Inventory (BDI), Parkinson's Disease Questionnaire (PDQ-39), Toronto Alexithymia Scale (TAS), Millon Inventory of Personality Styles (MIPS). The BDI average score was 11.8 ($SD = 7.4$). Quality of life total average score was 27.34 ($SD = 14.29$). Symptoms that have the highest scores were: physical discomfort ($M = 32.4$, $SD = 23.7$), activities of daily living ($M = 31.8$, $SD = 20.4$) and mobility ($M = 31$, $SD = 22.5$). Fifty eight participants were considered alexithymic (scored > 74). As for personality styles, 80% showed a wide range of adaptive resources: openness, protection, sensation, reflection, affectivity and systematization. A structure equation modeling (SEM), analyzed through Partial Least Square (PLS), suggested that depression contributes significantly to quality of life, alexithymia as well as to the dimensions of cognitive and interpersonal behaviors evaluated by MIPS. Results were discussed considering the multidetermination of depression in Parkinson's disease and the importance of the psychological intervention to improve quality of life. Some methodological limits are discussed and new studies are suggested.

Poster
Attachment

The parental bonding instrument as a predictor for psychotherapy outcome

Truls Ryum - NTNU, Trondheim, Norway, Patrick A. Vogel, Roger Hagen, Tore C. Stiles

Objective to examine the predictive validity of the parental bonding instrument (PBI) for outcome in psychotherapy with various diagnosis. Method: Data from four different clinical trials were combined, yielding a total of 105 patients. All patients were diagnosed according to the ICD-10 by an experienced clinician and researcher. Patients presented with varying complaints, mainly anxiety and depression. In several separate hierarchical multiple regression analyses, the predictive validity of the PBI subscales (care and protection) was investigated using the SCL-90-R and IIP-64 at termination as dependent measures after controlling for gender, age, initial symptoms and treatment condition. Results: Using the IIP-64 at termination as dependent variable, lower levels of paternal care and higher levels of paternal control were statistically significant predictors of an overall poor treatment outcome. The results for maternal care and protection were not statistically significant. Using the SCL-90-R as dependent variable, there were no statistically significant association between parental care or protection. Discussion: This study was the first to investigate the predictive validity of pre-treatment PBI scores in a psychotherapy outcome trial. The results demonstrates that the dimensions measures by the PBI may not only be associated with the onset diverse psychological disorders, but also of treatment outcome. As such, the study shows that the PBI may function as a clinical predictor for poor treatment outcome. Future studies should contrast and investigate possible differences between individual and group treatments further

Poster
Alliance

Relation between Complementary Therapeutic Relationship and Outcome

Isabelle Schmutz Held - Université de Genève, Switzerland, Franz Caspar

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

Poster
Change

Process of change in implicative dilemmas

Joana Senra - Departamento de Psicologia, Universidade do Minho, Braga, Portugal, Eugénia Fernandes

We present a psychotherapy process research in progress, framed in constructivist psychotherapy. Our goal is to identify and comprehend the personal reconstruction processes that occur while resolving an implicative dilemma – a kind of cognitive conflict with identity implications detected through Kelly's repertory grid technique. For that purpose, we have developed a specific intervention program and provided a group of psychotherapists with formation and supervision focusing on it. The program is now being implemented in psychotherapy with clients presenting dilemmas. Change episodes are identified at each session by clients and therapists and periodically reviewed through brief structured recall technique, centered on the dilemma's resolution and its impact on personal reconstruction. This way, we intend to identify micro-change moments through the therapeutic process, and to understand the mechanisms of dilemma reconstruction. Therapeutic alliance and outcomes are also assessed at different moments of therapeutic processes, in order to provide data on the relationship between these variables and dilemma resolution. Once dilemmas are thought to be a way of protection from too threatening change, we expect that this study will contribute to a better understanding of resistance to change in psychotherapy, and the processes by which it can be overcome.

Poster
Philosophy

Not Simply Experience: Language, Thought, and the Body in Gendlin's Experiential Phenomenological Philosophy

Ruby Sharma - York University, Toronto, Canada

In his philosophical writings, Eugene Gendlin has developed a way of thinking about human experience that connects the body to language and thought. His work has stemmed out of a frustration with the limited scope of rationalism and deconstructionism, both of which currently dominate discourse in the

human sciences, including psychology. Gendlin has drawn on the work of a rich and diverse array of philosophers, from Aristotle to Wittgenstein, to develop a novel approach to understanding the subjective processes that propel the meanings that we create and live by. This presentation examines the significance of his experiential phenomenological philosophy on our understanding of the human body, the process of thinking, and language within the contexts of psychotherapeutic practice and research. The impact of Gendlin's thought on the process-experiential and emotion-focused therapies will be emphasized in order to draw attention to the often unexplored connection between his philosophy and contemporary treatment approaches in the humanistic tradition.

**Poster
Group**

The effectiveness of attenuation of disadvantageous pair bonding from the past: a pilot study

Witold Simon - Department of Neurotic Disorders and Psychotherapy, Institute of Psychiatry and Neurology, Warsaw, Poland, Marek Gajowy, Piotr Sliwka

I. The first part of a project dealt with both a formation process of pair bonding between adults and some disadvantageous factors affecting the bonds. The literature review on pair bonding is presented. Four factors constituting pair bonding are discussed: (1) the number of sexual partners, (2) whether or not one was subject to sexual abuse, (3) exposition to pornography, (4) the age at which one became sexually active. In the research part, subjective assessment of the quality of sexual life and the influence of the four above-mentioned factors on this assessed quality are studied. Major findings include: (1) the stronger was the experience of sexual abuse, the worse is the assessed quality of the current pair bond, (2) the more painful experienced sexual abuse, the greater number of sexual partners one has had, the more one has been exposed to pornography and the earlier one became sexually active. II. The second part of a project dealing with disadvantageous pair bonding from the past. A review of the literature on psychotherapy of sexual problems is presented. The research part is of pilot character. It concerns assessment of the effectiveness of therapeutic procedures (such as visual imaginary) aimed at attenuating the past pair bonding. Major findings indicate that due to the psychotherapy there is a statistically significant: (1) improvement in the quality of sexual life, (2) greater desire for sexual intercourse with the current partner, (3) greater satisfaction with the frequency of the intercourse, (4) the frequency of thinking about having sex with a different partner during the intercourse with the present one was declined. These findings can be understood as result of using different techniques of past pair bonding attenuation, especially visual imaginery.

**Poster
Alliance**

Interpersonal problems as predictors of Alliance Trajectories in Cognitive-Behavioral and Interpersonal Therapy for Bulimia Nervosa

Lotte Smith-Hansen - University of Massachusetts, Amherst, USA, Michael J. Constantino, Stephanie Gironde

Aim. Although the therapeutic alliance is a strong predictor of outcomes in psychotherapy, we know less about how different patterns of alliance development relate to such outcomes. Several studies have examined the association between different alliance patterns (e.g., U-shaped, V-shaped, stable) and patient improvement; however, many questions remain. For example, there is relatively limited information regarding how patients' interpersonal resources and vulnerabilities affect different alliance trajectories over time. The present study examined these questions within and across two treatments for bulimia nervosa (BN). **Method.** Data derive from a large randomized clinical trial comparing cognitive-behavioral and interpersonal therapy for BN. Patients completed the Inventory of Interpersonal Problems at pretreatment and rated alliance quality with the Helping Relationships Questionnaire following sessions 4, 12, and 20. **Results.** Prior analyses revealed significant associations between patient

interpersonal characteristics and the early alliance, midtreatment alliance, and alliance growth over time. Follow-up analyses will examine whether groups of patients with similar alliance trajectories (e.g., high & stable, deteriorating, V-shaped) are evident and, if so, how patient characteristics such as interpersonal distress, rigidity, and style may predict these different alliance patterns. Discussion. The findings will be discussed in the context of interpersonal theory, and implications for clinical practice and future research will be discussed.

Poster
Attachment

Psychophysiological correlates during the Adult Attachment Interview in clinical and non-clinical groups

Isabel Soares - University of Minho, Braga, Portugal, Pedro Dias, John Klein, Paulo Machado, Carlos Fernandes, João Paulo Cunha

Within the framework of developmental psychopathology, several studies on eating disorders have been conducted in light of Attachment Theory. In general, these studies show a higher proportion of insecure participants in clinical samples than in non-clinical groups. In attachment research, the Adult Attachment Interview (AAI, George, Kaplan, & Main, 1985) is a well-known procedure to assess working models of attachment in adults, enabling the classification of the subjects in 3 main attachment organizations – Secure/autonomous, Dismissing, and Preoccupied. The psychophysiological activation triggered by the cognitive and emotional processing of attachment experiences during the AAI may be critical to understand the subject's attachment organization. However, in order to explore empirically the relations between attachment organization and physiological activity, it is necessary to collect and to analyze data in a synchronous way. This poster presents data from 40 patients with eating disorders – anorexia nervosa, bulimia nervosa and eating disorder not otherwise specified – and 40 non-clinical matched female subjects. In this study, the relations between attachment organization and two physiological measures, heart rate (HR) and skin conductance level (SCL) during the AAI are examined using BioDReAMS, a multimedia system that enables the synchronous collection and analysis of psychophysiological signals during the AAI. Results will be presented regarding differences between clinical and non-clinical subjects in physiological data attending to attachment patterns using linear (mean differences between groups and between attachment patterns in critical attachment questions) and non-linear analysis that evidence sudden physiological changes which may reflect intense responses during the AAI.

Poster
Alliance

Therapeutic responsiveness and between-session-change in clients' perspective

Zita Sousa - University of Minho, Braga, Portugal, Eugénia Fernandes

Empirical research consistently supports positive links between alliance and outcomes, in any form of psychotherapy. It seems relevant to investigate how this process happens, focusing on a micro level on the therapeutic relationship, specifying interpersonal processes that may contribute to the quality of the alliance. Additionally, it is growing the consideration of the client as the most potential contributor to outcome in psychotherapy, as well the appreciation of the client's theory of change as a relevant aspect in the construction of positive alliances. In this perspective, it is believed that therapeutic change depends mainly on how successfully the therapist is able to develop interventions that fit the client's needs and expectations. Sustained in a constructivist perspective, we value the subjective experience of clients in psychotherapy, as well as their epistemic status in the understanding of therapeutic relationship and change processes. We will present a qualitative research, maintained in grounded analysis, that has been developed through a contextualized understanding of the psychotherapeutic experience and between-session-change, giving privilege to clients' perspective. Considering that a positive alliance is related to a responsive process, our study aims to identify interpersonal events

located in therapeutic responsiveness to clients' needs and to understand how it is related with clients' theory of change, how it contributes to the quality of the alliance and the creative processes of change, particularly on the out-of-therapy relationships. The study finds-itself at the beginning of data collect. We will present preliminary results of ongoing process research.

Poster
Narrative

Descriptive and comparative analysis of dreams in the course of a psychotherapy. Feasability of a clinical methodology applied to psychopathology in cognitive sciences. The functions of the dream, relations with the core conflict, evolution.

Jean-Michel Thurin - Ecole de psychosomatique, Paris, France, Monique Thurin

Objectives : implementation of a methodology providing a better understanding of the cognitive mechanisms of dream activity ; studying the hypothesis according to which the dream is a contribution towards the person's integration along with a subjective symbolisation. Methodology : several approaches were implemented and used with the same focus from a body of nearly 300 dreams :
- linguistic and symbolism approaches applied to the isolated dream with analysis pattern ;
- background approach : taking into consideration comments about the dream at near and remote intervals, recent background and memories ;
- schematic approach : cutting out of the dreams into scenes, objectivation of references, cognitive and active attitudes of the dreamer ;
- formalized approach : strategies and chaining of the dreamer's actions according to his goals and contextual events ;
- comparative approach of single-theme dreams (aggression) ;
- comparative approach of themes and key-words along a four-year duration. This multidirectional approach led to the following results : 1) starting from the semantic plan, stressing the core problematic of the dreamer which can take several declension forms ; 2) starting from the "strategic" plan, to identify identities about goals, events, progress of actions and ends. - Initial hypothesis is confirmed for :
- focusing, within the dream, on the most crucial issues of the dreamer ;
- using memories in building up the memory as a meta-representation on the symbolic-experience level - planning actions in the dream as a real act of thinking.

Poster
Psychodynamic

Pilot naturalist study for psychotherapy practice-based research network in France

Monique Thurin - Ecole de psychosomatique, Paris, France, Jean-Michel Thurin, Brigitte Lapeyronnie, Xavier Briffault

Report of a longitudinal and prospective pilot study of a multisite research network, carried out under natural clinical conditions of psychotherapy, focusing on assessment of processes and outcomes of psychodynamic psychotherapies for patients with complex disorders. First, the general design of this study was to check the feasibility of a multisite research about psychotherapies practiced in private practice, according to a methodology of controlled single cases in natural clinical conditions. The goal was to analyze first outcomes to determine their interest for the clinicians who took part in it and the way in which they could be used from the point of view of a clinical practice-based network. In order to illustrate this methodology and to show all its interest, the findings of one of the six cases of the protocol are given from initial evaluation to one year of therapy. This protocol constitutes the first stage of a more important project: a research network focused on practices and structured by peers groups. This second stage is a controlled single cases data basis allowing comparisons of analogous cases.

Poster
Personality

Generalizability Theory in Psychotherapy Research: Dependability of Technique Scales in the Psychotherapy Process Rating Scale for Borderline Personality Disorder

Rachel H. Wassermann - Pennsylvania State University, University Park, PA, USA, Kenneth N. Levy, John F. Clarkin, Otto F. Kernberg

In this poster, we will present data on the development of a measure designed to assess mechanisms of change in the treatment of Borderline Personality Disorder. The Psychotherapy Process Rating Scale for Borderline Personality Disorder (PPRS-BPD; Levy et al., 2005) was designed to assess observable key therapeutic techniques and patient-therapist process in Transference Focused Psychotherapy (TFP), Dialectical Behavior Therapy, and Supportive Therapy. We conducted a generalizability study (G-study) on technique and common factor scales in order to assess the degree to which the PPRS-BPD provides a dependable assessment of techniques and the extent to which inter-individual differences can be reliably detected. An important strength of generalizability theory is that it provides a framework for estimating and distinguishing multiple sources of errors in a single analysis. Fifteen patients were treated with TFP for one year. Psychotherapy sessions were videotaped and six sessions per patient were assessed, two from each treatment epoch (early, middle, and late). Two of four trained coders were randomly assigned to rate each session with ten scales in the PPRS-BPD. A four facet design was thus specified for the present study. Patient, coder, and scale items were treated as random effects. Treatment epoch was treated as a fixed effect, with session acting as a random effect within each epoch. A relative decision rule was applied to each scale analysis because our goal was to rank order individuals with respect to techniques rather than to distinguish an absolute measurement. Generalizability estimates will be presented, followed by a discussion of scale dependability and steps for coding optimization.

Poster
Attachment

Attachment, self-defeating patterns, coping and depression

Meifen Wei - Iowa State University, Ames, USA, Kelly Yu-Hsin Liao, Tsun-Yao Ku

In psychotherapy, we often help our clients identify their repeated, maladaptive patterns (e.g., self-defeating patterns), make connections between these patterns and childhood experiences (e.g., attachment quality), work through their patterns, and develop effective coping strategies to decrease distress (e.g., depression) (e.g., Teyber, 2005). However, very few studies have examined the associations among attachment quality, self-defeating patterns, effective coping, and depression. In this study, a path model was used to explore whether self-defeating pattern and effective coping were mediators between attachment (i.e., anxiety and avoidance) and depression as well as whether effective coping was a mediator between self-defeating patterns and depression. Survey data were collected from 260 undergraduates. Results indicated that self-defeating pattern and coping partially mediated the relationship between attachment anxiety and depression, and fully mediated the relationship between attachment avoidance and depression. Also, effective coping mediated self-defeating patterns and depression. Most path coefficients were moderate in their magnitudes. Specifically, the paths from attachment (i.e., anxiety and avoidance) to self-defeating patterns were .36 and .40; from self-defeating patterns to effective coping was -.48; from effective coping to depression was -.22. Bootstrap methods were used to assess the magnitude of the mediation effects, and the results indicated significant indirect (i.e. mediation) effects. Moreover, the results showed 35% of the variance in depression was explained by attachment anxiety, self-defeating patterns, and effective coping.

Poster
Experiential

Stability and change in the self-defined memories of high self-critics in psychotherapy

William Whelton - University of Alberta, Edmonton, Canada, Joshua C. Dunn

This research project involved selecting 10 psychotherapy clients who were high in self-criticism and tracking them intensively over the course of therapy. The clients were selected using the self-criticism subscale of the Depressive Experiences Questionnaire (Blatt, D'Affliti, & Quinlan, 1976). Data were collected in three ways. First, the clients filled out standard self-report measures of symptoms before and after therapy. Second, the clients were interviewed (and filled out forms) about their most significant early memories using the self-defining autobiographical memory classification and scoring system developed by Singer and Blagov (2001). This approach analyzes and classifies the client's network of personal narratives that are based on emotionally-charged memories of significant life events. Third, we took the client-rated best early and best late sessions of therapy and rated depth of experiencing during emotion episodes in those sessions. The quantitative and qualitative analyses focussed on relating the depth and quality of emotional processing during individual therapy sessions to overall narrative changes over the course of therapy. The results and discussion will be presented in detail

Poster
Therapist

The medical vs. contextual model of psychotherapy: How psychotherapists in training conceptualize psychotherapy

Sabine Wolff - Freie Universitaet Berlin, Clinical Psychology and Psychotherapy, Germany, Anna Auckenthaler

Background for decades, psychotherapy research has been predominantly conceptualized within the medical model of psychotherapy which assumes that the specific actions in specified therapies are necessary to produce benefits. This view has been contrasted with the contextual model of psychotherapy (Wampold, 2001). This model assumes that the healing context, the therapist's and the client's belief in therapy, the relationship between the therapist and the client, the rationale for the treatment and therapeutic actions consistent with the rationale are crucial. In Germany, psychotherapy follows mainly a medical model of psychotherapy which in turn has implications for psychotherapy training. Aim. The aim of our study is to investigate to what extent CBT psychotherapists in training conceptualize psychotherapy according to the medical / contextual model of psychotherapy: How important is specificity to their understanding of psychotherapy? What role does the therapeutic relationship play for them? How do they conceptualize mental illness? How do they FEEL about using treatment manuals? What meaning do cognitive-behavioral concepts have for them? Methods. To examine psychotherapists' conceptualization of psychotherapy, psychotherapists in CBT training were studied. 19 problem focused interviews with cognitive behaviour therapists in the last third of their professional training were conducted, and the data was analyzed using grounded theory. The therapists were recruited through different CBT programs in Berlin, Germany. Results. Preliminary results of the study will be presented and discussed

Poster
Culture

Racial Identity Development & Unconscious Bias

Carole Woolford-Hunt - Argosy University, Chicago, USA, Kimberly Shore, Leslie Skaistis

"The Project Implicit Test is a collaborative research effort between researchers at Harvard University, the University of Virginia, and University of Washington. While the particular purposes of each study vary considerably, most studies available at Project Implicit examine thoughts and feelings that exist either outside of conscious awareness or outside of conscious control. This web site presents a method that demonstrates the conscious-unconscious divergences much more convincingly than has been possible

with previous methods. This new method is called the Implicit Association Test, or IAT for short. Project Implicit blends basic research and educational outreach in a virtual laboratory at which visitors can examine their own hidden biases. The Project Implicit site (implicit.harvard.edu) has been functioning as a hands-on science museum exhibit, allowing web visitors to experience the manner in which human minds display the effects of stereotypic and prejudicial associations acquired from their socio-cultural environment (implicit.harvard.edu)." The purpose of this research project is to use the IAT along with the Helm's Racial Identity Models to look for correlations between the two (Helms, 1995). Will lower levels of racial identity development correlate with higher levels of unconscious/implicit bias? Conversely will higher levels of racial identity development correlate with fewer unconscious/implicit biases and or higher levels of bias towards the marginalized group? Although the "online" IAT lab allows us to investigate many types of implicit bias, the scope of this project will confine it's self to the review of implicit bias between white people vs. people of color. References: Helms, J.E. (1995) An Update of Helms's White and People of Color Racial Identity Models. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki & C.M. Alexander (Eds.), *Handbook of Multicultural Counseling* (pp. 181-198). Thousand Oaks, CA: Sage Publications. Implicit Association Test (n.d.) Retrieved December 12, 2006, from <https://implicit.harvard.edu/implicit/>

Poster
Assessment

The impact of non-protocol treatment services on the outcome of psychosocial therapy for cocaine dependence

Matthew Worley - University of Pennsylvania, Philadelphia, USA, Paul Crits-Christoph, Mary Beth Gibbons, Sarah Ring-Kurtz, Robert Gallop, Julie Present, Bridget Hearon

Aim. One concern in conducting randomized controlled trials is that patients may often seek treatment from non-protocol services which may affect treatment outcome. Few studies have examined the effect that additional treatment services may have on outcomes during acute phases of treatment, and also at follow-up assessments. The objective was to examine the level of additional non-protocol treatments obtained by patients enrolled in a multicenter trial of treatments for cocaine dependence, and to determine whether participating in such services impacts treatment outcome. **Methods.** 487 cocaine dependent patients were randomly assigned to 6 months of treatment with cognitive therapy (plus group drug counseling), supportive-expressive therapy (plus group drug counseling), individual drug counseling (plus group drug counseling), or group drug counseling alone. Treatment services assessments were conducted by administering the Treatment Services Review (TSR) at baseline, monthly for 6 months during treatment, and follow-up assessments at 9, 12, 15, and 18 months post-randomization. **Results.** Across treatment groups during the treatment phase, 14.6 % of patients received medical services, 8.4% received employment services, 6.6 % received legal services, 1.7% received family services, and 2.2% received non-protocol psychological/psychiatric services. The level of treatment services received during the follow-up phase will be examined and it will be determined if any differences exist between treatment groups across treatment phase and follow-up phase. Whether or not obtaining additional treatment services is related to drug use or psychiatric outcome will also be evaluated. **Discussion.** The results suggest that additional non-protocol services, although common, do not impact treatment outcomes in the context of psychosocial treatments for cocaine dependence.

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Chronology:
SPR
Conferences

Pre-SPR Psychotherapy Research Conferences
 1958 1st APA Conference on Research in Psychotherapy
 1961 2nd APA Conference on Research in Psychotherapy
 1966 3rd APA Conference on Research in Psychotherapy

Preliminary SPR Research Conferences
 1968 San Francisco, California (APA preconference)
 1969 Highland Park, Illinois

Annual International SPR Conference

Year	Conference Site	Program Chair	Term as President
1970	Chicago, Illinois	Ken Howard	1970-1971
1971	Saddle Brook, New Jersey	David Orlinsky	1971-1972
1972	Nashville, Tennessee	Hans Strupp	1972-1973
1973	Philadelphia, Pennsylvania	Lester Luborsky	1973-1974
1974	Denver, Colorado	Allen Bergin	1974-1975
1975	Boston, Mass./London, England	Sol Garfield	1975-1976
1976	San Diego, California	A. (Tim) Beck	1976-1977
1977	Madison, Wisconsin	Morrie Parloff	1977-1978
1978	Toronto, Canada	Irene Waskow (Elkin)	1978-1979
1979	Oxford, England	Ed Bordin	1979-1980
1980	Pacific Grove, California	Mardi Horowitz	1980-1981
1981	Aspen, Colorado	Stan Imber	1981-1982
1982	Smugglers' Notch, Vermont	Alan Gurman	1982-1983
1983	Sheffield, England	Art Auerbach	1983-1984
1984	Lake Louise, Canada	A (John) Rush	1984-1985
1985	Evanston, Illinois	Jim Mintz	1985-1986
1986	Wellesley, Massachusetts	Larry Beutler	1986-1987
1987	Ulm, Germany	Larry Beutler	1987-1988
1988	Santa Fe, New Mexico	Charlie Marmar	1988-1989
1989	Toronto, Canada	Les Greenberg	1989-1990
1990	Wintergreen, Virginia	Horst Kachele	1990-1991
1991	Lyon, France	Lorna Benjamin	1991-1992
1992	Berkeley, California	Len Horowitz	1992-1993
1993	Pittsburgh, Pennsylvania	David Shapiro	1993-1994
1994	York, England	Clara Hill	1994-1995
1995	Vancouver, Canada	Klaus Grawe	1995-1996
1996	Amelia Island, Florida	Paul Crits-Christoph	1996-1997
1997	Geilo, Norway	Bill Stiles	1997-1998
1998	Snowbird, Utah	Marv Goldfried	1998-1999
1999	Braga, Portugal	Bill Piper	1999-2000

Year	Conference Site	Program Chair	Term as President
2000	Bloomington, Illinois	Robert Elliott	2000-2001
2001	Montevideo, Uruguay	Franz Caspar	2001-2002
2002	Santa Barbara, California	Karla Moras	2002-2003
2003	Weimar, Germany	Mark Aveline	2003-2004
2004	Rome, Italy	John Clarkin	2004-2005
2005	Montreal, Canada	Michael J. Lambert	2005-2006
2006	Edinburgh, Scotland	Erhard Mergenthaler	2006-2007