



SOCIETY FOR
PSYCHOTHERAPY
RESEARCH
UNITED KINGDOM CHAPTER
EUROPE CHAPTER



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Book of Abstracts

Society for Psychotherapy Research
UK & European Chapters
4th joint conference
20 – 22 September 2017
Examination Schools, Oxford

**“Psychotherapy practice and research:
Finding the common ground”**

Dear Colleagues,

It is with great pleasure that we welcome you to the 4th joint UK & European Chapters conference of the Society for Psychotherapy Research. Building on previous successful joint Chapter conferences, we are delighted to host this conference in the historic University City of Oxford, UK. With over 240 presentations from across four continents this conference continues in the SPR tradition of diversity and international dialogue.

As always, the conference will get underway with pre-conference workshops on Wednesday afternoon, followed by the official Opening Ceremony on Wednesday at 5:30pm. The theme of the conference, 'Psychotherapy Practice & Research: Finding the Common Ground', will be illuminated throughout the conference from numerous angles. This will begin with the keynote address by Bruce Wampold on Wednesday at 6.00pm entitled: 'Research on Psychotherapy Practice: Improving the Quality of Services'. Thursday and Friday will be bookended by two plenaries: 'Finding the Common Ground - What Are Our Current Concerns?' on Thursday morning, and 'Finding the Common Ground - Where Do We Go from Here?' on Friday afternoon. We hope these plenaries will allow us to keep the theme of dialogue between research and practice alive through the whole conference.

Due to the impressive number of submissions, we will have 10 parallel session tracks allowing a wide variety of sessions focusing on a diversity of therapeutic modalities, client groups, and research methods. There are four presentation formats including 46 panel sessions, 7 structured discussions, 10 brief paper sessions, and a poster session on Thursday evening. The program also features meetings on Thursday, after lunch, of various SPR 'Special Interest Groups' as well as the SPR UK and European Chapter meetings. Presenters should note that all rooms will be equipped with Windows-based laptops connected to projectors and speakers. Please bring your presentation on a USB flash drive and make sure to transfer the presentation to the laptop in good time before your presentation. Posters should be mounted on the poster boards in the North Writing School upon arrival to the conference (pins are available at the reception).

As is usual at SPR conferences time is dedicated to the important task of socialising and digesting the days' events with colleagues. Please join us for a drinks reception and food following the Opening Ceremony on Wednesday and for drinks at the Poster session on Thursday evening. An SPR 'Oxford pub crawl' will follow the Poster session: all are welcome to visit some of Oxford's traditional and famous drinking places. The conference banquet dinner will take place on Friday evening - this promises to be an impressive event – not least for the unusual spectacle of seeing psychotherapy researchers in formal dress!

A conference such as this is dependent on the dedication and hard work of many people, all of whom deserve thanks. We extend our gratitude to our helpful local hosts at the Examination Schools and Balliol College. We also greatly appreciate the time and energy dedicated by all those who were involved in the Local Organising and Programme Committees.

Finally, we thank you, our conference delegates and presenters, for your contribution to making this a successful conference and for travelling to be with us from both near and far away. It is in the exchange of your experience and knowledge on which we rely to make this a truly rewarding and inspiring event.

We wish you a productive and enjoyable conference.

Susan Hajkowski

Stig Poulsen

Felicitas Rost

Past-President UK
Chapter

President European Chapter

President UK Chapter

Scientific Programme
Committee

Stig Poulsen (chair), Johannes Ehrental, Daniel Hayes, Charlie Jackson, Michał Mielimąka, Helene Nissen-Lie, Jo-Ann Pereira, Mark Widdowson.

Local Organising Committee

Susan Hajkowski (chair), Sheila Butler, Robert Elliott, Daniel Hayes, Charlie Jackson, Jo-Ann Pereira, Felicitas Rost, Mark Widdowson, Kevin Wright

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Marna S. Barrett

Pre-Conference Workshop*alliance & interpersonal process*

Moderator: Tien Kuei, University of

Glasgow

Using nonverbal events in psychotherapy as clinical intervention in Functional analytic Psychotherapy (FAP)

Tien Kuei, University of Glasgow

This workshop is suitable for all practitioners who want increased precision in formulating the function of clients' nonverbal communication (NVC), and the selection of effective interventions that complement the function of client's needs and values. Functional Analytic psychotherapy offers a structure for in-session analysis of client-therapist interaction. Distinction is made between problematic clinically relevant behaviors (CRB1) and (target improvement behaviors (CRB2). This simple method allows the therapeutic interaction to serve as precise intervention as the clinician focuses on shaping client CRB2s and generalise this into their daily life. The FAP clinically relevant behavior recognition is made more potent by extracting the function of NVC from Panksepp's primary-process emotion-behavioral systems to pragmatically guide basic needs recognition in verbal and non-verbal communication. Autonomous regulation takes place when we are mindful of which need is deprived and/or when our sense of safety is compromised, followed by an ability to meet our needs through effective communication and problem solving with those who care about us. Participants will learn to identify their own and clients' CRBs (i.e. target behaviors manifested within the therapist-client relationship that block or aid effective needs seeking and satisfaction, and which impact on their daily relationships). Detailed behavioral analysis of 'real' plays/presentations and the underlying functions of emotions and correlated behaviors, based on Panksepp's seven primary emotional systems (care-seeking, caretaking, lust and sex, fear and anxiety, anger, play, grief and separation), and their regulation will be demonstrated. Through experiential exercises participants will practice describing their own primary-process emotional systems as they are activated; attune to how their learning history regulated the degree of autonomy, competence and relatedness in their needs expression and that of their workshop partners' communications; identify and describe avoidant or indirect communications of needs; and increase awareness of how their own therapeutic responses may foster or impede more emotionally connected and impactful interactions. Cultivating a more acute recognition of functional non-verbal communication can begin to bridge the gap between client private events and therapist observables, thus enhance the power of therapeutic influence.

Educational objectives:

1. Describe clinical presentations of 'body language' and observable autonomic reactions in self and others.
2. Understand a functional model of emotional processing by relating nonverbal events to interpersonal functions of primary emotional needs corresponding to Panksepp's primary process emotional systems.
3. Formulate clinically relevant behaviours such as intensity, range and flexible regulation of each emotional system and how competently these needs are recognised and expressed to others. Move beyond overt verbal content and practice assessing needs expression, recognition and satiation functions during therapeutic interactions

Pre-Conference Workshop*quantitative & qualitative method*

Moderator: Shlomo Mendlovic, Tel

Aviv University, Israel

The MATRIX: A novel theory-neutral tool exploring dynamic psychotherapy

Shlomo Mendlovic, Tel Aviv University, Israel

The MATRIX is a novel research tool providing simple and meaningful coding of content within transcripts of therapy sessions in psychoanalytic psychotherapy. The coding is done by typifying local events ("nodes") according to a two-way matrix based on a wide theoretical basis and consisted of two axes: focus (who is the node attributed to [patient/therapist/dyad]?) and dimension (what is the node's nature [space, "the potential of experience"; content, "the experience"; order, "the relation between experiences).

The Workshop will open by presenting psychometric properties of the MATRIX.

On-going lines of study currently applying the MATRIX will be presented. Thereafter, a

short version of the MATRIX manual will be presented, and participants will apply it on sessions (either brought by them, or supplied by the presenter). The MATRIX analyses of the sessions (in terms of theoretical inclination of the therapist, processes dominating the sessions etc.) will be presented and discussed.

Psychotherapy needs quantitative, event-close, research. The Workshop will expose participants with one possible research tool that, bridging the qualitative with the quantitative aspects of psychotherapy, may hold both theoretical and practical value.

Pre-Conference Workshop

practice-training-research networks

Moderators: Michael Helge

Rønnestad, University of Oslo,

Norway; David Orlinsky, University

of Chicago, USA; Ulrike Willutzki,

Department of Psychology and

Psychotherapy, Witten/Herdecke

University

A Collaborative Study of Psychotherapist Training: Data Collection Procedures and Data Analysis Plans (SPRISTAD)

Discussants: Armin Hartmann, University of Freiburg, Germany; Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany; Henriette Löffler-Stastka, Medical University of Vienna, Austria; Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Irene Messina, University of Padua; Salvatore Gullo, University Niccolò Cusano; Biljana van Rijn, Metanoia Institute; Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland; Elitsa Tilkidzhieva, Sigmund Freud University, Vienna, Austria

This workshop focuses on the collaborative multi-site longitudinal study of psychotherapist trainee development that was initiated in 2012 by members of the SPR Interest Section on Therapist Training and Development (SPRISTAD). The workshop aims to (1) review and evaluate current online data collection procedures with the `core` research instruments, (2) consider implementation of the `optional` case-based data collection for supervisors and trainees, and (3) discuss plans for initial quantitative and qualitative data analysis. The project represents a collaboration of colleagues at 40 institutions in 20 countries, and is being conducted using several languages. The workshop will update committed research collaborators on these recent achievements and provide a forum for discussion of study procedures. New colleagues who are interested in learning more about participating in this study of trainee development are invited to attend.

Pre-Conference Workshop

quantitative & qualitative method

Moderator: Naomi Petra Moller,

Open University

Inductive-Deductive Thematic Analysis for Transcript Analysis: Flexible, accessible and rigorous

Naomi Petra Moller, Open University

Rachel Willcox, University of the West of England

Victoria Clarke, University of the West of England

The key data of therapy is the conversation that occurs between therapist and client, yet this data is rarely analysed in psychotherapy research. One potential explanation is that existing methods of transcript analysis may be overly complex or onerous. For example, quantitative methods of transcript analysis typically focus on particular topics (e.g. identification of alliance ruptures), and utilise elaborate coding systems that derive from specific theoretical understandings. Some commonly used qualitative methods (e.g. conversation, narrative or discourse analysis) may be equally challenging for neophyte researchers. This workshop thus aims to present a method of qualitative analysis of therapy transcripts that is flexible, rigorous, yet straightforward and suitable for novice qualitative researchers.

Inductive-Deductive Thematic Analysis for Transcript Analysis is an approach that adapts a widely used form of Thematic Analysis (Braun & Clarke, 2006). The method allows researchers to explore whether a theoretical assumption about how psychotherapy `works` can be supported with data from therapy transcripts. The method blends deductive and inductive coding, has an ethos that is genuinely `big Q` in that it prioritises researcher subjectivity and interpretation, and is highly flexible. The workshop will offer a justification and overview of the method, and an example

from a study that examined attachment theory predictions about how individuals respond to the death of a family member in the context of family grief therapy. Participants will also have the opportunity to code data extracts both inductively and deductively and to consider how the method could be applied to their own research area.

Pre-Conference Workshop

attachment & development

Moderator: Lisa Firestone, The Glendon Association

Adult Attachment in Romantic Relationships: Overcoming the Fear of Love

Lisa Firestone, The Glendon Association

Researchers have demonstrated the importance of close interpersonal relationships to a person's overall well-being. Attachment patterns formed early in life influence our relationships throughout our lives, most particularly our romantic relationships. Unlike many psychoanalytic theories, attachment theory has been vigorously researched during the past 35 years. There is now good evidence concerning the mental processes underlying attachment patterns, (internal working models), and the relation of the patterns to styles of relating in romantic relationships.

Gottman's research on the predictors of the longevity of a relationship focuses on four key behaviors which lead to relationship failure. The four behaviors are: being critical, contemptuous, dismissive, and stone walling. Negative and self-protective thoughts about oneself, as well as critical suspicious attitudes toward one's partner often drive the acting out of these behaviors that sabotage relationships. Early experiences and attachment patterns are often the root of these dynamics.

This workshop provides participants with a theoretical model that integrates psychodynamic, existential, and family systems frameworks in a manner that can increase clinicians' understanding of and ability to assist individuals in developing and maintaining intimacy in their relationships. Participants will learn how to help couples challenge destructive thoughts and adaptations based on internal working models that interfere with closeness and intimacy. Elements of emotion focused therapy, which have been used to address adult attachment issues, will be integrated into the workshop. Participants will learn methods for helping couples modify their attachment patterns and challenge hostile and self-protective thought patterns which can lead to lasting change.

Pre-Conference Workshop

psychotherapy integration

Moderator: Irene Messina, University of Padua

Comparing and Contrasting Two Models of Short-Term Psychotherapy: Differences and Similarities

Intensive Transactional Analysis Psychotherapy Marco Sambin, University of Padua; Francesco Scottà, Centro Psicologia Dinamica, Padova (Italy)

Intensive Short-term Dynamic Psychotherapy Susan Hajkowski, University of Leicester, UK; Stephen Buller, Psychotherapy Foundation

Aims: This workshop will compare and contrast two models of short-term psychotherapy examining the unique identities of each, and their complementary and common elements. The aim is to promote a concept that different visions of the same relational phenomenon can be useful and can also contribute to a more sophisticated psychotherapeutic paradigm. **Method:** We will therefore compare Intensive Transactional Analysis Psychotherapy (ITAP) with Intensive Short-term Dynamic Psychotherapy (ISTDP), in particular focusing on different uses of Malan's Triangles (1979). In the first part of the workshop each model will be presented both theoretically and technically. The central part will be dedicated to showing videos of real psychotherapy sessions focusing on the exploration of the key points of both methods with the goal of underlining the peculiarities of each technique through a step-by-step guided experience. The final part of the workshop will be dedicated to underlining the connections between the clinical aspects and research processes used to validate both models. **Discussion:** The workshop will present participants with clinical and research tools, and will facilitate discussion and dialogue in relation to the application of the two models observed in the clinical video material. The idea is not to create borders but to facilitate the participants to open their minds and their

experiences to new integrated visions of psychotherapy, facilitating broader perspectives on therapeutic interaction and by showing common features of effective treatment methods.

Pre-Conference Workshop

psychotherapy integration

Moderator: Lynne Angus, York University, Canada

Working with narrative in Emotion-focused Therapy : Implications for practice

Lynne Angus, York University, Canada
Naomi Carpenter, York University, Canada

This workshop will provide an introduction to a research-informed integrative approach to working with narrative and emotion processes in brief Emotion-focused therapy. Based on two APA publications - Working with narrative in Emotion-focused therapy: Changing stories, healing lives (Angus & Greenberg 2011) and Narrative processes in Emotion-focused Therapy for Complex Trauma (Paivio & Angus 2017) - this workshop will address the importance of narrative and emotion integration for the development of strong relational bonds, enhanced meaning making and emotion schematic change that is the basis for self narrative change, in EFT treatments of depression and complex trauma. In particular, key contributions of a process-guided approach to facilitating narrative-emotion transition and change markers will be demonstrated using videotape excerpts, drawn from early, working and late phase EFT sessions.

Plenary

Moderator: Felicitas Rost, Tavistock and Portman NHS Foundation Trust

Finding the common ground - what are our current concerns?

Lynne Angus, York University, Canada
Sheila Butler, The Open University UK and KMPT NHS
Robert Elliott, University of Strathclyde, Glasgow, UK
John McLeod, Oslo University, Norway
Nick Midgley, UCL / Anna Freud National Centre
Randi Ulberg, University of Oslo, Norway

Plenary

Moderator: Stig Poulsen, University of Copenhagen, Denmark

Finding the common ground - where do we go from here?

Julian Rubel, University Trier, Germany
Miranda Wolpert, Anna Freud Center, London, UK
William B Stiles, Miami University, Oxford, USA
Bruce Wampold, University of Wisconsin, Madison, USA

Structured Discussion

evidence-based psychotherapies

Moderator: Randi Ulberg, University of Oslo, Norway

How to Develop Research on Individualized Psychotherapy Treatment of Young People with Mental Disorders?

Specific markers (moderators) in youth psychotherapy Stig Poulsen, University of Copenhagen, Denmark

Mechanisms of change (mediators) in youth psychotherapy Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany

Age customized process and treatment measures in youth psychotherapy Fredrik Falkenström, Stockholm University, Sweden

Age customized research designs in youth psychotherapy Julian Childs, University College, London, UK

Dissemination of results and communication with stakeholders Michael Kaess, University of Bern, Switzerland

Discussants: Randi Ulberg, University of Oslo, Norway; Elina Kanellopoulou, Sismanoglia General Hospital, Greece;

Structured Discussion

practice-training-research networks

Moderator: Georgia Lepper,
University of Exeter UK

The UKCP 'Moments of Meeting' PRN: A learning experience in the common ground between research and practice

The MOM project design and what have we learnt from the Research side? Tirril Harris, Kings College London

The evolution of the pilot project design is described. What could we learn about the role of Moments of Meeting in affecting outcome? A research design was developed, using HAT, ARM and CORE as measures. In addition we developed a semi-structured interview for both therapist and client at termination, or at 40 weeks, to explore their experience of the process in depth. This interview was administered initially by the UKCP's Research Assistant, and later by other clinicians in the wider UKCP Practitioner Research Network who received training in the interviewing. In the initial discussions we seemed to be able to locate many examples of MoMs but once we started formal data collection they were rare occurrences in the actual sample. However the HAT and post-therapy interview gave us many alternative views of process.

Commentary and discussion Sheila Butler, The Open University UK and KMPT NHS

Structured Discussion

evidence-based psychotherapies

Moderator: Naomi Petra Moller,
Open University

Uses and/or abuses of research? The 2017 NICE Guidelines for depression and the future of counselling and psychotherapy in treatment for depression in the NHS in England

Discussants: Bruce Wampold, University of Wisconsin, Madison, USA; Naomi Petra Moller, Open University;

Structured Discussion

quantitative & qualitative method

Moderator: Franco F. Orsucci,
University College of London &
NC-IUL University of London

Complexity Science In Psychotherapy

Discussants: Franco F. Orsucci, University College of London & NC-IUL University of London; Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Giulio de Felice, Sapienza University of Rome & NCU University, London;

Structured Discussion

practice-training-research networks

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

The SPRISTAD Study of Psychotherapist Development in Training -- Experiences and challenges of data collection in different countries and its impact on research activity

Discussants: Ulrike Willutzki, Department of Psychology and Psychotherapy, Witten/Herdecke University; Henriette Löffler-Stastka, Medical University of Vienna, Austria; Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Salvatore Gullo, University Niccolò Cusano; Irene Messina, University of Padua; Michael Helge Ronnestad, University of Oslo, Norway; Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland; Biljana van Rijn, Metanoia Institute; David Orlinsky, University of Chicago, USA; Bernhard Strauss, University of Jena, Germany; Elitsa Tilkidzhieva, Sigmund Freud University, Vienna, Austria; David Orlinsky, University of Chicago, USA; Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany; David Orlinsky, University of Chicago, USA

Structured Discussion

evidence-based psychotherapies

Moderator: Robert Elliott,
University of Strathclyde, Glasgow,
UK

Evidence and Politics in the Mental Health Treatment Guideline Process: What Role for Psychotherapy Research?

Jeremy Clarke, London School of Economics
Robert Elliott, University of Strathclyde, Glasgow, UK

Discussants: Robert Elliott, University of Strathclyde, Glasgow, UK; Jeremy Clarke, London School of Economics;

Structured Discussion

evidence-based psychotherapies

Moderator: Björn Philips,
Stockholm University, Sweden

No such fool as Sweden: National guidelines and their influence on the practice of psychotherapy

Discussants: Aarno A. Laitila, University of Jyväskylä; Glenys Parry, University of Sheffield, UK; Björn Philips, Stockholm University, Sweden; Stig Poulsen, University of Copenhagen, Denmark; Jan Ivar Røssberg, Oslo University Hospital, Norway; Henning Schauenburg, Heidelberg University, Germany;

Panel

psychotherapy integration

Moderator: Antje Gumz, Berlin
University of Psychology &
University Medical Center
Hamburg-Eppendorf

Focusing on patient resources and strengths in psychotherapy

Focusing on patient resources and strength is discussed as a transtheoretic principle of change in psychotherapy. Evidence suggests that resource-focused intervention stimulates positive expectations, remoralization and the therapeutic alliance. Focus on patient resources is a natural ingredient in hypno-, systemic, narrative and humanistic therapies and is increasingly integrated in cognitive-behavioral therapy, while integration in psychodynamic therapy has been somewhat hesitant. This panel presents evidence for the worth of resource-focused intervention and new developments from different theoretical perspectives.

Fostering resilience: Evaluation of an intervention module Ulrike Willutzki, Department of Psychology and Psychotherapy, Witten/Herdecke University; Philipp Victor, Department of Psychology and Psychotherapy, Witten/Herdecke University
The personal model of resilience (Padesky & Mooney, 2012) is a resource-oriented CBT-based brief intervention designed to enhance resilience by identifying successful coping strategies and generalizing them to other tasks and problems. Since 2012 we evaluated the impact of this three-session intervention module on psychopathology, resources and well-being in student and clinical samples. Results: Pre-post comparisons show small, but significant improvements in the intervention groups in the areas of symptom distress, self-esteem, incongruence, resource activation and quality of life. In comparison to control groups the intervention groups show significant improvements. Moreover the intervention is rated as very useful. Conclusion: The personal model of resilience is effective, enhances the utilization of individual coping competencies and offers opportunities for counselling and psychotherapy. Its impact is comparable to that of other interventions used in the context of positive psychology. Reference Padesky, C. A. & Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical Psychology and Psychotherapy*, 19, 283-290.

A meta-analysis of resource- and strength-focused interventions Antje Gumz, Berlin University of Psychology & University Medical Center Hamburg-Eppendorf; Tanja Szeles, Berlin University of Psychology; Thomas Munder, Berlin University of Psychology

Several studies in different settings have provided promising evidence for resource- and strength-focused intervention in psychotherapy. However, the robustness of these findings is unclear. The aim of this presentation is to provide a systematic review and meta-analysis of these intervention studies. Inclusion criteria: Studies using a controlled design, clinical samples and psychotherapeutic interventions focusing on existing patient strength. Bibliographic databases: Cochrane Central, Psycinfo, Psynex and Google Scholar. Results will be presented at the conference.

Concepts of using patient resources in psychodynamic therapy Thomas Munder, Berlin University of Psychology; Kai Rugenstein, Berlin University of Psychology; Antje Gumz, Berlin University of Psychology & University Medical Center Hamburg-Eppendorf

Psychodynamic therapy is traditionally regarded as primarily interested on problems and difficulties. Also, there has been skepticism regarding the theoretical compatibility of resource-focused intervention. Nevertheless, some contributions have proposed ideas for integration. This paper takes a fresh look at the compatibility of resource-focused intervention and psychodynamic therapy. Four principles of resource-focused intervention in non-psychodynamic therapy are identified: (1) Focus on patient potentials, (2) deconstruction of problems, (3) using potentials of the therapy relationship, and (4) promoting motivation and alliance. Psychodynamic connections to these thematic areas were analyzed in order to identify starting points for resource orientation in psychodynamic therapy. Recommendations for clinical practice are proposed.

Discussant: Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany;

Panel
therapist effects

Moderator: David Orlinsky,
University of Chicago, USA

Therapists as Persons, Persons as Therapists: Converging Personal and Professional Facets

This panel explores the interrelations between the therapist's personal self and life experience and their therapeutic work and professional development. Since 1990, members of the SPR Collaborative Research Network have collected extensive data from approximately 11,000 therapists of various professions, diverse theoretical orientations, and all career levels in over 25 countries--using an innovative, multifaceted instrument called the Development of Psychotherapists Common Core Questionnaire (DPCCQ). For the past quarter century, the DPCCQ has surveyed a broad range of therapist's personal, professional and cultural characteristics. Initial data analyses focused on the nature and reciprocal relations of clinicians' experiences of therapeutic work and professional growth ('what therapists do') as described in the 2005 book *How Psychotherapists Develop* (Orlinsky, Rønnestad et al.). More recent analyses have focused on therapist's personal and cultural characteristics ('who therapists are'). This panel presents two papers on the relation between 'who therapists are' and 'what therapists do'. (1) Building on analyses reported in *How Psychotherapists Develop*, Orlinsky and Rønnestad examine correspondences between therapeutic work experienced as both a Healing Involvement and Stressful Involvement, and the therapists' personal self, adult attachment disposition, current quality of life, and childhood experiences of family care and trauma or abuse. (2) In the second presentation, Rønnestad and Orlinsky examine the same personal characteristics in relation to therapists' currently experienced development (Growth vs. Depletion) and their overall career development. These papers will be followed by interpretive and critical commentary from several discussants who have long been senior members of the SPR Collaborative Research Network.

Correspondences Between Therapists' Personal Characteristics and Their Experiences of Therapeutic Work with Clients David Orlinsky, University of Chicago, USA; Armin Hartmann, University of Freiburg, Germany; Michael Helge Rønnestad, University of Oslo, Norway

This first study explores potential correspondences between the psychotherapist's professional side, viewed in how they experience their therapeutic work with clients, and their personal side, as manifested in varied aspects of life experienced as individuals who have their own strengths and limitations, satisfactions and frustrations. Previous analyses of multiple facets of the therapeutic work experience, described by nearly 5000 therapists with the Development of Psychotherapists Common Core Questionnaire (DPCCQ), empirically defined two independent factorial dimensions, which in varying degrees characterized all therapists' experience of their work with clients (Orlinsky & Rønnestad, 2005). In one dimension, Healing Involvement, therapists experienced themselves as highly skillful, deeply interested and in "flow," as effective and warmly, empathically engaged with clients, dealing constructively with difficulties in practice when they arose. In Stressful Involvement,

therapists experienced frequent difficulties in practice, coped with these by avoidance or blaming clients, and felt anxious and bored during sessions. Most therapists manifested high levels of Healing Involvement and low or moderate levels of Stressful Involvement, but about 10% experienced much Stressful Involvement with little Healing Involvement in treating clients. Now with over 10,000 therapists, we examined several areas of therapists' individual characteristics, from current life situation to early family experiences. The present is represented by therapists' quality of life and self-experience in close relationships. The past is represented by attachment dispositions, and early experiences of care and emotional trauma (Orlinsky & Rønnestad, 2016). New findings indicate extensive correspondences between personal and professional aspects of therapists' life and work

Correspondences Between Therapists' Personal Characteristics and Their Experiences of Professional Development Michael Helge Rønnestad, University of Oslo, Norway; David Orlinsky, University of Chicago, USA; Armin Hartmann, University of Freiburg, Germany

The second study explores correspondences between the psychotherapist's professional side, reflected in experiences of current and overall professional development, and their personal side, manifested in the individual aspects of life reported in the preceding paper. Previous analyses of professional development, described by nearly 5000 therapists with the Development of Psychotherapists Common Core Questionnaire (DPCCQ), empirically defined one factorial dimension of cumulative career development, and two independent dimensions of currently development (Orlinsky & Rønnestad, 2005). Career Development reflected the convergence of three perspectives: retrospective reports of overall change and improvement; a computed index of difference between initial and current skills; and self-assessments of current therapeutic mastery. The two dimensions of ongoing development were Currently Experienced Growth and Currently Experienced Depletion that, in varying degrees, were reported by all psychotherapists. Previous research showed Career Development was largely predicted by depth and breadth of case experience across multiple treatment modalities. Currently Experienced Growth was largely predicted by therapeutic work viewed as a Healing Involvement. Currently Experienced Depletion was largely predicted by therapeutic work perceived as a Stressful Involvement. The current study draws on data from over 10,000 therapists to examine the extent to which past and present experiences of therapists as persons correspond to the dimensions of professional development as well as those of therapeutic work involvement; and if so, how much those personal/professional correspondences respecting development are independent of therapeutic work experience or appear instead to reflect their already established connections with experiences of Healing Involvement and Stressful Involvement.

Discussants: Ulrike Willutzki, Department of Psychology and Psychotherapy, Witten/Herdecke University; Thomas Schröder, University of Nottingham, UK;

Panel

alliance & interpersonal process

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

New directions in assimilation model research: Theory-building case studies on setbacks, dementia, bereavement, and digital imagery

The assimilation model suggests that psychotherapeutic progress can be understood as building semiotic meaning bridges between previously disconnected parts of the person. Meaning bridges are signs (words, images) that have a similar meaning to both parts and are used to share the experience. Psychotherapeutic progress can be assessed as a series of stages summarized in the assimilation of problematic experiences scale (APES). This panel presents four theory-building case studies that represent new directions in assimilation model research, extending and elaborating the theory. The first paper focuses on therapist activities preceding setbacks in a poor-outcome case, unpacking how a therapist persevering with theory-based interventions can lead to setbacks to an APES level too low for productive work. The second paper describes how accounts of dementia advanced through APES stages over the course of a 10-week psychotherapy group for people with mild levels of dementia, focusing on the development of how one participant diagnosed with Alzheimer's disease described his dementia. The third paper traces a bereaved woman's assimilation of the loss of her husband across APES stages adapted specifically for the

grieving process. The fourth paper focuses on how digital imagery in avatar based software can serve as meaning bridges between counsellor and client and between internal parts of the client in a multiple case study of two adolescents in school counselling.

Therapist activities preceding setbacks in a poor-outcome case Isabel Caro Gabalda, University of Valencia, Spain; William B Stiles, Miami University, Oxford, USA

Aim: Psychotherapeutic progress, as measured by the assimilation of problematic experiences scale (APES) is typically irregular, as advances alternate with setbacks. This study extended previous research on setbacks in assimilation progress to examining the therapist's activities prior to two main types of setbacks in a poor-outcome case (Santi). One setback type involved the client following therapist proposals (balance strategy) and one involved the client failing to follow therapist proposals (exceeding the therapeutic zone of proximal development). Method: A decrease of at least one level on the APES in adjacent client passages is a setback. From transcripts of Santi's 34 sessions, we extracted each client-therapist-client sequence of talk that included a setback, and we coded therapist activities using a list developed previously. Results: We observed two main patterns of therapist activity that corresponded to the two main types of setbacks. These could be described as an exploratory and a challenging configuration. Analysis showed how the therapist seemed to persevere with high levels of challenging, approach-guided interventions while Santi continued to have setbacks to low APES levels. Discussion: Therapist persevering with theory-based interventions could be problematic. Results converged with a pattern reported in other poor-outcome cases. Therapists responded to lack of progress by intensifying their active approach-guided interventions. In exploratory exchanges the therapist was pushing too much and the client retreated, while in challenging exchanges the client followed the therapist's proposals even though they led to an APES level too low for productive work. Research on setbacks could facilitate developing therapeutic recommendations. Keywords: therapeutic activities, assimilation setbacks, APES, therapeutic zone of proximal development, balance strategy.

Dementia and existential threat: negotiating the fear of a loss of control Richard Iain Lloyd Cheston, University of the West of England

Aim: Psychotherapy is increasingly being offered to people who are living with dementia, as a way of helping them to talk more openly about their illness without, at the same time being overwhelmed by the existential threat that dementia represents. The aim of this study was to explore the way in which accounts of dementia changed over the course of a 10-week psychotherapy group for people with mild levels of dementia. Method: A consensus group of three psychotherapists used an adapted form of APES to rate each passage in which one participant (Robert) diagnosed with Alzheimer's disease, referred to his dementia. Raters were blind to session order. Results: Robert's accounts of his dementia changed over the course of the group: at first, the dementia was warded off ("I don't think anyone in this room has got Alzheimer's" session 4), before its' existence was acknowledged, first angrily ("Now the problem with Alzheimer's as it affects me" session 5), then humorously ("So I asked, 'well if it's the onset, what happens when you're there" session 7). Finally, Robert associated his initial reluctance to acknowledge his dementia as stemming from a concern that he had been going mad ("It frightened me because I thought, well, I'm going mad, I'm going crazy" session 9). Discussion: Robert's transition towards acknowledging his dementia appeared to be facilitated by hearing other group members articulate their concerns about dementia. The central role that a fear of loss of control plays in this process will be discussed. Keywords: APES, dementia, Alzheimer's disease, groups, threat.

Assimilation of grief experiences following spousal bereavement. John Wilson, York St John University

Aim: As they move through normal phases of grief, bereaved spouses are typically tasked with making sense of the death, finding new purpose in a post-loss world and coming to terms with life without their partner. The project aimed to observe the assimilation of grief experiences in one client, 'Sally', over two years of grief-focused psychotherapy. Method: 44 sessions of Sally's psychotherapy over a period of 21 months, ended shortly after the second anniversary of her husband's premature death. Sessions were audio recorded. From transcribed material, moments of

assimilation were observed. Each moment was rated against the Assimilation of Problematic Experiences Sequence (APES). To test reliability, a randomised sample of these ratings was subjected to inter-rater analysis between 18 raters. Results: Sally's scores showed a steady progression through the APES sequence; scores showed good reliability between the 18 raters. Discussion: In Sally's grief journey, a pattern was observed which showed similarities with the case studies of other bereaved clients. These suggest that therapeutic intervention can end when the client fully accepts the reality of the death and has assimilated both the story of the death and their grief reaction to it. In addition successful outcomes can be judged by the client's day-to-day adaptation to life without the deceased. The formation of a symbolic continuing bond with the deceased also mitigates the grief reaction. Sally's case study matched this pattern. Keywords: Bereavement, grief, assimilation, APES.

Digital images as therapeutic meaning bridges. Case Study research into the use of avatar based software by adolescents in school counselling Biljana van Rijn, Metanoia Institute; Caroline Falconer, University of Nottingham, UK; Evi Chryssafidou, Metanoia Institute; William B Stiles, Miami University, Oxford, USA

Aim: This presentation focuses on how digital imagery in avatar based software can serve as meaning bridges between counsellor and client and between internal parts of the client in a study of adolescents in school counselling. Method: Two clients, 'Richard and 'Sophie' (pseudonyms) were seen in a preliminary trial of avatar-based software as a clinical tool in school counselling. An adaptation of assimilation analysis (Stiles & Angus, 2001) was used to study recordings of screen imagery with background audio drawn from a sequence of 9 sessions for Richard, and 11 sessions for Sophie. Richard was a 14-year-old boy, diagnosed with a high-functioning ASD, and referred to counselling for difficulties related to his diagnosis. Sophie was a 16-year-old girl who presented with a 'poor self-image', anxiety and depression. She was new to counselling at the time of starting the research project. Results: In the case of Richard, the core problematic theme was related to his experience of feeling different from his peers and the problems associated with it. The analysis of Sophie's case is ongoing; the analysis of her case will be available at the time of the conference. Discussion: For digital natives, computer-generated images may be useful tools for therapeutic communication, both interpersonally (client-therapist) and intrapersonally (internal meaning bridges). They may be particularly valuable for individuals, with relatively less ability or inclination for verbal expression. It will be of interest to analyse the assimilation process and the use of digital imagery with clients of similar age, and context, but different gender and presentations. Keywords: Avatar based therapy, APES, ASD, therapy with adolescents,

Panel
child & family

Moderator: Liselotte Grünbaum,
Aalborg University, Denmark

Practice oriented research with children, parents, and caregivers in a context of adverse early relationships and complex trauma

The difficulties of caring for children with early experiences of abuse, neglect and trauma are well documented in research as are the risk of break-down of foster care placements due to the children's often aggressive and rejecting behaviour and the strains of collaborative parenting. Finding suitable methods to support parents and carers therefore is an on going concern. This panel explores the complex psychodynamic field implied by placement of the child, aiming at a discussion of possible ways to improve support to these children, their birth parents, and foster carers. A common feature of the presented studies is the application of qualitative methodology by a clinician researcher, who through her daily practice has detailed experience of this field of work. Thus, the researchers' subjectivity and psychodynamic perspective will be part of the presentations. The first study explores the impact on birth parents and foster carers of having a child placed at the Mulberry Bush, a therapeutic special school. The second study explores placement break-down in foster care, aiming at a better understanding of what led to carers feeling that they could not possibly go on caring for the child. The third study explores links between hostile sibling relationships in the mind of a foster child in psychotherapy as compared to parents' and carers' lifespan descriptions of her relationships to real-life peers, birth and foster siblings.

This shared parenting we do is hard to get your head around Caryn Onions, Mulberry Busch School

Aim: Research has repeatedly found that increasing the ability of carers to cope with a child's disturbed behaviour improves outcomes for traumatised and neglected children (Sinclair, Wilson, & Gibbs, 2005). Standard parenting interventions have not been found to work for traumatised and abused children (Turner et al., 2009), and research with children with attachment problems identified that further work was needed with children in foster care (Wright et al., 2015). This paper explores a qualitative study of the impact on parents and carers of having a child placed at the Mulberry Bush, a therapeutic special school, in order to improve its work with parents and carers.

Methods: During a twelve month period interviews were held with the parents and carers of all new children; they were interviewed again a year later. There was a comparative thematic analysis of the first and second interviews. A narrative analysis was done on two interviews to explore specific areas of 'intense emotionality' (Emerson & Frosh 2009).

Findings: After one year carers reported that violence and aggression had started to reduce and talking about feelings started to be possible. Birth parents felt more able to (re)establish parental boundaries. Foster carers experienced tensions in sharing their parental role and reflecting on their child.

Discussion: This will focus on a psychodynamic understanding of what hinders collaborative parenting and led to tensions between foster carers and the school.

Sibling figures in mind and as reported by caregivers -- a psychoanalytic case study of complex trauma Liselotte Grünbaum, Aalborg University, Denmark

Aim: This paper explores links between the emotional meaning of hostile sibling figures in mind of a foster child in psychotherapy as compared with caregivers' and parents' lifespan information of relationships to external siblings and peers.

Methods: Based on a qualitative analysis of notes from selected therapy sessions, a relational mapping chart was constructed, displaying the development of sibling figures in mind during therapy. This information is collated to descriptions of external sibling and peer relationships in casefiles and interviews with birth and foster parents 2½ years after the ending.

Findings: A destructive link between fear of rejection from unavailable and violent parental objects and burning jealousy and fear of hostile sibling figures seemed central to this child, running through therapy, case files, and interviews with foster parents and birth mother. Alleviating after a turning point session late in therapy, some vulnerability in peer relationships persisted.

Discussion: In line with earlier psychoanalytic and academic research, findings indicate a close link between the quality of parental caregiving and the child's sibling and peer relations (A. Freud, 1955; Canham 2002; Klein 1932e; Skinner et al 2013). Possible implications for care arrangements and the role of psychotherapy as a contribution to improved siblings- and peer relationships will be discussed.

Placement breakdown in foster care with children under-five: a psychoanalytic view of the caregiving relationship under stress Gillian Sloane Donachy, NHS Greater Glasgow & Clyde

Aim: The research question grew out of a wish to understand something about the relationship between a child and carer, which led to the carer feeling they could no longer look after the child and ultimately asking for them to be removed. The aim was to gain insight into the unconscious processes which might be at work in the caregiving situation, with children who have a background of abuse, neglect and trauma.

Methods: I interviewed six foster parents who had been through the experience of a breakdown in foster placement. I also interviewed the child's social worker and the foster parents' supervising social worker. The idea of psychoanalytic observation as a research method informed the study; Interpretative Phenomenological Analysis was used to analyse the data.

Findings: There was a profound effect on the internal world of the carers in their attempts to provide care for the children, leading to internal shifts and disturbances, and unwanted identifications, which they ultimately could not tolerate. The nature of the children's projections, alongside the interplay of previous losses of both the children and the carers, played a significant part in the caregiving situation.

Discussion: The emotional impact of attempting to provide care for a child who has experienced abuse and neglect reverberated throughout the system, from child to carer to social worker to service provider. The paper suggests that an understanding of psychodynamic processes can bring insight to situations which were felt, at the time, to be unbearable and beyond understanding. Foster parents were

overwhelmed by the force of the child's projections and by the experience of uncertainty and living with conflicting feelings.

Discussant: Gerry Byrne, Oxford Health NHS Foundation Trust;

Panel

child & family

Moderator: Randi Ulberg,
University of Oslo, Norway

Dynamic mechanism, dynamic change, and the depressed adolescents' experience of change in psychodynamic therapy

The First Experimental Study of Transference Work--In Teenagers (FEST--IT) is a randomized clinical trial with a dismantling design. The study is aimed to explore the effects of transference work in psychodynamic psychotherapy for adolescents with depression. 70 patients aged 16 to 18 years are randomized to one of two treatment groups with or without focus on transference work. Three papers from FEST-IT will be presented. The first paper focuses on case formulations exploring the dynamic mechanisms using a structured guideline for case formulations. The second presentation investigates whether it is possible to measure dynamic change during therapy using an assessment tool, the Psychodynamic Functioning Scales (PFS), originally developed for adults. The third presentation is a qualitative study on how the young patients experienced psychodynamic psychotherapy.

Structured case formulations in a study on adolescent psychotherapy Peter Tallberg, Østfold Hospital Trust, Norway; Elisabeth Ness, Vestfold Hospital Trust, Norway; Randi Ulberg, University of Oslo, Norway

Aim: To explore the dynamic mechanisms in depression in adolescents using a structured guideline for description of case formulations. **Method:** At pretreatment and after history-taking and assessment of background variables, each patient in the First Experimental Study of Transference interventions -- In Teenagers (FEST-IT) was interviewed by one evaluator using a manualized semi structured dynamic interview. If possible, the therapist was present. The case formulation was developed in collaboration with the patient's therapist. The case formulation was structured according to Busch et al. (2004). The method is described in the IMPACT manual and has been used systematically in the IMPACT study as well as in FEST-IT. The manual is organized in four areas: Symptoms and problems, Precipitating stressors or events, Predisposing life events or stressors and A mechanism that links the preceding categories together and explains the precipitants and maintaining influences of the individual's problems. The five categories for mechanisms are: Narcissistic vulnerability, Conflicted anger, Severe superego, Idealized and devaluated expectations and Characteristic means of defense against affects. **Results:** The method is used in in FEST-IT and results from mechanisms in 50 depressed adolescent patients will be presented. **Discussion:** Different methods for developing case formulations have long been questioned. This method now used in FEST- IT, gives an example of a more structured guideline offering probability to construct valid case formulations.

Assessment of Dynamic Change in Psychodynamic Psychotherapy with Adolescents

Elisabeth Ness, Vestfold Hospital Trust, Norway; Peter Tallberg, Østfold Hospital Trust, Norway; Randi Ulberg, University of Oslo, Norway

Aim: The aim of the present study is to validate the Psychodynamic Functioning Scales (PFS) for adolescents. The PFS were developed to capture statistically significant clinician-rated changes in psychodynamic and interpersonal functioning in adults. The PFS have the same format as GAF (Global Assessment of Functioning) and measure psychological functioning. The six scales are: Quality of Family Relationships, Quality of Friendships, Quality of Romantic/Sexual Relationships, Tolerance for Affects, Insight and Problem Solving Capacity. The PFS are used as an outcome measure in the First Experimental Study of Transference -- In Teenagers (FEST-IT). In FEST-IT the scale Quality of Romantic/Sexual Relationships is omitted. **Method:** 2 raters evaluated 50 adolescent patients before and after short-term psychodynamic psychotherapy. The present study tests the inter-rater reliability of the five scales and the scales' sensitivity for change during brief dynamic psychotherapy with adolescents. **Results:** Most subscales seem to be sufficiently fine-graded to capture statistically and clinically significant changes during short-term psychodynamic psychotherapy with adolescents. The inter-rater reliability was moderate or strong for most subscales. **Discussion:** Some of the subscales show lower inter-rater reliability and it might be discussed whether

the scales should be revised or adjusted for adolescents.

Adolescents' experience of change in psychodynamic therapy; a qualitative study

André Løvgren, University of Oslo, Norway; Jan Ivar Røssberg, Oslo University Hospital, Norway

Aim: There is an emerging empirical support for the effect of psychodynamic psychotherapy in adolescents. However, there is lack of knowledge in how psychodynamic therapy works for depressed adolescents, how they experience the therapy process and the factors contributing to positive change. Little is known when it comes to adolescent patients' own experiences of what they found helpful and leading to less symptoms and better interpersonal relationships. The aim of this study was to explore what adolescents themselves recognised as helpful during therapy. Method: An interview guide was developed, focusing on the experiences of the therapy process from the adolescents' point of view, and what they after treatment identified as helpful factors. Main topics were on how therapy was experienced, what within therapy was helpful -- or not so helpful, and how therapy affected important relations and areas in the adolescents' everyday life. Explorative, semi-structured interviews were conducted with nine, female adolescents. The interviews lasted for approximately one hour, was audio recorded and transcribed verbatim. The transcripts were analysed with thematic content analysis, looking for similarities and differences among the adolescents' utterances. Results: During the analysis of the transcribed interviews, thematic areas emerged. They were categorised in three main groups with several sub themes. The main areas were Exploring of self, Relational work, and Time. Discussion: Categories and themes will be presented and discussed.

Discussant: Elina Kanellopoulou, Sismanoglia General Hospital, Greece;

Panel

alliance & interpersonal process

Moderator: Franco F. Orsucci,
University College of London &
NC-IUL University of London

Embodiment and nonverbal synchrony in psychotherapeutic interaction

Current quantitative research increasingly shows that, and how, therapeutic interaction is grounded in therapists' and clients' posture, body motion, gesture, prosody, and physiology -- in short, in their bodies. Even if acknowledged and utilized by practitioners, nonverbal behavior is still widely uncharted territory in academic psychotherapy research. Here we present recent empirical projects showing that measures derived from the phenomenon of nonverbal synchrony, i.e. from the interpersonal coordination of spontaneous motor behavior, can predict the outcome of psychotherapy and are associated with patients' problems and psychopathology.

Does nonverbal timing in patient-therapist interactions predict premature discontinuation in psychotherapy of patients with social anxiety disorder? Désirée

Thielemann, Jena University Hospital, Germany; Jane Dittmann, University Trier, Germany; Julian Rubel, University Trier, Germany; Brian Schwartz, University Trier, Germany; Anne-Katharina Deisenhofer, University Trier, Germany; Wolfgang Lutz, University Trier, Germany; Bernhard Strauss, University of Jena, Germany; Uwe Altmann, Jena University Hospital, Germany

Aim: Premature discontinuation of therapy is still a current problem (average rate 19.7%). To date, research has been mainly focused on sociodemographic variables for predicting premature discontinuation. In recent years, however, authors pointed out that empirical studies investigating process variables are highly needed. The quantification of the nonverbal timing between patient and therapist allows a new approach to investigate procedural events of psychotherapy. We hypothesize that less nonverbal timing in the early stage of psychotherapy is associated with a higher probability of premature discontinuation. Methods: The disorder-homogenous sample included 176 patients with social anxiety disorder. Patients were treated with cognitive therapy or psychodynamic therapy. Symptom severity was measured using the Liebowitz Social Anxiety Scale, the Beck Depression Inventory and the Inventory of Interpersonal Problems. Individuals' movements were assessed with Motion Energy Analysis (MEA). Intervals of nonverbal timing were identified with windowed cross-lagged correlation and peak picking algorithm. A hierarchical logistic regression of premature discontinuation on demographic variables, pre-treatment severity and nonverbal timing was conducted. Results: Preliminary results indicated that

demographic variables, initial anxiety and interpersonal problems are no predictors for premature discontinuation. Patients who terminate psychotherapy prematurely show significant less nonverbal timing in early therapy sessions and significant higher initial depression values. Discussion: The study shows that hints regarding premature discontinuation can be found in nonverbal timing. Those are already apparent in early sessions, before a therapeutic alliance is established. Possibly, low nonverbal timing is an indicator of a mismatching patient-therapist-dyad or a looming unfavorable therapeutic alliance.

Nonverbal synchrony: The change of dyadic nowness over the course of psychotherapy, and its relation to outcome Brian Schwartz, University Trier, Germany; Jane Dittmann, University Trier, Germany; Anne-Katharina Deisenhofer, University Trier, Germany; Wolfgang Lutz, University Trier, Germany

Aim: Nonverbal synchrony of therapist and patient is most frequently positively associated with symptom reduction. Within the conceptualization of nonverbal synchrony, nowness is a new construct, which describes the shared perception of the moment as being now. Therefore, a prolonged nowness increases the likelihood of experiencing synchrony. The present study aims to examine the change of a dyad's nowness from the beginning to the end of a therapy, and its association with treatment outcome. Methods: Videotaped psychotherapy sessions from N = 136 patients of the psychotherapy outpatient center at the University of Trier were analyzed. Using Motion Energy Analysis (MEA), the nowness of dyads was computed for the first and the last third of the therapy. Controlling for initial impairment, the association between the change in nowness and the treatment outcome was calculated. Results and Discussion: In the presentation, we will firstly report analyses concerning the change of nowness as well as its sensitivity to change. Secondly, findings regarding the relation to outcome will be presented. The discussion will focus on clinical implications and its integration into the previous nonverbal synchrony literature.

Discussant: Franco F. Orsucci, University College of London & NC-IUL University of London;

Panel

child & family

Moderator: Dr Sarah Peter, Birkbeck

Psychoanalytic child psychotherapy and the medical model

Depression and attention deficit hyperactivity disorder (ADHD) are two of the most common psychiatric diagnoses given in childhood. For both, psychopharmacological treatment, alongside psychological or behavioural interventions, are recommended by NICE. Prescriptions of selective serotonin re-uptake inhibitors (SSRIs) to treat depression and stimulant medications to treat ADHD have increased steeply in recent years, while the use of both remain controversial issues world-wide. This panel brings together two qualitative research studies which elicit new perspectives on both clinicians' and young people's experiences of the use of medication in combination with psychotherapy. The findings have implications for decision-making processes and cross-disciplinary practice when offering treatment to children and young people diagnosed with depression and ADHD.

Child psychotherapy with children who are medicated for ADHD: Discourse, power and interdisciplinary practice

Dr Sarah Peter, Birkbeck

This study empirically investigated the under-explored practice of combining psychoanalytic psychotherapy with medication in the treatment of children diagnosed with ADHD. Semi-structured interviews were conducted with six child psychotherapists who had provided psychoanalytic treatment to children medicated for ADHD. The data were analysed thematically and discursively, paying attention to the social and performative functions of language in interaction. The interview material was characterised by double messages of explicit support for and implicit resistance to the practice of combining medication and psychotherapy, thus suggesting that the metaphorical 'marriage' of psychoanalytic and psychiatric practice was only superficially well-functioning. This was expressed through three interpretative repertoires - A marriage of convenience, Separate lives, and For the sake of the children - which were employed by participants to negotiate differential power relations and attributions of blame in the field of ADHD. The study found: 1. An unacknowledged paradigm clash between psychoanalytic and medical models of ADHD

2. A dissonance between a proclaimed complementarity between psychoanalytic and psychopharmacological interventions, and an absence of mutually enriching collaboration in practice 3. Psychotherapists appear to be ambivalent and only superficially accepting of and compliant with the medical model of ADHD. These findings add to the existing literature by highlighting the challenges of a multi-perspective approach in this contested area. Suggestions are made for practical action aiming to foster open interdisciplinary exchange and debate, and broader public and professional dialogues about ADHD.

The meaning of SSRI medication: a retrospective account from adolescents clinically referred and treated for depression Rita A Maroun, University College London / Anna Freud Centre

This study qualitatively explored what being on SSRI medication means to adolescents who have been clinically referred and treated for depression as part of the Improving Moods with Psychoanalytic and Cognitive Therapies (IMPACT) trial. Twelve semi-structured interviews carried out with adolescents one year after they had completed their IMPACT therapy were selected from a larger dataset on the basis that they spoke at length about SSRI medication. Six were interviews with adolescents who had taken SSRI medication and six were interviews with adolescents who had not taken SSRI medication during treatment. The data was analysed thematically, specifically looking at the meaning adolescents attributed to the act of taking SSRI medication within the broader narratives of their experience of depression and therapy. The identified themes are currently being refined, but the following is a brief outline of what has been found in adolescents' descriptions of their views and experiences of taking SSRI medication: 1. A simultaneous desire to be free from dependency on SSRI medication and to be able to manage their depression via their own volition. 2. A view that SSRI medication is deemed necessary at an identifiable 'low point'. 3. A view that SSRI medication has a facilitating, but limited role in recovery. 4. For adolescents who had taken SSRI medication: a description of their experience as a recursive rather than linear process, requiring them to find the right type, dosage, frequency, and length of treatment. These findings add to the growing literature on adolescents' views and experiences of taking psychotropic medication in the treatment of adolescent mental illness; specifically, they provide a nuanced and in-depth account of adolescents' views and experiences of SSRI medication used to treat depression. Further, this study highlights the importance of widening the dialogue around the use of SSRI medication for the treatment of adolescent depression. Implications are discussed in relation to the significance of the decision-making process around the taking of SSRI medication and the journey that follows.

Discussant: Katharina Weitkamp, Medical School Hamburg

Panel

psychotherapy integration

Moderator: Antje Gumz, Berlin University of Psychology & University Medical Center Hamburg-Eppendorf

Alliance, reflective functioning, and language: Basic factors of psychodynamic psychotherapy

A major result of psychotherapy research is that there are no simple solutions regarding the factors of therapeutic change. Psychotherapy depends on a multiplicity of factors that contribute to patients getting better. The present panel focuses on three such factors. The first presentation focuses on the factor of the therapeutic alliance and presents findings of a pilot study that implemented Alliance Focused Training (AFT) into a psychotherapy training program in Germany. The second presentation focuses on the factor of reflective functioning and presents results of a systematic review on the effect of reflective function on therapy outcome and its status as moderating or mediating variable. The third and fourth presentation focus on the factor of language in psychotherapy. The third presentation analyzed therapists' verbal interventions in therapy situations when patients cried. The fourth presentation presents first results of a qualitative study that analyzed concepts of the "talking cure" in psychodynamic therapists, i.e., the subjective models and theories how "language use" in therapy may help patients get better.

Implementation of Alliance-Focused Training to the German health care system

Laurence Reuter, Berlin University of Psychology; Thomas Munder, Berlin University of Psychology; Antje Gumz, Berlin University of Psychology & University Medical Center

Hamburg-Eppendorf

Objective: Alliance ruptures occur frequently in psychotherapy and pose a challenge for therapists. When undetected or unresolved, alliance ruptures can lead to poorer outcome or treatment discontinuation. However, addressing ruptures in therapy can lead to corrective emotional experiences. Therefore, training therapists' abilities to detect and deal with alliance ruptures is important. One empirically supported training program focusing on ruptures is Alliance-Focused Training (AFT, Safran & Muran, 2000), a short term relational treatment approach. AFT aims at enhancing awareness for different kinds of ruptures and improving the ability to tolerate and deal empathically with difficult emotions. AFT has not yet been adapted to German health care system, where short-term psychodynamic approaches are rarely used. Method: In a pilot study, 7 trainees received an AFT-oriented training workshop and each treated 2 depressive patients for up to 30 videotaped sessions. Weekly psychometric assessment, rated by both patients and therapists, included subjective symptom distress (PHQ-9), quality of the therapeutic alliance (SAI, INTREX) and perception of rupture and resolution (PSQ). Trainees participated in the weekly AFT-oriented group-supervision. In addition to quantitative methods, qualitative interviews were used to capture trainees' expectations about and experiences with AFT. Results and conclusions: First qualitative and quantitative results will be presented and discussed.

Reflective functioning as a specific factor in psychotherapy: a systematic review Sylke

Andreas, Department of Psychology, University of Witten/Herdecke & Institute of Psychology, Alpen-Adria Univ; Luis Wehn, Institute of Psychology, Alpen-Adria Universität Klagenfurt; Jonas Lüdemann, Institute of Psychology, Alpen-Adria Universität Klagenfurt; Sven Rabung, Alpen-Adria-Universität Klagenfurt

Reflective Functioning (RF) is the operationalized mentalization construct. According to Fonagy, Bateman and Luyten (2015) mentalization is the basis for all effective psychotherapies. RF either may function as mediator or may be conceptualized as moderator for therapy success. Basic concepts related to developmental psychology, cognitive psychology and neuro psychology are demonstrated. This review investigates the conceptualization of RF as mediator or as moderator for therapy success. Relevant data were identified by electronic database search using PSYINDEX, PsycINFO and Medline. Psychotherapy studies investigating the mediating or moderating impact of RF on the therapy outcome were included. Studies with adult patients with mental disorders according to ICD or DSM treated with psychotherapy were included. A systematic data extraction and quality rating of each study was conducted in the context of this review. The design of the 18 detected studies is most heterogeneous. 14 of these studies conceptualize RF as mediator or therapy outcome. 6 studies conceptualize RF as moderator or predictor. Due to study heterogeneity there is no distinct preference of one model over the other. Four studies demonstrate a significant effect for a moderating impact of RF affecting the therapy success. Only one study demonstrates a significant mediating effect for RF on the therapy success, the validity of this study is limited. Future research with reliable designs which conceptualize RF as mediator of therapy success is needed.

Patient crying and supportive interventions: When do therapists use them? Michael

Pöll, University of Innsbruck, Austria; Antje Gumz, Berlin University of Psychology & University Medical Center Hamburg-Eppendorf; Eva Bänninger-Huber, University of Innsbruck, Austria

The aim of the present study is to further the understanding of crying with focus on differences regarding crying modalities and its meanings for the affect regulation in psychotherapy. In particular this presentation describes and illustrates different crying phases a patient goes through and the therapist's technique in relation to these challenging moments. According to psychoanalytic theory therapists should keep up a balance between a secure relationship and a certain conflictive tension. Thus, on the one hand therapists should not trap into an everyday pattern by comforting the patients too early but should stay abstinent. On the other hand, the therapists should show enough attachment behavior and empathy that allow the patients to continue talking about negative emotions. Data material of the present study comprises of 29 sessions with a young depressed woman in which crying occurred. We investigated whether for low, moderate and high crying intensities there can be observed different verbal interventions by the therapist. For this purpose we applied the Psychodynamic Interventions List (PIL) by Gumz et al. (2014) and a classification framework to

differentiate crying phases (cf. Pöll, Schiestl & Bänninger-Huber, 2015). Data analyses revealed that mainly in crying phases of high intensity the therapist showed supportive interventions (e.g. expression of emotional sympathy) while interpretative interventions (e.g. adding new meaning) were evenly distributed throughout all three crying intensities. This could be related to the fact that in high intense crying phases the patient experiences overwhelming feelings of helplessness and hopelessness which have to be regulated interactively.

Subjective concepts of the "talking cure": A qualitative study Christopher Marx, Berlin University of Psychology; Rajana Kersten, Berlin University of Psychology; Antje Gumz, Berlin University of Psychology & University Medical Center Hamburg-Eppendorf
Psychotherapy has traditionally been regarded as a "talking cure", a treatment method that mainly operates through an "exchange of words" between patient and therapist. Over the decades this notion has been greatly expanded, as psychotherapy research established that therapeutic change is caused by a multiplicity of factors. Nevertheless, processes of "talking" between patient and therapist are still considered as central for therapeutic processes. The question is how "talking" can "cure", i.e., what specific contributions of language use to therapeutic change -- as one central factor among others -- can be identified. Against this background the present study investigates subjective concepts of the "talking cure", i.e., specific notions of therapy practitioners regarding therapeutic effects of language use in psychotherapy. For this purpose we conducted qualitative interviews with 12 psychodynamic therapists in the metropolitan area of Berlin. Interview data was analyzed using Consensual Qualitative Research (CQR; Hill et al., 2012) in order to extract basic categories of change-related factors of therapeutic language use. The presentation will introduce first results of the study and discuss their relevance for further conceptual and empirical research regarding the "talking cure".

Panel

quantitative & qualitative method

Moderator: Juha Holma, University of Jyväskylä

Relational mind: Combining discursive research and embodied synchrony in studying couple therapy

The Relational Mind project, conducted at the University of Jyväskylä in collaboration with five international partners and funded by the Finnish Academy of Science, aims to increase our understanding of the basic qualities of human life including relationality of mind and the role of interactional synchrony. Couple therapy provides a unique opportunity to study these relations. The aim of this panel is to examine synchrony at the verbal, non-verbal and autonomic nervous system (ANS) levels and explore its role in the process of couple therapy. This panel consist of a general overview on the Relational Mind project and two presentations, focusing on combining results of qualitative research with autonomic nervous system measurements in the couple therapy with Mary and Tom. Special focus of the qualitative analysis of the session is on the processes of positioning, in relation to culturally dominant discourses around parenthood and gendered expectations. We will discuss what implications these findings have for psychotherapy research and practice.

Embodied dialogues in couple therapy sessions with two therapists Juha Holma, University of Jyväskylä

Aim: In the research project Relational Mind conducted at the University of Jyväskylä in co-operation with the Aristoteles University in Thessaloniki and Nordhausen University of Applied Sciences the focus is looking at the embodied dialogues in couple therapy sessions with two therapists. In this research setting has been taken into account both the intrapersonal and the interpersonal dimensions of affectivity and embodiment.
Methods: The data for the project are gathered in a natural setting within couple therapy sessions. Two of the sessions include autonomic nervous system (ANS) measurements and Stimulated Recall Interviews. Progress is further monitored by the Outcome Rating Scale (ORS), and the Session Rating Scale (SRS) (Miller & Duncan, 2004). All the therapy sessions are video recorded.
Results: We noted that the phenomenon of mutual attunement includes not only the spoken dialog but also bodily action, in terms of the synchronisation of movements and of facial expressions with the ANS.
Discussion: These results have enlarged our understanding of the complexity of the mutual attunement between the therapists and the spouses in couple therapy sessions. It shows that therapists as well as clients participate as fully

embodied human beings, and therapy is much more than an exchange of words and ideas.

Moving beyond language in discursive research on psychotherapy: Examining embodied and discursive aspects of positioning in one couple therapy Evrinyomy Avdi, Aristotle University of Thessaloniki

Aims: Within constructionist accounts, psychotherapy is approached as a collaborative process that entails the reconstruction of meanings about the problem, as well as the reformulation of the clients' subjectivity. Subject positioning is a key concept and research tool in discursive psychotherapy research. In this presentation, the concept of positioning is used to explore the process of problem formulation and change in one couple therapy; this perspective is expanded through inclusion in the analysis of the embodied aspects of the interaction as reflected in measurements of the participants' heart rate through the session. **Methods:** The transcript of one couple therapy session is discursively analysed with a focus on shifts in positioning, in conjunction with an examination of the pattern of the participants' ANS arousal through the session. **Results:** The couple's problematic positioning is explored with a focus on the interactional processes through which new positions become available, as well as on the processes implicated in negotiating the nature of their relationship and each partner's identity, in relation to culturally dominant discourses around parenthood and gender. This discursive work is complemented by studying the pattern of the participants' embodied arousal. The analysis of embodied aspects of the interaction sheds light to interactional and therapeutic processes that complement the study of discourse alone. **Discussion:** The implications of studying the process of couple therapy - which entails affect-laden talk about oneself, one's partner and relationship - by examining both discursive and embodied/ affective aspects of positioning for psychotherapy research and clinical practice are discussed.

Disconnection in transition phase to parenthood Helena Päivinen, University of Jyväskylä

Aim: Having the first child places partners into new positions as parents which have to be included in the array of positions that construct one's identity. Taking up these new positions necessitates identity work. However, the cultural discourses around parenting illustrate this transition as something naturally occurring and address parents with different, gendered expectations. The focus of this presentation is on how difficult experiences of becoming parents are negotiated and experienced in couple therapy, by both the couple and the therapists. **Methods:** Discourse analytic reading of one couple therapy case was conducted. The focus of analysis was on the partners' contradictory experience of parenting, career and combining these two. It was studied in detail how this contradiction created disconnection in their relationship. Further, it was studied how the level of autonomic nervous system (ANS) accompanies the conversations of around disconnection. **Results:** The findings from discourse analysis demonstrated how gendered expectations in the transition phase create distance in the couple relationships. Combining this finding with the ANS responses showed how the partner's identity distress is experienced as affective arousal by the partner. **Discussion:** This study highlights the interpersonal nature of identity work. The methodological challenges and clinical implications of this kind of analysis and the findings will be discussed. **Keywords:** Qualitative analysis, positioning, narrative, autonomic nervous system.

Panel

quantitative & qualitative method

Moderator: Aarno A. Laitila,
University of Jyväskylä

Relational Mind: Doing relational research on embodiment and experience in couple therapy

In the research project Relational Mind conducted at the University of Jyväskylä, Finland in co-operation with the Aristoteles University in Thessaloniki, Greece and Nordhausen University of Applied Sciences, Germany the focus is on looking at the embodied dialogues in couple therapy sessions with two therapists. In addition to spoken discourse, the autonomic nervous system responses, the body movements and facial expressions of each participant including the therapists are analyzed. Further, their individual experiences in the sessions are inquired by stimulated recall interviews. In this panel all papers focus on the second session of the couple therapy with Mary and Tom: we will reflect on the embodied element of dialogical change,

especially with the question how change is related to the bodily arousal. We will describe the observations about how participants in their body movements synchronize to each other and how this relates to the dialogue. Finally, the individual experiences of the participants in significant moments of therapy are examined.

Preliminary steps into mixed methods case study: the value of ANS measures for couple therapy research Aarno A. Laitila, University of Jyväskylä

Aim: This study deals with the challenges of conducting mixed methods research, within a case study. The objective was to detect therapeutically significant moments using both, the analysis of dialogue and of the embodied responses during a single couple therapy session. **Methods:** The transcripts of the measurement session were divided into topical episodes, and the standardized average skin conductance measures for each topical episode, were calculated. This rough-scaled topical episode graph was used as a basic map to detect the overall course of the session as well as the shifts, and thus important episodes of the session were detected. **Results:** The triangulated investigation procedure showed the session as a three-phased structure: (a) in the beginning the themes were presented by the clients in an individualized and monological manner, and their embodied responses were also individually focused; (b) in the middle the therapists took a more active role, in terms of dominance in dialogue and in their embodied responses; and (c) towards the end of the session, most of the change promoting therapeutic work seems to be taking place for all the participants. **Discussion:** Analysis of dialogue and the rough ANS map allowed detecting similar phases and the structure of the single therapy session; however the meaning of those phases was better understood through the added embodied information.

Embodied dialogue in a couple therapy -- bodily mirroring behavior and the spoken dialogue Petra Nyman-Salonen, University of Jyväskylä

Aim: During psychotherapy participants attune to each other in many ways, in the dialogue but also in the implicit nonverbal behavior. The aim of this presentation is to show how the verbal dialogue and nonverbal mirroring of postures and movements are connected during one session of a couple therapy case. **Methods:** One couple therapy session was analyzed following a mixed method approach. On the one hand, bodily mirroring behavior was analyzed by an observational method for detecting mirrored postures and movements between the participants. On the other hand, dialogue was analyzed with the Dialogical Investigations of Happening of Change method (DIHC). The analysis of these two were then combined to look at how the nonverbal and verbal level are connected. **Results:** The results show that posture mirroring and movement mirroring have different functions in relation to the spoken dialogue in this couple therapy case. **Discussion:** This study is a first tentative attempt to combine two different analysis methods. The methodological issues will be discussed. As we are embodied beings in therapy, the reason to combine verbal and nonverbal levels of analysis when researching in psychotherapy will be discussed as well as the main clinical implications of the findings.

Bridging research and clinical intervention: Stimulated Recall Interviews as creation of meaning in the personal, couple and therapeutic system Maria Borcsa, University of Applied Sciences Nordhausen

Aims: The use of Stimulated Recall Interviews (SRI; also Interpersonal Process Recall IPR) aims to get access to the clients' and therapists' thoughts and feelings ("inner dialogue") during the therapy session. All members of the therapy system (female and male client and two therapists) individually watch on video four short sequences from the second therapy session, recorded one day before. The presentation shows how the interviews are performed by clients and therapists differently according to their roles and needs and how the interviews impact therapy itself. **Methods:** The transcripts of the SRIs are analyzed using "systemic discourse analysis", an innovative method grounded theoretically in the difference of the personal, couple and therapeutic system coming into play in the multi-actor setting of couple therapy with co-therapists. **Results:** The results focus on two of the selected video sequences - they are labeled by both clients independently as most important moments in the therapy session and evoke high emotional involvement in the interview condition, reported to be even higher than in the therapy situation itself. We show how the different levels of meaning on the personal, couple and therapeutic system are present in the interview and in the discourse of the following therapy session. **Discussion:** Implications of using

SRI/IPR in research and practice are formulated and discussed.

Discussant: John McLeod, Oslo University, Norway;

Panel

attachment & development

Moderator: Tamar Axelrad Levy,
Hebrew University, Jerusalem,
Israel

Studying change processes and therapy outcomes in psychotherapy assisted by animals among children

Animal Assisted child Psychotherapy (AAPT) has been shown to be effective for a variety of disorders (Fine, 2000). However research on essential components and change mechanisms of this type of therapy is lacking. This panel focuses on describing the important variables of Animal Assisted child Psychotherapy, and on gaining an extensive understanding of the therapy process and the triangular relationships (therapist- child- animal), which are formed during the therapy process. This will be followed by two research presentations of animal assisted therapy conducted with children: one from a group perspective and another from individual psychotherapeutic work. The research will look at some key mechanisms of change in the psychotherapy of children with behavioral and emotional distress when animals are part of the psychotherapeutic process. Both research studies combine qualitative and quantitative analysis and offer potential directions for understanding the advantages of integrating animals in child psychotherapy.

Studying change processes and therapy outcomes in psychotherapy assisted by animals among children with emotional distress.

Tamar Axelrad Levy, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel
In this study I examine systematically key mechanisms of change in psychotherapy accompanied by animals for children with behavioral and emotional distress. The study is a mixed-method study, a concurrent nested design and its objectives are to examine: a) how patterns of child-animal relationships contribute to the child's relationship with the therapist and to changes in his/her relationship with their parents b) how changes in the child's relational pattern with the animals contribute to changes in the child's behavior and emotion regulation. Ten children with behavioral problems and emotional distress and five therapists participate in this study. Each child receives 27-30 weekly therapy sessions. The therapy is conducted in a research lab, which contains a collection of small animals. During therapy children are free to choose an animal/s with which to interact and the nature of the relationship with the animal/s and the therapist. All sessions were videotaped and therapists filled out a structured report following each hour. Therapists and parents filled out two questionnaires at four time points: the youth outcome questionnaire (YOQ), and the emotional regulation checklist (ERC). Correspondingly, CCRT interviews were conducted with children regarding their relationship with the animal/s, the therapist and the parents. Results- I will present the concept of the coding system and first data of the combined qualitative and quantitative analysis of the videotapes, the CCRT and parents questioners.

Animal-Assisted Group-Psychotherapy for Children: Conceptualization and a Mixed Methods Research

Orit Harel, Bar Ilan University; Shlomo Romi, Bar Ilan University; Deborah Court, Bar Ilan University
Group therapy (GT) for children has been well supported as an effective intervention (Coco et al, 2015). Previous research on human--animal interaction indicates that animals enhance relaxation, socialization, trust and provide attachment needs (Fine, 2015). These were described as the important therapeutic factors for children in GT (Shechtman & Gluk, 2005); however, the way to integrate animals into group therapy has not yet been tested or conceptualized. We propose a framework for animal-assisted-GT by exploring the unique contribution of animals to therapy for children. The qualitative study included interviews (15 therapists, 42 children), auto-ethnography and observations. We then conducted the quantitative study, among 168 school children who attended animal-assisted-GT due to social difficulties. The meaning of therapy for children were: 1. Enjoyment; 2. Strengthening the self; 3. Strengthening sociability. Analysis of all parts of the study enabled mapping the therapeutic processes and the contribution alongside the challenges of the therapeutic-animal. The quantitative data confirmed the hypothesis, indicating matching Pearson correlations: The attachment style of children's (ASC) anxiety was

associated with animal-attachment (AA) anxiety (0.51**), and a secure attachment was associated with secure AA (0.26**). A secure attachment is connected to group cohesion (0.37**), as well as to secure AA (0.25**). Relying on these findings we built a model for animal-assisted-GT. Gathering the mixed methods data we concluded that animals in GT may offer a unique contribution, mainly by allowing children an opportunity to practice a relationship that demands developing social skills such as empathy. Comparing the qualitative results to previous research reveals considerable overlaps and a single difference: only the children who went through animal-assisted GT emphasized the self-empowerment. This may reveal the unique contribution of animals: the ability to strengthen the self-esteem.

Discussant: Nick Midgley, UCL / Anna Freud National Centre;

Panel

alliance & interpersonal process

Moderator: Eva Bänninger-Huber,
University of Innsbruck, Austria

Affective relationship patterns and working alliance

In this panel, we will present data from our research project "Processes of affective regulation in long term psychoanalytic psychotherapies". Our data consists of six psychotherapies (lasting between 75 and 340 sessions) which took place at our psychotherapeutic research unit at the University of Innsbruck. All sessions were videotaped completely. Additionally, we administered several outcome and process measures. After each session, patient and therapist completed the Helping Alliance Questionnaire (HAQ) (Luborsky et al., 1996). Facial behavior was coded with the Facial Action Coding System (FACS). Our general goal is to elaborate on the role of specific verbal and nonverbal interactive relationship patterns for establishing and maintaining a productive working alliance. Specifically, we are interested in the relation between interactive processes on a micro-level and productive psychotherapy. Huber et al. examined the relationship between the therapists' countertransference feelings and different types of interactive relationship patterns (Prototypical Affective Microsequences, PAMs) in 43 therapy sessions coming from three different psychotherapies. The analysis of totally 834 PAMs revealed correlations between positive and negative counter-transference and successful PAMs and unsuccessful PAMs. In a second paper, Muntigl & Bänninger-Huber investigated the function of a patient-specific interaction pattern for affiliative processes between patient and therapist (Intense Gaze Avoiding Laughter, IGAL). In these often recurring sequences (91 times in two sessions) the patient abruptly turns her head away from the therapist smiles intensely and/or laughs. The third paper by Bänninger-Huber & Pöll investigated the therapists' nonverbal reactions to patients' crying in psychotherapeutic interaction.

Prototypical Affective Microsequences (PAMs) and feelings of countertransference in psychoanalytic psychotherapy

Eva Huber, University of Innsbruck; Michael Hafener, University of Innsbruck; Eva Bänninger-Huber, University of Innsbruck, Austria
In psychoanalytic psychotherapy the therapist is personally involved in an unconscious way, yet at the same time tries to recognize his or her subjective experience of the therapeutic relationship, for example in the form of countertransference feelings (CTF). This study proposes that the therapist's subjective feelings of countertransference are influenced by characteristics of the interactive relationship regulation between therapist and patient and thereof resulting experiences of affective relatedness and conflictive tension. The data for this study consists of 43 therapy sessions out of 3 psychoanalytic psychotherapies. All sessions were held in a sitting setting and videotaped. After each session the therapists assessed CTF by means of a predefined list of adjectives. CTF were grouped into the categories positive, passive, aggressive, and sad. All sessions were analyzed on a micro-analytic level for specific patterns of interactive relationship regulation, so called Prototypical Affective Microsequences (PAMs). PAMs can be further differentiated into different types, for example successful or unsuccessful, depending on whether or not the PAM results into mutual smiling or laughing and the establishment of a resonant affective state. The analysis of totally 834 PAMs revealed that positive CTF correlated with successful PAMs, while aggressive and passive CTF correlated with unsuccessful PAMs. Discussion: There is evidence that the therapist's subjective experience of the therapeutic relationship in terms of CTF is linked to characteristics of interactive relationship regulation within the therapeutic dyad.

The Interactive Organization of Intense Gaze Avoiding Laughter Peter Muntigl, University of Ghent; Eva Bänninger-Huber, University of Innsbruck, Austria
For this presentation, we examined the role of verbal and nonverbal interactive behavior in establishing and maintaining a psychotherapeutic relationship. More specifically, we are interested in how facial expressions and verbal utterances are sequentially organized and how these two levels of organization relate to each other. We draw from two complementary approaches to interaction analysis: Conversation Analysis/CA (Sacks 1992; Schegloff 1997) and Affective Micro-Sequence Analysis/AMA (Bänninger-Huber 2014). This combinatory approach is important as it takes into account a full range of interactional resources that work to maintain an affiliative relationship. Drawing from a corpus of video-recorded psychoanalytic psychotherapy, two sessions involving a female patient diagnosed with depression were selected for analysis. Based on our examination of the interactional sequences within these sessions, we identified a recurring (91 times in the two sessions) non-verbal display in which the patient abruptly turns her head away from the therapist, during which she intensely smiles and/or laughs. We have labelled these non-verbal actions as Intense Gaze Avoiding Laughter (IGAL). Our analysis focused on two aspects: 1) the therapist's response to the patient's non-verbal behavior and 2) the (verbal) interactive sequence in which the non-verbal sequence occurred. We found that IGAL sequences often occurred in disaffiliate contexts as, for example, when the patient made a negative self-assessment or self-deprecation. Further, IGALS seem to constitute a form of self-regulation in which the patient (non-verbally) responds to distress.

Interactive emotion regulation in the context of crying Eva Bänninger-Huber, University of Innsbruck, Austria; Michael Pöll, University of Innsbruck, Austria
The aim of this study is to learn more about the phenomenology and function of crying in psychotherapy. Usually, crying occurs in the context of a patient's strong negative emotions and leads to an increase of intrapsychic regulation pressure in the patient. However, a patient's crying is also a challenging situation for the therapist. According to psychoanalytic theory, a productive psychotherapeutic process requires a balance between a certain amount of conflictive tension and a secure relationship. In instances of crying, the conflictive tension is high and the therapist should display verbal and nonverbal behavior that gives the patient enough security to continue talking about negative emotions. In order to learn more about these affective regulation processes, we were investigating the therapist's reactions during and after a patient's crying. The data comes from a psychoanalytic psychotherapy with a depressed female student. Crying occurred in 28 sessions. According to the intensity of the patient's crying, we divided the selected episodes into three phases. This data was coded with FACS. Data analyses revealed that the three phases not only differ in the intensity of lacrimation, but also in typical facial behavior such as laughing, lip pressing or pain expressions. The therapist mostly stays facially abstinent and reacts only with slight indicators of empathic concern. Also after crying, the therapist shows only a limited number of facial phenomena. In this presentation, we will discuss the meaning of these interactive regulations for productive therapeutic work and illustrate our considerations by means of an example.

Panel

child & family

Moderator: Nick Midgley, UCL / Anna Freud National Centre

Using a mentalizing approach to meet the mental health needs of children and their families

Mentalization or Reflective Functioning (RF) describes the capacity of an individual to understand themselves and others in terms of intentional mental states, such as feelings, desires, attitudes, and goals (Fonagy, Gergely, Jurist, & Target, 2006). Adequate RF can act as a buffer against the expression of psychological difficulties, whereas the failure of the capacity to mentalize is associated with the development of psychopathology (Fonagy & Bateman, 2016). A growing body of literature is confirming the importance of parental RF as it helps caregivers to understand their own mental states and behaviors as well as make room for understanding their children's, enabling carers to respond sensitively (Slade et al., 2005). Enhancing RF in both children and caregivers has gradually become the focus of several recent interventions with families aiming to improve the carer-child relationship (Suchman, Decoste, Castiglioni, Legow, & Mayes, 2008). Given concerns with the long-term detrimental effects of experiences of loss and/or inadequate caregiving, there have been concerted efforts to develop

programmes to support foster families and families where children are on the edge of care. This panel will present 3 feasibility studies of programmes developed to support children, foster carers and parents using a mentalizing approach. The first paper presents a pilot study evaluating a Mentalization Based Treatment (MBT) for looked after children. The second paper presents the feasibility study of a new programme to support foster carers' reflective capacity. Finally, the third paper explores the findings from a pilot evaluation of an MBT Parenting programme for high risk parenting populations.

The Herts and Minds Study: Evaluating the effectiveness of Mentalization-Based Treatment (MBT) as an intervention for children in foster care Nick Midgley, UCL / Anna Freud National Centre; Sarah Jane Besser, University of Hertfordshire; Helen Dye, University of Hertfordshire; Pasco Fearon, University College London; Tim Gale, Hertfordshire Partnership University NHS Foundation Trust; Kiri Jefferies-Sewell, Hertfordshire Partnership University NHS Foundation Trust; Karen Irvine, Hertfordshire Partnership University NHS Foundation Trust; Joyce Robinson, Hertfordshire Partnership University NHS Foundation Trust; Solange Wyatt, University of Hertfordshire; Sally Wood, Anna Freud Center, London, UK; David Wellsted, University of Hertfordshire

Aims: Approximately 50% of children in foster care in England present with some form of emotional and behavioural difficulties. The most effective treatments for these children are currently unknown, partially due to a lack of robust, controlled studies. A number of obstacles to high quality research with this population have been identified, making the need to test the feasibility of conducting a Randomised Controlled Trial (RCT) especially important, to inform the design of a full scale RCT. **Methods:** This is a two-arm, randomised control feasibility trial to explore the acceptability and credibility of Mentalization Based Treatment (MBT) as a therapy for reducing emotional and behavioural difficulties in looked after children (LAC), and to test the possibility of addressing the methodological challenges to conducting high-quality research with this population. Pre-treatment, the mental health of children is assessed from the perspective of the child and their foster carer, with follow up at 12 and 24 weeks post-randomisation. MBT is a relatively new intervention which seeks to enhance the quality of relationships. In this presentation we will provide an outline of some of the key challenges and learning to date, and some preliminary findings may be available by the time of the conference. **Discussion:** This study will ascertain whether it is feasible and worthwhile to progress to testing this adaptation of MBT in a full scale definitive RCT. In this presentation we will draw out the potential to improve our understanding of the obstacles to conducting high-quality research with this very vulnerable population.

A feasibility study of the Reflective Fostering Programme (RFP) Sheila Redfern, Anna Freud Center, London, UK; Alistair Cooper, Anna Freud Center, London, UK; Grace West, Anna Freud Center, London, UK; Antonella Cirasola, Anna Freud Center, London, UK; Nick Midgley, UCL / Anna Freud National Centre

Aim: The Reflective Fostering Programme (RFP) is a new group-based programme aiming to support foster carers who are experiencing some difficulties with their foster children (aged 4-11). This innovative development follows calls by NICE and other organisations to help improve outcomes for children in care by providing better support to their carers. The RFP is based on evidence from the field of attachment and mentalization, which indicates that children who have a parent high in Reflective Functioning have more favourable outcomes in terms of emotional well-being. The primary aim of this feasibility study is to establish whether it is possible to implement and evaluate the RFP on a small scale before conducting a larger-scale evaluation. **Method:** The pilot study will take place in partnership with NSPCC and Local Authority services in Gillingham and Sheffield. NSPCC staff will be trained to deliver the Programme. We will conduct preliminary pre-post and follow-up evaluation to provide data on the effectiveness of the programme itself, whilst establishing the acceptability of the proposed measures. Feedback from group facilitators and carers attending the group will cover acceptability of the programme and the evaluation. **Discussion:** The outcome of the study will provide preliminary data on the effectiveness of the RFP and gain feedback about the Programme itself. Additionally we will identify any challenges to training staff to deliver it as per the manual, as well as our capacity to meaningfully recruit participants and evaluate outcomes, both for foster carers and the children in

their care.

The Lighthouse Mentalization Based Treatment - Parenting Programme for maltreating parents Michelle Slead, Anna Freud Center, London, UK; Gerry Byrne, Oxford Health NHS Foundation Trust

Aim: This paper will present the findings from a pilot evaluation of the Lighthouse Mentalization Based Treatment (MBT)-Parenting programme. It has been developed specifically for high risk parenting populations and aims to reduce the risk of harm and of trans-generational transmission of psychopathology. Method: An independent evaluation of the Lighthouse MBT-P programme was carried out. Parents of infants (under two years) were identified as having difficulties in their relationship with their child or in previous relationship breakdowns and were referred to the project. At least one of the following criteria was essential for referral: current parental mental health problems; parental history of childhood trauma or neglect; history of domestic violence; history of substance abuse; or history of severe parenting breakdown, including permanent removal of previous children. A range of pre- and post-intervention measures of parental mental health, parenting stress and confidence, reflective functioning and sensitivity were administered. Post treatment qualitative interviews were carried out. Results: Data were available for 14 participating families. There were three domains in which there were noticeable and significant improvements for the ReConnect parents over time: self-efficacy, parenting stress and sensitivity. The qualitative interviews indicated high levels of satisfaction with the intervention and the perception that it had been "life changing". Discussion: The potentially far reaching implications of this small but promising pilot study will be discussed, particularly in relation to the extremely high levels of parenting risk within the participating families.

Panel

evidence-based psychotherapies

Moderator: Felicitas Rost, Tavistock and Portman NHS Foundation Trust

Elucidating clinical outcome and drop-out: Giving authority to the experience and private theories of adolescent and adult patients with depressive symptoms

Little is known about the active ingredients that promote therapeutic change (or the absence of it) in a range of evidence-based treatments for depression. Much less is known about why patients decide to discontinue their treatment prematurely. Theories of change and therapeutic action have largely been built on the therapists' views of the therapeutic process, and the aim of this panel is to stress the importance of giving the patients' perspective more influence and authority. The authors of this panel will highlight how patients' experience and their private theories of change/non-change and the contributing therapeutic factors elucidate the outcome findings from clinical studies. Camilla von Below will begin by presenting findings from a qualitative study with 24 young adults who took part in a naturalistic study of psychoanalytic psychotherapy and did not benefit and expressed dissatisfaction with the treatment received. Imke Ahlers will compare and contrast the emerging themes of helpful and unhelpful factors of long-term psychoanalytic psychotherapy of adult patients falling into three categories: those who have not benefited, those who improved after treatment but relapsed during follow-up, and those who improved gradually. Sally O'Keeffe will focus on the reasons as to why adolescents dropped out of three different types of psychotherapy, and will present a typology of dropout. It is hoped that these presentations will engage a lively discussion in how the findings can make a real difference not only to our understanding of therapeutic change, but also to our clinical practice.

When psychotherapy does not work. Lessons from the experiences of young adults in psychoanalytic psychotherapy Camilla von Below, Stockholm University, Sweden; Andrzej Werbart, Stockholm University, Sweden

Psychoanalytic psychotherapy has an increasing evidence base. However, a number of patients deteriorate, do not improve, or are dissatisfied. This presentation focuses on a qualitative analysis of patient experiences in suboptimal psychotherapies, with clinical conclusions. Methods: Identified were patients who received psychoanalytic psychotherapy within the naturalistic Young Adults in Psychotherapy Project (YAPP, Philips et al., 2006), who either showed deterioration/no improvement (N=20; therapy length 2-48 months, SD=10.9), or dissatisfaction (N=7; therapy length 2-48 months,

SD=16.3) after therapy. Using grounded theory, the Private Theory Interviews (PTI, Werbart et al., 2006) conducted with patients at termination of treatment and 18-36 months follow-up were analysed. Results: Deteriorated or non-improved patients described therapy as spinning one's wheels, or therapy without getting anywhere. A reasonably good emotional bond to the therapist was outweighed by non-confrontation, difficulties in understanding the therapeutic method and an experience of insufficient help. Dissatisfied patients expressed abandonment with their problems, no links between therapy and everyday life, and too little understanding, intensity and therapist response. The emotional bond was weak, which made patients hesitant to bring up criticism. Discussion: The results will be discussed with regard to the therapeutic alliance, mentalization and meta-communication. Clinical conclusions for psychotherapists will be presented.

Giving depressed patients a voice: their experience of the outcome and helpful and unhelpful factors of long-term psychoanalytic psychotherapy Imke Ahlers, Tavistock Clinic, London, UK; Felicitas Rost, Tavistock and Portman NHS Foundation Trust
The Tavistock Adult Depression Study (TADS, Fonagy et al., 2015) has provided important evidence that long-term psychoanalytic psychotherapy (LTPP) is more effective than treatment-as-usual in reducing depressive symptoms. Overall, 40% of patients who received LTPP significantly improved. Despite this remarkable achievement, a considerable number of patients (29%) did not improve, dropped out (15%), and a further proportion (14%) showed significant improvements after the treatment ended but were not able to sustain these changes. The aim of this study is to elucidate these findings by focusing on the patients' experience of their treatment and their private theories as to what was helpful and unhelpful and thus contributed to the changes/no changes. Method: Thematic analysis was used to analyse the Private Theories Interviews (PTI, Werbart et al 2006) of 40 patients who completed the treatment. Of particular interest was thereby to compare and contrast the emerging themes among patients falling within three groups: those who have not benefitted (n=21), those who showed benefits after the treatment ended but relapsed during the 2 year follow-up (n=7) and those who showed gradual improvements over the follow-up (n=12). Results and discussion: Qualitative methodology that stresses the subjective meaning-making bridges the gap that exists between primary clinical data and quantitative outcome data within a RCT design. Results point to interesting differences between the groups and a significant incongruence between how change is measured quantitatively and how patients view it themselves. Panel number: ID: 30101

A typology of therapy dropout in depressed adolescents Sally O'Keeffe, University College, London, UK; Peter Martin, University College, London, UK; Nick Midgley, UCL / Anna Freud National Centre

Aim: A client is considered to have dropped out of therapy if they decide to stop treatment, without the agreement of their therapist, and this is a common occurrence across mental health services. However, there has been a lack of consistency in how dropout has been operationalised in the literature, and little is known about why young people stop going to therapy. This study will involve an in-depth exploration of the phenomenon of dropout, through developing a typology of dropout. Method: This study draws on data from the IMPACT-My Experience study (IMPACT-ME; Midgley et al., 2014), a qualitative study seeking to explore the experiences of families and therapists taking part in the IMPACT study (Goodyer et al., 2017), a trial investigating the effectiveness of psychological therapies in the treatment of adolescent depression. Participants were randomly allocated to receive one of three types of therapy: Short-Term Psychoanalytic Psychotherapy, Cognitive Behavioural Therapy and a brief psychosocial intervention. Ideal types analysis (Weber, 1904; 1949) is being used to develop a typology of dropout, focusing on the reasons as to why young people stopped going to the therapies they received as part of the IMPACT trial. Results and discussion: Data analysis is currently underway. At the conference, the findings of the study and implications for clinical practice will be discussed.

Discussant: Sheila Butler, The Open University UK and KMPT NHS

Panel

practice-training-research networks

Moderator: Sheila Butler, The Open University UK and KMPT NHS

Nurturing Common Ground with Practice Oriented Research and Practice Research Networks

The panel will explore how Practice Research Networks (PRN) are transforming perceptions of psychotherapy research and strengthening connections between research and clinical practice. Our experience of these professional landscapes will bring together the perspectives of clinicians and researchers to discuss opportunities, challenges, controversial issues and obstacles to Practice Oriented Research (POR) and explore possible solutions to overcome them drawing on our experience in UK and US.

Practice-research Landscapes Sheila Butler, The Open University UK and KMPT NHS
In systems thinking, and in a systems view of life, "organization, structure and process are three different but inseparable perspectives". The problem though, for many people who are involved in developing and in understanding complex systems, is that they do not give these three perspectives equal importance. There is also a fourth perspective which is added to these three domains, and that is the domain of meaning. This presentation extends the debate on Practice Oriented Research by exploring the potential relationship between these four perspectives and recognizing the ways that each contributes to and guides critical shifts towards thriving, resilient and sustainable practice-research communities. How can Practice Oriented Research (POR) and Practice Research Networks (PRNs) strengthen and add new perspectives to psychotherapy research and practice? This will be explored by examples of Practitioners and researchers getting involved in new initiatives in a dynamic and innovative PRN environment - the experience of the UKCP Practice / Practitioner Research Network (UKCP PRN); Clinicians' experience of research in every day practice - the experience in Psychological Therapies and Specialist teams in the National Health Service (NHS).

Using messy real data to advance understanding; CORC's approach Miranda Wolpert, Anna Freud Center, London, UK

The future of practice orientated research (and indeed research and understanding of wider healthcare provision) is anticipated to involve increasing scrutiny of routinely collected data to help inform decision making and to help develop models of precision mental health (Bickman, Lyon and Wolpert 2016). However existing datasets are often flawed, due to missing or erroneously recorded data; uncertain, due to differences in how data items rated and/or variation in case-mix; proximate in that the data items are always a proxy for an indication of the impact of the service provided and sparse in that even within complete data sets the low volume of cases within a given subgroup often limits the applicability of statistical inference, making the data that there is available complex to interpret and use. This paper draws on the experience in the collection and use of such data in child mental health by a practice research network: the Child Outcomes Research Consortium (CORC) (www.corc.uk.net). This service provider-research collaboration as pioneered collecting such complex and messy real world data for the last decade with a particular focus on self-reported outcomes. This talk presents CORC current thinking on best use of such complex and flawed data to support meaningful dialogue between service users, providers and funders. (Miranda Wolpert, Professor Evidence Based Practice at UCL and Director of Child Outcome Research Consortium (CORC))

Reflections and Ways forward: Can participatory and collaborative POR and PRN models strengthen and add new dimensions to research and practice? Sheila Butler, The Open University UK and KMPT NHS; Javier Fernández Alvarez, Universitat Jaume I; Miranda Wolpert, Anna Freud Center, London, UK

Reflections and Ways forward: Can participatory and collaborative POR and PRN models strengthen and add new dimensions to research and practice? What are the opportunities, challenges, controversial issues, obstacles to Practice Oriented Research? How are we exploring possible solutions? - the perspective of the students /trainees - the perspective of the clinicians - the perspective of the researchers - the perspective of the service users (children / young people / adults) And can this lead us to identify -- what is common and in what ways we are nurturing common ground?

Discussants: Sheila Butler, The Open University UK and KMPT NHS; Miranda Wolpert, Anna Freud Center, London, UK; Jeb Brown, Center for Clinical Informatics

Panel

practice-training-research networks

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

Competence development in Psychotherapy Training

The panel focuses the therapists' competencies essential for effective treatment. Taking up the assumption that the capacity to mentalize is a key element for professional psychotherapeutic work, we start with empirical data on the development of the mentalizing capacity in therapists from the beginning of psychotherapeutic training. Our second paper concentrates on assessment issues of how to grasp mentalization capacities and shows the results of training effects of an ongoing postgraduate MBT-training in a psychiatric ward compared to clinically experienced mental health professionals without MBT-training in the same ward. The third paper opens up again the topic of competencies and competence development in psychotherapy training, showing results of a grounded theory guided study presenting results of focus groups, literature review and expert interviews on competence development, its measurement and reflects conceptual issues within research on psychotherapeutic competencies. A little pilot study using these refined concepts and operationalized competencies is presented in the fourth paper. Our papers report competence development in three different psychotherapeutic schools, Gestalt Therapy, Psychoanalytic Psychotherapy & Psychoanalysis, and Person-centred & Experiential Psychotherapy. Moderator: Henriette Löffler-Stastka (Vienna, Austria) Discussant: Svenja Taubner (Heidelberg, Germany)

Mentalizing in psychotherapy training. An exploratory study on change in mentalizing skills as an effect of psychotherapy training Ingrid Pleschberger, Medical University of Vienna, Austria; Henriette Löffler-Stastka, Medical University of Vienna, Austria

Aim: An essential component of any therapeutic treatment is the relationship between therapist and client. Mentalizing describes the human ability to comprehend one's own and mental states of others. It is seen as one of the core competences of psychotherapists since the ability to understand the mental state of others is crucial to build a solid therapeutic relationship. This project sheds light on the questions if and how mentalizing skills in early stage psychotherapy trainees differ from trainees at the end of their training. It attempts to provide an interdisciplinary perspective and deeper understanding of how psychotherapy trainees develop during their training focusing on the concept of mentalizing and its scientific operationalization termed reflective-functioning (RF). Methods: Mentalizing skills of five early stage psychotherapy trainees and five psychotherapists at the end of their training (training association: Gestalt Therapy) were assessed using the brief reflective functioning interview (BRFI). The interviews were rated and analyzed using the reflective functioning scale (RFS) and compared with background data assessed with an adapted version of a specialized questionnaire designed by the international research network Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD). Results and Discussion: The results show that psychotherapy trainees at an advanced level of training show higher RF scores compared to trainees at the beginning of their training. These results are discussed as a starting point for further research in the field of psychotherapy training and competence development, also considering national implications (like legal regulations for psychotherapy training) and interdisciplinary opportunities.

MASC to assess the mentalization capacity of therapists before and after a standardized MBT-training. Richard Horn, Medical University of Vienna, Austria; Isabella Klaus, Kaiser Franz Joseph Hospital Vienna, Psychiatric Department, Vienna Austria; Kurt Stastka, Kaiser Franz Joseph Hospital, Psychiatric Department, Vienna; Henriette Löffler-Stastka, Medical University of Vienna, Austria
Title: MASC to assess the mentalization capacity of therapists before and after a standardized MBT-training. Authors: Richard Horn (presenter), Isabella Divisch, Kurt Stastka and Henriette Löffler-Stastka, Medical University of Vienna (Austria) Abstract Aim: The MBT advanced training is offered for therapists in the clinical area at the psychiatric department, Kaiser-Franz-Josef-Hospital (Vienna). Through this certified

advanced training, individual and group therapy can be offered in everyday clinical practice. It is supervised during a period of two years. The aim of this project is to answer the following questions: Is MASC able to quantify the mentalization capacity of the therapists? Does the mentalization ability change through the MBT-training? Which positive and negative changes in clinical practice and in the private sector are perceived by the participants? Methods: MASC -- the Movie for the Assessment of Social Cognition is a video-based test. The video shows an everyday dinner scene and is paused a total of 45 times to ask the participants questions about the feelings, thoughts and intentions of the actors. The MASC can be carried out in the group by means of a questionnaire. These completed questionnaires are evaluated with the scoring key. Correct answers receive 1 point and incorrect answers are scored in one of three ways: ToM excessive, ToM less, ToM No. Results: The current MBT-training is an still ongoing course. We present intermediate results at this time. The evaluation of the MASC-test of the participants at the beginning of MBT-training shows an above-average mentalization capacity in the group and a different response to social situations in the film as well. Discussion: To what extent is the above-average mentalization capacity of the MBT participants due to their professional experience and age? Which other factors are relevant, allegiance, attitudes? What would be the attitudes of the participants to certain ToM-values? Keywords: Theory of Mind, Mindreading, Emotion cognition, Mentalization-based treatment

Science and Heritage: Towards Competence Development in Person-Centred Psychotherapy Training Brigitte Macke-Bruck, Medical University of Vienna, Austria; Henriette Löffler-Stastka, Medical University of Vienna, Austria

Science and Heritage: Towards Competence Development in Person-Centred Psychotherapy Training Brigitte Macke-Bruck, Henriette Löffler-Stastka, Medical University of Vienna (Austria) Aim: In therapist factors' research competency models are rare. Investigations based on competencies are more common in the realm of training and professional development. Competence frames are regarded particularly in the UK as elegant measures for adherence and process-outcomes, as well as vital contributions to bridge the gap between clinical practice and therapy research. To shed light on the gap between psychotherapy research and everyday training, we conducted a preliminary qualitative-explorative study on competence among Person-centred & Experiential Psychotherapy-trainers. Method: To address competency development with respect to adherence and unique features of person-centred heritage, we adopted a bottom-up perspective by means of "Systematic Concept Analysis". Person-centred trainers are regarded as "practitioner-experts, dedicated to their heritage". At first we scrutinised their philosophy about genuine good practice and authentic person-centred development as "key-competencies". The second objective was to assess their application of existing research-based competency frames. Therefore data from expert interviews, problem-oriented interviews and observation protocols were explored for implicit and explicit cues of a presumed "reflecting and working on competencies". Additionally, the inductive findings were compared to evidence-based therapist factors and organised by deductive concept-analysis procedures. Results & Discussion: Our findings indicate that even implicit competence development provides considerable evidence of meta-competencies in person-centred trainers. Conceptual research methodology better discerns research-based "heritage-" and "current sciences"-categories in order to examine the implementation of research-based knowledge into trainers' practice. Finally, process-outcome instruments, based on a wider scope than the dimension of adherence, seem to be more suitable for training competency-matrices. Keywords: competency development, psychotherapy-trainers, practice-research gap, systematic conceptual analysis

Changes in empathy, mentalization and the development of psychoanalytic core competences in psychotherapy trainees in the course of their training compared to experienced psychotherapists. Isabelle Wolf, Medical University of Vienna, Austria; Henriette Löffler-Stastka, Medical University of Vienna, Austria

Objectives: Empathy and mentalization were both measured at two stages during the training and compared to each other to see whether and how they change. Psychoanalytic core competences were examined to show how they evolve in the course of the training. Furthermore, a third group of experienced psychotherapists (psychoanalytic and psychodynamic) was added to see whether there are changes after working for at least ten years and to serve as a reference point concerning the

psychoanalytic core competences. Therapeutic attitudes were also examined. Methods: There were three groups of ten persons each (n=30) that were investigated. (1) Beginners, trainees of the psychotherapeutic propaedeutic. (2) Advanced, trainees of psychodynamic/psychoanalytic training (subject-specific). (3) Experts, experienced psychotherapists, at least 10 years after completing their training. All groups underwent a self-rating as well as an expert-rating. The measurements used are: (a) the brief reflective functioning interview (BRFI), (b) the mentalization questionnaire (MZQ), (c) the Jefferson scale of empathy (JSE) for health professions, (d) the questionnaire for therapeutic attitudes (TASC 2) and an expert-rating measuring the psychoanalytic core competences (PCC). Results: Since this project is in its early stages, ascertainment and assessment of data are currently being performed. First results are discussed.

Discussants: Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany; Henriette Löffler-Stastka, Medical University of Vienna, Austria

Panel

evidence-based psychotherapies

Moderator: Stephen Buller,
Psychotherapy Foundation

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

Short-Term Psychodynamic Psychotherapy (STPP) is a continuing focus for investigation in psychotherapy research, and new avenues of investigation are emerging. Of particular interest are the conditions for effectiveness in delivering STPP and associated change mechanisms, accessible through process-outcome and qualitative methods considered in this panel. Yves de Roten presents findings from a study comparing the link between episodes of rupture and rupture resolution of the alliance, and therapist interventions in responders and nonresponders in an Inpatient Brief Psychodynamic Psychotherapy (IBPP). Using linear mixed-effects models, results showed that the degree of alliance rupture resolution and specific interventions best predict treatment response. Findings will be discussed in terms of the specificity of mechanisms of change in psychodynamic psychotherapy. Stephen Buller considers the clinical and cost effectiveness of STPP as a frontline treatment for common mental health disorders when delivered in a primary care setting in the UK. Data from patient reported outcome measures, written and computerised patient records, and costed activity was available pre-post treatment. Findings contribute to empirical evidence for effectiveness and cost benefits. Susan Hajkowski presents a qualitative, ethnographic study focusing on the development of process rating in STPP through an in depth examination of expert practice. A concept of ego capacity, and its clinical use, is examined and identified through observational rating of video recorded clinical practice. Results demonstrate descriptive categories based upon phenomena being observed, and the development of a rating scale for ego capacity that is embedded in and derived from expert practice.

Therapist interventions and rupture resolution of the therapeutic alliance in psychodynamic psychotherapy: Comparing responders and nonresponders Yves de Roten, Lausanne University, Switzerland

The relative role of the therapeutic relationship versus "technical" interventions as mechanisms of change is a matter of debate between clinicians and between psychotherapy researchers. The goal of this study is to compare the link between episodes of rupture and rupture resolution of the alliance and therapist interventions in responders and nonresponders of an Inpatient Brief Psychodynamic Psychotherapy (IBPP) - a manualized psychotherapy in 12 sessions. Fifty-three depressed inpatients (26 responders and 27 nonresponders) were included. Two observer-based measures, the Rupture-Resolution Rating System (3RS; Eubanks, Muran & Safran, 2015), and the Comprehensive Psychotherapeutic Interventions Rating Scale (CPIRS; Trijsburg, 2005), were used to code three sessions (second, sixth, and penultimate). Reliable change index on MADRS was used to assess response. Using linear mixed-effects models, results showed that the degree of alliance rupture resolution and specific interventions (psychodynamic and experiential) best predict treatment response. Findings will be discussed in terms of the specificity of mechanisms of change in psychodynamic psychotherapy.

Clinical and Cost Effectiveness of Short-Term Psychodynamic Psychotherapy (STPP) as a Frontline Treatment for Somatoform Disorders in Primary Care Stephen Buller, Psychotherapy Foundation; Susan Hajkowski, University of Leicester, UK

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

Developing a Rating Scale for the Evaluation of Ego Capacity in Short-Term Psychodynamic Psychotherapy (STPP) Susan Hajkowski, University of Leicester, UK

Aim: The concept of 'ego capacity' is central in Short-Term Psychodynamic Psychotherapy (STPP). Accurate evaluation of ego capacity is required to determine choice, pace and application of clinical interventions to enable accelerated treatment, working at the optimum level of a patient's ego capacity. Theoretical underpinnings suggest change and improvement in ego capacity are expected during and at the end of treatment. There is currently an absence of process rating procedures to evaluate change in ego capacity. This research investigates how ego capacity is currently evaluated or 'rated' by expert practitioners in practice, and how this may translate into a scale for process rating. **Methods:** A qualitative ethnographic enquiry is adopted, utilising a three stage observational interview method. Expert practitioners act as informants in the micro-analysis of video recorded clinical sessions. Inter-Personal Process Recall interviews are adapted to uncover processes used by experts in evaluations of ego capacity. **Results:** Evaluative levels, indicators and categories are derived based upon phenomenological observations made by expert practitioners. Results demonstrate potential commonality in descriptive categories about phenomena being observed. This enables the development of a rating scale embedded in and derived from expert practice. **Discussion:** Ethnographic methods uncover practitioners' descriptions of expert practice and observational moment by moment ratings of ego capacity. Agreement over phenomenological categories separates conceptual understanding from phenomenological observation across informants. A rating scale begins to construct ways that ego processes may be rated based on observation. This has implications for identifying change mechanisms and as a clinical tool to determine psycho-diagnosis and outcome.

Discussant: Johannes C. Ehrenthal, University of Klagenfurt, Austria

Panel

evidence-based psychotherapies

Moderator: Nick Midgley, UCL / Anna Freud National Centre

Treatment of adolescent depression

Unipolar major depression affects a considerable proportion of adolescents worldwide (Whiteford et al., 2013). However, there is limited data as to whether current available psychological treatments can effect long-term symptom remission (Cox et al., 2012). Given the strong links between adolescent depression, recurrent depressive episodes and suicidality in later life, it is important to identify psychological treatments that have long-term benefits, reducing the risk of relapse in later life. The Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT) trial was set up in response to this need, and is the largest clinical trial of psychological therapies for adolescent

depression to have taken place in Europe to date (Goodyer et al., 2017). 465 adolescents with moderate to severe depression were recruited from 15 NHS Child and Adolescent Mental Health Service (CAMHS) clinics in three regions of England. Participants were randomly assigned to receive Cognitive Behavioural Therapy (CBT) or Short-term Psychoanalytical Therapy compared to a Brief Psychosocial Intervention. This panel presents findings of the IMPACT study, as well as findings from the IMPACT-MR, a brain imaging study. The first paper gives an overview of IMPACT findings regarding the medium-term effects and costs of psychological therapies on maintenance of reduced depression symptoms post-treatment. The second paper presents additional findings from IMPACT study, and explores treatment fidelity to IMPACT's manualised approach. The final paper adds a neuroanatomical perspective to the aetiology and treatment of young people with depression.

Cognitive behavioural therapy and short-term psychoanalytic psychotherapy versus a Brief Psychosocial Intervention in adolescents with unipolar major depressive disorder (IMPACT): a randomised controlled superiority trial Shirley Reynolds, University of Reading

Aim: Psychological treatments for adolescents with unipolar major depressive disorder are associated with diagnostic remission within 28 weeks in 65--70% of patients. This study aimed to assess the medium-term effects and costs of psychological therapies on maintenance of reduced depression symptoms 12 months after treatment. **Methods:** A randomised controlled superiority trial (IMPACT) at 15 National Health Service child and adolescent mental health service (CAMHS) clinics in three regions in England. 465 adolescents (aged 11--17) with a diagnosis of DSM IV major depressive disorder were randomly assigned to receive cognitive behavioural therapy (CBT), short-term psychoanalytic therapy (STPP) or a reference treatment, Brief Psychological Intervention (BPI). **Findings:** All three psychological treatments were associated with an average 49--52% reduction in depression symptoms 1 year after treatment. Self-reported depression symptoms did not differ significantly between patients given CBT and those given STPP. These two psychological treatments were not superior to the reference treatment, brief psychosocial intervention. There were no significant differences in the cost effectiveness of the three interventions. **Discussion:** To our knowledge, this is the first, fully powered, superiority and cost-effectiveness study assessing the medium-term effects and costs of psychological treatments on maintenance of reduced depression symptoms for adolescents. STPP, CBT, STPP and BPI were not significantly different in clinical or cost effectiveness. The study was conducted in routine NHS clinics and thus has good external validity. The results of this study therefore suggest that young people with depression could be offered a choice of evidence based psychological treatments.

Inside the therapy room - additional findings from IMPACT using the Comparative Psychotherapy Process Scales (CPPS) and the Adolescent Psychotherapy Q-Set (APQ).

Nick Midgley, UCL / Anna Freud National Centre; Sally O'Keeffe, University College, London, UK; Ana Calderon, University College, London, UK

Aim: The IMPACT study was a randomised controlled superiority trial at 15 NHS Child and Adolescent Mental health service (CAMHS) clinics in three regions in England. The main study found no significant differences in clinical or cost-effectiveness between three manualised treatments, and concluded that short term psychoanalytic psychotherapy is as effective as CBT and, together with brief psychosocial intervention, offers an additional patient choice for psychological therapy, alongside CBT, for adolescents with moderate to severe depression. As part of the overall trial, this study examined whether it was possible to establish treatment fidelity to the manualised approaches, and whether the three treatments could be clearly differentiated. **Methods:** All therapy sessions were audiotaped. A computerised randomisation procedure was used to select 232 tapes stratified by age, treatment, and whether obtained early (two to four sessions) or later (after four sessions) in the therapy. Coding was done with the Comparative Psychotherapy Process Scale (CPPS) and the Brief Psychosocial Intervention scale. 15 Independent raters rated each treatment session from the three treatment modalities to assess treatment fidelity and differentiation. Further analysis of therapy sessions was also undertaken using the newly-developed Adolescent Psychotherapy Q-Set. **Findings:** Both treatment fidelity and treatment differentiation were established. Additional analysis of the sessions using the APQ will also be presented. **Discussion:** Using a validated measure of

psychotherapy processes, it is possible to distinguish between different types of talking therapies with adolescents. Further analysis of sessions, using the APQ, suggests a more subtle pattern of therapeutic technique across treatments.

Neuroanatomical Perspectives on the Aetiology and Treatment of Young People with Depression John Suckling, University of Cambridge

Aim: MR-IMPACT is an imaging study adjunct to the IMPACT trial. Brain structure and function was assessed on N=138 young people with depression, 40 of whom were followed-up after cognitive behavioural therapy (CBT). What features of the brain characterise depression? And what changes occur from treatment? **Methods:** Estimates of grey matter volume from structural Magnetic Resonance Imaging (MRI) data were compared to control participants. Functional MRI data were acquired whilst participants undertook cognitive tasks and whilst resting prior to, and following CBT. **Results:** There were no significant between-group differences in brain structure. However, significant group-by-age interactions were observed in the anterior cingulate, a location known to be a region associated with chronic depression in adults. Furthermore, although there was little difference in behavioural performance, age-related brain activation was found to differ from controls during encoding and retrieval in medial, temporal and prefrontal regions. In contrast, strong between-group differences in connectivity (synchronicity) were detected, particularly between fronto-limbic regions. A targeted analysis of connectivity demonstrated that these changes were ameliorated by CBT, and were related to symptom improvement. **Discussion:** Treatment-related results are interpreted with reference to dual-process models: depression is associated with a 'heating' of the 'hot' system, without concomitant increases in the 'cold', cognitive control system. The absence of structural changes, but presence of functional changes suggests an aetiological narrative whereby early adversity alters brain function which when mediated by maturation during adolescence can lead to structural changes that confer risk of future illness through the 'kindling' effect.

Panel

child & family

Moderator: Daniel Hayes, Evidence Based Practice Unit, University College London and Anna Freud Centre, UK

Parental experiences of infant, child and adolescent mental health diagnosis and treatment

The panel consists of a series of qualitative studies looking at parental experiences of child mental health diagnosis and treatment across the developmental stages of infancy, early childhood and adolescence. All three studies are drawn from larger therapy outcome evaluations and zoom in on the subjective experiences of parents whose children have been referred to mental health services. The first paper provides a qualitative analysis of data from a larger randomised controlled trial of parent-infant psychotherapy (PIP) for mothers with mental health problems and babies under 1 year of age. The findings highlight the most helpful and unhelpful aspects of this dyadic treatment from the mothers' perspectives. The second paper also presents findings about parental experiences of dyadic treatment, Child-Parent Psychotherapy (CPP), for parents and children aged 0-6 with experience of trauma. The findings highlight a number of features of CPP that are appreciated by parents. The final paper, presents findings from a large scale RCT of treatment outcomes for adolescent depression. Although the parents of depressed adolescents do not actively participate in the treatment to the same extent as early interventions such as PIP and CPP, this paper highlights the impact that adolescent depression can have on parents in a broad range of areas. The findings also point to specific support needs for parents of adolescents with depression. Taken, together, this range of papers will illuminate how the involvement and perspective of parents in child mental health services can be valuable across a range of ages and presenting problems.

A Qualitative Study of Therapy Experience for Depressed Mothers Receiving Parent-Infant Psychotherapy with their Infants Sarah Elizabeth Spitzfaden, Anna Freud Center, London, UK; Michelle Sleed, Anna Freud Center, London, UK; Tessa Baradon, Anna Freud National Centre for Children and Families; Evrinomy Avdi, Aristotle University of Thessaloniki

Background: This paper will present additional qualitative findings from a recent randomised controlled trial of parent-infant psychotherapy (PIP) for mothers with mental health problems and their infants. The results from the overall trial indicated

PIP-treatment effects on mothers' overall well-being and parenting capacities, but less around infant development or parent-child interactions relative to the control group. This study will explore the experience of parent-infant psychotherapy for those mothers receiving this treatment. Aims: This study will look at PIP allocated cases with the aims of exploring mothers' experiences of PIP in order to understand what is or is not useful/helpful in the treatment of mother and infants who receive PIP. Method: This is a qualitative study within the context of the larger PIP RCT (2016). Semi-structured interviews were carried out with the mothers six months following randomization to PIP. The interviews explore the mothers' overall experience of the therapy for themselves and their baby, including elements that were considered to be helpful or unhelpful. A thematic analysis was carried out. Results: The data will be analysed thematically to explore participants' experience of PIP. Discussion: The findings will be presented and discussed in light of the overall trial findings, and their research and clinical implications.

Child parent psychotherapy (CPP) - an evidence based model for treatment of traumatized children aged 0-6 Anna Norlén, The Erica Foundation, Stockholm, Sweden
Background: It is well known that traumatic events early in life can severely disturb further development of children. Still, evidence based methods for the treatment of the youngest victims of traumatic events are few. Child Parent Psychotherapy (CPP) is an attachment based model integrating knowledge from trauma theory, neurobiology etc with therapeutic techniques from psychodynamic play therapy and CBT. The model and its dissemination in the Nordic countries will be presented. Method: An ongoing pre-study, including nine CAMHS agencies in Sweden, will be presented. The study aims to measure and describe effects of CPP - therapy on psychiatric symptoms, wellbeing and behavior of children and parents involved in treatment, as well as effects on self-rated parental skills. Semi-structured interviews with 12 parents in CPP-therapy were performed aiming to investigate parental perspective of the intervention. Results: Preliminary thematic analysis of the interviews shows that parents recognize and appreciate CPP-specific goals and components such as the use of play as a tool for communication and regulation, being present with child in dyadic therapy, psychoeducation on trauma and child developmental issues and the therapist as a case manager. Discussion: Parents of traumatized children can benefit from trauma focused dyadic interventions and have the capacity to develop their understanding of how trauma affects children and to adjust parenting style. The involvement of parents in trauma treatment of children needs to be further developed.

The experience of being the parent of an adolescent with a diagnosis of depression in the UK Emily Stapley, Anna Freud National Centre for Children and Families and UCL; Mary Target, Anna Freud National Centre for Children and Families and UCL; Nick Midgley, UCL / Anna Freud National Centre
Background: Approximately 62,000 adolescents in the UK are suffering from severe depression. Unlike depression in adulthood, parents are likely to be on the frontline for dealing with adolescents' depressive symptoms at home, but we know little about what it is actually like to be the parent of an adolescent with depression. Methods and results: The setting for our study is the IMPACT-ME study, the qualitative arm of the Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT) randomised controlled trial of treatment for adolescent depression. Semi-structured interviews were conducted with parents of adolescents (aged 11-17) at three time-points: Point of referral to child and adolescent mental health services (CAMHS) and diagnosis of depression (Time 1), post-therapy (Time 2), and one year later (Time 3). A thematic analysis was conducted to explore parents' experiences at Time 1 (N = 43). Four main themes were identified: Lack of realisation; emotional turmoil; helplessness; parenting in overdrive. An ideal-type analysis was then conducted on all parent interviews conducted at Time 1, 2, and 3 (N = 37 due to sample attrition) to explore the types of parental experience that could exist over the course of the young person's journey through mental health services and beyond. Three types were identified: The 'learning curve' parents; the 'finding my own solutions' parents; the 'stuck' parents. Discussion: Our study has highlighted the range of experiences that these parents can have, and has crucially helped to illuminate the possible support needs of parents of adolescents diagnosed with depression.

Panel

quantitative & qualitative method

Moderator: Melissa Miléna De Smet, Ghent University, Belgium

Moving towards clinically relevant research - acknowledging the responsibility of the researcher

In an attempt to bridge the gap between psychotherapeutic research and practice, the responsibility is often put on clinicians to stay up to date with science. This panel focuses on the responsibility of the researchers. It will stress the importance of developing an awareness of how methodological and conceptual choices may affect the various research stages, including outcomes and their clinical applicability. Whilst clinicians are often presented with the results only, this panel invites both parties to take a closer look at the methodological and conceptual processes that lead up to this stage. The four presenters will draw on their experience of working on two important psychotherapy trials: the Ghent Psychotherapy Study, conducted in Belgium and the Tavistock Adult Depression Study, conducted in the UK. Ufuoma Norman and Femke Truijens will begin by highlighting how the object of interest for researchers is shaped by their methodological choices such that it might imply a divide between the object of interest in research and clinical practice. Melissa De Smet will present how an idiosyncratic qualitative approach can shed a different light on the understanding of outcome. Felicitas Rost will demonstrate how Q-sort methodology provides an avenue to bridge the divide between clinical knowledge and the quantitative systematization of it. With Stig Poulsen as the discussant, it is hoped that this panel will end with a lively debate about research as-it-is-done in actual therapeutic research, in a joint effort to better understand the researcher's contribution and possible solution to bridging the research-practice gap.

Shaping the object of science throughout the data collection process in psychotherapy research Ufuoma Norman, Ghent University, Belgium; Femke Truijens, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium

Panel in Paper (Panel ID: 30120) Aim: In an attempt to bridge the 'research-practice gap', it is vital that researchers gain a better understanding of how they comprehend the object that they attempt to study in psychotherapy research. In this paper, we explore how 'the patient' as the object of science is shaped by a priori methodological choices that impact the way that patients may behave in their role as research participants. Therefore, we zoom in on the process of data collection, the most basic level in research that is rarely given detailed consideration, although it is crucial to both valid research and generalization to clinical practice. Method: Using excerpts of both quantitative and qualitative means of assessment and data collection from the randomised controlled Ghent Psychotherapy Study (GPS; Meganck et al., 2017) we discuss how the researcher's way of data collection shapes the answers that can be obtained from patient-participants. Results: Based on the case data illustrations, we discuss how methodology directs the way the patients are allowed to behave as 'the object of interest' and that way show how methodology sets the limits for how researchers can come to understand their 'object' in research. Discussion: As clinical research is goal-oriented, researchers bear the responsibility to make their findings useful for and applicable to clinical practice. It is therefore crucial for researchers to clarify their understanding of their 'object' to reveal any hindering of the reciprocity of the understanding of 'the object of interest' in research and practice.

An idiosyncratic approach to the study of outcome: integrating the first-person perspective into standard outcome research Melissa Miléna De Smet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium

Aim: This paper presents a potential approach to the study of outcome that attempts to broaden the concept of outcome and how it is classically studied. By integrating the first-person perspective into a Randomized Controlled Trial (RCT), this paper more specifically addresses the value of the perspective of the patient for understanding outcome. A comparison of standard (quantitative) measures of outcome and a first person (qualitative) accounts is presented. Methods: We base this exploration on multi-perspective/multi-measure data, gathered in the context of the Ghent Psychotherapy Study, an RCT on the treatment of Major Depressive Disorder. Two cases were selected based on their outcome scores, a 'good' and a 'bad' outcome case. First, outcome was analysed by means of pre-post descriptive statistical analyses on the primary and secondary outcome measures. Secondly, the (pre-post) semi-structured interviews of both cases were qualitatively analysed using a grounded theory approach. A comparison of both indications of outcome is presented. Result:

Data analysis is currently underway. Preliminary findings show important differences between first-person and classical (quantitative) indications of outcome. At the conference findings of the entire comparative analysis will be presented. Discussion: In light of the clinical meaningfulness of outcome research, we argue for the importance and potential avenues of idiosyncratic research on outcome, and discuss the influence of how outcome is conceptualised and measured on the findings that are subsequently obtained.

Q-Sort Methodology: Making Assessment Measures Clinically Meaningful Felicitas Rost, Tavistock and Portman NHS Foundation Trust

Q-methodology offers unique opportunities for psychotherapy researchers. It is an innovative technique capable of bridging the divide between clinical knowledge and the quantitative systematisation of it. The tradition focused on utilizes a multi-participant design, which enables the integration of the differing positions between clinician, patient and researcher both during measurement development and data collection and analysis. The aim of this paper is to demonstrate its various merits as a viable alternative to variable-centred self-report and clinician rated assessment tools. Method: Several well-established Q-sort instruments, such as the SWAP-II (Shedler and Westen, 2007) and the Psychotherapy Process Q-set (PQS, Ablon & Jones, 2005), will be introduced. To strengthen the argument further, the development and preliminary validation of a new Q-sort, the AIDA, will be presented. It assesses Blatt's anaclitic and introjective depression configurations at different development levels. All three measures were included in the Tavistock Adult Depression Study (TADS, Fonagy et al., 2015), an RCT investigating the effectiveness of long-term psychoanalytic psychotherapy (LTPP) for treatment-resistant depression. Results: It will be shown that the inclusion of the former provide a meaningful avenue to link outcome and process research. The incorporation of the latter allows for the assessment of clinically meaningful sub-dimensions of severe depression, which in turn provide theoretically meaningful moderators to investigate differential treatment effects to LTPP. Conclusions: Q-methodology provides a promising technique for measurement development and data collection that aims at a making both the research process and its outcomes clinically relevant.

Discussant: Stig Poulsen, University of Copenhagen, Denmark

Panel

child & family

Moderator: Nina Tejs Jorring,

Practice into research and back again in child psychotherapy

This panel will address questions of researching clinical practice with children and young people. Presenters cover: outcomes of short-term psychotherapy with children; researching child psychotherapists' views on time in the therapeutic relationship; and designing quantitative effect-studies on narrative family therapy.

Doing it collaboratively! A case study of designing quantitative effect-studies on narrative family therapy in a local clinical context Nina Tejs Jorring,

We tried an approach to developing a shared collaborative for researchers using quantitative effect measurements and clinicians using narrative therapy. The approach is inspired by participatory action research and involve clinicians and clients in a local clinical context, when implementing psychometric effect measurements on narrative family therapy. Our findings suggest that involving narrative clinicians and clients in the development of a research design in the local clinical context might be helpful in overcoming narrative skepticism and criticism towards quantitative effect research. It is our hope, that this will inspire more narrative therapists to participate in the creation of a quantitative evidence base for narrative therapy to support narrative therapy in settings favoring evidence based practices.

Time and Psychotherapy: How do child and adolescent psychodynamic psychotherapists working in NHS settings talk about time as a factor in therapeutic work? Joanna Kathleen Bent-Hazelwood, Birkbeck University

Objective: to uncover themes in how psychotherapists working with children in NHS settings think and talk about time as a factor in their work. Time is both an important frame to therapeutic work and can be seen as a tool which contributes to change in the child, young person or family. In contrast to countable minutes and hours, the

psyche takes its own sweet time in ways which defy measurement. I am interested in how my research participants define short-term and long-term psychotherapy and their thoughts on how decisions are made about the time factor for each child or young person in treatment. I am curious about the possible tension between professional norms and expectations (intensive, long-term psychotherapy is at the heart of training requirements) and current practice within Child and Adolescent Mental Health services (CAMHS). There are pressures within CAMHS to treat more children, more quickly, so as not to leave children waiting too long. There is also an increased focus on short-term and time-limited psychoanalytic psychotherapy treatment following important research studies, such as IMPACT (Improving Mood with Psychoanalytic and Cognitive Behaviour Therapy) Method: my research is qualitative and I will be using thematic analysis. I will be conducting 6-8 semi-structured interviews with qualified child and adolescent psychotherapists working in CAMHS in or near London, UK.

Prospective cohort study about the outcome of short-term-psychotherapy with children, adolescent and their families in a psychiatric ambulance Sabine Pachta, Medical University of Vienna, Austria

Aim This study explores the outcome of a 10-unit-short-term-psychotherapy with children, adolescent and their families under naturalistic conditions of a psychiatric ambulance. The results will be a basic for further investigations about effective factors and can help to improve the psychotherapy-care. **hypothesis:** 10-unit-short-term-psychotherapy achieve a sustained improvement of mental symptoms, behavior, the subjectively perceived burden and the quality of life. **Methods** This quantitative cohort study is running from February 2017 to the end of January 2018 in a psychiatric ambulance in Austria. At least 45 patients will be included. The psychotherapists decide self-responsible about the methods and settings. The collection of the data out of self-assessment questionnaires (CBCL, YSR, ILK) takes place at three times: prä, post and follow up after 3 months. The analysis are carried out by means of SPSS. **Results** It is expected, that a part of the results can be analysed in September 2017. **Discussion** The naturalistic conditions of this study help to bring realistic results. Only self-assessment questionnaires are used because of the importance of subjectively perceived burden and quality of life. There is the possibility of a bias as a consequence of socially desirable answers. The influence of the different psychotherapeutic methods and settings and of gender of the psychotherapists is not considered. The outcome of only one psychotherapy-ambulance is not representative for psychiatric ambulances in Austria or other countries.

Panel

evidence-based psychotherapies

Moderator: Felicitas Rost, Tavistock and Portman NHS Foundation Trust

Paraphilias, Violence and Personality Disorder: Implementing Clinical Research at the Portman Clinic

The Portman Clinic, Tavistock and Portman NHS Foundation Trust, is an out-patient psychoanalytic psychotherapy clinic for children, adolescents and adults presenting with violence, sexual deviations, criminality and delinquency. The clinic effectively straddles two 'cultures': On the one hand, it identifies with the tradition of psychoanalysis, which focuses on unconscious processes and intrapsychic change. On the other hand, the NHS increasingly emphasizes accountability, monitoring and the development of an 'evidence-base' of interventions. The aim of the panel is to consider ways to bridge the two cultures. Jessica Yakeley will begin by focusing on the significant challenges to implementing clinical research within the forensic setting. She will specifically refer to the obstacles of implementing a robust trial for patients with antisocial personality disorder in the UK Criminal Justice System. Felicitas Rost will stress the importance of including clinically meaningful outcome measures that move beyond measuring overt changes in behaviours, in particular for patients suffering from paraphilias. She will show that abnormal sexual behaviours may be conceptualised as underlying personality difficulties, which become the focus of treatment at the Portman Clinic and improved statistically significantly after four years. Stephen Blumenthal will elucidate these naturalistic outcome findings by presenting a clinical case of a man he saw for treatment. By focusing on an examination of the subtle changes in his reactions to the patient over time as well as on his yearly collected quantitative and qualitative outcome data, he will demonstrate how

statistically significant change can be translated into clinically meaningful and observable developments.

Trials and tribulations of implementing a randomized controlled trial of MBT for antisocial personality disorder in the UK Criminal Justice System Jessica Yakeley, Portman Clinic, London, UK

Objectives: There is a lack of RCTs investigating the efficacy of psychological interventions for antisocial personality disorder (ASPD). Furthermore, within translational science, few studies have focussed on the implementation of research in criminal justice systems (CJS). Since 2013, as part of the UK Offender Personality Disorder Pathway, we have implemented and developed new services across 14 sites in England and Wales offering mentalization-based treatment (MBT) to male violent offenders with ASPD under the management of the National Probation Service. In 2015 we were successful in being granted funding by the NIHR to conduct an RCT, led by Peter Fonagy at UCL. **Methods:** This is a multi-site RCT, with participants randomly allocated in a 1:1 ratio to receive either Probation as Usual (PAU) only or MBT plus PAU. The target population are adult male offenders subject to statutory supervision by the National Probation Service and who fulfil DSM-5 diagnostic criteria for ASPD. **Results:** The RCT is currently being implemented. To date we have been looking at the significant challenges and obstacles to implementing the trial. These include structural reorganisation of the CJS, probation officers lack of knowledge about research and reluctance to refer offenders for randomisation, clinical governance issues and difficulty in engaging the offenders in the trial. **Conclusions:** This is work in progress but our findings to date indicate that the CJS as a whole can be conceptualised as a non-mentalizing system and this will be the one of main barriers to the implementation and evaluation of a mentalizing intervention.

Paraphilias and personality disorder: Changes in personality functioning as a result of long-term psychoanalytic psychotherapy Felicitas Rost, Tavistock and Portman NHS Foundation Trust

Within a psychiatric classification, patients with problematic sexual behaviours are diagnosed as suffering from 'paraphilias', with a focus on overt sexual symptomatology whilst neglecting personality pathology. The aim of this presentation is to highlight that abnormal sexual fantasies and behaviours may be conceptualised as underlying personality difficulties, and that it is these which become the focus of treatment, rather than the behaviours themselves. **Method:** 168 patients with a DSM-5 diagnosis of a paraphilic disorder were referred to the Portman Clinic for long-term, open ended once-weekly psychoanalytic psychotherapy. Patients were assessed at intake and at yearly intervals during treatment with the Shedler-Westen Assessment Procedure (SWAP-200), a clinician-rated measure of personality disorder (PD) and personality functioning. Change in frequencies of PD were examined, and multi-level modelling was carried out to investigate change in trajectories of personality difficulties over a four year treatment period. **Results:** 40% met diagnostic criteria for at least one PD and a further 29% met criteria for clinical significant features at intake. Analysis revealed a statistical significant reduction in schizoid and dependent personality functioning, and oedipal and sexual conflict. It furthermore revealed a significant increase in ego functioning and psychological health over time, reaching healthy levels after four years of treatment. **Discussion:** Findings will be discussed in light of the important implications for future assessment and treatment of these disorders. The importance to implement clinical meaningful outcome measures that move beyond measuring overt changes in behaviours and symptoms to measuring intrapsychic changes is highlighted.

Tracking subtle changes in personality functioning and in behaviour: A Case Study

Stephen Blumenthal, Portman Clinic, London, UK

Objectives: We see an unusual and specific group of patients at the Portman Clinic, yet they highlight many of the problems we encounter in measuring change in psychotherapy in general. The patient group expresses and defends against psychic conflict via enactment. They represent their conflicts within their behaviours, rather than in their minds. Consequently, we deal with what Levine (2010) and others have described as 'weakly represented mental states'; states of mind which are intangible, difficult to apprehend, which confuse us, barely detectable in our emotional responses to the patient. **Method:** I will discuss the case of a man I saw for twice weekly

psychoanalytic psychotherapy at the Portman Clinic. This patient shows many of the characteristics of our particular group. The problems he experiences at a behavioural level relate to deep-rooted personality issues and they are difficult to apprehend within the interpersonal transaction of psychotherapy. Detailed clinical material will be followed by a presentation of the results of his Shedler-Westen Assessment Procedure (SWAP-200) assessments, which have been administered at regular intervals over the course of the five years he has been in therapy. Results and Conclusion: By examining the subtle changes in my reactions to him over time, a picture emerges of areas of change in behaviour and in personality functioning and areas which are resistant to alteration.

Discussant: Björn Philips, Stockholm University, Sweden

Panel

psychotherapy integration

Moderator: Omar C.G. Gelo,
University of Salento (Italy) &
Sigmund Freud University (Austria)

Complexity science and psychotherapy research

Psychotherapeutic change is a dynamic (i.e., time-dependent, historical, and developmental) and complex (i.e., multidimensional and multi-determined) process. Notwithstanding the of the last years, mainstream psychotherapy research has not yet been fully able to adequately address this dynamic and complex nature. Recently, several calls have been made for complexity science (CS) as a meta-theoretical approach which might be able to more adequately address this dynamic and complex nature of the psychotherapeutic process. According to CS, psychotherapy process is a complex system which changes according to the principles of self-organization, that is, within an oscillatory dynamic between stability and change. According to such an approach, concepts as mutual-regulation and synchronization between client and therapist, pattern formation, and so on are of primary relevance for an adequate investigation of the therapeutic process over time within longitudinal designs. In the present paper, we present some approaches to psychotherapy research informed by CS. Gelo et al. assess therapeutic alliance as the by-product of mutual regulation between client and therapist and explore the degree to which this predicts treatment outcome. De Felice et al. apply network analysis to the verbal material of transcribed sessions in order to assess which linguistic patterns are associated with outcome. Palmieri et al. focus on the relationship between client and therapist psychophysiological synchronization and its relationship with patterns of emotional-cognitive regulation. Finally, Holmes focuses on a particular form of relational complexity in traumatized and traumatizing families.

A dynamic systems approach to therapeutic alliance: Relational attunement and treatment outcome Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Salvatore Gullo, University Niccolò Cusano; Johann Kleinbub, University of Padua; Arianna Palmieri, University of Padua; Goria Lagetto, University of Salento; Erhard Mergenthaler, University of Ulm

According to a dynamic systems (DS) approach, the therapeutic alliance (TA) can be seen as the result of a process of co-regulation between client and therapist. From this perspective, the usual approach of considering the TA values of either the P or T (taken singularly) might not be a good indicator of such co-regulation; on the contrary, we assume that it should be necessary to combine P and T values of TA over time. In the present study, we focus on such a combined measure in order to assess the degree of co-regulation between C and T. We expect good outcome therapies will show a significant increase of co-regulation compared to poor outcome ones. Data were collected from 27 psychotherapies with different orientation with clients with different diagnosis. The Working Alliance Inventory was used to measure C's and T's TA over time. Outcome was assessed using standardized outcome questionnaires. Data analysis took place by means of Hierarchical Linear Modeling. Results will be discussed and their implications for research and practice will be addressed.

Psychophysiological synchronization and emotional-cognitive regulation in psychodynamic psychotherapy: a pilot study Arianna Palmieri, University of Padua; Johann Kleinbub, University of Padua; Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Erhard Mergenthaler, University of Ulm; Sergio Salvatore, University of Salento; Goria Lagetto, University of Salento
Investigating synchronization of psychophysiological signals recorded in patient and

therapist during their interaction is a promising perspective in investigating clinical dynamics of therapeutic system. Moreover, psychophysiological synchronization/desynchronization and asynchronization phenomena has been defined interesting candidate as unbiased biomarker of therapeutic processes. Our aim is to (1) assess synchronization patterns between clients' and therapists' psychophysiological activity, and (2) explore the relationship between these and patterns of emotional-cognitive regulation. We collected 2 individual brief psychodynamic therapy lasting 16 sessions. Every session has been audio and video-registered and patient's and therapist electrodermal activation was simultaneously and continuously recorded by means of a wireless polygraph. Verbatim transcripts of all the of the two therapies were analyzed by means of the Therapeutic Cycle Model (Mergenthaler, 1986, 2008) in order to assess different patterns of emotional-cognitive regulation. Cross correlation analyses with mobile windows was performed to evaluate the linkage between psychophysiological and clinical data. Results will be discussed in the light of change process in broader Complex Dynamic System perspective.

Developing clinically useful conceptualisation of complexity in family and relational systems: Preliminary findings from Case-Based research with "traumatized and traumatizing families". Sophie Holmes, Williams Road Family Therapy Centre

This presentation begins with a description of the characteristics and processes of a particular form of relational complexity: "traumatized and traumatizing families". This form of family system will be described both in phenomenological-interactional and clinical terms, illustrating how these characteristics and processes can be considered a natural adaptation to external and internal systemic forces, which will also be described. The presentation will briefly summarize the clinically relevant findings of the past 5 years of case-based research with systemic complexity, and the theories, concepts, systemic conceptualisations and formulations, which we have used and found most useful in the development of treatment principles of relational-complexity. Partly because these families and their members are often described by mental health professionals as highly complex, vulnerable and treatment resistant, , this way of thinking about such families, establishes a relational-interactional dynamic which leaves the therapists on the outside of these complex-relational system, and as a consequence the internal processes and how they change remain either a mystery or misunderstood. While the presentation focuses on how we as family therapists' use particular concepts and conceptualisation, there are a number of treatment principles relevant to individual therapists and we look forward to comment and feedback. The presentation will conclude with a summary of how we use our mental effort and attentional resources while working with these challenging and complex relational systems. The presentation offers a family & systemic framework for understanding the differential complexity of individuals and family systems.

Panel

practice-training-research networks

Moderator: Omar C.G. Gelo,
University of Salento (Italy) &
Sigmund Freud University (Austria)

Psychotherapy training research

While psychotherapy practice has been the object of investigation for several decades, research on psychotherapy training is still underdeveloped. One of the main aims of psychotherapy training is that of allowing the development of psychotherapy practitioners to constructively engage with clients in order to reach the clinical goals of psychotherapy. Thus, investigating the process of psychotherapy training ought to be a major task of research. In the present panel, we elaborate on this and present two empirical papers and one theoretical paper on psychotherapy training. The first paper of Messina et al. empirically investigates trainees' personal backgrounds, motivation to become a therapist, and interpersonal style, with trainees of different theoretical orientations from the Italian context. The second paper of Gelo et al. focuses on the development of relational attitudes of psychotherapy trainees during training in the Austrian context. Finally, the third paper focuses on the importance of stepping back to conceptual discussion and its impact on other neighbouring scientific fields, which is displayed in the example of discussion of the concept of empathy in psychoanalytic and medical education.

Personal background, motivation and Interpersonal style of psychotherapy trainees with different theoretical orientations: Preliminary results from the Italian context

Irene Messina, University of Padua; Omar C.G. Gelo, University of Salento (Italy) &

Sigmund Freud University (Austria); Salvatore Gullo, University Niccolò Cusano; Marco Sambin, University of Padua; David Orlinsky, University of Chicago, USA

The investigation of psychotherapy trainees background is an important part of the large-scale collaborative study on psychotherapy trainees' development promoted by the Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD). In the present study, 135 post-graduate psychotherapy trainees with different theoretical approaches (psychodynamic, systemic, and cognitive-behavioral) completed the Trainee Background Information Form (TBIF) reporting information concerning their professional background, personal background, interpersonal style and motivations. Personal experiences of trainees were frequently reported as motivation in starting a psychotherapy training and were associated to negative background in childhood. Significant differences were found in motivations and interpersonal style of trainees with different theoretical approach.

Development of relational abilities in the process of becoming a psychotherapist: Preliminary results from the Austrian context Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Salvatore Gullo, University Niccolò Cusano; Elitsa Tilkidzhieva, Sigmund Freud University, Vienna, Austria; Vanessa Freitag, Sigmund Freud University Vienna; Irene Messina, University of Padua

The current study reports some preliminary results from a longitudinal study on the development of psychotherapy trainees' relational abilities. The main objective is to understand how relational abilities (i.e., the way one relates to oneself and others) develop over time in the course of a psychotherapeutic training and which factors influence them (age, personal therapy, supervision, contact with clients). Based on the instruments developed by SPRISTAD for psychotherapy trainees -- Trainee Background Information Form and Trainee Current Practice Report -- a combined and slightly modified version was used to collect longitudinal data from a total of N = 221 trainees at Sigmund Freud University, Vienna. The trainees belong to three different cohorts, and were tracked over a period of three years (2013-2016), providing valuable data from the early psychotherapy training experiences. Hierarchical Linear Modelling was used to investigate changes in the relational abilities over time and to identify possible moderators. Results will be discussed with regard of their implication for psychotherapy training.

Empathy in Psychoanalysis and Medical Education: What can we learn from each other? Felicitas Datz, Medical University Vienna; Karoline Parth, Medical University of Vienna; Ingrid Preusche, Medical University of Vienna, Austria; Henriette Löffler-Stastka, Medical University of Vienna, Austria

Several research areas, including medical education (ME), focus on empathy as an important topic in interpersonal relationships. This focus is central to the use of communication skills related to empathy and even more crucial to provide information in a way that makes patients feel more involved in the treatment process.

Psychoanalysis (PA) provides its initial concept of empathy based on affective aspects including findings from neuroscience and brain research. Enhancing cooperation between ME and PA can help to integrate both aspects of empathy into a longitudinal training program. The condition of psychoanalytic empathy definitions is the understanding of unconscious processes. It is important to primarily attend especially the negative affects towards the patient before interpreting his or her behaviour, since in explaining the emerging affects, the analyst has to empathize with the patient to understand the (unconscious) reasons for its behaviour. A strong consideration of nonverbal communication, clinical perceptions, intuitive interaction, contagion-like processes and their implementation and empowerment in medical and therapeutic curricula is one way of beneficially using interdisciplinary approaches yield empathy in clinical interaction. Summary: Established methods of PA, like training of containment, reflective functioning, affective holding and giving meaningful interpretations in accordance with countertransference and transference aspects may help to put a focus on the clinician-patient-interaction and the preservation of the physicians' (mental) health. In consequence of the discussion of various training and schooling methods that take the theoretical and practical concepts empathy into account, we aim for an implementation of the named methods in the medical curricula.

Discussant: David Orlinsky, University of Chicago, USA

Panel

alliance & interpersonal process

Moderator: Thomas Schröder,
University of Nottingham, UK

Intersession experiences (ISE) - filling in the gaps.

Both parties in the psychotherapeutic encounter spend only a small proportion of their available time in face-to-face contact with each other, yet important processes happen in the gaps between sessions. Although mainly studied in relation to psychodynamic therapies, they appear to be ubiquitous, regardless of the theoretical framework in which therapy is conducted. The term 'intersession experiences' (ISE) has been used to describe the range of mental representations therapists and clients may have about therapy and each other between sessions. These include imagined interactions, fantasies, thoughts, feelings, dreams and images and have been conceptualized as reflections of in-session processes that the participants 'take home'. Most studies so far have focused on clients' ISE; two papers in this panel report intensive research specifically into therapists' experiences between sessions. In the brief introductory paper, Schröder and Stewart review the empirical ISE research to date and delineate the gaps in our current knowledge that future studies should address. In the first substantive paper, de Boos and collaborators report on the findings from a series of qualitative interviews of British psychological therapists, describing similarities to US and German samples but also ISE that have not been covered in existing instruments. Stewart et al. in the second paper present results from a case series, employing longitudinal repeated measurements of therapists' ISE with particular reference to the therapeutic alliance. In the third paper, Gablonski and Andreas address one of the gaps in current research, reporting a case study that links in-session process with ISE. In the final paper Hartmann and colleagues present a re-analysis of data from a large scale study of ISE with anorexic patients, demonstrating the results of two different methods of data analysis.

Introduction: 35 years of ISE research Thomas Schröder, University of Nottingham, UK; Sally Stewart, Nottinghamshire Healthcare NHS Trust, UK

Since Geller et al. first published the Therapist Representation Inventory in 1981, what happens in the gap between psychotherapy sessions has attracted interest, resulting in a number of studies, principally in the US and Germany. We summarise the current state of empirical knowledge from both quantitative and qualitative studies, drawing on a systematic literature review of clients' ISE, supplemented by a narrative review of the much smaller number of studies investigating the phenomenon from the therapist's perspective. We identify gaps in the current literature and point to future questions worthy of investigation.

Intersession experiences of British psychological therapists studied in depth Danielle De Boos, University of Nottingham, UK; Sally Stewart, Nottinghamshire Healthcare NHS Trust, UK; Thomas Schröder, University of Nottingham, UK

Therapists' representations of therapy and of their clients outside the confines of the session are rarely discussed unless they occur within the formal setting of supervision. The few empirical investigations into therapists' Intersession Experiences (ISE) are mainly quantitative, using the Therapist Intersession Experience Questionnaire (TIEQ, Orlinsky & Lundy, 1986), developed in the US, and the corresponding German version, the ISF (Hartmann et al. 2003). In this paper, we report the results of in-depth interviews with six UK therapists about their Intersession Experiences. A deductive Thematic Analysis showed that many of the features represented in current ISE measures are reflected in therapists' experience. However, an inductive Thematic Analysis yielded further factors that were incorporated into an amended version of the TIEQ, used in a subsequent quantitative study. We discuss results under the broad headings of instrumental (such as problem-solving or session planning) vs. emotion-processing ISE and draw conclusions for clinical practice.

Intersession experiences of British psychological therapists studied over time. Sally Stewart, Nottinghamshire Healthcare NHS Trust, UK; Thomas Schröder, University of Nottingham, UK; Nima Moghaddam, University of Lincoln, UK

This study explored therapists' mental representations of their patient and of therapy between sessions (Intersession Experiences, ISE), investigating associations between their content, frequency of thoughts, and their relationship to therapist rated alliance. Within the context of a larger (n=10) mixed method study, we conducted a series of three explanatory single case studies, each consisting of two stages: (1) a time series of therapists' ISE with a single patient, measured with a version of the Therapist

Interession Experience Questionnaire that had been adapted on the basis of a preceding qualitative study; and (2) a follow-up interview, organised around feedback of time series data, to contextualise and deepen the understanding of quantitative outcomes. Quantitative data were analysed using Simulation Modelling Analysis, producing 6 - 10 cross lag correlations between pairings of variables for each participant, using a bootstrapping technique. Qualitative interviews were transcribed and analysed at a semantic level generating themes deductively. Main findings indicated that thoughts and feelings between sessions were associated with alliance ratings in two out of three participants. Thoughts between sessions were associated with problem solving, re-experiencing aspects of therapy and internal supervision. Themes included ISE as an indicator of need for intervention (E.g. supervision), transference of patient difficulties and an intervention to help therapy progress. We discuss therapist ISE as an important process variable that warrants further exploration, holds implications for therapist wellbeing, and may impact on the therapeutic relationship and in-session processes.

The interaction between in-session processes and interession experiences in patients with mental disorders from a psychodynamic perspective. Thorsten-Christian Gablonski, Heidelberg University, Germany; Sylke Andreas, Department of Psychology, University of Witten/Herdecke & Institute of Psychology, Alpen-Adria Univ
Background: Interession experiences describe the processing and internalization of therapy and its contents between every single therapy session. Although there have already been several studies on interession experiences, we do not know much about them. Especially the relationship between in-session processes and interession experiences is unexplored until today. Aims: Therefore, the aim of this study was to examine the relationship between in-session processes of psychotherapy and patient's interession experiences from a psychodynamic perspective to get a deeper understanding of these processes. Methods: For this purpose, a total of 144 psychotherapy sessions from N = 12 patients (12 sessions per patient) were recorded. We analyzed the sessions according to Control-Master-Theory (CMT) as well as Reflective Functioning (RF) to describe the in-session processes and linked them to the patient's interession experiences. Results: The results of one patient (12 sessions) in terms of a case study will be presented. Discussion: The results serve as the basis for the development of a smartphone application for collecting and controlling interession experiences of patients in an efficient way.

Methods of longitudinal Cluster Analysis versus Growth Curve Modelling of Interession Trajectories: A reanalysis of the ANTOP-Interession Experience Data. Armin Hartmann, University of Freiburg, Germany
The statistical analysis of longitudinal process data is a challenging and complex task. Methods of growth curve modelling have been successfully applied to interession process data (Hartmann et al. 2016, Zeeck et al. 2016). However alternative methods of summarizing multivariate process trajectories have been developed in a cluster analytic framework (Genolini et al., 2013) which provide alternative perspectives on the data and open new opportunities to summarize complex process data. Clustering and growth curve modelling methods will be presented. Advantages and limitations of both approaches are compared and discussed.

Panel
quantitative & qualitative method
Moderator: John McLeod, Oslo
University, Norway

Innovative strategies for qualitative research into the person of the therapist

Qualitative research has made a valuable contribution to mapping the attributes of effective therapists and the strategies they use to engage with clients. At the same time, it is possible to identify important methodological challenges associated with qualitative interview studies of therapist experience. Therapists being interviewed by professional colleagues may be sensitive about the risks to professional status and credibility arising from interview disclosures. The research interviewer is usually also a therapist, which introduces the possibility of limited exploration of areas of experience that may be taken for granted. These factors may result in qualitative accounts that are somewhat distanced from lived experience. As a result, it is necessary for those conducting research into the person of the therapist to consider innovative strategies that may open up possibilities for addressing such methodological issues. Woods

discusses the use of a collaborative process of data collection and analysis, as a means of developing insights into a highly ethically and personally sensitive aspect of the professional lives of a group of addiction counsellors. Rabu discusses the way in which ideas and techniques from theatre enabled further perspectives to emerge, in relation to data collected through a conventional research interview approach. McLeod reports on the use of collective autoethnography to analyse the ways in which clinicians use their personal experience of therapy to inform their work with clients.

The 'Professional Ex': Collaboration in research with addiction counsellors with lived experience Marguerite Woods, Institute for Integrative Counselling and Psychotherapy, Dublin

Aim: The characteristics, competence, skills and challenges of addiction counsellors with lived experience of addiction have attracted research interest over several decades. Among those with a history of drug use, some are drawn to work with others: there is a lengthy record of such contribution in peer support, voluntary endeavours and professional addiction counselling. The 'Professional Ex' as 'wounded healer' often experiences specific contingencies that merit ongoing attention, not least the current diminishing of status in the addiction field as increased professionalisation and credentialisation take hold. The present paper focuses specifically on the collaborative and cocreation aspects of a study of this topic, that used formal and informal pre-inquiry and post inquiry discussions, alongside semi structured interviews, to explore participants' experiences of identity changes, transformation and transition from client to counsellor and their experiences in the world of work and practice. **Method:** A qualitative interpretative phenomenological analysis of the lived experiences of six women addiction counsellors with a history of illicit drug use in Dublin. **Results:** Their experiences illustrate: how they entered the field, acquired training and qualifications and commenced careers in addiction counselling following 'careers' in drug use. Themes include: disclosure/secretcy; interactions and therapeutic work with clients; experiences with colleagues and managers; understanding of stigma. **Discussion:** Findings are discussed in relation to the ways in which a collaborative research process allowed exploration and sharing of sensitive personal information.

Transference: A theatre play - and how it was created from research interviews with senior therapists Marit Råbu, University of Oslo, Norway

Aim: To investigate how research interviews could be transformed to a theatre play. **Methods:** Thirteen qualitative research interviews with senior therapists were analysed to identify material with dramatic potential. To make a drama, there need to be elements of struggle, conflict, contrast, paradox and colliding perspectives. Each character needs to be in a dynamic process of change during the play. Everything that can serve as crises and turning points along the way are important. **Results:** Six fictional characters were developed, and the play consists of six intertwined monologues, each with its own struggle and process, which the audience can follow. The characters were created by integration of material from the 13 interviews. Each character draws on material from several interviews, and they are not meant to be representations of particular research informants. The play was staged as a co-production between the two largest theatres in Norway with its premiere in February 2017. The reviews were greatly approving and the play was sold out, and its run extended. **Discussion:** The results of the theatrical analysis were similar and different from the previous qualitative analysis of the interview transcripts. When the characters were brought together on stage, diverging positions could function as conflicts between the characters, in ways that reflected diversity from the interview material. Theatre has the opportunity to bring out informants' voices, and to convey complex stories to a larger audience.

How the experience of being a client has informed the practice of a group of experienced psychotherapists: a collective autoethnography John McLeod, Oslo University, Norway

Aim: The therapist's experience of therapy represents a key dimension of the process through which clinicians harness and manage personal experience in ways that are relevant for practice. The aim of the present study was to explore the value of collective autoethnography as a method for generating new understanding of this topic. **Method:** Six experienced therapists wrote narrative accounts of specific ways in which their experience of being a client had informed their clinical practice.

Participants met to explore their reactions to these accounts, as a means of generating further thick description of relevant aspects of lived experience. Thematic analysis was used to identify distinct areas of linkage between therapy experience and clinical practice. Results: Three superordinate domains emerged: the importance of the personal context within which therapy took place; what I learned, that I use with my own clients; the experience of collectively reflecting on the experience of being a client. Examples are provided of key themes within each of these domains. Discussion: The findings of this study invite a reconceptualisation of the meaning of personal therapy for therapists, in the direction of a contextualised understanding of how and what therapists learn from being a client. Individual, dual and collective autoethnography, alongside other approaches to collecting and analysing therapist autobiographical accounts, are highlighted as potentially fruitful direction for future research in this area.

Panel

attachment & development

Moderator: Alessandro Talia,
Heidelberg University, Germany

The impact of In-session Attachment and Mentalizing on Psychotherapy Process and Outcome: moderation and change

Through the recent years, an increasing number of studies has addressed the impact of attachment and mentalizing on psychological treatments. Until today, one of the main limitations in this research has been its reliance on assessments that do not easily allow for repeated measures, such as the AAI, and thus there is a relative scarcity of attempts to study how attachment and mentalizing change and influence the therapy process. In this panel, we present four studies that focus on the impact of attachment and mentalizing on process and outcome at different points in time. The first paper investigates the relationship between client in-session attachment (measured with the Patient Attachment Coding System), reflective functioning and the therapeutic alliance in a sample of clients with bulimia nervosa. The second paper focuses on the study of in-session attachment measured with the PACS as a moderator of therapy outcome. The third paper investigates the change of patients' capacity to mentalize during psychodynamic treatment. Finally, in the fourth paper the authors present a study investigating how we can facilitate a shift towards security in clients' attachment with a task analytic methodology

The relationship between in-session attachment, reflective functioning and therapeutic alliance in CBT-E and PPT for bulimia nervosa Frederik Scharff, University of Copenhagen, Denmark; Alessandro Talia, Heidelberg University, Germany; Stig Poulsen, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Denmark; Sarah Daniel, University of Copenhagen, Denmark
Objective: This Study investigated the relationship between client in-session attachment, reflective functioning and the therapeutic alliance in a sample of clients with bulimia nervosa. Method: Data were obtained from the Copenhagen Bulimia Trial, a randomized clinical trial comparing psychoanalytic psychotherapy and cognitive-behavioral therapy for bulimia nervosa. Attachment was rated with the Patient Attachment Coding System (PACS) and therapeutic alliance was rated with the Vanderbilt Therapeutic Alliance Scale (VTAS). The ratings were obtained from therapy transcripts derived from three phases of the therapy (early, middle and late). The data were analyzed using hierarchical linear modelling statistical procedures. Results: Attachment security and reflective functioning were both significant positive predictors of therapeutic alliance. Attachment behavior associated with dismissing attachment was found to be a significant negative predictor of alliance while attachment behavior associated with preoccupied attachment was not. Conclusion: The results of this study indicate a relationship between the in-session correlates of individuals attachment organization in therapy and the therapeutic alliance and indicates that PACS may provide new insights into the role of attachment in psychotherapy.

In-session attachment in two treatment modalities: outcome moderation and change Paul Schröder, Heidelberg University, Germany; Stig Poulsen, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Denmark; Sarah Daniel, University of Copenhagen, Denmark; Alessandro Talia, Heidelberg University, Germany

The PACS is a measure of client in-session attachment that can yield a classification of patients' highly associated with patients' AAI. The PACS classification system of

in-session attachment is based on assessing how patients express their present internal experience in a given therapy session. In the context of a randomized clinical trial of psychoanalytic psychotherapy (PPT) versus cognitive behavior therapy (CBT) for bulimia nervosa (BN), this study performed secondary analyses of (a) the relation between clients' self-state expression and pretreatment symptom levels, (b) whether client self-state expression moderated treatment outcome, (c) whether change in client self-state expression was associated with symptomatic change, and (d) whether clients' self-state expression changed differently in the 2 treatments. Seventy patients of a mean age of 25.8 years diagnosed with BN were randomly assigned to either 2 years of weekly PPT or 5 months of CBT. Assessments at intake, after 5 months, and after 2 years included the Eating Disorder Examination to assess eating disorder symptoms, the Patient Attachment Coding System to assess client attachment, and the Symptom Checklist 90-R to assess general psychiatric distress. Repeated measures were analyzed using multilevel analysis. Results showed that in-session security was associated with lesser symptoms at intake and it was predictive of therapy outcome. Further, a change in client in-session attachment was associated with symptomatic change. Results will be discussed in light of their research and clinical implications. Difference and similarities between the PACS and other measures of attachment (such as the AAI) in their use in process-outcome psychotherapy research will be discussed.

Mentalization as a predictor or outcome of psychotherapy in psychodynamic treatment? Jana Volkert, Heidelberg University, Germany; Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany; Holger Schulz, University Medical Center Hamburg-Eppendorf, Germany; Maria Dehoust, University Medical Center Hamburg-Eppendorf, Germany; Anna Levke Brütt, University Medical Center Hamburg-Eppendorf, Germany; Sylke Andreas, Department of Psychology, University of Witten/Herdecke & Institute of Psychology, Alpen-Adria Univ
 Theoretical background Mentalization has been identified as a common active factor in psychotherapy. However, findings on mentalization as a predictor or outcome of treatment have been heterogeneous. Some studies found that patients' capacity to mentalize at the beginning of treatment is associated with their treatment outcome (e.g. Müller et al., 2006), but others have not found this association (e.g., Vermote et al., 2010; Ruden et al., 2015). Similarly, some studies report an improvement of mentalization (e.g. Levy et al., 2006), while others do not find a change (e.g. Vermote et al., 2010). Previous studies often lack a sufficient sample size, follow-up assessment and used time-consuming assessments of mentalization. Aim The aim of this study is to investigate the change of patients capacity to mentalize during psychodynamic treatment. Research question Does mentalization change during psychodynamic treatment? Is the patient's capacity to mentalize a predictor of symptom severity at follow-up? Methods As part of a naturalistic study, N = 220 inpatients with depressive and anxiety disorders were consecutively recruited in a psychosomatic-psychotherapeutic clinic. Participants were assessed at three time points: admission, discharge and 6-months follow-up. Self-report assessment included symptom severity and psychosocial stress (HEALTH-49), and mentalization (MZQ). We conducted descriptive analyses, analyses of variance with repeated measures as well as regression analyses. Results and Discussion Patient's capacity to mentalize changed significantly in the course of treatment. Furthermore, mentalization was predictive of symptom severity at 6-months follow-up when controlling for baseline severity. This study provides evidence for the change of mentalization in psychodynamic treatment, which focuses on fostering insight and integration of internal mental states. Future studies with high methodologic quality (design, measurement, analyses) are needed to replicate this finding, investigate possible moderating effects of mentalization (e.g. compare Ekleblad et al., 2016) and hence further understand the mechanism of change.

Facilitating clients' movement in the direction of secure attachment: A Task Analytic Investigation Alessandro Talia, Heidelberg University, Germany; Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany; Sarah Daniel, University of Copenhagen, Denmark
 Topic: Recent research - notably including all the papers in this panel - shows that therapy with insecurely attached clients can help them adopt more secure attachment strategies. Research also shows that attachment change may be a mediator of therapy outcome. However, it is still unclear what are the actual interventions that therapists

can put in place to facilitate change in this area of functioning. Aim: This paper presents a study investigating this issue with a task analytic methodology. Methods: We carried forward an in-depth qualitative analysis to compare the complete transcribed therapies of 4 initially avoidant clients who were secure at the end of treatment against the sessions of 4 clients who remained avoidant. Clients were in different treatment modalities, including CBT, experiential, dynamic, and relational treatment. In-session client attachment was measured with the Patient Attachment Coding System (PACS). Therapists' interventions were coded with the newly introduced Therapist Attunement Scales (TASC), a transcript-based coding system that can predict therapist's AAI classification from their interventions in a single therapy session. Results will be discussed in light of their theoretical and clinical implications.

Discussant: Henning Schauenburg, Heidelberg University, Germany

Panel

evidence-based psychotherapies

Moderator: Irene Messina,
University of Padua

Effectiveness of short-term psychodynamic psychotherapy

In the present panel, we focus on empirical research supporting clinical effectiveness of two models of short-term psychodynamic psychotherapy: Intensive Transactional Analysis Psychotherapy (ITAP) and Short Intensive Dynamic Psychotherapy (SIDP). The general aim is to go beyond experimental efficacy considering clinical effectiveness of such models, through the presentation of several research methodologies useful to understand psychotherapeutic change: outcome studies of single-case series, process research and neuroimaging.

Intensive transactional analysis psychotherapy (ITAP): A new model for psychodynamic psychotherapy intensification Francesco Scottà, Centro Psicologia Dinamica, Padova (Italy); Marco Sambin, University of Padua

This contribution provides a theoretical description of the Intensive Transactional Analysis Psychotherapy (ITAP) and shows results of a research project intended to formally describe core aspects of the ITAP process. This model of short-term psychodynamic psychotherapy aims to increase the intensity of therapeutic interventions and their effectiveness based on two main factors: 1) Optimisation of therapists' interventions through using the intra-psychic triangle (Anxiety, Impulse and Defence) and interpersonal triangle (Current Relationships, Past Relationships and Therapeutic Relationship) (Malan, 1979); 2) The maintenance of therapeutic alliance following the technique called "relational holding" aimed to hold the dysfunctional behaviour of the patient using therapeutic alliance. We will also show results of a research project aimed to validate ITAP. We used a single case series design with 6 single cases (16 ITAP weekly sessions, for a total period of 6 months), in which each patient is evaluated several times (3 baseline measures, one measure for each session, 3 follow-up measures) using a combination of quantitative and qualitative methods. Quantitative methods include CORE-OM (Evans et al., 2002), STAI-T (Spielberger & Gorsuch, 1983), HDS (Bech et al., 1981). More qualitative instruments include the Personal Questionnaire (Elliott et al., 2015).

The change process in short intensive dynamic psychotherapy Jan Derksen,
In this presentation, a theory is presented about the object of psychotherapy, namely the intrapsychic architecture, and the manner in which this can be influenced with the help of uncovering, short, intensive, psychodynamic, psychotherapy. This occurs against the background of the increased assertiveness of psychotherapy researchers with regard to the opinion that clinicians should proceed in an evidence-based manner. In that tradition only the outcome seems relevant and there is a lack of attention for the psychotherapeutic change process. The essential ingredients for a psychotherapeutic change process -- namely forming an attachment relationship, actualizing primary emotions in the here and now, activating and restructuring cognitive patterns, and elaborating the consciousness of the patient about these processes -- are analyzed in conjunction with each other and connected to the techniques used in this kind of psychotherapy. A lot of clinical examples will be given as an illustration.

Convergence between neurobiological models of psychotherapy and the I.T.A.P. theory Marco Sambin, University of Padua; Irene Messina, University of Padua

Influential neurobiological models of psychotherapy attribute it functioning to increases of activity in prefrontal areas and decreases in limbic areas, interpreted as the increased recruitment of controlled processes in regulating emotions. We review neuroimaging studies of explicit emotion regulation, evidence on the neurobiological substrates of implicit emotion regulation and neuroimaging studies of the effect of psychotherapy. All these studies consistently suggest that areas implicated in coding semantic representations play an important role in emotion regulation not covered by existing models based on controlled processes. We discuss the findings with reference to ITAP and its action on self and relational representations of the individual.

Discussant: Felicitas Rost, Tavistock and Portman NHS Foundation Trust

Panel

alliance & interpersonal process

Moderator: Daniel Hayes, Evidence Based Practice Unit, University College London and Anna Freud Centre, UK.

Finding the common ground: Shared decision-making in psychological therapies and mental health

Shared decision-making is the process whereby practitioners and clients can arrive at a common ground decision. This ideal process of decision-making is increasingly gaining importance within practice, particularly in the UK. This panel brings together practice-based research to deliver the recent findings in a manner that can be applied directly to current practice and provide the foundations for future directions.

Behaviour Change Techniques (BCT's), Shared Decision Making, and Outcomes in Child and Youth Mental Health Daniel Hayes, Evidence Based Practice Unit, University College London and Anna Freud Centre, UK.

Background: A recent review of tools to facilitate SDM in child and youth mental health identified a number of approaches being used. Of those that are evaluated, the majority of suggested SDM was associated with some positive outcomes, though this varied by study, with some finding conflicting results. This paper will explore what behaviour change techniques (BCTs) underpin each approach and which, are contributing to better outcomes. Method: This review considered 7080 records searched from databases (PsycINFO, EMBASE, Medline, PubMed, Web of Science, Cochrane Libraries, the Ottawa Decision Aids Database). Records were included if they were a SDM tool approach, as well as including a comparator group, sufficient information for data extraction, and a measure related to SDM. Results: Four studies met inclusion criteria. Included studies ranged from having one to eleven BCTs with a mean of 4.8 (SD = 4.14) BCTs per approach. Common BCT's included 'credible source', behavioural practice/rehearsal', 'habit formation' and 'pros/cons'. BCTs differed by target stakeholder group. Findings in relation to outcomes will be explored, as will different BCTs being used with different stakeholder groups. Conclusion: Findings suggest that a small but similar group of BCTs are being used to facilitate SDM in child and youth mental health. Clinical implications and limitations of the research will be discussed.

Client experiences of goal negotiation in the early stages of Pluralistic Therapy Gina Saskija Di Malta, University of Roehampton, London, UK

Background: Psychology research suggests that goal-related processes are fundamental to how positive or negative people feel (e.g. Little, Salmela-Aro, & Phillips, 2007; King & Hicks, 2013; Park, Park, & Peterson, 2010; Steger, 2013). In addition, alongside an increase in time-limited therapies, there is a growing interest in working with goals in psychotherapy (e.g. Clark, 2011; Law, 2013). Yet, there is little research on the processes of working with goals, and no research directly addresses client experiences of negotiating goals in counselling and psychotherapy. Pluralistic Therapy offers a context where there is an emphasis on shared decision-making around goal setting (Cooper & McLeod, 2007). This study is an initial exploration of client experiences of goal sharing processes within a pluralistic therapy context. Method: Semi-structured interviews were conducted post-session 4. Participants were 12 clients undergoing a course of 24 sessions of Pluralistic Therapy. Interviews were aimed at eliciting client feedback and experiences of aspects of shared decision-making, goal processes, and goal based measures. Data was analysed using Thematic Analysis. Findings: Themes were organised to reflect client experiences of helpful and unhelpful factors around goal processes in therapy. Discussion: Suggestions for practice on goal setting and goal negotiation with clients are discussed.

Panel

quantitative & qualitative method

Moderator: Roxane McKechnie

Agnew-Davies, University of Bristol

Psychological advocacy towards healing (PATH): A randomized controlled trial and qualitative analysis of a new psychological intervention in domestic violence services.

Domestic violence and abuse (DVA) is a key public health problem. It can be physical, sexual, psychological, social and economic, and it may be perpetrated by a partner, ex-partner or adult relative. The prevalence of DVA in the United Kingdom and worldwide is high, and its impact on physical and mental health is detrimental and persistent. There is currently little support within healthcare settings for women experiencing DVA. This panel reports on the impact of a new psychological intervention for the mental health of women seeking help from DVA services. This is the first RCT conducted in the UK with participants from a population who are experiencing DVA. A qualitative study was nested within the trial, comprising repeat interviews of 31 women drawn from intervention and usual care arms. Qualitative studies embedded in trials facilitate the interpretation of trial findings and further understanding of barriers and facilitators that may influence outcomes. Authors: Gene S. Feder, R.M. Agnew-Davies, Jayne Bailey, Maggie Evans, Giulia Ferrari, Morgan Fackrell, Sandra Hollinghurst, Louise Howard, Emma Howarth, Carol Metters, Tim J Peters, Lynnmarie Sardinha, and Debbie Sharp

PATH (Psychological advocacy towards healing) Model Roxane McKechnie Agnew-Davies, University of Bristol

Research has identified intimate partner violence (IPV) as a major contributor to the global burden of disease for women of reproductive age. The main long term association of IPV is mental illness, with a three-fold risk of depressive disorders, four-fold risk of anxiety disorders and a seven-fold risk of post-traumatic stress disorder (PTSD). There is some uncertainty about the effectiveness of psychological interventions designed for survivors of DVA. The PATH model, developed by a clinical psychologist with specialist experience in DVA, is primarily cognitive-behavioural but draws on experiential, dynamic, psycho-educational and feminist schools. PATH aims to empower rather than pathologise by acknowledging the impact of abuse upon psychological wellbeing. The PATH Manual introduces general principles about working alliances and supporting women to understand their reactions to domestic violence. The manual outlines common presenting problems (e.g. depression, unresolved anger and low self-esteem). It provides tools to identify symptom clusters or diagnostic criteria (we call signs of distress) and options for treatment interventions (we call strategies) to help women reclaim their psychological wellbeing. SPA (Specialist Psychological Advocate) training was relatively short, over five weeks. 14 women from Cardiff Womens Aid and Next Link in Bristol completed training, 12 of whom participated in the RCT. SPAs were supervised through individual written feedback on audiotaped sessions and in monthly site-specific group supervision. Psychological interventions supplemented usual advocacy (the control arm) with up to eight approximately weekly SPA sessions of one hour duration and follow-ups at one and three months. SPAs helped women choose a priority for each session drawing upon topics and resources outlined in the PATH Manual.

A randomized controlled trial of PATH in domestic violence services Gene Feder, University of Bristol; Giulia Ferrari, University of Bristol

This paper presents the findings from an open, pragmatic, two parallel group individually randomised controlled trial. 266 women seeking help from specialist DVA agencies in Bristol and Cardiff were randomised either to DVA agency support (advocacy alone) or to DVA agency support plus additional specialist psychological advocacy from an advocate with PATH training: a specialist psychological advocate (SPA). Participants enrolled in the study were assessed throughout one year. Primary outcomes were assessed using Clinical Outcomes in Routine Evaluation (CORE-OM) and the Patient Health Questionnaire (PHQ-9). Secondary measures included Generalized Anxiety Disorder questionnaire (GAD7) and PTSD Symptom Scale (PSS), as well as a quality of life measure (SF-12) and a measure of abuse, Composite Abuse Scale (CAS). We found a moderate effect size of the intervention (0.4 for CORE-OM and 0.32 for PHQ-9) after 12 months, similar to the effect of psychological treatment for depression in primary care. In comparison with other trials of psychological interventions for survivors of DVA, which measured treatment impact on trauma-related mental health symptoms or wellbeing, the effect on mental health

outcomes is comparable, although this intervention was delivered by domestic violence advocates with relatively brief training. We discuss factors that might contribute to heterogeneous responses to the intervention, including on-going abuse and serious adverse events.

Women's experiences of a trial of a specialist psychological advocacy intervention following domestic violence or abuse: a nested qualitative study Maggie Evans, University of Bristol

A qualitative study was nested within the trial, comprising repeat interviews of 31 women drawn from intervention and usual care arms. Data were analysed from a narrative interpretivist perspective, incorporating concepts from the Trans-Theoretical Model of change. Qualitative studies embedded in trials can facilitate the interpretation of trial findings and the further understanding of barriers and facilitators influencing outcomes. Insights from qualitative research can also provide insights to aid implementation if the intervention is successful and can help trialists to be sensitive to the needs of participants. Women receiving the intervention valued its educational, psychological and emotional elements. They were able to talk about abuse, build a more positive sense of identity and improve their mental health. New skills and self-help techniques were integrated into their lives one year later. In contrast, women receiving usual care reported un-met needs regarding psychological and emotional support, lengthy waiting-lists and limited effectiveness of counselling without a specific focus on DVA. Adherence was affected by women's psychological 'readiness', the competing demands of practical issues and continuity with an advocate. Women emphasised the importance of delivery by specialist DVA workers. Individual assessment or triage would optimise the nature and timing of delivery to those most likely to benefit. This paper supports the implementation of a specialised psychological resource for women experiencing DVA, available by referral from primary or secondary health care.

Discussant: Gene Feder, University of Bristol

Panel

translational research

Moderator: Bergljot Gjelsvik, University of Oxford

The psychology of suicidal imagery: Clinical implications and possibilities for negotiating urges

Suicide and suicidal behaviour are the worst outcomes of psychological disorders, yet the mechanisms underpinning these behaviours are poorly understood. The last decade has seen an emerging emphasis within suicidological research on identifying mechanisms critically involved in the progression along the suicidal trajectory which are clinically modifiable. This has led to several interesting ongoing reorientations within suicidology. First, there is an increasing emphasis on mechanisms involved in the transition from ideation to suicidal acts (e.g., the Ideation to Action framework, Alloy and Klonsky, 2016). Second, there is an increasing acknowledgement that suicidal cognitions come not just in the form of thoughts, but also present as imagery (Holmes et al., 2007, Crane et al., 2011). Third, whilst a key priority in suicide research has been to theoretically predict and to clinically verify the presence of suicidal thoughts, suicidal individuals' relationship to suicidal ideation has increasingly been put to the fore as a critical factor (Williams et al., 2016). In this panel, we will discuss theoretical, methodological and empirical aspects of data from an interview study with recurrently suicidally depressed patients from the Mindlock Project carried out at the Department of Psychiatry within the University of Oxford. All three papers share the key tenet that understanding the basic psychological mechanisms involved in and how they are negotiated is key to the development of efficacious psychosocial interventions for this population; i.e., identifying mechanisms, thus expanding existing models of suicidal ideation and suicide risk, pilot novel treatments logically derived from such knowledge.

Suicidal imagery: A catalyst in the suicidal process? Bergljot Gjelsvik, University of Oxford; Eleanor Chatburn, University of Oxford; Kirsten Benum, University of Oslo, Norway; Hanne Weie Oddli, University of Oslo, Norway

Background: The objective of this paper is to explore the role of suicidal imagery in the suicidal trajectory. Imagery in clinical settings is a burgeoning field but still poorly understood. We will introduce the theoretical background for expanding the focus on suicidal ideation in suicide risk assessment to also include suicidal imagery, and will

discuss theoretical perspectives on suicidal imagery and its role in the suicidal trajectory. Drawing on the theory of 'mode of mind', we will examine both potentially detrimental effects of suicidal imagery, and the role of mode of processing of suicidal imagery on subsequent distress. Methods and results: We will present and juxtapose key theories on imagery in cognitive science and therapeutic settings and experimental and qualitative data generated by such models. Discussion: We will discuss the theoretical and empirical status of imagery in suicidal populations, including the degree to which this offers a novel approach to illuminate the trajectory from ideation to action, as well as a promising expansion in suicide risk assessment.

Key characteristics of flash-forwards in recurrently suicidal patients Eleanor Chatburn, University of Oxford; Kirsten Benum, University of Oslo, Norway; Hanne Weie Oddli, University of Oslo, Norway; Bergljot Gjelsvik, University of Oxford
Aim: Some people experience powerful intrusive suicide-related mental images ('flash forwards') at times of crises, but the role of the relationship to suicidal impulses in suicidal crises is poorly understood. Methods: We recruited adults with recurrent major depression and suicidal ideation with behaviour (n=6) and suicidal ideation without behaviour (n=6). Each participant completed a screening, followed by a semi-structured interview, which explored the role of suicidal imagery in the lead-up to previous suicidal crises. Within and cross-case thematic analysis was conducted. Results: Suicide-related mental imagery was often highly idiosyncratic, but commonalities existed with regard to image sensory modality, thematic content, perspective, frequency and duration. Degree of agency in relation to suicide-related mental imagery had a bearing on the unfolding suicidal crisis. Discussion: The analysis provide some preliminary findings on the degree to which suicide-related imagery play a role in maintaining and exacerbating suicidal vulnerability, thereby providing both a basis for potential treatment targets and a basis for future studies.

'I wanted to kill the body, not the experience'. Suicidal imagery as transitional space. Hanne Weie Oddli, University of Oslo, Norway; Kirsten Benum, University of Oslo, Norway; Eleanor Chatburn, University of Oxford; Bergljot Gjelsvik, University of Oxford
Background: A dominant and widely accepted narrative of self-harm clinically and culturally is that of self-harm as giving an inward and intolerable experience an outward and palpable, visible form, as a type of emotion-regulatory strategy. Methods and results: By conducting a secondary qualitative analysis of aspects of data from a previous interview study, we examined whether other perspectives on suicidal fantasies and acts might generate different accounts or types of knowledge, accounts which might be marginalised, inaccessible to suicidal individuals or masked within dominant narratives (Levitt, 2016). In particular, we focused on various approaches to suicidal imagery as transitional space, drawing on James Hillman's (1965) notion of suicidal impulses as transformation and the notion of ritual as a perspective on the descriptions of suicidal images-- particularly the notion of rites de passage on suicidal image and its aftermath. Discussion: Implications both for therapeutic innovation and for clinicians' relationship to suicidal imagery will be discussed.

Discussant: Margrethe Halvorsen, Oslo University Hospital, Norway

Panel

evidence-based psychotherapies

Moderator: Sven Rabung,

Alpen-Adria-Universität Klagenfurt

The value of systematic feedback in psychotherapy

The systematic use of feedback from process and outcome measures in psychotherapy is continuously increasing, reflecting a general consensus about its positive impact on therapy outcome. However, the exact parameters determining its effectiveness are not yet clear. This panel aims at clarifying the value of systematic feedback in psychotherapy, beginning with an overview of available reviews. This introduction will be followed by two papers presenting a systematic review with meta-analysis addressing the effects of weekly feedback in individual outpatient psychotherapy as a setting with minimal confounding influences. The first presentation will illustrate the effects of systematic feedback in general, the second presentation will specifically focus on possible benefits in patients being at risk of treatment failure. In conclusion, the role of systematic feedback in psychotherapy will be discussed critically.

Evidence for systematic feedback in psychotherapy: an overview of reviews Sven Rabung, Alpen-Adria-Universität Klagenfurt; Rebecca Kratochvil,

Alpen-Adria-Universität Klagenfurt, Klagenfurt, Austria; Jonas Lüdemann, Institute of Psychology, Alpen-Adria Universität Klagenfurt

The number of studies on systematic feedback in psychotherapy is steadily growing. However, despite several reviews and meta-analyses being published during recent years, none of those managed to include the whole body of evidence. It's the aim of the present study to summarize the complete available evidence for systematic feedback in psychotherapy by means of an overview of reviews. Systematic and narrative reviews as well as meta- and mega-analyses addressing the effects of systematic feedback on psychotherapy outcomes were identified by systematic database search in PsycINFO and MEDLINE, complemented by extensive handsearch. We identified ten eligible reviews and meta-/mega-analyses, each including between 3 and 32 primary studies. Altogether, the ten reviews encompass a total of 51 different primary studies. Building on this data base the evidence for systematic feedback will be presented with special emphasis on the discussion of discrepancies between available reviews.

The overall effect of systematic feedback in outpatient psychotherapy: a systematic review with meta-analysis Rebecca Kratochvil, Alpen-Adria-Universität Klagenfurt, Klagenfurt, Austria; Jonas Lüdemann, Institute of Psychology, Alpen-Adria Universität Klagenfurt; Sven Rabung, Alpen-Adria-Universität Klagenfurt

Objective: Patient-focused research in form of feedback systems has been developed to monitor the success of therapies and to get information about patients' progress in psychotherapy as a method of enhancing outcome. Aim: The aim of this study was to determine whether systematic feedback has an effect on the psychotherapy outcome in outpatient treatment, both for patients who are progressing well (on-track; OT) during their therapy and for patients at risk of treatment failure (not-on-track; NOT). Method: To identify relevant articles we performed a systematic literature search using PsycINFO and Medline. Only randomized controlled studies were considered that included adults (18-65 years) with mental disorders in outpatient psychotherapy. The intervention had to be a form of weekly systematic feedback reported to the therapist.. We identified eight suitable studies that were published in a period from 2001 to today. Continuing Process: Within this systematic review, we will extract relevant data from the included studies and carry out a meta-analysis. Expected Results: Concise answers to the much explored and yet controversial question as to whether the use of systematic feedback positively affects the psychotherapy outcome.

The effect of systematic feedback on the therapy outcome of not-on-track outpatients: a systematic review with meta-analysis Jonas Lüdemann, Institute of Psychology, Alpen-Adria Universität Klagenfurt; Rebecca Kratochvil, Alpen-Adria-Universität Klagenfurt, Klagenfurt, Austria; Sven Rabung, Alpen-Adria-Universität Klagenfurt

During the last two decades, patient-focused research (PFR) has grown rapidly within the field of psychotherapy research. PFR studies examine the therapy process with the objective to make therapy more effective for each individual patient. Routine outcome instruments are used to monitor the therapy process, and clinicians use their results as decision guidance tools during the therapeutic course -- this intervention is called systematic feedback (SF). Current PFR-results suggest positive effects of SF, especially regarding the therapy outcome of not-on-track (NOT) patients. Earlier reviews about SF studied the general effect of SF on the therapy outcome of on-track (OT) and NOT patients without any specific limitations. This systematic review (as part of a more comprehensive review) is an attempt to measure the effects of SF on the therapy outcome of NOT patients as explicit as possible. For that purpose, we defined specific inclusion criteria to eliminate the influence of other confounding factors as much as possible -- e.g. only randomized controlled trials examining outpatient psychotherapy with a weekly SF-intervention to the therapist were included. Using a systematic database search in PsycINFO and MEDLINE we identified eight studies fulfilling the inclusion criteria. After a final verification of the literature search by using the ancestry approach, we will extract the relevant data of included studies and will conduct a meta-analysis. Results will be presented and discussed.

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

Panel

quantitative & qualitative method

Moderator: Benjamin Aas,
Paracelsus Medical University,
Salzburg, Austria

Is it going to rain in Oxford? How psychotherapy research could change to allow for individual therapeutic decision making.

Imagine SPR conference in Oxford is approaching and you want to know what the weather is going to be next week. If I told you, "today it is 23.5°C, in the last 10 years the mean temperature was 18.5 °C and that date had been a rainy day 4 times, so statistically it will be some 20°C and a medium chance of rain". Online you find a second source and are informed that a low-pressure area is forming above Iceland, which will hit the UK with a 90% chance and therefore a drop in temperature to 12°C and heavy rain is predicted for your travel. What cloth will you be packing? Integrating results from psychotherapy research into praxis is faced with an analogous problem: Most research findings in the field rest on data that are aggregated from the individual (experimental) level to the group level and subsequently statistically tested. This gives important insights into population wide processes, but when braking these results back down to the individual level, psychotherapists in the field can only make probabilistic assumptions... using the first weather model. Our panel will present how complex systems theory, synergetics and the network approach form the theoretical background for an idiosyncratic research paradigm. Gathering enough data on the individual level permits testing of meta-statistical hypotheses (like changes of network-structures, variability of fluctuations etc.) and thereby allows for individual short-term prediction of psychotherapeutically relevant processes and individual fine-tuning of therapeutic decision making... informing therapists about 'what to pack when'.

Phase Transitions in Psychotherapy: Bridging the Gap Between Theory and Practice

Guenter K. Schiepek, Paracelsus Medical University, Salzburg, Austria; Benjamin Aas, Paracelsus Medical University, Salzburg, Austria

During the last decades, the most common approaches to evaluate and investigate psychotherapeutic processes were based on the general linear model. This assumes the linearity of change processes, the proportionality of input and output, the dependency of the effects on interventions, and the similarity of change trajectories in patients with similar characteristics and similar initial conditions. In parallel to the research based on these assumptions, a different approach emerged which is based on the paradigm of nonlinear complex systems. The basic features of this paradigm in psychotherapy research will be outlined in this presentation. Within this paradigm, psychotherapy is seen as a self-organizing process which is characterized by chaoto-chaotic phase transitions. The consequences are far reaching: We cannot expect linear processes and standard tracks, but complex dynamics, restricted predictability, interindividual variability, context- and time-dependency of any kind of input, and other features. We will discuss some consequences for the design of theories on change processes, for the technology of therapy monitoring and feedback, for the conceptualizations of interventions, for clinical support tools, and finally for the training of therapists. One important focus for nonlinear assessment procedures is the occurrence of discontinuous phase-transition like phenomena and how to identify precursors of these.

Emotion Network Dynamics in Major Depressive Disorder: Why some patients may improve during psychotherapy whereas other patients do not.

Maartje Eijlander, Radboud University, Nijmegen, Netherlands; Claudi Bockting, University of Groningen, Netherlands; Guenter K. Schiepek, Paracelsus Medical University, Salzburg, Austria; Angeliq Cramer, Tilburg University; Marieke van Rooij, Radboud University, Nijmegen, Netherlands; Anna Lichtwarck-Aschoff, Radboud University, Nijmegen, Netherlands

Objective: Despite many advances in research targeting major depressive disorder (MDD), success of common treatments such as psychotherapy remains suboptimal. Therefore, this study explored the relationship between recovery from MDD and emotional dynamics, e.g., how anger and sadness vary together over time, using the network approach. More specifically, we aimed to assess whether there were substantial differences in network density, representing the overall strength of temporal relations between and within emotions, between patients who did and did not improve during psychotherapy. Method: We compared 64 improvers and 64 nonimprovers--patients who did and did not clinically, reliably and significantly improve during treatment based on changes in symptom severity between intake and

discharge. Emotion networks were estimated for each group using linear, lag-1 multilevel vector autoregression (mIVAR), describing the predictive relationships within and between the following emotions: anger, sadness, anxiety, shame, and hate. We compared improvers and nonimprovers in terms of network density (sum of all absolute relations), as well as total within-emotion (self-loops) and between-emotion density. Results: The improver-network had a higher overall network density compared to the nonimprovers-network. More specifically, the improver-network had more and stronger significant between-emotion relations, whereas the non-improver network had slightly stronger self-loops. Conclusion: Our findings indicate that differences in emotional dynamics may play a role in improvement from MDD during psychotherapy. However, more extensive research on a wider range of emotions and (nonlinear) dynamics on different time scales is necessary to further understand the role of emotional processes in recovery from MDD. Keywords: Major Depressive Disorder, Treatment Outcome, Emotion Dynamics, Network Approach, Clinical Sample

Early-Warning Signals for Clinical Transitions in Clients with Mood Disorders Merlijn Olthof, Radboud University, Nijmegen, Netherlands; Marieke van Rooij, Radboud University, Nijmegen, Netherlands; Anna Lichtwarck-Aschoff, Radboud University, Nijmegen, Netherlands; Guenter K. Schiepek, Paracelsus Medical University, Salzburg, Austria; Guido Strunk, Complexity-Research Vienna

Psychotherapy is an effective intervention for various psychopathologies. However, considerable individual differences in outcomes remain. To understand why, we need to focus on clinical change at the individual level. The present study investigates individual change processes, using dynamic systems theory and synergetics as a framework for the study of change. Specifically, we investigated the relation between sudden and abrupt clinical transitions in clients' problem intensity (sudden gains/losses) and early-warning signals for these transitions. We hypothesized that a clinical transition is preceded by a destabilization period in which the clients' psychological state is increasingly variable. This increased variability is reflected in the early-warning signals that can be identified from time series analysis of intra-individual variability. In this study, we used time series data of the therapeutic progress of 329 clients with mood disorders, who completed the therapy process questionnaire (TPQ) on a daily basis during inpatient psychotherapy treatment. Clinical transitions in the problem intensity factor of the TPQ are identified with change point analysis. Early-warning statistics (dynamic complexity, variance, autocorrelation and inter-item correlation) are computed over the time series of all items of the TPQ until the point of transition. Significant peaks or increases in these statistics before transition are evaluated as predictive early-warning signals. The relation between transitions and early-warnings is summarized and the predictive value of the different statistics is compared. More insight in this relation is relevant for clinical practice as it can be used for dynamic personalisation of treatment.

Optimal designs to examine whether individual affective changes in treated patients are clinically meaningful and preliminary results of an ESM micro trial. Christien Slofstra, University of Groningen, Netherlands; Maaïke Nauta, University of Groningen, Netherlands; Laura Bringmann, University of Groningen, Netherlands; Nicola Klein, University of Groningen, Netherlands; Nikolaos Batalas, Eindhoven University of Technology; Marieke Wichers, University of Groningen, Netherlands; Claudi Bockting, University of Groningen, Netherlands

Aims Within-individual increases in negative affect and affective inertia may potentially signal future relapse of previously depressed individuals. This study explored whether experience sampling methodology (ESM) can be used to detect within-individual negative affective change in participants undergoing different relapse prevention treatments. Methods Affect was repeatedly assessed in daily life using the ESM smartphone application ten times a day, three days a week, for eight weeks. Previously depressed individuals had been randomly assigned to either continuation of antidepressant medication ($n = 10$), ADM continuation combined with preventive cognitive therapy ($n = 15$), or ADM tapering in combination with preventive cognitive therapy ($n = 17$), as compared to matched controls ($n=11$). Relapse was monitored over a period of 15 months. Results Of the 42 remitted previously depressed participants, 22 subsequently relapsed. The expected increases in negative affect were observed in two cases (5%). None of the previously depressed individuals demonstrated the expected increased negative affective inertia. Decreases in negative

affect or negative affective inertia were observed in nine (21%) previously depressed individuals. Five (56%) out of those nine individuals subsequently relapsed. Discussion Results suggest that affective responses while receiving relapse prevention treatments may vary greatly from person to person. Within-individual increases in negative affect were only found in a small proportion (9%) of previously depressed individuals who subsequently relapsed. Moreover, five of the nine individuals that demonstrated decreases in negative affect relapsed later. Implications and potential suitable study designs are discussed to examine the relation between affect dynamics and treatment outcomes. Keywords: Relapse prevention, Major depressive disorder, Individual affective trajectories, Experience Sampling Methodology

Discussants: Benjamin Aas, Paracelsus Medical University, Salzburg, Austria; Claudi Bockting, University of Groningen, Netherlands; Guenter K. Schiepek, Paracelsus Medical University, Salzburg, Austria

Panel

evidence-based psychotherapies

Moderator: Svenja Taubner,
Institute for Psychosocial
Prevention, University Hospital
Heidelberg, Heidelberg, Germany

Mentalization-based treatment

In this panel, we combine results from clinical and experimental studies in relation to the mentalization-based treatments for adult patients with Borderline Personality Disorder (BPD) or adolescent patients with conduct disorder (CD). The first presentation focuses on mechanisms that predict the quality of working alliance in a group setting for BPD patients in MBT. The extent of threat of social exclusion was predictive of negative working alliance. The second paper discusses mediators and moderators of change during MBT with BPD patients using the data from an outpatient pilot sample. This is one of the few studies studying changes in mentalization and attachment during MBT. The last paper summarizes the steps from basic research on mentalizing problems in youth with CD, establishing a manual to treat adolescent CD with MBT and finally test this within a RCT.

Reactivity to Social Exclusion in Borderline Personality Disorder Is Associated with Therapeutic Alliance in Mentalization-Based Group Therapy

Sebastian Euler, University of Basel; Mareike Busmann, University of Basel; Johannes Wrege, University of Basel; Marc Walter, University of Basel

Patients with borderline personality disorder (BPD) score high in rejection sensitivity (RS) and display high levels of psychological distress following rejection experience, e.g. social exclusion. However, the significance of rejection for treatment success is poorly understood. Our study sample (N=51) included 23 patients with BPD and 28 healthy controls (HC). Social exclusion was experimentally induced by the Cyberball paradigm. All participants completed the Rejection Sensitivity Questionnaire (RSQ) and the Need Threat Scale (NTS), measuring threats of fundamental human needs (need threat) like belongingness, control, self-esteem and meaningful existence. For BPD patients, therapeutic alliance in mentalization-based group therapy (MBT-G) was assessed with the Group Questionnaire (GQ) during the initial treatment period of a disorder-specific inpatient treatment. Our results revealed a higher need threat after social exclusion compared to inclusion for all subjects. The BPD group showed a higher need threat than the HC group in both conditions. In BPD patients, need threat after social exclusion was a significant predictor for therapeutic alliance in MBT-G. BPD with higher need threat showed more negative relationships as well as lower positive bonding and lower positive working alliance to fellow patients but not to therapists. Our study might imply that the threat of fundamental human needs through experience of social rejection is a critical feature in group psychotherapy for BPD. An "over-inclusive" stance of therapists and a stronger focus on interventions affecting patient to patient-relationships may be helpful to diminish adverse therapeutic effects of groups for BPD patients.

Intensive outpatient Mentalization-Based Treatment (MBT-IOP) for Borderline Personality Disorder in adult population: A pilot study.

Beatriz García Ruiz, Autonomous University of Barcelona & Sant Pere Claver Health Foundation, Barcelona, Spain; Carla Mañós Serrat, Sant Pere Claver Health Foundation, Barcelona, Spain; Glòria Mateu Vives, Sant Pere Claver Health Foundation, Barcelona, Spain
Aims: There is a growing interest in elucidating mechanisms through which Mentalization-Based Treatment (MBT) exerts its influence on symptoms in Borderline

Personality Disorder (BPD). The goal to the present study is to evaluate treatment outcome of intensive outpatient Mentalization-Based Treatment (MBT-IOP) for BPD in adults. Specifically, the study seeks to investigate (a) whether MBT is related to changes in mentalizing capabilities and whether such changes might predict treatment outcome; (b) examine associations between mentalizing, BPD symptomatology, and attachment styles; and (c) explore the role of attachment as a moderator of treatment response. Methods: A total of nine patients diagnosed with BPD according to DSM-IV criteria are recruited from a public mental health service located in Barcelona, Spain. The MBT-IOP consists of group psychotherapy once a week, weekly individual psychotherapy, and individual crisis management. Assessments are conducted at start and over the course of an 18-month treatment at 3-month intervals. The follow-up period includes assessments at 6 and 12 months after treatment completion. The primary outcome measure is symptom severity as measured by the Clinical Global Impression Scale for BPD patients. Participants are also interviewed for mentalizing capabilities, attachment style, number of suicide attempts, frequency of hospitalization, use of medication and social and interpersonal functioning. Results and Discussion: The present study extends previous research and provides further knowledge of associations between mentalization, attachment, and BPD symptoms, contributing to design better strategies for prevention, assessment and treatment as well as the implementation of Evidence-Based Psychotherapies to the Public Mental Health System.

**From clinical research to the development of a new treatment modality --
Mentalization-based Therapy for adolescents with conduct disorder** Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany; Jana Volkert, Heidelberg University, Germany; Thorsten-Christian Gablonski, Heidelberg University, Germany

There is a lack of successful treatment modalities for adolescents with conduct disorder. Using the frame of mentalization theory, a series of research projects was designed to test firstly if mentalization is impaired in the group of patients. Secondly, single case studies were conducted to develop a new therapy manual and thirdly a multi-site randomized-controlled-trial (RCT) was started to test the feasibility and efficacy of the treatment model. Impairments of mentalization were tested using different methods (e.g. the Reflective Functioning Scale, Facial Expression Labeling). In a sample of 161 adolescents reflective functioning was indeed a protective factor against aggressive behavior in spite of early maltreatment. This and positive case reports gave a rationale to develop a manual to treat conduct disorder based on the core model of Mentalization-Based-Therapy. Currently, a pilot RCT is conducted in Heidelberg, Innsbruck and Klagenfurt. This presentation will focus on the development of the manual, first clinical ideas to re-conceptualize the clinical understanding of conduct disorder and present a current case.

Discussant: Björn Philips, Stockholm University, Sweden

Panel

client factors

Moderator: Michal Mielimaka,
Jagiellonian University Medical
College

Personality characteristics in psychotherapy I

The relations of different aspects of personality functioning and the process of psychotherapy have been the focus of extensive psychotherapy research. The question about the extent and nature of interactions between personality and the psychotherapeutic process remains valid. In this panel results of research projects performed in naturalistic, clinical settings examining various aspects of personality functioning (e.g. defence styles, coping mechanisms, ego strength) of patients treated with psychotherapy for neurotic, personality and psychoactive substance use disorders will be presented. The results provide comprehensive data on a selection of personality characteristics of patients undergoing psychotherapy and deliver interesting premises for further exploration of the possible scope of influence of psychotherapy on personality structure and functioning. Should some personality characteristics be considered as hindrance in the therapeutic process in psychotherapy or should those characteristics rather be regarded as potentially modifiable in psychotherapy targets for treatment? The research presented in this panel provides interesting data helpful in addressing this essential question.

Resistance, defensiveness, auto-presentation in patients treated for neurotic and personality disorders with group psychodynamic psychotherapy -- patterns of symptoms reporting

Katarzyna Cyranka, Jagiellonian University Medical College; Krzysztof Rutkowski, Jagiellonian University Medical College; Michal Mielimaka, Jagiellonian University Medical College; Jerzy A. Sobanski, Jagiellonian University Medical College; Edyta Dembinska, Jagiellonian University Medical College; Anna Citkowska-Kisielewska, Jagiellonian University Medical College

Aim: Analysis of resistance, defensiveness and autopresentation manifested in patterns of symptoms reporting and their change in the course of psychotherapy in patients treated for neurotic and personality disorders. **Method:** 167 patients treated with intensive group psychotherapy for neurotic and personality disorders (F.40, F.60) were examined twice: at the beginning and at the end of treatment. The following research tools were used: Minnesota Multiphasic Personality Questionnaire MMPI-2, Neurotic Personality Questionnaire -- KON-2006, Symptom Checklist -- KO "O". To determine patterns of resistance and autopresentation MMPI-2 - validity scales were used. Four subgroups of patients were identified: 1) openly reporting; 2) non-responding or inconsistently responding; 3) over reporting or exaggerating the prevalence or severity of psychological symptoms; 4) under-reporting or downplaying psychological symptoms. Results obtained by means of control scales were correlated with Ego Strength scale results, Symptom Checklist "O" and Neurotic Personality Questionnaire. The results were also analysed in terms of change in the psychotherapy process. **Results:** Majority of patients at the beginning and at the end of treatment reported their symptoms coherently, although significantly more coherently at the end than at the beginning of treatment (68%vs89%). There was a significant difference between women and men in terms of symptoms reporting at the beginning of treatment. Women more often than men tended to overreport or exaggerate their symptoms in comparison to men, who more frequently under-reported their symptoms. The difference was not observed at the end of treatment. Also, patients with primary diagnosis of personality disorders more often than patients with neurotic disorders used autopresentation mechanisms. This difference was also significantly lower at the end of treatment -- the level of autopresentation in majority of the patients after treatment was similar to the obtained in the general population. The level of resistance and defensiveness was significantly lower at the end of treatment than at the beginning of treatment -- there was no gender or diagnosis based difference in this respect. The higher the ego strength the lower tendency for auto-presentation, over and under-reporting of symptoms. In spite of the observed trends and differences in the identified subgroups, in 94 % of the patients the level of coherence of responses, resistance and auto-presentation was within norms allowing for valid interpretation of the obtained MMPI-2 results.

Importance of attachment styles in psychological treatment of patients with substance use disorders

Ylva Gidhagen, Linköping University, Sweden; Rolf Holmqvist, Linköping University, Sweden; Björn Philips, Stockholm University, Sweden

Aim: A number of studies have shown that the patient's attachment style may have importance for the therapeutic process and for the patient's ability to benefit from the treatment. In a practice-based study, associations between self-rated attachment style and psychological distress and substance use at treatment start and end among patients with substance use disorders (SUD) were assessed. **Methods:** Patients filled out Experiences in Close Relationships - Short form (ECR-S), Clinical Outcome in Routine Evaluation - Outcome Measure (CORE-OM), AUDIT and DUDIT/DUDIT-E at treatment start and end. Therapists completed the CORE Therapy Assessment form at treatment start and the End of Therapy form at treatment end. Motivational Interviewing, Relapse Prevention, Community Reinforcement Approach, Cognitive-Behavioural Therapy, Psychodynamic Therapy, psycho-educative interventions, crisis intervention, supportive therapy and counselling were the treatment methods provided, alone or in different combinations. **Results:** The ECR-S dimension anxiety was found to be a stronger predictor of initial psychological distress, as compared to the avoidance dimension. The initial ratings on AUDIT were positively correlated with the ECR-S dimension anxiety for the SUD subgroup only using alcohol. The ECR-S dimensions anxiety and avoidance did not predict the treatment outcome on psychological distress. The ECR-S dimension avoidance was negatively correlated with reduction in drug use. Significantly more patients had a secure attachment style at treatment end. **Discussion:** Knowledge of the patient's attachment style at

treatment start may help the therapist to adapt his interventions and facilitate change to a secure attachment style.

Coping strategies in patients treated with group psychotherapy for neurotic and personality disorders

Michal Mielimaka, Jagiellonian University Medical College; Katarzyna Cyranka, Jagiellonian University Medical College; Krzysztof Rutkowski, Jagiellonian University Medical College; Jerzy A. Sobanski, Jagiellonian University Medical College; Edyta Dembinska, Jagiellonian University Medical College; Anna Citkowska-Kisielewska, Jagiellonian University Medical College

Aim: To assess coping styles and strategies of patients diagnosed with neurotic and selected personality disorders (ICD-10: F40.X, F60.X and F61.0) and to ascertain the impact of psychotherapy of coping. Method: 70 patients treated with intensive, short-term, predominantly psychodynamic psychotherapy were examined at the beginning and at the end of treatment with the use of selected measures: Coping Inventory for Stressful Situations (CISS), Brief-COPE. Coping styles and strategies have been identified and analyzed regarding changes obtained during treatment. Results: Patients diagnosed with neurotic and selected personality disorders differ significantly from the general populations regarding coping styles and strategies applied to deal with every-day life stressors. At the beginning of psychotherapy patients more frequently apply emotion-oriented coping and less frequently task-oriented coping. At the end of treatment favorable changes in coping styles and strategies are observed in most treated patients which could be attributed to the psychotherapeutic treatment. Discussion/conclusions: When confronted with every-day life stressors patients suffering from neurotic and personality disorders more frequently engage coping styles and strategies that are ineffective and often lead to the increase of emotional distress and intensity of neurotic symptoms. Resulting further impairment of engagement in potentially correcting, enriching interpersonal experiences can be regarded as a sustaining factor in the vicious circle model.

Panel

client factors

Moderator: Johannes C. Ehrental, University of Klagenfurt, Austria

Personality characteristics in psychotherapy II

Contemporary psychotherapy-models acknowledge the importance of personalized treatment planning. Patient variables are a key factor for adapting strategies and techniques to individual needs and vulnerabilities. The panel addresses the impact of personality and personality variables on psychopathology and psychotherapy process and outcome. The first contribution reviews current dimensional models of personality disorders and illustrates their usability for psychotherapy research. The second contribution disentangles latent factors of patient psychopathology from specific diagnoses within a framework of mentalization. The third contribution provides further evidence for the impact of perfectionism on psychopathology and psychotherapy, and points toward implications for treatment. The panel will conclude in a discussion about similarities and differences of the presented approaches and their clinical applications.

Clinical applications of psychotherapy research: Levels of personality functioning as outcome, mediator and moderator Johannes C. Ehrental, University of Klagenfurt, Austria

The treatment of personality disorders (PD), once neglected in a considerable part of psychotherapy research and practice, is now an established branch of nearly all different treatment traditions. However, the heterogeneity of criteria as well as high comorbidity rates question the utility of categorical diagnostic entities. Dimensional models of personality dysfunction, on the other hand, have been criticized for their supposed lack of usability in everyday practice. The present paper has four aims: To describe different methods for the dimensional assessment of personality functioning, to give examples for its mediating or moderating role in psychopathology and psychotherapy, to reframe established PD treatments with new and established dimensional concepts, and to outline integrative models for clinical work. Data from several studies addressing issues of childhood trauma, attachment, psychophysiology, and psychotherapy process and outcome will be discussed with regard to clinical utility. The paper will close with a critical evaluation of the current debate of PD assessment.

Modelling vulnerability for psychopathology and its associations with childhood maltreatment and mentalising Tobias Nolte, University College, London, UK; Laura

Gibbon, University College, London, UK; Read Montague, University College, London, UK; Peter Fonagy, University College, London, UK

Caspi et al. (2014) found that Axis I symptomatology was best described by a bifactor model, comprising internalising and externalising dimensions and a higher-order general psychopathology factor, for which they coined the name 'the p-factor' and interpreted as a tendency to "experience psychiatric problems as persistent and comorbid". The p-factor invites a different way of thinking about psychopathology and it may have important implications for research, treatment, service organisation and efforts at prevention. Yet it is not clear to what extent models of the comorbidity structure of psychopathology challenge broader assumptions of the diagnostic paradigm, or what the statistical assumptions of sophisticated modelling techniques imply. Here, we will report on the first use a bifactor model to investigate the structure of both Axis I and personality disorder symptomatology concurrently in a sample of N=505 patients and healthy control participants. Using confirmatory factor analyses we report on model fits with a resulting modified bifactor model with three group factors (externalising, internalising and borderline) and a p-factor best describing self-reported symptomatology. Furthermore, the associations between p and mentalising and childhood maltreatment are discussed. We conclude that the extraction of latent factors at the transdiagnostic level is not sufficient evidence against diagnoses themselves, as bifactor models indicate that there is variance at specific and general levels. However, we put forward a conceptual notion of p capturing the individual's propensity to vulnerability and resilience within a mentalising framework.

Perfectionism' Negative Impact in Psychotherapy: The Perfectionism Social Disconnection Model and Clinical Process and Outcome Paul L Hewitt, University of British Columbia, Vancouver, Canada; Samuel Mikail, Sunlife Financial; Gord Flett, York University, Canada

This paper will discuss perfectionism and the negative impact it has on psychotherapy process and outcome and present several studies addressing these issues. Based on the perfectionism social disconnection model (PSDM; Hewitt et al., 2006, 2017, in press), perfectionism is described as a broad transdiagnostic personality variable that includes perfectionism traits, perfectionistic self-presentation, and perfectionistic and critical self-related cognitions. We have described perfectionism as developing from and driven by inordinate needs for acceptance and connectedness with others; however, the perfectionistic behavior itself actually results in others' negative reactions that produces alienating social disconnection for the perfectionistic individual. We present an extension of this model, with specific reference to the treatment context and therapeutic alliance, and describe results from several studies that shed light on how and why perfectionism negatively influences the process of seeking, initiating, maintaining, and benefitting from psychotherapy. Our discussion includes an explication how perfectionism traits and perfectionistic self-presentational facets influence treatment negatively and an overview of research supporting the pernicious role of perfectionism in treatment.

Panel

quantitative & qualitative method

Moderator: Ruth Inslegers, Ghent University, Belgium

Single case studies I

As psychotherapy encompasses a complex process facilitating a myriad of changes in an intricate being, it is quintessential to further investigate working mechanisms of efficacious therapies to provide a deeper understanding of this unique circumstance. Recently, the science-practitioner gap and the lack of alignment between the object of study and the method in psychology gave rise to fierce criticism on mainstream ideas about evidence-based practice and ignited a renewed interest in case-based evidence. However an important critique on generalizability problems remains. A way to address this and build knowledge resulting from single case studies is to conduct meta-studies on published single case studies. In this panel, the three papers conduct meta-studies on published single cases in the field of psychotherapy research. In the first paper the culture of reporting single cases in scientific journals over time is studied by examining published single case studies in the field of psychotherapy research. Insights into changing practices and motivations of research in case studies are discussed. The second paper presents a meta-study on recently published rich single case studies on patients that featured physical symptom presentations. An analysis on two levels - descriptive and analytic - provides insight on characteristics and modalities of

successful treatments. In the third paper, a meta-perspective is given on outcome in published single case studies in the field of psychotherapy research. The definition of 'good' versus 'poor' outcome is addressed as well as the lack of an association between therapist, patient or treatment characteristics and outcome.

The evolution of the culture of publishing case studies: away from the Obscure, rediscovery of the Ordinary Juri Krivzov, Ghent University, Belgium; Liza Notaerts, Ghent University, Belgium; Ruth Inslegers, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium

Aim The culture of reporting single cases in scientific journals changed over time. Systematic observations of the Single Case Archive team give insights into changing practices, motivations of researchers, and shifting focus in case studies. **Method** Discourse analysis was performed on selected single cases published in the years 1985 and 2015. The core features of the case presentations were analyzed and compared. Literature on case study methodology was additionally consulted in order to refine the hypotheses and to provide contextual information. **Results** 1) The focus of single case studies seems to shift away from extreme and unique cases towards representative cases. Advances in mixed-methods research (triangulation) may lead to publishing more cases that are focused on testing theoretical concepts and/or interventions. 2) In the recent years, cases focusing exclusively on treatment protocols seem to be published more often. Thereby, both methodological advances and commercial interests may play a role. 3) Although combining qualitative and quantitative data in case studies seems promising, the connection between the "numbers" and the "story" in the reported cases is often missing. The implementation of mixed-methods approach therefore often lacks depth. **Discussion** Scientific zeitgeist, commercial interests, and methodological advances seem to have direct impact on the selection of cases and on the manner how they are reported. These developments should be considered with precaution in systematic studies that compare cases published in different decades.

Case study research into psychotherapies for people that present with physical symptoms, 2012-2016: A review of the literature John Hills, University of Leeds, London, UK; Jane Cahill, University of Leeds, London, UK; Dr John Lees, University of Leeds, London, UK; Prof Dawn Freshwater, University of Western Australia, Perth **Aims:** This review analyses case study research published in the five years 2012-2016 on cases that featured physical symptom presentations. Our search strategy identified cases where physical symptoms were associated with psychosocial distress e.g. somatoform spectrum terms, and we sought to discover what was facilitative (i.e. what worked) in the therapy, and what change looked like. **Method:** A search was performed using the PsycInfo database for key words relating to physical symptoms, limited to the specified years, and that the articles would be in the English language. Included articles described in-depth therapeutic work and patient responses as contextualised data was necessary to answer the research questions. Articles were excluded if the patient had more serious illnesses (e.g. terminal cancer), or patient had suffered brain injury (incl. stroke), as these had greater influence over therapeutic focus. This produced 27 studies. **Results:** A two-tier analysis was conducted on the texts, producing descriptive and analytic themes. Emergent themes included: * 'The Body Remembers': physical states recreated in the body in response to present triggers * The relational dimension: attachment and role strain * Management techniques * Symbolisation as vehicle of progress * Personalised outcomes **Discussion:** There are examples of successful treatments across diverse therapeutic modalities. Existing theoretical models relating physical symptoms and psychosocial distress usefully informed both case formulations and treatment designs. Progress typically occurred in tandem with other cognitive, relational and developmental indicators.

The 'good' versus the 'bad'. A comparison between 'good', 'mixed' and 'poor' outcome published single case studies using the Single Case Archive. Ruth Inslegers, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium; Juri Krivzov, Ghent University, Belgium; Liza Notaerts, Ghent University, Belgium

AIM Single case studies have a longstanding image of being pseudo-scientific. However, more recently voices have been raised in favor of this method because of the unique type of knowledge cases are able to generate: they can expand academic knowledge, be of immediate use for the practitioner and promote the dialogue

between them. The Single Case Archive (SCA) is an electronic database that organizes and assembles published case studies. All case studies are coded with the Inventory for Basic Information in Single Cases (IBISC), a theory-free instrument developed to inventory crucial information in case studies. Consequently, the SCA allows the quick identification of homogenous sets of cases in function of specific research questions. In this study we compare basic characteristics of patient, therapist and study between 'good', 'mixed' and 'poor' outcome cases. **METHOD** We map basic characteristics, scored with the IBISC, of 700 single case studies from different theoretical backgrounds included in the SCA. Gender of therapist; gender, age and diagnostic information of patient; and duration, intensity of the treatment are compared between 'good', 'mixed' and 'poor' outcome cases. **RESULTS** A vast majority of the published case studies reports on good outcome. Outcome was not significantly associated with any therapist, patient or treatment characteristic. **DISCUSSION** We critically discuss the definition of good versus poor outcome and the lack of an association between therapist, patient or treatment characteristics and outcome. Finally, our findings are compared to patient, therapist and treatment characteristics in large group designs.

Discussant: Jochem Willemsen, University of Essex

Panel

child & family

Moderator: Fredrik Odhammar, The Erica Foundation

Change processes in child and adolescent psychotherapy and assessment

This panel presents some examples of different ways to understand and help children express psychological difficulties and distress through various forms of assessment, psychodynamic child psychotherapy and in other clinical contexts. The panel will also discuss how we can help hospitalised and traumatised children and adolescents in the often complex process of disclosing difficult experiences. A qualitative meta-analysis of research and different clinical situations that all contribute to deeper understanding of how we can meet children's and adolescents' own experiences will be presented.

What have we learnt from young people about disclosing sexual abuse experiences?

Emma Brennan, Dublin City University; Rosaleen McElvaney, Dublin City University
Early Child Sexual Abuse (CSA) disclosure has been found to aid the healing process following such trauma. There has been a marked increase in qualitative studies in the past two decades, investigating children's perspectives of the disclosure process. Such studies tend to rely on small samples, yet yield rich, informative data. This paper will present the findings of a qualitative meta-analysis to inform psychotherapists about what helps children talk about such experiences. As many children present for therapy without having disclosed, understanding the disclosure process is considered crucial for practitioners. A comprehensive search of identified databases (PsycINFO, Science Direct, PubMed, CINAHL, JSTOR, Web Of Science) is conducted using a 20 year time framework (1997-2017). Studies that used qualitative methodologies, involved samples of children and young people under 18 years and focused on children's experiences of disclosure will be included. Key themes common to a range of studies will be identified, highlighting what helps children disclose experiences of sexual abuse. It is expected that such themes will include opportunity to tell (including being asked about changes in mood or behaviour in addition to whether they have experienced abuse), and expectations of a positive response (including feeling trust in others). It is crucial for professionals working with children to better understand the process of disclosure, and what helps and hinders children from disclosing CSA. This paper will discuss the implications of the findings for how psychotherapists can facilitate children and young people in disclosing CSA in the context of the therapeutic relationship.

Hospitalized children: symbolic play assessment, coping strategies and level of anxiety Adriana Lis, University of Padova, Italy; Daniela Di Riso, University of Padova, Italy; Elisa Delvecchio, university of Perugia Italy; Cristina Alberti, University of Padova, Italy; Susy Comunian, University of Padova, Italy; Diana Mabilia, University of Padova, Italy

Aim: The aim of the presentation is to assess level of Symbolic Play, level of anxiety and coping ability in hospitalized children. Although many papers were devoted to "therapeutic play" very few of them used tools with good psychometric proprieties

assessing level of symbolic play and compared it with coping strategies and level of anxiety in pediatric wards. Sample: 50 children aged 8-10 hospitalized at the Pediatric ward of the University of Padova for different illnesses excluding terminal illnesses. Measures: 1. The Affect in Play Scale-brief rating version (APS-BR, Cordiano and, 2008), which assesses cognitive and affective components of symbolic play. 2. The Children's Coping Strategies Checklist-Revision 1 (CCSC-R1; Ayers and Sandler 1999; Italian validation: Camisasca et al. 2012) for children. 3. The State-Trait Anxiety Inventory for Children (STAIC, Spielberger, 1983). Results on the three tools were compared with Italian normative data on the same measures. Few significant differences were found. Finding showed how children were able to cope with the stressing hospital experience. Discussion for the utility of a multi-method approach to hospital experience would follow.

Different perspectives in measuring processes in psychodynamic child psychotherapy

Fredrik Odhammar, The Erica Foundation; Geoffrey Goodman, Long Island University, USA; Gunnar Carlberg, The Erica Foundation

Aim: To explore how different measurements can contribute to understanding of processes of change in psychodynamic child psychotherapy. The Child Psychotherapy Q-set (CPQ) was compared with the child psychotherapist's description of the psychotherapy process systematic collected every third month during therapy, and the Feeling Word Checklist-24 (FWC-24). The aim was also to examine how these three different measurements together could describe change over time and how they are mirrored in the relation between child and psychotherapist. Following questions were formulated: 1. What interaction structures can be identified with the CPQ? 2. How does the therapist describe the process in psychotherapy? 3. How does the FWC-24 reflect therapists' feelings? 4. How do the different measurements enrich one another and contribute to the understanding of the psychotherapeutic process? Method: A videotaped child psychotherapy was analysed in its entirety. Results: The CPQ gave an image of the psychotherapist's and the child's actions and interactions, which complemented the subjective image of the psychotherapist when filling out questionnaires and the FWC. Discussion: Analyses of the interaction between the child and the psychotherapist indicated the importance of creating a supportive and secure environment to archive a feeling of psychological closeness, before working with the child's problems. The analysis of the therapy highlights the importance of the psychotherapist's meta-competence. i.e., overarching competencies that psychotherapists need to use to guide any intervention, what interventions to use, and when they are suitable.

Discussant: Fredrik Odhammar, The Erica Foundation

Panel

quantitative & qualitative method

Moderator: Henning Schauenburg, Heidelberg University, Germany

Measures II

Perceptions of Active Processes in Psychotherapy: Development of the Perceived Active Mechanisms of Psychotherapy Scale

Dana Tzur Bitan, Shalvata Mental Health Center; Aryeh Lazar, Ariel University; Ben Siton, Ariel University

Aim: Despite accumulative theoretical and empirical knowledge in the field of process research in psychotherapy, not much is known about individuals' predisposed perceptions of the mechanisms producing change in psychotherapy. In this article we present the Perceived Active Mechanisms of Psychotherapy Scale aimed to assess these aspects. Specifically, we aimed to examine whether individuals' conceptualization of psychotherapy process correspond to common known change processes. Method: Items were culled from 10 assessment tools commonly used as measures for evaluating psychotherapeutic processes. Overall, 43 items were included in the item pool of the scale. Two hundred and seven participants responded to these items and to demographic measures including psychological knowledge. Results: Confirmatory factor analysis did not support a ten-factor model representing the assessment measures derived from professional literature. Exploratory factor analysis indicated a 7- factor model. Discriminant function analysis indicated that familiarity with psychology literature tend to differentially attribute levels of importance to the various process dimensions. Discussion: Individuals tend to be more attuned to common thematic characteristics of psychological process, irrelevant from which mechanism of change they are associated with. Previous psychological knowledge was

associated with more weight given to aspects autonomy and competence and less weight given to aspects of relatedness. Implications and future research directions are discussed.

The Development of the Relational Needs Scale Gregor Žvelc, University of Ljubljana, Faculty of Arts, Department of Psychology; University of Primorska; Karolina Jovanoska, Institute for Integrative Psychotherapy and Counselling, Ljubljana, Slovenia

Aim: The aim of the study was development of a new scale for measuring satisfaction of relational needs. The scale is based on description of eight main relational needs that were found central in psychotherapeutic relationship (Erskine, Moursand and Trautmann, 1999). Method: In the first phase we developed items based on descriptions of eight main relational needs. We tested the first version of relational needs scale on a sample of 249 participants. With the help of item analysis and principal component analysis we developed refined version of the instrument which consisted of 41 items. The refined version was tested on a sample of 255 participants. To test convergent validity, we used the following measures: Relationship Questionnaire, Self-Compassion Scale, Satisfaction with Life Scale and WHO-Five Well-Being index. Results: With the help of principal components analysis we found five meaningful components explaining 56,38 % of variance. The final version of the scale consists of 31 items and measures 5 main relational needs: Authenticity, Support and protection, Having an impact, Shared experience and Initiative from the other. The total scale is calculated to measure the overall satisfaction of relational needs. Reliability of the scales was between 0,82 and 0,94. Women had significantly higher scores than men on the scales Support and protection, Having and impact and total score. Relational needs satisfaction positively and significantly correlates with secure attachment style, self-compassion, higher satisfaction with life and better well-being. On the other side significant negative correlations were found with insecure attachment styles. Discussion: We will discuss the preliminary findings of reliability and validity of relational needs scale and possible implications for assessing the change of relational needs in psychotherapy.

Operationalized Psychodynamic Diagnosis (OPD) - an English E-Learning Course for a well implemented and broadly used clinical tool Henning Schauenburg, Heidelberg University, Germany; Simone Jenissen, Heidelberg University, Germany; Manfred Cierpka, Heidelberg University, Germany

The OPD is a multi-axial system for psychodynamic diagnoses which is widely used in Germany and known internationally for improving communication about diagnoses among clinicians and within the scientific community. The OPD with its axes on 1) Illness experience/prerequisites for treatment, 2) Interpersonal Relations, 3) Conflict themes, 4) structural abilities (Personality functions) and 5) ICD 10, Chapter 5 offers a framework for reliable and transparent diagnosis not only on a symptomatic level, but also of the most relevant personality aspects, especially for patients in any kind of psychotherapy. Training is necessary to reliably use the OPD system and to take advantage of its full potential. The remarkable success and popularity of an E-Learning course, held in Chile since 2013, as well as the international demand for OPD training opportunities, has led to the development of an English OPD E-Learning course. This brand-new course is designed to equip participants with the theoretical and practical knowledge to use the OPD in their day-to-day clinical routine or for scientific purposes. It teaches the theory behind OPD and includes a large amount of practice to reliably code diagnoses according to OPD. The interactive environment regularly provides participants with feedback, encourages intensive communication, and is closely supervised by an online tutor. The presentation will briefly report the basic elements of the OPD and show examples from the E-Learning course.

Panel

culture & identity

Moderator: Steven J. Sandage,
Boston University

Spirituality

Empirical literatures on spirituality and religion (SR) and mental health have grown exponentially in the past two decades, and there is now a general recognition that many indices of SR are positively associated with mental health. This research has served to counter the Freudian legacy that viewed SR as primarily immature, neurotic, or pathological. There is now a need for more research in this general area that (a) actually investigates patients in various clinical contexts, (b) tests

theoretically-grounded models of SR in counselling and psychotherapy, (c) illuminates patient preferences about SR dynamics in treatment, and (d) studies a wider range of SR traditions. This panel includes two research presentations that address these gaps. Dr. Zehra Ersahin and colleagues will present data testing an approach to spiritual care and counselling (SipCareCo) that addresses the spiritual needs (i.e. anxiety, wellbeing, purpose in life, religious conflicts) of hospitalized patients in the predominantly-Muslim context of Turkey. Dr. Steven Sandage and colleagues will present data from a study testing their Relational Spirituality Model and the incremental validity of SR dynamics (spiritual well-being, spiritual struggles, spiritual seeking) predicting psychosocial functioning and patient treatment preferences among outpatients at their community mental health clinic in Boston (USA).

Spiritual Care in Hospitals: An Applied Pilot Study of Spiritual Counselling Zehra Ersahin, Social Sciences University of Ankara; Uzeyir Ok, Ibn Haldun University; H. Sinem Ugurlu Bakar, Ankara University

Aim: The conceptualizations of health incorporate spirituality into healthcare. Spiritual care and counselling (SipCareCo) may respond well to spiritual needs of clients in clinical settings. SipCareCo is a rather new phenomenon in Muslim populations. Although SipCareCo applications has currently started in several hospitals across Turkey, the matter of qualification, limitations, strengths and effect are in need of strict empirical testing. The current study aims to present insight into the needs of spiritual patients (i.e. anxiety, wellbeing, purpose in life, religious conflicts) and outcomes of the SipCareCo. **Methodology:** The study is being conducted with 200 in and out patients and their families in 5 hospitals across Turkey. A survey is designed to collect preliminary data for the intervention to take place. Next, it is utilised to compare the results of the pre-test, spiritual intervention, and post-test in experimental (with SipCareCo intervention) and control groups. Interviews with counsellors will be held to complement the quantitative data collated. **Results:** Data collection started in May 2017 and is planned to be finalised in August 2017. It is expected that (1) there is no significant difference between participants' levels of wellbeing prior to the visit at the hospital (control group) (2) the intervention of SipCareCo creates a significant impact on their wellbeing post to the care they receive at the hospital. **Discussion:** The results of the current study will provide insight into the spiritual needs and stress levels of hospitalized patients, and on the effect of SipCareCo intervention upon meeting these needs. Furthermore, it will provide sufficient feedback on the SipCareCo service and training program for any service development purposes.

Testing a Relational Spirituality Model with Adult Psychotherapy Clients Steven J. Sandage, Boston University; David Paine, Boston University; Elizabeth Ruffing, Boston University; Sarah Moon, Boston University; David Rupert, Boston University; Miriam Bronstein, Boston University; Chance Bell, Boston University; Peter Jankowski, Bethel University

Aim: Spirituality is increasingly studied in psychology, yet coherent theoretical frameworks for spirituality in psychotherapy are limited. The present study tested a relational spirituality model (Worthington & Sandage, 2016) with adult outpatient psychotherapy clients at a community mental health center in the United States. **Method:** This cross-sectional study tested hypotheses derived from the relational spirituality model with a spiritually-diverse sample (N=110; Mean age = 34.7 years) using previously-validated measures of various dimensions of spirituality and religiosity, attachment, mental health, psychosocial functioning, therapeutic alliance, treatment outcomes, and preferences for addressing spiritual, religious, and existential (SRE) issues in therapy. **Results:** Clients tended to believe it was important to discuss spirituality (71%) and meaning or purpose issues (83%) in order to resolve the concerns that brought them to therapy. Anxious attachment was negatively correlated with client satisfaction with the engagement of S/R/E issues in therapy. Spiritual well-being (SWB) and spiritual struggles each predicted psychosocial functioning above and beyond the effects of mental health symptoms. SWB was positively correlated with a seeking measure, suggesting spiritual dwelling and seeking may be compatible forms of relational spirituality. Therapeutic alliance ratings mediated the relationship between SWB and client ratings of overall outcome, and ratings of therapist sensitive to clients' beliefs and values showed discriminant validity in predicting outcome beyond working alliance effects. **Discussion:** Findings are considered in relation to literatures on (a) spiritual and religious dynamics in psychotherapy, (b) client

preferences, (c) relational factors and treatment outcome, and (d) ethical considerations for diversity in treatment.

Panel

evidence-based psychotherapies

Moderator: Sidse Arnfred,
University of Copenhagen,
Denmark

Randomized Controlled Trials of CBT

Three speakers will present data from or methodology of CBT RCTs. While the results are of prime importance, we will devote discussions to issues of methodology that are pertinent particularly in RCTs for psychotherapy. Bracketing the major discussion, whether we should do RCTs in psychotherapy at all, we will discuss issues like: 1. Design -- what opportunities or challenges do psychotherapy delivery impose? 2. Outcome measures -- observer rated, questionnaires or register data -- pros and cons? 3. Weekly tracking -- what effects will it have on patients and therapist i.e. outcome? 4. Control -- how far can we control the intervention without damaging the alliance? 5. Fidelity and quality -- what level should we attain and what about later implementation?

TAU nose to nose with CBT in treatment study. What TAU achieves that? Ole

Hultmann, University of Gothenburg; Ulf Axberg, University of Gothenburg
The aim of this randomized controlled study was to test if trauma focused cognitive behavioral therapy (TF-CBT) had a better effect on trauma symptoms and/or general mental symptoms compared to treatment as usual (TAU) in patients who had witnessed intimate partner violence and/or were abused. Ninety-three (61 girls and 32 boys) patients aged five to 17 years old were recruited during a visit to an outpatient child and adolescent mental health care unit (CAM). Patients were interviewed with a structured interview (K-SADS) to assign a diagnosis. They also answered a series of structured questionnaires (T1). Patients were randomly assigned to TF-CBT or TAU. Patients were reassessed with K-SADS six months after the treatment's start (T2) and again after 12 months (T3). Both TF-CBT and TAU had a medium to large effect (T1- T2, T1 --T3) on trauma symptoms, and a small to medium effect on symptoms of anxiety, depression and conduct. However, there were no significant differences between the groups. Many other studies have shown that TF-CBT outperforms TAU. Factors that could contribute to the equivalent success of TAU in this study, resulting from the use of an optimized TAU rather than ordinary treatment, are discussed. The therapists working with/applying TAU were highly skilled in trauma treatment and more than half of them used eye movement desensitization and reprocessing therapy (EMDR). It is worthy to note that the therapists' advanced knowledge in family violence may play an important role when treatment modalities are compared.

Rumination-focused cognitive behavioural therapy (CBT) versus standard CBT for depression: a phase II trial Morten Hvenegaard, University of Copenhagen, Denmark; Stig Poulsen, University of Copenhagen, Denmark; Stine Møller, University of Copenhagen, Denmark; Stephen Austin, University of Copenhagen, Denmark; Ben Grafton, University of Western Australia, Perth; Morten Kistrup, ; Nicole Rosenberg, Aarhus University, Denmark; Henriette Holm, SDU, Denmark; Edward Watkins, University of Exeter

Background Although cognitive-behavioural therapy (CBT) is an effective treatment for depression, less than one third of patients achieve full-sustained remission. Aims To test whether group Rumination-focused CBT (RFCBT) that explicitly targets rumination is superior to group CBT in treating major depression. Method A total of 131 outpatients with major depression were randomly allocated to 12 sessions group RFCBT vs. group CBT. Primary outcome was observer-rated symptoms of depression. Secondary outcomes were rumination and worry. (Trial registered: NCT02278224). Results RFCBT significantly improved depressive symptoms and remission rates relative to group CBT at post-treatment. No differences were found on rumination and worry at post-treatment or on depressive symptoms at 6 months follow-up. Conclusions This is the first randomised controlled trial providing evidence of benefits of RFCBT in major depression compared to an existing psychotherapy. Group RFCBT may be a beneficial alternative to group CBT for major depression. Declaration of Interest None.

Trans-diagnostic group CBT vs. standard group CBT for depression, social anxiety disorder and agoraphobia/panic disorder -- an example of the complexity of group therapy RCT design Sidse Arnfred, University of Copenhagen, Denmark; Ruth Aharoni, Mental Health Capital Region, Copenhagen; Stig Poulsen, University of Copenhagen,

Denmark; Nicole Rosenberg, Aarhus University, Denmark; Mikkel Arendt, Psychiatric Hospital Risskov, Aarhus; Bo Bach, Mental Health Region Zealand; Nina Reinholt, University of Copenhagen, Denmark

Background: Transdiagnostic Cognitive Behavior Therapy (TCBT) Manuals delivered in individual format, have been reported to be just as effective as traditional diagnosis specific CBT manuals. As the use of one manual instead of several diagnosis-specific manuals could simplify logistics, reduce waiting time, and increase therapist expertise, we have translated and modified the "The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders" (UP-CBT) developed by Barlow and colleagues . Hence, we aim to test the relative efficacy of group UP-CBT and diagnosis specific group CBT. Methods/design: It is a partially blinded, pragmatic, non-inferiority, parallel, multi-center randomized controlled trial (RCT) of UP-CBT vs diagnosis specific CBT for depression, social anxiety disorder and agoraphobia/panic disorder. In total, 248 patients are recruited from three regional MHS centers across the country and included in two intervention arms; one arm being UP, the other arm entailing diagnosis specific group CBT in either depression, agoraphobia or social anxiety group. The primary outcome is patient-ratings of well-being (WHO Well-being Index, WHO-5), secondary outcomes include level of depressive and anxious symptoms, personality variables, emotion regulation, reflective function, and social adjustment at the end of therapy and at 6 months follow-up. Results & Discussion: Patient inclusion is ongoing until September 2018. The presentation will focus on the challenges of conducting mixed diagnoses group therapy RCTs.

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

Panel

evidence-based psychotherapies

Moderator: Vera Sabina Gergov,
University of Helsinki and Helsinki
University Hospital

Naturalistic outcome studies

There has been a long-standing gap between psychotherapy research and clinical practice. To fill the gap and to gain understanding of the effects of psychotherapeutic interventions in real-life conditions, it is essential to examine treatment outcomes also in naturalistic settings with patients and providers from non-research samples. The real-life factors that other researchers might view as disadvantage and attempt to avoid or control, might be exactly what we need to include in order to understand and develop psychotherapeutic interventions that work well in practice. Collaboration between researchers, practitioners and mental health system managers is necessary to provide qualitative psychotherapeutic interventions to patients. The presentations included in this panel aim to enhance knowledge on practice-based evidence from different perspectives.

The effectiveness of couple therapy: outcomes in a naturalistic United Kingdom setting David Stuart Hewison, Tavistock Relationships, London UK; Michele Birtel, Tavistock Relationships, London UK

Couple therapy outcomes tend to be judged by randomized controlled trial evidence, which comes primarily from the United States. United Kingdom and European outcome studies have tended to be naturalistic and there is a debate as to whether "laboratory" (RCT) studies are useful benchmarks for the outcomes of "clinic" (naturalistic) studies, not least because the therapies tested in the RCTs are hardly used in these settings. The current paper surveys the naturalistic studies in the literature and presents results from a U.K. setting of 877 individually and relationally distressed participants who completed at least 2 sessions of psychodynamic couple therapy and completed self-report measures assessing psychological well-being (CORE-OM) and relationship quality (Golombok Rust Inventory of Marital State, GRIMS). A clinical vignette is given that demonstrates the psychodynamic approach used. Analysis of the measure data conducted using hierarchical linear modelling showed an overall significant decrease in individual psychological distress for both male and female clients at the end of therapy, with a large effect size of $d = 1.04$. There was also a significant improvement in relationship satisfaction for both male and female clients, with a medium effect size of $d = 0.58$. These findings suggest that psychodynamic couple therapy is an effective treatment for couples experiencing individual and relational distress, with effect sizes similar in strength to those reported in RCTs. It argues that naturalistic effectiveness studies should be given a stronger role in

assessments of which therapies work.

Naturalistic follow-up study among adolescent psychiatric patients: are psychotherapeutic interventions effective in clinical settings and who drop out? Vera

Sabina Gergov, University of Helsinki and Helsinki University Hospital; Jari Lahti, Helsinki Collegium for Advanced Studies, Finland; Mauri Marttunen, National Institute for Health and Welfare, Helsinki, Finland; Jari Lipsanen, University of Helsinki; Nina Lindberg, University of Helsinki and Helsinki University Hospital

Aim: Research on effective psychotherapeutic interventions for adolescents in naturalistic settings is highly limited. We don't know much about the relationship between frequency and treatment outcome, and research on dropout is also scarce. The aim of this study is to investigate subjective outcomes of psychotherapeutic interventions in a naturalistic setting among adolescent psychiatric out-patients. The intention is also to find out if art and occupational therapies are as effective as verbally performed psychotherapies in symptom reduction, and if the frequency is related to outcome. Further, to study the variables related to dropout. Methods: This study is part of an ongoing study conducted in the Helsinki University Hospital. The sample comprise 58 adolescents referred to psychotherapy or to art and occupational therapies. BDI, SDQ and CORE-OM were used both at baseline and at the 3-, 6- and 12-month follow-ups. Results: The results of the 3-month follow-up have been published. Adolescents experienced symptom reduction during the first months of treatment. Symptom reduction was related to frequency, but not to the form of psychotherapeutic intervention. The results of the longer follow-up and dropout will be ready by 9/2017. Discussion: Psychotherapeutic interventions are effective in reducing the symptoms of clinically referred adolescents. In the beginning art and occupational therapies are as effective as psychotherapies in reducing symptoms, and the frequency of intervention seems to modify the outcome. The longer follow-up is needed to investigate if the results maintain during the therapy, and to be able to identify the variables that are related to treatment dropout.

Routine Measurement and Feedback - Evidence that therapists can significantly increase their personal effect size Jeb Brown, Center for Clinical Informatics; Ashley Simon, Center for Clinical Informatics

Aim: This paper presents analyses of outcome data for 922 therapists treating 45,305 patients over a two-year period to determine if therapists' effect sizes increased over time. Multiple outcome questionnaires were employed. All measures also included a brief alliance scale administered concurrently. Method: A severity adjusted effect size was calculated for each patient using intake scores and diagnostic group as predictors. The mean severity adjusted effect size for each therapist was calculated for their first and second years of using the outcomes tools. This was done using a hierarchical linear model to control for sample size in each year, with a minimum sample of 5 cases in each year. Therapist engagement in receiving feedback was measured by counting number of times the therapist logged into the online platform to view their results in each of the two years. Results: Patients treated during the second year of therapist participation averaged .063 increase in effect size compared to the first year, from a mean severity adjusted effect size of .782 to .845. Therapists who logged in the view their data at least 24 times in the second year (n=286) averaged .067 greater effect size increase compared to those who never reviewed their results (n=316). Login frequency during the first year was not predictive of effect size during the second year. Discussion: The data provides evidence that effect sizes can trend upwards with measurement and feedback. Therapists engagement in receiving feedback appears to increase the likelihood of effect size gain.

Discussant: Sidse Arnfred, University of Copenhagen, Denmark

Panel

alliance & interpersonal process

Moderator: Robert Elliott,
University of Strathclyde, Glasgow,
UK

Compassion and Empathy in Psychotherapy: Two Approaches

Compassion and empathy are key relational elements in psychotherapy and have been studied across a wide range of theoretical approaches and methodological approaches. The presentations in this session illustrate this diversity and highlight points of agreement and difference. First, Elliott and colleagues present the latest iteration of a meta-analysis of the relationship between therapist empathy and psychotherapy

outcome, suggesting that empathy is a moderate and generally positive predictor of client outcomes. Next, Ursic and Zvele summarise a qualitative interview study of psychotherapists' experiences of the role of compassion in psychotherapy, identifying both positive and negative aspects; their research raises questions about the role of therapist empathy as distinction from compassion. In the discussion that follows the presentation of these two studies, we expect to take up questions about the conceptual similarities and differences between empathy and compassion, the relationship between therapist empathy/compassion vs. client self-empathy/self-compassion, and the comparative strengths and weaknesses of the very different research methods employed in these two studies.

Therapist Empathy and Psychotherapy Outcome: An Updated Meta-analysis and Review Robert Elliott, University of Strathclyde, Glasgow, UK; Arthur Bohart, Saybrook University, San Francisco, USA; Jeanne Watson, University of Toronto, Canada; David Murphy, University of Nottingham, UK

Aim: Therapist empathy is a key aspect of successful psychotherapy, recognized by a wide range of theoretical orientations. We present the latest iteration of an ongoing meta-analysis project linking therapist empathy to client outcome, using rigorous meta-analytic practices. **Method:** Based on a search in PsychInfo we identified 2222 references, which were then evaluated by four judges, who identified 139 potential studies. Of these, roughly 70 studies were used in the analysis, with roughly 20 studies missed in this search added from previous meta-analyses. These studies were rated on study and sample characteristics, and effect sizes (Pearson correlations) were extracted or calculated. **Results:** Although our analyses are still in progress, we expect to find similar results to our previous meta-analyses: (a) Empathy is a moderately strong predictor of therapy outcome (mean weighted r of about .30; (b) the empathy-outcome relation holds equally for different theoretical orientations; and (c) client and observer perceptions of therapist empathy predict outcomes better than therapist perceptions or empathic accuracy measures. **Discussion:** While it is impressive to see the literature on empathy expanding so rapidly, it is also worth noting that there is considerable nonrandom variability among studies. More critically, a continuing controversy exists over the lack of direct evidence for the causal role of therapist empathy in client change in psychotherapy, because professional ethical standards prohibit using non- or anti-empathic control conditions. We expect causal modeling research and new experimental research on the role of empathy in medical interventions to help resolve this difficult issue.

Compassion in Psychotherapy: Views and experiences of psychotherapists Neža Uršič, University of Ljubljana, Faculty of Arts, Department of Psychology; Gregor Žvelc, University of Ljubljana, Faculty of Arts, Department of Psychology; University of Primorska

Aim: Our study was designed to investigate how psychotherapists understand the concept of compassion within psychotherapy, how they experience its positive and potential negative aspects and how these can affect them, their clients and the psychotherapeutic relationship itself. **Method:** We conducted 13 semi-structured interviews with psychotherapists (7 female and 6 male) who follow different psychotherapeutic approaches. Data were analysed according to the principles of grounded theory. **Results:** Psychotherapists understand compassion as empathy joined with the wish that client is relieved of his suffering. The necessary factor in order to facilitate compassion is also appropriate emotional boundary between therapist and client. Psychotherapists report several positive impacts of compassion on their work - greater involvement in therapy, the need to reflect on their own work and the impact on the therapist's personal growth and psychotherapeutic relationship. Clients tend to be emotionally more relieved; more aware of their own issues and more ready to face them. If boundaries between therapist and client are not properly set, negative aspects begin to surface - preoccupation with client's issues, negative emotions, fatigue, insomnia and unpleasant dreams, physical symptoms and problems with concentration - which can also affect their personal relationships and work. Therapists differentiate between compassion as a solely positive aspect and the negative aspect of empathy which is result of a lack of emotional boundaries. **Discussion:** In the presentation we will discuss results in connection with other authors who propose that the term empathic distress is more appropriate than compassion fatigue.

Panel

psychotherapy training

Moderator: Johannes Florian Krall,
University of Klagenfurt, Austria

Training and Therapist Development

Training in psychotherapy aims at personal and professional development of trainees. It is a complex and multifaceted process over years, which has an essential impact on the quality of clinical practice. More research is needed to understand better these processes of training, learning and transition to clinical practice. Therefore, the papers in this panel will explore important aspects of these issues. The first paper investigates elements that contribute to the personal and professional development of newly certified psychotherapists. The experiences of novice integrative and transactional analysis psychotherapists during their training will be reported and discussed. The second presentation will focus on child psychotherapists' perspectives on the links between their personal analysis during training and their own clinical practice. The study investigates in particular how personal analysis of psychotherapists has affected the relationships they form with their patients. Therapeutic attitudes of therapists in psychodynamic psychotherapy training and their emotional responses in clinical work is the topic of the third presentation. The paper examines aspects of clinical practice of trainees with regard of their changes during their four-years training. The final presentation will look at learning experiences of psychotherapy trainees in supervision. The reported study investigates the learning outcome of psychodrama trainees regarding different aspects of clinical practice. Experiential methods of reflection and learning will be discussed as an effective way to support and enrich the learning experience of trainees.

How do newly certified integrative and TA psychotherapists experience their professional and personal growth? Spela Krizanec, Medical University Ljubljana; Sara Pristavec, Community Health Centre Domžale; Gregor Žvelc, University of Ljubljana, Faculty of Arts, Department of Psychology; University of Primorska

Aim: It is as important for the therapists as is for supervisors, teachers and for various organizations that offer training in psychotherapy to understand the elements that contribute to the personal and professional development of newly certified psychotherapists. The number of studies on the process and effectiveness of psychotherapy greatly exceeds the amount of research on the growth and development of the psychotherapists, even though it is known that the level of experience may be connected to the outcome of the therapy. The aim of this research was to provide a qualitative exploration of personal and professional development of newly certified psychotherapists. Method: Semi structured interviews were conducted with 11 professional novice integrative and transactional analysis psychotherapists who have finished their professional exam in the last three years. Interviews were focused on their personal and professional development during psychotherapy training. We analyzed the data according to the principles of grounded theory with the help of software Atlas.ti 8. Results and discussion: In the presentation, we will report the impact of various training components (e.g. training workshops, personal therapy, supervision, work with clients) on the professional and personal development of psychotherapists. Findings will be discussed with a focus on a better understanding of what changes and unique needs are underlying newly psychotherapists' personal and professional growth.

A qualitative exploration of child psychotherapists' perspectives on the links between their personal analysis during training and their own practice Coralie Lasvergnas, University College, London, UK; Evrinomy Avdi, Aristotle University of Thessaloniki; Nick Midgley, UCL / Anna Freud National Centre

Aims: Personal analysis is a central requirement for the training of UK Child and Adolescent psychotherapists and trainee child psychotherapists' personal analysis is part-funded by the National Health Service in the UK. However, empirical research on the significance of therapy for the professional development of child psychotherapists is virtually non-existent. Some empirical literature supports the importance of personal psychotherapy for the training of adult psychotherapists but the differences between adult and child psychotherapy (the latter being active in nature, play-based and often involving networking with parents) may make the findings of this literature difficult to apply to child psychotherapy training. This study aims to explore this issue by studying qualified child psychotherapists' views on the role that personal analysis has played on their clinical practice, with a particular focus on how it has affected the relationships they form with their patients. Method: Semi-structured interviews were conducted

with six UK-based child and adolescent psychotherapists on their views about the role of personal analysis for their clinical practice during training and post-qualification. Interviews were audio recorded and are currently being analysed using thematic analysis. Results: The study is on-going and analysis of the data is expected to have been completed soon; results of emerging themes will be presented. Discussion: Findings are expected to illuminate the links between personal therapy and clinical practice in the work of child psychotherapists.

Therapeutic attitudes and emotional responses in a sample of therapists in training.

Mauro Di Lorenzo, Gruppo Scuole Psicoterapia Psicoanalitica (GSPP); Laura Bonalume, ; Daniela Brambilla, ; Chiara Gnesi, ; Daniela Marzana, ; Chiara Suttora, ; Rossella Di Pierro,

The field of psychotherapy faces three questions. First, is psychotherapy effective? Second, if so, when and why is it effective? Third, how should psychotherapists be trained? Research on evidence-based practice shows a widely accepted, significant and large positive effect of psychotherapy. We also need to know as much as possible about how effective therapists develop. Unfortunately, there has been a lack of scientific investigation on psychotherapist training and professional development. Objective: the purpose of this study was to investigate the typical features of clinical practice from the specific point of view of therapists in training. Method: 350 therapist in training from 10 psychodynamic psychotherapy training institutes filled out a brief questionnaire about their clinical expertise and completed the Psychotherapy Process Q Set (PQS), the Therapist Response Questionnaire (TRQ) and the Short Supervisory Relationship Questionnaire (SSRQ) in order to describe what characterizes their developing clinical practice. Participants filled out a one-time, anonymous, computer based survey. Data were collected using online software (SurveyMonkey). Results: most characteristic and most uncharacteristic aspects of clinical practice were identified, with regard to their changes during the four-years training. A common ground of psychodynamic therapy and the differences between training institutes were discussed. Through a factor analysis the main aspects of therapeutic attitudes, emotional responses in clinical work and supervisory relationships were derived. Conclusions: PQS, TRQ and SSRQ can also be useful instruments in therapists training.

Supervision of psychodrama trainees in counselling and psychotherapy Johannes Florian Krall, University of Klagenfurt, Austria

Supervision is an important step in professional training of counsellors and psychotherapists. It aims at learning on the job in the transition phase from training to professional practice. Aim: The objective of the study is to investigate the learning outcome regarding different aspects like theoretical, methodological, relational and personal dimensions. Furthermore, a specific interest is on studying the specific impact of experiential learning and action methods in psychodrama. Methods: In this study 18 psychotherapy trainees at the University of Innsbruck are participating. All participants have to get 120 hours of supervision during their 3rd and 4th year of training. Supervision is provided by five different experienced supervisors in small groups of 3-5 students. After each session trainees fill in a self-report questionnaire covering the supervisory alliance, the achievement of the goals in supervision and the transfer of the learning outcome to their professional practice. A specific focus in the self-report is on helpful and hindering factors of verbal and experiential procedures and interventions in supervision. Results: In the presentation preliminary results will be shown. A specific focus will be on a comparison of supervision sessions which are conducted solely on the basis of verbal reflection and those which are including also experiential learning and action methods. Discussion: The results of the study are relevant for trainers who want to support the transition of students from theoretical learning to practical experiences in counselling and psychotherapy. Experiential methods of reflection and learning can effectively support and enrich the learning experience of trainees.

Discussant: Henriette Löffler-Stastka, Medical University of Vienna, Austria;

Panel

therapist effects

Moderator: Glenys Parry, University of Sheffield, UK

Work-related challenges for therapists

The three papers in this panel explore an often-neglected aspect of therapeutic work: the personal challenges faced by therapists. Some challenges are intrinsic to the therapeutic work, but how they are addressed depends on many other factors, including the therapist's stage of training and experience and the therapist's organisational context. These challenges can be sources of stress or burnout but, responded to successfully, can enhance therapeutic skills and self-management resources. Shannon and Parry's paper investigates the application of cognitive analytic principles managing the challenges of supporting a client group with multiple complex needs. They highlight the problems of working in dysfunctional organisational systems. Milard, Sabin-Farrell and Schröder report on cognitive aspects of the common problem of vicarious trauma, in both trainees and qualified therapists. Lukac-Greenwood and van Rijn report a study of women therapists' experience of working with male clients who are sexually attracted to them. Their study demonstrates the variety of ways that therapists respond and they draw out implications for training and practice.

An evaluation of the use of cognitive analytic concepts in organisational service delivery for clients with multiple complex needs. Karen Shannon, DKS Associates Liverpool; Glenys Parry, University of Sheffield, UK

Aim. To evaluate the impact of an innovative cognitive analytic intervention on staff stress, burnout and team functioning. **Methods.** People in Liverpool UK whose complex needs are not met by conventional mental health care and psychotherapy, are supported by staff in a charity. An organisational intervention was delivered by cognitive analytic therapists, to train staff in CAT concepts and facilitate their use. A similar intervention in a related organisation was linked to a reported transformation of organisational culture, management practices and staff behaviours. This evaluation investigated this formally, in terms of acceptability to the recipients, the degree to which CAT principles were used, and the impact this had on work-related difficulties. **Quantitative measures** included Personal Questionnaires, the Copenhagen Burnout Inventory and the Team Climate Inventory (short form). **A qualitative analysis** of semi-structured interviews with the trainers and staff was also undertaken. **Results.** Eighteen staff and two managers received the intervention through two training days and ten weekly reflective practice groups. Initial findings on work-related problems, burnout and team climate indicated numerous difficulties and high levels of job stress in this staff group, linked to the challenges presented in working with clients, intrinsic difficulties in their role and some examples of organisational system failure. **Discussion.** In the UK, delivery of psychological services by the charitable sector is increasing, by staff with little professional mental health training. There is little research on effective ways to support staff in these contexts. The present evaluation provides evidence on the utility of one such intervention.

A Mixed Methods Approach Investigating Cognitive Changes in Vicarious Trauma within Trainees and Qualified Therapists Emma Louise Milard, Nottinghamshire Healthcare NHS Trust, UK; Rachel Sabin-Farrell, University of Nottingham, UK; Thomas Schröder, University of Nottingham, UK

Vicarious trauma is a widely accepted phenomenon within trauma work, grounded in constructivist self-development theory (CSDT). However, inconsistent findings particularly between qualitative and quantitative designs, and lack of British samples, especially with Trainee Clinical Psychologists, has led some to argue this acceptance is premature. Therefore, the aims of this exploratory study were threefold: to explore the occurrence of the CSDT belief-areas: esteem, intimacy, control, safety and trust in Trainee Clinical Psychologists' and Qualified Therapists' experiences of trauma work; use repertory grids to explore how similarly participants construe themselves to clients who have experienced trauma; and triangulate qualitative and quantitative data to explore any inconsistencies within the same sample. Ten trainees and ten qualified therapists completed a semi-structured interview, repertory grid and psychometric measures including the Trauma and Attachment Beliefs Scale (TABS). This is a measure of belief disruption, widely used in the vicarious trauma literature. Directive content analysis revealed evidence for all CSDT belief-areas, although some were more frequently identified than others. Positive and negative beliefs co-occurred, suggesting vicarious trauma and vicarious post-traumatic growth can occur in parallel, for both trainee and qualified therapists. Some differences between groups were revealed.

Repertory grids suggested both groups construed themselves as least similar to clients struggling with trauma and more similar to those experiencing post-traumatic growth. Triangulation revealed some inconsistencies with the TABS. This has implications for the development of quantitative measures of the impact of trauma work on therapists. Further research with larger samples is required.

Let's talk about sex: An Investigation into female psychotherapists' experience of male clients' sexual attraction towards them. Jasenka Lukac-Greenwood, Metanoia Institute; Biljana van Rijn, Metanoia Institute

Aim To explore the experience of female therapists working with male clients who are sexually attracted to them and the extent to which they were able to use that experience in the work. **Methods** Unstructured interviews based on Hollway and Jefferson's (2008) hybrid methodology 'Free association narrative interview' was used to explore explicit and implicit data as well as the relational dynamics between the researcher and participants. I interviewed five participants, on two or three occasions. This allowed collaboration with participants, placing them in a role of co-researchers. **Results** Each participant's data was initially analysed on its own merit. Following on, data across participants was compared. All participants reported that different clients provoked different reactions and saw sexuality as identity. In terms of differences, I observed that participants' experiences varied depending on whether they felt reciprocal desire towards the client. Themes are safety, having a sense of being at fault and experiencing discomfort with the power inequality were mentioned by those participants not feeling sexual attraction towards their clients. Participants with reciprocal feelings responded in two ways -- either by feeling discomforted about it, leading them to deny their sexual attraction or terminate the therapy, or by finding that mutuality in the feelings between the clients and themselves created a relationship of equals enabling very rich and successful therapeutic work. **Discussion** Implications for the training and practice of psychotherapy was discussed paying particular attention to the links with the existing literature.

Brief Paper Session

attachment & development

Moderator: Markus C. Hayden,
Alpen-Adria Universität Klagenfurt

Mentalization and Reflective Functioning

Mentalization and its relationship to attachment and trauma in borderline

personality disorder K Dharani Devi, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India; Poornima Bhola, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India; Prabha Chandra, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India

Background: Borderline Personality Disorder (BPD) is a complex mental disorder which is characterized by difficulties with emotional regulation, impulsivity, instability in terms of self-image and interpersonal relationships. Much of the research in the past decade has focused on behavioural and neural aspects of interpersonal functioning of BPD and in this context the concept of mentalization has been studied. There have been very few studies exploring the relationship between mentalization and other significant developmental factors such as attachment and trauma. This research aims at understanding the developmental factors implicated in BPD and their associations with general functioning. **Aim:** To study mentalization and its relationship to trauma and attachment in persons with Borderline Personality Disorder. **Method:** The study used a mixed methods design to examine the relationship between mentalization and attachment and trauma. The pilot stage of the study involved six individuals with BPD and six healthy controls who underwent a series of assessments. The assessments included both self-report and task-based measures of mentalization such as Interpersonal Reactivity Index (IRI) and Reading the Mind in the Eyes test (RMET). Additionally, individuals with BPD also responded to self-report measures and in depth interviews for assessment of trauma and attachment (Attachment Style Inventory, ASI). **Results & Discussion:** The results will be discussed in detail. The findings of this research would open up avenues for interventions targeting those areas where specific skills and abilities may be deficient.

The Relation between the Therapist's Performance concerning Unconscious Tests and the Patient's Level of Reflective Functioning: An Explorative Study Denise Zeyer, Universität Witten, Germany; Carolina Seybert, IPU Berlin; Dorothea Huber, IPU Berlin;

Isa Sammet, Klinikum Christophsbad; Sylke Andreas, Department of Psychology, University of Witten/Herdecke & Institute of Psychology, Alpen-Adria Univ
In the last few years, psychotherapy process research has turned into a central research field as interaction processes between therapist and patient seem most relevant for a successful therapy outcome. However, the process variables underlying therapeutic changes remain largely unexplored. The aim of the present study is to investigate the relation between two process variables which are considered to have a crucial impact on the therapy outcome: 1) the therapist's performance concerning the patient's unconscious tests (Weiss & Sampson, 1986) and 2) the patient's level of reflective functioning (Fonagy et al., 1995). It is assumed that the more tests the therapist successfully passes, the higher will be the level of reflective functioning achieved by the patient and that there will be a relationship to the outcome of the therapy. Based on data of the Munich Psychotherapy Research Study (Huber et al., 2012), two psychoanalytic therapies will be investigated. For each case, three sessions from the beginning, the middle and the end of the therapy will be analysed by the Plan Formulation Method (Curtis & Silberschatz, 1991). Furthermore, the sessions will be rated based on the Reflective Functioning Scale (Fonagy et al., 1998). In a final step, these evaluations will be correlated in order to provide insight into the link between the therapist's performance concerning the patient's unconscious tests and the patient's level of reflective functioning and success of the therapy. The results of the study will be discussed according to the Control Mastery Therapy and Mentalisation Based Psychotherapy.

Reflective Functioning in Couple Therapy for Depression: Comparative Case Study of Good and Poor Outcomes Lotta Aura Heiskanen, The Finnish Family Federation

This study investigated therapist and patient changes in reflective functioning (RF) in couple therapy for depression. Therapists' responses to patient's failures of mentalization were also examined. Good and poor outcome cases for the study were extracted from a randomized naturalistic trial DINADEP (Dialogical and Narrative Processes in Couple Therapy for Depression). Therapist and patient RF was analyzed at three time points of the treatment applying the AAI-RF scale. In good outcome patient RF increased during treatment. Therapist RF remained at the normative baseline and remained stable in difficult interpersonal situations. Therapists responded with RF 33-100 % of the times when couples failed to mentalize. In poor outcome both therapist's and patient's RF was lowered from the normative baseline throughout the therapy. Therapists responded with RF to couple loss of mentalization only 0-20 % of the time. Implications of these findings are discussed.

Mentalization, interpersonal problems, and attachment in close relationships over the course of treatment Markus C. Hayden, Alpen-Adria Universität Klagenfurt; Pia K. Müllauer, University of Klagenfurt, Austria; Sylke Andreas, Department of Psychology, University of Witten/Herdecke & Institute of Psychology, Alpen-Adria Univ

Aim The purpose of the present study was the analysis of mentalization, adult attachment patterns, and interpersonal problems over the course of inpatient treatment and at follow up. Methods Patients were recruited in two medical centers with different therapeutic concepts that do not focus on specific psychotherapy concepts. Data was assessed at the beginning of inpatient treatment, at the discharge from hospital and after about six months posttreatment. Results Of the 89 patients that participated in the study, 73 finished data assessment at follow up. Univariate ANOVA revealed that the institution of treatment had almost no effect on the variables. Repeated measures ANOVAs indicate that the ability to mentalize significantly increases over the course of treatment and at follow up [$F(2,55) = 7.413, p < .01, \eta^2 = .212$], while interpersonal problems [$F(2,59) = 7.311, p < .01, \eta^2 = .199$], as well as attachment avoidance [$F(2,54) = 3.393, p < .05, \eta^2 = .112$] decreased significantly. Measures of attachment anxiety, however, did not reveal changes on a significant level [$F(2,54) = .433, p = .654, \eta^2 = .016$]. Discussion Although not following specific psychotherapy concepts, treatment conditions at the included medical centers improved patients' scores of the majority of included variables. Only attachment anxiety could not be targeted. Further discussion of procedures, results, and implications will be presented at the conference.

Brief Paper Session

quantitative & qualitative method

Moderator: Jarl Wahlström,
University of Jyväskylä

Single case studies II

A contrasting juxtaposition of analyzing a dream series by the dream interpretation method of depth psychology including individual psychology and psychoanalysis and the dream generation model of U. Moser and I. von Zeppelin Gabriela Pap, Medical University of Vienna, Austria

The research study illustrates the interpretation of a dream series according first to analytical perspectives of individual psychology combined with recent theoretical concepts of psychoanalysis, mentalization and affect regulation focussing on the latent content of the dream. Differing approaches of interpretation of dreams within psychoanalysis are revised elucidating how the psychoanalytical way of interpretation and the method of individual psychology enhance and enrich each other. The presented series of a patient's dreams demonstrates the integrative approach, revealing processes of restructuring which are accompanied by the work with strong affects and mentalizing processes. It gives an inside view on psychical reorganization processes involving transference and counter-transference, re-symbolization, as well as the re-organization of mental representations and the improvement of the mentalizing ability. Moreover, the dream generation model developed by U. Moser and I. von Zeppelin - an empirical scientific method for dream coding focusing on the manifest dream - will be applied on the same series of dreams. Moser and v. Zeppelin consider dreams as micro-worlds in which a new attempt to cope with unresolved neurotic conflicts or traumatic experiences is simulated. The coding system concentrates on cognitive elements and interactive behavior presented in the manifest dream in order to deliver an objective way to study dreams. The aim of the study is to investigate and discuss how far the two different methods can be helpful for practitioners, but also whether results will lead to similar outcomes concerning the psychical process which unfolds during a four year psychotherapeutic treatment.

How to Research Clients' Experiences in Sandplay Therapy?- A Methodological Exploration Ying Liu, The University of Edinburgh, UK

Aim: This study intends to explore the gaps between the sandplay therapy experience and the verbal representation of it, and to examine the advantages and disadvantages of different methods when they are used to research clients' experiences in sandplay therapy. In doing so, this study also raises a broader question about what are the gaps between representation of experiences and lived experiences. **Method:** Adopting heuristic methodology, the researcher's own experience is regarded as valid data in this study. After participating in a one-off sandplay therapy session, as the client, and a pilot interview, as the interviewee, the researcher engaged in in-depth analytical reflection including writing about these processes in order to gain understanding of the gaps as well as to evaluate potential methods in researching clients' experiences in sandplay therapy. **Results:** Three main themes emerging through self-reflection and writing include 1) the limitations of language and understanding beyond language, 2) using an interview to research clients' experiences in sandplay therapy, and 3) using the client's written account to research clients' experiences in sandplay therapy. **Discussion:** Discussion of this study involves how the illogical and hard-to-verbalized aspects of therapy experience is missed when it is represented through language, and the advantages and disadvantages of different interview methods, the use of recording of the therapy sessions, and the use of the client's written account when it comes to research clients' experiences of therapy especially when embodied experiences are involved.

Complex trauma and (therapeutic) relationships: A single-case study. Kimberly Van Nieuwenhove, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium

Aim: Complex trauma is associated with the development of deeply engrained interpersonal patterns, which cause difficulties in adult relationships (Herman, 1992). Therapy should therefore create a place in which these dysfunctional interpersonal patterns can be revised and reworked (van der Kolk et al., 2005). However, research concerning the nature of these relationship patterns and their influence on the therapy process is scarce. **Method:** Interpersonal patterns are analysed in a single case by means of the Core Conflictual Relationship (CCRT) Method (Luborsky & Crits-Christoph, 1998), which characterizes people's habitual ways of interacting with others by defining dominant wishes, responses of others (RO) and responses of self (RS) in

concrete relationship episodes. Principles of Consensual Qualitative Research for Case Studies (Jackson, Chui, & Hill, 2011) are used to systematically examine the influence of dominant relationship patterns on the therapeutic relationship and the therapeutic process. Results: Results indicate that 1) the patient's wishes to regain recognition, to be respected, and to be understood are frustrated by significant others, which leaves her helpless and unable to open up; 2) related issues appear in the therapeutic context, especially concerning reciprocity in the therapeutic relationship and the perceived obligation to talk about the traumatic past; 3) supportive interventions enable the patient to open up about interpersonal difficulties and traumatic experiences. Discussion: This case illustrates the importance of understanding and addressing the CCRT in the broader narrative of the subject and the dynamic nature of a therapy process.

Why did she leave? An evidence-based case study of a dropout in an effective psychotherapy of depression Petr Dolezal, Masaryk University, Faculty of Social Studies, Brno, CZ; Michal Cevelicek, Masaryk University

Aim: The aim of this study was to explore mechanisms of change in relation to outcome in a successful case of psychodynamic psychotherapy. Qualitative and quantitative evaluation of outcome was put into the context of the therapeutic alliance development and its mediation by responsiveness between the psychotherapist and the client. An evidence-based case study design was used to integrate data into a clinically meaningful and complex presentation. Methods: The full course of 18 sessions was videotaped and transcribed. Helpful Aspects of Therapy form was administered to both participants after every session. After the sessions 3, 9, and 13, Interpersonal Process Recall interviews were conducted with both participants. At the end of the psychotherapy, both participants completed Client Change Interviews. As the outcome measures, Symptom Checklist - 90, Personal Health Questionnaire - 9, and Clinical Outcome in Routine Evaluation were used. Session Rating Scale and Working Alliance Inventory were used as alliance measures. Results: Both quantitative and qualitative outcome evaluation strongly supported the good outcome hypothesis. However, after 18 sessions, the client chose to drop out without consulting with the therapist. The analysis of qualitative data showed that the established setting of working alliance had different functions over different stages of psychotherapy. Changes in the client's life required a different setting, however, a persistence of the psychotherapist may have contributed to the dropout. Discussion: The responsiveness of the psychotherapist to the client's needs proved to be a crucial aspect in identifying the need to transform psychotherapy setting in response to the changing context.

Beyond the impasse: reflections on dissociative identity disorder Reitske Meganck, Ghent University, Belgium

Aim: Dissociative Identity Disorder (DID) is a widely contested diagnosis. The dominant posttraumatic model (PTM) considers early life trauma to be the direct cause of the creation of alter identities and assumes that working directly with alter identities should be at the core of the therapeutic work. The socio-cognitive model (SCM), on the other hand, questions the validity of the DID diagnosis and proposes an iatrogenic origin of the disorder claiming that reigning therapeutic and socio-cultural discourses create and reify the problem. We argue that that looking at the underlying psychical dynamics can provide a way out of the debate on the veracity of the diagnosis. Method: A careful study of the theoretical literature is brought into dialogue with clinical material gathered in a systematic naturalistic single case study. Results: The contribution of some psychodynamic concepts along with case material are presented to understand clinical and empirical observations on the prevalence, appearance and treatment of DID. Discussion: It is argued that in the focus on the veracity of DID in the debate between the two models, the notion of the subject gets lost and that the nature of the debate hampers further theoretical development.

Displaying Agency Problems at the Outset of Psychotherapy Jarl Wahlström, University of Jyväskylä; Minna-Leena Seilonen, University of Jyväskylä

In order to present him- or herself at the outset of psychotherapy as a credible client, the person needs to, on one hand, formulate a sense of lost agency in accounts of his/her life situation, and on the other hand, to present him- or herself as willing and able to take part in conversational self-exploration. Aim: In this single case study we looked in detail at how one person, seeking psychotherapy, constructed accounts that served this double function. We sought to develop the usefulness of the concept of

agency as an integrative theoretical construct of core processes in therapy and introduced a model of five aspects of agentic vs. non-agentic presentation, developed and applied in an earlier study on clients in semi-mandatory counselling. Method: Based on this model we performed a theory-guided content analysis on the verbatim transcription of the video-recorded first session of the case. Results: The results showed how the five aspects of the model -- relationality, causal attribution, intentionality, historicity, and reflexivity -- were present in, or lacking from, accounts given by this one client entering voluntary psychotherapy. Discussion: We conclude that qualitative process research could benefit from considering loss of agency as one crucial object of psychotherapy and the ongoing discursive formulations and re-formulations of the client's more or less agentic positions as central to the process of therapy.

Brief Paper Session

quantitative & qualitative method

Moderator: Kevin J. R. Wright,
South London & Maudsley NHS MH
Trust

Qualitative / Conceptual Studies

Patients' experiences with routine outcome monitoring (ROM) and clinical feedback (CF) systems: a systematic review and synthesis of qualitative empirical literature Stig Magne Solstad, Helse Førde; Christian Moltu, Helse Førde; Louis Castonguay, Penn State University, University Park, USA

Routine outcome monitoring (ROM) and clinical feedback (CF) systems have become important tools for psychological therapies, but there are challenges for their successful implementation. To overcome these challenges, a greater understanding is needed about how patients experience the use of ROM/CF. To address this need, we conducted a systematic literature search of qualitative studies on patient experiences with the use of ROM/CF in mental health services. The findings from the resulting 16 studies were synthesized, resulting in four meta-themes: 1) Suspicion towards service providers, 2) Flexibility and support to capture complexity, 3) Empowering patients, and 4) Developing collaborative practice. We discuss the implications of these meta-themes for further development and implementation of ROM/CF into clinical practice, acknowledging the limitations of our review and suggesting avenues for further research.

Narcissistic difficulties and development of relationship with authority in psychotherapy: qualitative analysis of subjective experience Dovilė Petronytė - Kvedaruskienė, Vilnius University, Lithuania; Gražina Gudaitė, Vilnius University
Aim: Relationship with authority plays a big role in formation of personal identity and sense of self-worth. Lack of positive relationship with authority can lead to narcissistic difficulties. The issue of relationship with authority has been scarcely studied in contemporary psychology. Research on inner psychic dynamics of narcissism with regard to relationship with authority is absent at all. In our research, we seek to reveal specific motives of relationship with authority which are characteristic of narcissism and to follow their development in the course of analytical psychotherapy. Methods: Adults who sought psychotherapy and who had narcissistic difficulties are the participants of the research. The research is conducted within psychotherapeutic practice, researcher and psychotherapist being the same person. The ongoing research consists of two parts. 1) 12 adults were interviewed at the beginning of psychotherapy (after 10-14 sessions). Semi-structured interview was conducted to reveal narcissistic difficulties and motives of relationship with authority. 2) Participants of the research are interviewed after 40-45 sessions of psychotherapy, when psychotherapy has been continued. Data about changes during psychotherapy especially regarding relationship with authority is collected using semi-structured interview. Qualitative thematic analysis is used to process the data. Results and discussion: Results of the first part of the research: the identified themes of relationship with authority in narcissism, will be presented in the paper. A need to defend one's worth in relationship with authority is among most frequently mentioned motives. Findings will be discussed with regard to understanding and handling with narcissistic difficulties in psychotherapy.

Negative Delusion and Agentic Selfhood in Borderline Personality Disorder Anna D. R. Bergqvist, Manchester Metropolitan University
Psychotic symptoms in persons with borderline personality disorder such as evaluative delusions, depersonalisation, and other negatively oriented dissociative experiences is

of special interest to researchers investigating first personal thinking and emotional ownership of thought. Failure to distinguish such symptoms from psychosis exacerbate treatment and diagnostic confusion. Understanding the client's perspective on what the psychotic symptoms mean in determining a less ambiguous diagnosis helps gauge their level of distress and sense of identity. A common tactic is to use self-ascription as a tool for analysing the implications of dissonance cases for our understanding of self-knowledge, a problem captured by the narrative theme of mental agency. Influential views on self-knowledge presuppose that we cannot come to know a resistant belief in a first-personal way. Similarly, one often hears the claim that clients with BPD cannot properly introspect; at best, they self-attribute a 'false self'. In this work, I turn that explanatory strategy on its head to suggest a potential rapprochement between the narrative construction of selfhood and a thinner notion of agential awareness in dissonance situations in which the normal sense of self is disrupted. I argue that psychotic symptoms and other negatively oriented dissociative experiences in BPD are best seen against the background of clients' narrative agency as whole persons in understanding the complex relationship between first-personal thinking and that of self-authorship. As such, the integrative approach to self-knowledge can also be understood as a project in empathetic understanding and intelligibility in the service of positive change and accountability.

Exploring parental representations in mothers whose infants go on to develop disorganised attachment Juraj Kralik, UCL

Aim: Research has shown that infants categorised as disorganised are most at risk for developing serious mental health difficulties later on in life. This study aims to explore the processes contributing towards the formation of disorganised attachment in infants by analysing parental representations, assessed in the first year of the infant's life, in a sample of parents whose infants are classified as disorganised one year later. **Method:** The study utilises data collected as part of a randomized controlled trial of parent-infant psychotherapy (PIP) for parents with mental health problems and their young infants (under 12 months of age). Out of 76 mother-infant dyads that took part in the RCT, 7 mothers were later identified as having an infant with disorganised attachment (when the infants were 12-24 months old). Using purposive sampling, these 7 cases were selected as the sample for the current study. The Parent Development Interview, a semi-structured interview capturing the parents' representations of their baby and their relationship was administered one year prior to the attachment classification. A thematic analysis, a flexible yet rigorous way of organising data by identifying, analysing and reporting patterns (themes) within the data set, is being conducted. **Results:** The data analysis is currently underway. The results of emergent themes will be presented. **Discussion:** By using a qualitative exploratory approach, this study will analyse parental representations differently from top-down quantitative coding protocols, hence its findings will be used to compare how they fit in with the current theories of disorganised attachment.

The Use and Benefits of Expressive writing in treatment of PTSD and other traumas in EAP & Primary Care settings (IAPT). Kevin J. R. Wright, South London & Maudsley NHS MH Trust

This paper proposes to provide case examples by a post-modernist psychology practitioner to demonstrate the effectiveness and advantages of using the technique known as expressive writing as a quick and effective way to work with particularly post-traumatic stress and other traumas within various brief therapy settings. The technique is seen as a positive and time efficient technique as an adjunct to the more traditional techniques such as CBT as used in the brief therapy settings. The model is an extension of techniques developed in the US by Pennebaker and Smyth (Pennebaker, 1994, 1997; Smyth, 1998; Baikie and Wilhelm, 2005). The method can also be seen as an extension of narrative therapy which has grown out of the postmodernism of the last few years (Kelley, 2002; White and Epston, 1990) and has been incorporated into various therapeutic perspectives (McLeod, 2004). Basically here the emphasis is on the client's need to tell their story. The use of expressive writing has been found to have significant effects, long term, on physical and psychological wellbeing, physiological and general functioning outcomes particularly in reducing post traumatic intrusions and avoidance symptoms and it may also point the way for further research in its use for other client problems. This paper will present the technique and the change responses using case examples suggesting that this may

offer more time efficient treatment protocols given the restraints and needs within the brief therapy requirement of EAP provision and that offered by IAPT services in Primary Care.

Brief Paper Session

child & family

Moderator: Daniel Hayes, Evidence Based Practice Unit, University College London and Anna Freud Centre, UK.

Treatment for children and adolescents

What Happens At The Point of NOT Understanding - working through shame to having an open responsiveness in the classroom setting. Vanessa McHardy, UKCP

Background: The intense feelings of being stupid experienced by children in the learning environment we propose are linked to shame as the primary psychological discomfort experienced which then acts as the catalyst to the many unwanted defensive behaviours from bullying, angry outbursts, intense reclusion, introversion and isolation. Aim: The aim was to assess the impact of the project 'What Happens At The Point Of NOT Understanding' around these intense feelings on children's ability to successfully challenge erroneous thoughts of feeling stupid, and moving from shame filled defensive behaviours to being open and responsible. Alongside this the children were taught to recognize unhealthy behaviours and develop healthy responses through gentle breathing exercises and other regulation techniques that help to turn off the stress response system. Methods - The study used a Pre- and Post- design questionnaire. Three hundred and forty one (n=341) children aged seven to eleven completed the project. Results: Statistically significant results were found, showing increased confidence in the children's understanding and acceptance of what happens when they don't understand something. The children also developed understanding of their stress response system and knowing how to ask for help. Discussion: A major strength of this collaborative project with children is to examine these issues from the level of experience and child psychotherapy processes. The complex nature of children's underlying feelings and the impact of supportive or threatening environments on development. The project 'What Happens At The Point Of NOT Understanding' explores ways of advancing our understanding of these issues.

Counselling demand and provision in primary schools in Ireland Deirdre Dooley Judge, Dublin City University; Rosaleen McElvaney, Dublin City University; Evelyn Gordon, Dublin City University; Amy Byrne, Dublin City University

Background: Unlike many European countries there is no formal system for the provision of school based counselling for children attending primary schools in Ireland. Despite recent initiatives to promote psychological wellbeing in schools, significant numbers of children under 12 years are presenting in school with complex mental health difficulties. To date, there has been no comprehensive attempt to capture the national landscape of the nature and extent of children's needs, from the perspectives of schools, and the level of counselling services available to schools. Method: This study used a mixed methods design. A national online survey was conducted with primary school principals in Ireland (n=1,110) to investigate the perceived counselling needs of children and the nature and extent of counselling services that are being used at present. In addition, semi-structured interviews were conducted with five principals and five school counsellors, where counselling is available in schools, to explore experiences of such provision. Results: Data are currently being analysed. Preliminary analysis indicates that although there is no statutory provision for school counselling, a range of private and voluntary services are accessed. School principals are using resources creatively in an attempt to meet children's needs. Children are presenting with complex psychological difficulties and teachers are struggling with meeting these needs in the educational context. Family issues are seen as the most prevalent presenting difficulty. Conclusions: This study, the first such study conducted in Ireland, highlights the excessive burden on teachers and schools in meeting the emotional needs of children in schools. Implications for the development of school counselling in Ireland will be discussed.

Maypole Dancing and Grotstein's "Bedlam": Complexity and Intensity in the Therapeutic Encounter in an Adolescent Psychoanalytic Psychotherapy Group

Monique Maxwell, Leicestershire Partnership NHS Trust - CAMHS

What is the nature of the therapeutic encounter in an adolescent psychoanalytic psychotherapy group? A qualitative, retrospective study looks at the first 15 months of clinical work with 7 older adolescents who attended for once-weekly psychoanalytic

group psychotherapy. The researcher was a co-therapist; clinical process notes formed the data set. The intrinsic complexity in the data precipitated initial conceptualisations, and Foulkes' notion of 'figure-ground' helped apprehend the material. Using a form of Grounded Theory, the data set was then examined methodically. This evidenced how members brought complex, changing constellations of feeling, and mental and bodily states to the group. Analysis revealed relational and developmental predicaments which would interweave inter-relationally at both conscious and unconscious levels. Using both narrative and tabular forms of exposition, a shared, multi-dimensional matrix of relationship and communication was demonstrated, creating the bedrock of the group therapeutic encounter. Emotional and psychological growth developed in the context of members' capacities to bear emotional knowledge, and hold emotional states over time as individual preoccupations became less pressing within the group's relational encounter. This conferred to the group the qualities of Bollas' 'transformational object', while the matrix itself linked with Stern's 'primary intersubjective matrix'. It is suggested that group psychotherapy has much to offer young people whose relational and psychosocial struggles can be explored in the safety and stability of the clinical group setting.

Evaluation of i-THRIVE decision aids for improving shared decision making in child and youth health

Daniel Hayes, Evidence Based Practice Unit, University College London and Anna Freud Centre, UK.; Rosa Town, UCL and ANFCC; Emiliós Lemoniatis, Tavistock Clinic, London, UK; Julian Childs, University College, London, UK; Miranda Wolpert, Anna Freud Center, London, UK; Nick Midgley, UCL / Anna Freud National Centre; Anna Moore, UCL and AFC

Background: THRIVE is a conceptual framework in child and youth mental health. It conceptualises need into five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help & Getting Risk Support. Central to THRIVE is the premise of SDM with young people. The aim of this study was to develop decision aids for to use in assessment clinics Methods: Intervention: Working in collaboration with Dartmouth University, six decision aids were developed. Decision aids were derived from the Option Grid™ concept and were developed for three presenting problems: depression, self-harm, and ADHD. Decision aids were then implemented in two London assessment clinics in February 2017 using PDSA (Plan Do Study Act) cycles to make further improvements, and examine if they contributed to changes in patient outcomes. Data collection: Data was collected on SDM, satisfaction, modality of care, symptomology, type and delivery of treatment, and THRIVE grouping. Young people, parents, and clinicians were interviewed about decision aid usability and acceptability. Results and conclusion: Baseline data was collected from 55 service users (33 parents and 22 young people). CollaboRATE showed SDM to be higher in parents than young people on both the mean score (8.1 vs 7.6) and the 'Top Score' which represented 'gold standard' SDM (40% vs 16%). Changes to decision aids included some language and format alterations. We will present results on how the introduction and refinement of encounter decision aids into assessment clinics influenced outcomes, as well as presenting qualitative feedback on usability and acceptability from stakeholders.

Patterns of Disrupted Maternal Behaviour Associated with the Development of Disorganised Attachment in Infants within Parent-Infant Psychotherapy: A Case Study

Sarah Anne Miltz, Anna Freud Center, London, UK; Evrinomy Avdi, Aristotle University of Thessaloniki; Tessa Baradon, Anna Freud National Centre for Children and Families; Michelle Sleed, Anna Freud Center, London, UK

Aim: This study examines disrupted maternal behaviours associated with the development of disorganised attachment in infants as they emerge in two video-recorded sessions of parent-infant psychotherapy. Given that these behaviours are a predictor of infants developing severe psychopathology later in life, this study highlights the importance of recognising these behaviours in treatment and it explores how such behaviours can be addressed clinically. Method: This is a qualitative study of video footage from two parent-infant psychotherapy sessions, one from the middle of treatment and the final session. Treatment was led by a senior clinician and was thought to demonstrate a good outcome. The videos are explored in two ways. Firstly, the AMBIANCE coding instrument is used as a basis for identifying disrupted maternal behaviours. Secondly, using a qualitative explorative approach, the events preceding disrupted maternal behaviour and the psychotherapist's interventions in response to these behaviours are thematically organised. Results: Behaviour as outlined by the

AMBIANCE coding instrument were observed in the sessions. The categories of AMBIANCE behaviours found were predominantly 'frightened/disorientated', 'withdrawing' and 'affective communication errors'. These behaviours were observed to be preceded mainly by distress and withdrawing behaviour in the baby as well as the therapist's responses to the baby's negative behaviour. The psychotherapist was found to respond consistently to maternal disrupted behaviour, often through engaging the baby directly in the work. A comparison between the two sessions shows that there were considerably fewer disrupted maternal behaviours at the end of treatment and that the therapist made far fewer active interventions. Discussion: Overall, it is concluded that disrupted maternal behaviours are observable in treatment and can be addressed in parent-infant psychotherapy. It is also suggested that findings reflect possible changes in maternal behaviours over the course of therapy, which could be seen as an indicator of therapy outcome.

Brief Paper Session

quantitative & qualitative method

Moderator: Francesca Giannone,
Università di Palermo, Italy

Measures I

The MATRIXscore - A Novel Tool for Measuring Theoretical Approaches of Psychodynamic Sessions Amit Saad, Shalvata Mental Health Center, Tel-Aviv University, Israel; Shlomo Mendlovic, Tel Aviv University, Israel; Boaz Schwarz, Bar-Ilan University, Israel; Ariel Ben-Yehuda, Shalvata Mental Health Center, Israel

Aim: The purpose of this paper is to introduce MATRIX based numerical scales to measure the theoretical orientation of psychodynamic sessions. **Background:** The MATRIX is a content-analysis coding system of psychodynamic sessions. In preliminary studies the MATRIX was shown to qualitatively distinguish between psychodynamic sessions based on their theoretical orientation. The purpose of the current study is to introduce MATRIX based numerical scales to measure the theoretical orientation of psychodynamic sessions. **Methods:** To estimate reliability, three raters encoded ten sessions using the MATRIX manual. Inter-rater agreement was measured. To develop scales of the theoretical approaches, 78 vignettes were sent to three independent specialists. The specialists assessed on a subjective scale from one to ten how much each vignette represents a certain theoretical approach. Three approaches were considered: drive-conflict, developmental-arrest and relational. The vignettes were also encoded using the MATRIX. Machine-learning tools (k-fold cross validation) were applied to develop the MATRIXscores--numerical scales based on the MATRIX codes which predict the specialists' subjective assessments. **Results:** Inter-rater reliability of the MATRIX was high (Fleiss-Kappa=0.876, P less than 0.001). The mean-squared-errors of the MATRIXscores were 0.97 (drive-conflict), 1.48 (developmental-arrest) and 0.53 (relational). **Discussion:** To compare the efficacy of various psychodynamic approaches, we need an objective tool which measures how much sessions are guided by such approaches. The MATRIXscore is shown to provide reliable and accurate numerical scales of the theoretical approaches. Hence, it may be a central tool in future psychodynamic research.

Assessing treatment integrity in EFT: Tools for research and training Marina Lopes Monteiro, ISMAI - University Institute of Maia; Carla Cunha, ISMAI -- University Institute of Maia, Portugal; Daniela Nogueira, ISMAI -- University Institute of Maia, Portugal; João Salgado, ISMAI -- University Institute of Maia, Portugal

The assessment of treatment integrity allows us to confirm if the therapist during the intervention used the techniques proposed and it must comprehend therapist's adherence to the model and therapist's competence when applying the intended techniques. In randomized clinical trials, the study of treatment integrity is a necessary element for establishing a reliable association between the treatment and the outcome. **Aim:** In this presentation, we will review the different Emotion-Focused Therapy measures that were developed up to the moment in clinical trials to check adherence and competence to treatment manuals and the qualities and limitations of these measures. **Method:** We will present a comprehensive narrative synthesis encompassing a broad perspective of Emotion-Focused Therapy adherence and competence measures. We will adopt a critical stance and review in order to foster future refinements and development of these measures and the recommendations provided by experts in this field as suggested by Perepletchikova and Kazdin (2005). **Results and Discussion:** The results of the review will highlight the importance of implementing specific strategies to enhance treatment integrity in research and clinical

practice and the benefits of developing and including measurement of the therapist's integrity as helpful tools for therapist's training and supervision. We will also explore the influence and gains of treatment integrity assessment throughout the process. We will conclude with some suggestions on how to use these measures to enhance training and supervision of new therapists.

Psychometric Properties of the Outcome Rating Scale (ORS) and Session Rating Scale 3.0 (SRS 3.0) in a Spanish Clinical Sample Danilo Moggia, Universitat de Barcelona, Spain; Noelia Niño-Robles, Universitat de Barcelona, Spain; Guillem Feixas, Universitat de Barcelona, Spain; Scott D. Miller, Center for Clinical Excellence

Aim: We studied the psychometric properties of the Outcome Rating Scale (ORS) and Session Rating Scale 3.0 (SRS 3.0) in a Spanish clinical sample. These instruments are ultra-brief measures designed to track outcome, and alliance in psychotherapy, respectively. **Methods:** The psychometric properties of the instruments in the sample were explored and described, comparing them to the properties of other instruments already validated in Spain. **Results:** Our results showed good reliability and validity of both instruments, results that are consistent with previous findings in other countries. **Discussion:** The instruments can be applied to monitor outcome and alliance in psychotherapy, but accompanied by another validated measures. Further research is required to adapt and standardize these instruments to Spanish population.

The Italian adaptation of the Group Questionnaire: validity and factorial structure

Francesca Giannone, Università di Palermo, Italy; Maria Di Blasi, Università di Palermo; Cecilia Giordano, Università di Palermo, Italy; Cinzia Guarnaccia, Paris 8 University (Saint-Denis, France); Salvatore Gullo, University Niccolò Cusano; Gianluca Lo Coco, Università di Palermo, Italy

This contribution reports results from a study on the Italian validation of the Group Questionnaire (GQ). The GQ is a measure recently developed by Krogel et al. (2013) for the evaluation of the therapeutic relationship in group. The GQ identifies a three-factor model of the relationship "quality" (Positive Bonding, Positive Working and Negative Relationship) and provides specific information about the group structure, on how the relationships in group (member-member, member-leader and member-group), should be relatively strong or weak. In this study the GQ was administered to 537 students attending training groups focused on group dynamics during their academic course. The cross-cultural validity of the GQ in the Italian population has been examined by comparing the psychometric properties (internal consistency and the factorial structure) of the Italian GQ with the original version. We also assess the convergent validity of GQ and its correlations with different measures of group alliance and cohesion. Data concerning reliability and validity of GQ and the results for different SEM show a good fit with the original proposed model and confirm the three factors structure. The Italian version of GQ showed significant correlations with other measures of group process (Alliance and Cohesion) supporting its criterion-related validity. The main advantage of GQ is to overcome the traditional fragmentation between constructs by proposing a unified view of the group process based on the concept of "relationship". Thus, we discuss the significant contribution of GQ for both researchers involved in research on psychotherapy and clinicians who lead psychotherapy groups.

Brief Paper Session

culture & identity

Moderator: Benjamin Aas,
Paracelsus Medical University,
Salzburg, Austria

Culture

Social inequalities and therapeutic practice in the Social Clinics of Athens: An exploratory inquiry into the work of volunteer counsellors Christina Sachpasidi, University of Edinburgh

This presentation will examine the role and practice of volunteer counsellors who work with underprivileged clients in Social Clinics and other free of charge psychotherapeutic services in Athens, Greece. It is based on an ongoing qualitative study, which aims to explore how practitioners experience their work in these setting, in order to better understand the relationship between social inequalities and psychotherapy and discuss the implications that it has for therapeutic practice and training. Since the eruption of the financial crisis in Greece, a rise in mental health problems has been observed that has been connected to socioeconomic experiences which have become increasingly prevalent, such as poverty, unemployment and job

insecurity. In Athens, free of charge psychotherapy has become extensively available to people of low economic status, through Social Clinics that derived from various social movements and numerous other volunteer led initiatives that were developed as an answer to the lack of primary health care and widespread psychological distress. Although economic violence and oppression constitute a significant source of frustration for an increasing number of people around the world, social inequalities continue to be under-researched in our field and they are rarely acknowledged in training programmes. Based on in depth interviews with volunteer counsellors, this study employs a narrative methodology which examines experience and therapeutic encounter from a standpoint of embeddedness in the sociopolitical world, while drawing connections between emotional and social realities. Through these contextual accounts, different ways of addressing social inequalities in therapeutic practice will be presented.

Elephants in the room!: Counselling non-English speaking clients through interpreters. Merih B Fidan, University of Leicester, UK

Background: Offering talking therapies to non-English speaking clients through interpreters is challenging due to highly emotionally charged issues (Miller et al., 2005). Counsellors and interpreters may feel scrutinized and lost (Costa, 2011). Aim: To understand how interpreters, counsellors and clients made sense of therapeutic relationship and the interpreting process in triadic framework. Method: This study was designed as a qualitative research. Data was obtained through focus groups and in-depth interviews from three groups of participants. Thematic analysis was used to analyse the data. Eight males, twenty-two females were interviewed. Ethical approval was obtained from the University of Leicester. Results: Thematic analyses yielded eight themes, fifty main and one hundred and twenty-five sub-categories were devised. Impacting factors on the processes include Expectations, Organisational constraints, Needs, Culture and language, Interpreting, Knowledge and experience, History and Politics. Further analyses were carried out to find out overall thinking patterns across the participant groups. These three super-ordinating themes are: 'Roller coaster': Refers to the positive and negative aspects of the all processes throughout. Each member of the triad felt failed, moved and learned; 'Trust for all from all': Participants stated that they needed trust and be trusted to be able to work with the other(s); 'I need as much as you need': All participants acknowledged their need for respect, understanding, knowledge, guidance, training and supervision. Conclusion: Not just one member of the triad but all thought that there was an ELEPHANT in the room but, more importantly, they felt that they themselves were the ELEPHANT.

Pride or Prejudice?: The Role of Ethnicity and Culture in the Mental Health and Professional Development of Medical Students Diana Bass, University of Exeter

Research has shown that medical students are more vulnerable to mental illness and psychological distress than other students and find it more difficult to ask for help. The emphasis of this project is on exploring the reasons why several high-profile research studies also suggest that there is a significant attainment gap between British Minority Ethnicity students and their white peers. In 2014 the General Medical Council stated that 'it is now clear that ethnicity is a factor in doctors' attainment from secondary school onward'. BME students are significantly over-represented in British medical schools compared to the United Kingdom average of 17%. This doctoral project investigates this situation by firstly considering a demographic description of the background of medical students in an inner city medical school, and of those attending counselling sessions in the University Counselling Service. This demographic information is considered alongside a qualitative thematic analysis of assessment data of medical students presenting for counselling, in order to throw some light on the ways in which students' own experiences affect both their personal wellbeing and academic performance. The emerging, often very powerful and moving narratives, emphasise the profound importance of students' relationships with themselves and others, and how these shape and are shaped by both their family culture and the external socio-economic environment. These themes are examined for difference and similarities within student presentations, and illuminate the ways in which several factors including the surrounding medical culture, can reinforce the effects for some students of a background history of traumatic events in the family including immigration, racism and unequal power relationships.

Psygration: Proof of concept for an online cross-language platform for psychological assessment. Benjamin Aas, Paracelsus Medical University, Salzburg, Austria

Aim: In a globalizing world, there is an increase in situations where professional decisions have to be made for people from various cultural, ethnic and linguistic backgrounds. Social workers, psychologists and doctors need to screen psychological problems in displaced persons, they can hardly communicate with. Similarly, social services, recruiters and HR-departments want to assess individual capacities and strengths of migrants reliably and validly, to make the right decisions on whom to hire for what job. **Methods:** In this brief paper, a proof of concept for an online cross-language platform for psychological assessment is presented. Technical considerations will be outlined as well as conceptual considerations in creating a pool of cross-cultural valid items. Furthermore, it will be discussed how such a tool implies advantages for harmonizing international and third-world mental health care systems (mhGAP) and cross-lingual empirical research (AMARI: African Mental Health Research Initiative). **Results/Discussion:** Leaving the realm of university-based research, 'Psygration' is to be set up as a crowd-sourced start-up, currently in its pre-seed phase. We hope that presenting our approach at the SPR Oxford conference will improve traction to this non-profit social enterprise and spur discussion on theoretical aspects as well as its implementation.

Brief Paper Session

evidence-based psychotherapies

Moderator: Susanne Lunn,
University of Copenhagen,
Denmark

Randomized Controlled Trials

Effectiveness of EMDR in patients with substance use disorder and comorbid PTSD: a randomized controlled trial Annett Lotzin, University Medical Center

Hamburg-Eppendorf, Germany; Laycen Chuey-Ferrer, AHG Clinic Dormagen; Arne Hofman, EMDR-Institute Germany; Peter Liebermann, EMDR Institute Germany; Ingo Schäfer, University Medical Center Hamburg-Eppendorf, Hamburg

Background: Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based treatment for posttraumatic stress disorder (PTSD). However, it is unclear whether EMDR shows the same effectiveness in patients with substance use disorders (SUD) and comorbid PTSD. **Aim:** In this trial, we examine the effectiveness of EMDR in reducing PTSD symptoms in patients with SUD and PTSD. **Methods:** We conduct a RCT among 158 patients with SUD and comorbid PTSD admitted to a German addiction rehabilitation center specialized for the treatment of patients with SUD and comorbid PTSD. Patients receive either EMDR, added to SUD rehabilitation and non-trauma-focused PTSD treatment (TAU), or TAU alone. The primary outcome is change from baseline in PTSD symptom severity as measured by the Clinician-Administered PTSD Scale at 6-month follow-up. Assessments are carried out at admission, at end of treatment, and at 3- and 6-month follow-up. We expect that EMDR plus TAU will be more effective in reducing PTSD symptoms than TAU alone. Mixed models will be conducted using an intention-to-treat and per-protocol approach. **Discussion:** In this presentation, the study design and first results of patient characteristics and experiences with the conduct of the study will be presented and discussed.

Improving cognitive function in serious mental health disorders. Gary Donohoe, National University of Ireland Galway

Background: Cognitive remediation (CR) training has emerged as a promising approach to improving cognition in major mental health disorders and maybe a prerequisite for some patients to benefit from further psychotherapeutic care. The limited availability of psychological services for psychosis is a major barrier to accessing this intervention however. This study investigated the effectiveness of a cognitive training program for patients with schizophrenia, bipolar and major depressive disorder. **Methods:** 90 patients were enrolled into a single blind randomized controlled trial of CR. Effectiveness of the intervention was assessed in terms of neuropsychological performance, social and occupational function, and functional MRI two weeks post intervention, with neuropsychological and social function again assessed 3-6 months post treatment. **Results:** Patients who completed the intervention showed significant gains in both neuropsychological function (measured using both untrained working memory and episodic task performance, and a measure of performance IQ), and social function at both 2-week follow-up and 3-6 month follow-up time points. Furthermore, patients who completed MRI scanning showed improved resting state functional

connectivity relative to patients in the placebo condition. Conclusions: CR training has already been shown to improve cognitive and social function in patient with major mental health disorders. This study demonstrates that a remotely accessible treatment was associated with gains that were comparable to those reported for CR delivered entirely on a 1:1 basis. We conclude that CR has potential to be delivered even in services in which psychological supports are limited, and may be important to further psychotherapeutic care.

Bias in psychotherapy research - a case example Susanne Lunn, University of Copenhagen, Denmark

Aim: Bias in research is well-known and is most often discussed in the context of low replicability of findings. The biases most often discussed in psychotherapy research are researcher allegiance, therapist effects, compromised adherence to treatment methods and selective reporting of results. The aim of this presentation is to call attention to bias in psychotherapy research as early as in the review process. Method: A single case is presented to illustrate the review process of a newly published article about the results of a randomized controlled study comparing two different therapy methods. Result: The case illustrates very conflicting reviewer views of the same article that may mirror different researcher or therapy allegiances. Discussion: Possible ways to minimize biases in the different phases of a psychotherapy research project are discussed.

Brief Paper Session

alliance & interpersonal process

Moderator: Franco F. Orsucci,
University College of London &
NC-IUL University of London

Change processes II

Four Perspectives on the Change Process in a Single Case Study: Client, Therapist, Outcome Researcher, and Process Researcher Jan Roubal, Masaryk University in Brno, Czech Republic; Roman Hytych, Masaryk University in Brno, Czech Republic; Rolf Sandell, Linköping University and Lund University, Sweden; Tomas Rihacek, Masaryk University in Brno, Czech Republic

Aim: A single-case study is presented to illustrate the Measurement of Change after Psychotherapy (CHAP). The method was used to explore the client's experience of psychotherapy change. Methods: The data was gathered using CHAP interviews with the client 7, 11 and 18 months after therapy, video recordings of therapy sessions, therapist's process notes and a retrospective interview with the therapist. The CHAP analysis was applied to the client interviews and thematic analysis was applied to the rest of the data. Results: The results consist of four different perspectives on the process of change: (1) What was useful in the therapy? (Client's perspective obtained from a CHAP interview after therapy); (2) What were we doing in the therapy? (Therapist's perspective obtained from a retrospective interview); (3) What has changed after the therapy? (Outcome researcher's perspective obtained from the CHAP interview after the therapy); and (4) How did the change emerge during the therapy? (Process researcher's perspective obtained from video recordings of therapy sessions). Discussion: The study can serve as an example of a practice oriented research, because it introduces a practitioner friendly method of gathering rich qualitative data for the development of a multidimensional case-specific theory of change.

Change in dynamic psychotherapy. What differentiates good and poor outcome cases. Giulio de Felice, Sapienza University of Rome & NCU University, London; Benjamin Aas, Paracelsus Medical University, Salzburg, Austria; Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Guenter K. Schiepek, Paracelsus Medical University, Salzburg, Austria; Franco F. Orsucci, University College of London & NC-IUL University of London

Aim: In this work we examine four good-outcome and four poor-outcome brief psychodynamic psychotherapies pertaining to the York Depression Study. The main aim is to investigate the processes of change related to the use of language characterising good and poor outcome psychotherapies. Method: Every session was transcribed and coded according to the following parameters: Positive Emotional Language, Negative Emotional Language, Abstract Language. We firstly performed the PCA in order to study the spectrum of the four good cases aggregated vs the four poor cases aggregated. Furthermore, each segment or statistical unit was clustered in order to show the temporal invariants between different segments and outcome. In doing so,

each statistical unit represented a specific configuration of the therapeutic field (i.e. the therapist-patient relationship) characterised by specific patterns of the above mentioned variables. The cluster/states time series generated were finally studied by means of network analyses. Results: The network of good outcome cases was ergodic. Conversely, the poor outcome networks showed one or more dysfunctional attractors. Moreover, in case of presence of phase transitions, we observed in the correlation matrix an increase in both its correlation robustness and its variability immediately before the phase transitions took place. Conclusions: This study showed some fundamental differences between poor and good outcome processes. The in-depth focus on phase transitions allowed to observe a very promising index in order to track and foresee the key moments of the process. Albeit preliminary results, these can open new frontiers both in the practice and training of psychotherapy.

Narrative Change Process in Dilemma-Focused Intervention: The Case of Maria

Danilo Moggia, Universitat de Barcelona, Spain; Guillem Feixas, Universitat de Barcelona, Spain; Víctor Vela, Universitat de Barcelona, Spain; Maria Manteca-Gómez, Universitat de Barcelona, Spain

Dilemma-Focused Intervention (DFI) is a module of intervention designed to resolve cognitive conflicts (CCs) in patients who present them. A CC, as detected with the Repertory Grid Technique (RGT), expresses an ambivalence or a dilemma between opposing aims of clients to make changes, on the one hand, and their need for continuity in their sense of identity on the other. Previous research has shown that clients who resolved their conflicts during therapy obtained greater benefits with respect to reduction of depressive symptoms and psychological distress than those who did not. In this research, we studied the narrative change process of a good-outcome case who resolved their CCs after DFI for depression. The Innovative Moments Coding System (IMCS) was used to track change in the discourse of the client through the therapeutic process. The results are discussed emphasizing the relation between the observed narrative change pattern, outcome measures, and CCs resolution.

Indices of change: analyzing the indexical properties of data from psychotherapy case work to discern patterns of therapeutic change over time

John Hills, University of Leeds, London, UK; Dr John Lees, University of Leeds, London, UK; Jane Cahill, University of Leeds, London, UK; Prof Dawn Freshwater, University of Western Australia, Perth

Aims: In this exploratory study, a form of data analysis is proposed that explicitly unpacks the indexical properties of data from psychotherapy case studies, with reference to semiotic theory. The first author, a practicing psychotherapist, observed this process happening within the therapeutic hour as a co-production between the client and their therapist, that informs the ongoing treatment. Emergent ideas may be treated by both the client and their therapist to reveal meanings through association and hidden underlying patterns. Such data include happenings within the therapeutic relationship and extra-therapeutic events that apparently heralded change; and the appearance of signs, both material and experiential, associated with change. Methods: Two anonymised case studies are created out of an amalgamation of many actual psychotherapy cases. These case studies are used to demonstrate the identification of indices of change and the information contained within them. A cross-case analysis demonstrates analogous patterns of change. Results: Analogous patterns included a moment of lucidity, a shifting of internal experience, client naming their change orientation, and the shifting of client's sense of self. Discussion: As an exploratory study we consider whether the informational content of these signs is being fully accessed? Is it possible that patterns of change may take on a fractal form with momentary patterns being replicated in longer-term time frames. An example might include the 'relief' a client feels being honest in a session about their doubts about therapy, mirrored by a 'relief' realised by a greater degree of authenticity in their relationships.

Semiotic Dynamics: How Language is Changing

Franco F. Orsucci, University College of London & NC-IUL University of London; Giulio de Felice, Sapienza University of Rome & NCU University, London

Recent research in psychotherapy and related fields has shown synchronization in verbal and nonverbal interactions. We will provide a short systematic review of

coupling dynamics in human interactions. Physiological variables seem to be involved in these synchronization processes as well. Common factors in psychotherapy can be derived from these general coupling dynamics. We will present a conceptual and mathematical model resulting from the above mentioned empirical research and based on Complexity Science.

Brief Paper Session

alliance & interpersonal process

Moderator: Mattias Desmet, Ghent University, Belgium

Change processes I

The Structure of Change in Psychotherapy: General or Specific Factors? Matthew Paul Constantinou, University College, London, UK; Liz Allison, University College, London, UK; Peter Fonagy, University College, London, UK

Aim: Do psychological interventions alleviate specific deficits which produce and maintain symptoms, or general vulnerabilities to psychological distress? We addressed this question by examining how general and specific psychopathology dimensions changed over the course of an inpatient intervention. **Method:** 2214 adults (ages 18-79, 52% male) completed the Patient Health Questionnaire-SADS (Somatization, Anxiety, and Depression) every fortnight over the course a 6-8 week multimodal inpatient treatment. Multilevel growth modelling was used to estimate changes over time in a general bifactor, on which all items loaded, and orthogonal specific factors, on which disorder-specific items loaded (e.g., either depression, anxiety, and somatization). **Results:** Significant declines were observed in the general factor and specific depression factor, but only the former predicted improvements in the WHO wellbeing index and disability assessment schedule. Declines in the general and depression factors were predicted by increases in the therapeutic alliance, which was mediated by improvements in emotion regulation. In a cross-lagged analysis, depression scores at one time-point predicted changes in general factor scores at the next, but the reverse was not found. **Discussion:** Changes in both general and specific psychopathology dimensions were observed over the course of an inpatient intervention. Although the greatest change was found in general psychiatric comorbidity, this was preceded by more subtle changes in depressive symptoms. Consistent with a dynamic mutualism account, alleviating a central node of pathology may have triggered a cascade of change in co-occurring problems which collectively affect wellbeing.

Does the Phase Model Predict Patterns of Change in Couple Therapy? Robert J. Lueger, Wisconsin School of Professional Psychology; William Pinsof, Pinsof Family Systems

Abstract: **Aim:** The Phase Model was developed to predict sequential patterns of change in three domains of psychotherapy outcomes-- remoralization, whereby clients become more hopeful, feel understood and less alone; remediation of symptomatic distress; and rehabilitation of life functioning. Previous research with individual psychotherapy has found that this predicted sequential pattern is true for approximately 63% cases. This study examined whether the sequence of change predicted by the phase model applies to couples therapy. **Methods:** 743 participants in couple therapy, 68% of whom began therapy in the clinical range on a measure of couple distress, provided an initial and at least two subsequent self reports of outcome while in treatment. Measures included the Systemic Treatment Inventory of Change's (STIC) Relationship With Partner (RWP), Negative Affect (NA), and Life Functioning (LF) scales. The NA and LF scales provided measures of two of the phase model components. Latent growth curve modeling was used to identify individual and group patterns of change. **Results:** Changes in NA were most efficiently modeled with log-linear regressions, whereas changes in LF and RWP were most parsimoniously modeled with linear functions. Improvement in RWP was parallel with the pattern of change in LF. Following the Good Enough model, the sequential relationships between changes in NA and LF were examined for six treatment lengths. The phase model predicted sequential patterns were most evident in couple treatments that ranged in length from 13 to 48 weeks. **Discussion:** The phase model predictions hold for couple therapies in excess of 12 weeks of treatment. **Key Words:** Couple therapy, Phase Model, STIC, treatment outcomes

Emotional and cognitive linguistic markers instability in psychotherapy diaries and their relationship with treatment outcome Catalin Zaharia, Sigmund Freud University;

Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Cosimo Talò, University of Salento; Guenter K. Schiepek, Paracelsus Medical University, Salzburg, Austria; Benjamin Aas, Paracelsus Medical University, Salzburg, Austria

According to a dynamic systems approach (Gelo and Salvatore, 2016), the destabilization of the therapeutic system is a necessary, though not sufficient, precondition for therapeutic change. Previous research has shown that, in the daily diaries of clients undergoing psychotherapy, emotional and cognitive linguistic markers show different degrees of critical instability are associated with different modalities of emotional-cognitive regulation. In the present study, we investigate the extent to which emotional and cognitive critical instabilities within clients' daily diaries undergoing psychotherapy may be predictive of treatment outcome. Participants were N = 34 clients with heterogeneous diagnoses treated in mixed (day hospital and in-patient) psychotherapeutic setting. Diaries were analyzed by means of the Therapeutic Cycles Model (TCM; 1996,2008) in order to assess the amount written emotional and abstract words (respectively Emotional Tone [ET] and Abstraction [AB]). Critical instability of ET and AB was operationalized as Dynamic Complexity over time. Data were analyzed by means of mixed-effect models. Results will be discussed with regard of their implications for both psychotherapy practice and research.

Measuring the outcome of psychotherapy: Some remarkable psychometric observations. Mattias Desmet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium; Ruth Inslegers, Ghent University, Belgium

In this brief paper, the author presents some remarkable observations on widely used psychotherapy outcome measures such as the Symptom Checklist (SCL-90-R) and the Inventory of Interpersonal Problems (IIP). On the one hand, detailed analysis of quantitative and qualitative data of a series of cases suggests that quantitative outcome data might be radically misleading in a substantial number of cases. An increase in the number of self-reported complaints throughout therapy is interpreted as a failed therapy, but our observations suggest that it sometimes indicates that a therapy was successful. Similarly, a decrease in self-reported complaints is interpreted as an indicator of a successful therapy, yet sometimes it rather reflects a failed therapy. While such observations question the validity of classical outcome measures, we observed at the same time that intra-subject correlations of these outcome measures with biological stress-indicators (e.g. cortisol in saliva) often were surprisingly high (.90 or higher), suggesting that the outcome measures (in a lot of the cases) are more reliable than we could ever expect on the basis of classical psychometric research. To the best of our knowledge, it is the first time that such intra-subject correlations were computed and it seems that they shed a surprising new light on the validity of psychological outcome measures.

Brief Paper Session

therapist effects

Moderator: Tomas Rihacek,
Masaryk University in Brno, Czech
Republic

Therapist perspectives

A study of the working interface between the different therapy and counselling modalities in a low-cost service Mary Lister Ashby, Exeter University

A qualitative study of psychotherapists and counsellors in a low-cost service based in a rural town who have been trained within the two modalities, psychodynamic and humanistic. The aim of the research was to look at how the three key psychoanalytic concepts: therapeutic alliance; transference and containment were understood and employed by these practitioners as a way of discerning the differences and similarities between the modalities. Focus groups were run involving members of the existing groups within the organisation. A thematic analysis of the discussions was then undertaken. A reflexivity section was included focussing on the dynamics of the researcher as the director of the organisation, the contributions of an independent observer in the focus groups, and the reflections of the participants about their experience in the focus groups. Key differences were found in the way practitioners from each modality approached the psychoanalytic concepts. These findings are not generalizable to all psychotherapy services, but are likely to be relevant and transferable to those services, both voluntary and otherwise, that employ practitioners from different modalities. One conclusion was that it is not advisable to impose one way of working from one theoretical background onto another. The study also offers contributions to the therapy world at large towards the contemporary thinking about the three psychoanalytic concepts, the timing of integrating therapy approaches, the

value of mixed modality discussion groups, the obstacles to understanding that theoretical language can cause and the importance of the observation of the unconscious processes in such settings.

A Question of Process: Implicit Theories Concerning the Relationship of Psyche and Soma in the Analytic Encounter Ann Addison, Society of Analytical Psychology

My PhD at Essex University contemplated the nature of embodiment in the analytic process. A methodology suited to a single researcher had to be devised, and featured an empirical study of the implicit (private) theories, as proposed by Sandler et al., of a sample of experienced clinicians. Twelve analysts took part in individual interviews based around the process notes for a single session, manifesting a clinical event in which the psychic fact and the clinical fact coincided. The participants were asked to discuss the session from their own point of view, stepping outside any supervisory role and focusing only on their own ways of seeing. The aim of the interviews was to gain an understanding of the potential meaning of the event within the context of the session and the analysis, according to each particular interviewee. Transcripts of the interviews were analysed employing grounded theory techniques. The implicit theories yielded by this method, concerning the clinical significance of the psyche-soma relationship, ranged through beliefs concerning the role of the analyst, models of the transference, attitudes towards interpretation, and understandings of clinical efficacy. Theoretical influences were also mentioned, but each participating analyst had a peculiarly unique approach to their work. What emerged was a complex and varied set of implicit theories, highlighting especially the importance of the relationship of the analyst to the patient in the success of the analysis. My paper will discuss the methodology and the results of my research.

An exploration of how psychoanalytic practitioners understand Voluntary Childlessness in the clinical setting. Sheila O'Sullivan, Centre for Psychoanalytic Studies, Essex, UK

The aim of this research was to explore how psychoanalytic practitioners understood, conceptualised and responded to Voluntary Childlessness (VC) in the clinical setting. Four psychoanalytic practitioners were interviewed using Interpretative Phenomenological Analysis. The first finding highlighted the biopsychosocial pressures that the participants felt their patients experienced. Some participants spoke of the professional pressure they experienced from within the psychoanalytic field due to theory that links motherhood and femininity. The second finding highlighted the ethical dilemmas faced by some patients with regards to whether to become a mother, such as a VC choice might be the result of difficult childhoods, immaturity, or because their mental health issues precluded them from motherhood or they feared motherhood might induce mental illness. The final finding highlighted that working with childless patients was both complex and conflictual. VC is a growing phenomenon in the 21st Century in western societies with the Office of National Statistics (ONS) in 2013 showing that one-fifth of women are childless at the age of 45. Sociological literature highlights how VC is a complex, multifaceted phenomenon and is often difficult to define. However, since its inception, psychoanalysis has made an inextricable link between femininity and motherhood thus psychoanalytic theory views motherhood as normative and it is often seen as a developmental stage. This research is important for highlighting how psychoanalytical practitioners are influenced by the competing discourses in society surrounding motherhood. Finally there are reflections on clinical implications of the findings and a biopsychosocial approach to working with VC is proposed.

Dimensions of therapeutic relationship: The therapist perspective Tomas Rihacek, Masaryk University in Brno, Czech Republic; Jan Roubal, Masaryk University in Brno, Czech Republic

An authentic and confidential relationship is often regarded as a basic condition and an agent of psychotherapeutic change. Although considerable evidence already exists for specific "ingredients" that contribute to a good therapeutic relationship (e.g., emotional bond, therapists' empathy, or goal consensus), little is known about the different forms and "shades" that a therapeutic relationship may take in different contexts. This paper aims to explore the basic dimensions of the therapeutic relationship from therapist perspective. In a survey on Czech psychotherapists and counselors (N=373), respondents were asked to capture the nature of the

psychotherapist's role, as they perceive it in their practice, using a set of metaphors. Exploratory factor analysis revealed three factors which will be presented and discussed in the context of the contemporary empirical literature.

Poster Session

Poster Session - with Book Launch sponsored by SAGE publications

Harnessing nonverbal events in psychotherapy as clinical intervention in Functional analytic Psychotherapy (FAP) Tien Kuei, University of Glasgow

This poster presents the framework of Functional Analytic Psychotherapy (FAP) as a way to increase the therapist's awareness of the functions of nonverbal communication in psychotherapy in order to apply loving and courageous response as an intervention. We present a 'clinician-friendly' functional model of primary emotions and their adaptive regulation as a means to increase precision in the identification of clients' clinically relevant behaviours (CRBs - daily life problems and target behaviours that manifest within the therapist-client relationship). We draw from Panksepp's primary emotional systems (care seeking, care-taking, lust, fear and anxiety, anger, play, seeking, plus dominance and disgust) and Ekman's research into micro-emotions to identify in-the-moment micro-expressions, non-verbal cues as well as NVC expressing underlying primary emotional-behavioural functions. We propose that training therapists to cultivate a more acute recognition of functional non-verbal communication can begin to bridge the gap between client private events and therapist observables, thus enhance the power of therapeutic influence. This poster is the focus of a PhD research project on nonverbal needs recognition in psychotherapy and its effect on outcome.

A Qualitative Analysis of Novice Therapists' Hesitation to Using Voluntary Self-Disclosure and Developmental Process of the Professional Self Akihiro Kusaoka, Hokkaido University, Japan

Aim: The aim of this study is to investigate the relationship between novice therapists' hesitation to using voluntary self-disclosure and the developmental process of the professional self. **Method:** Five Japanese novice clinical psychologists participated in semi-structured interviews focused on subjective experience of hesitating to disclose him/herself voluntary in the past therapy sessions. Transcripts were analyzed by Grounded Theory. **Results:** In all, 15 concepts emerged from data, and these were integrated into the following 3 categories: 1) the private self wishes to help client, 2) assessing themselves by their professionalism, 3) exploration of the uniqueness. Finally, these categories were integrated into the core category: spontaneous utilization of the private self. **Discussion:** The results indicated some reasons novices hesitate to self-disclose. First, they estimated themselves as immature therapists. Furthermore, disclosing self would be a risky challenge for novices because they have to break away from the framework of the traditional professional role which was acquired in education and training. On the other hand, they wish to help client somehow. Then, they had chosen self-disclosure as the way to compensate lack of the professional skills to help the client. For novices, reflecting about their reasons for hesitating to disclose themselves would lead them to examine how to utilize the private self in clinical practice. This reflecting process might increase novices' autonomy and spontaneity. Moreover, it suggested that novices began to integrate the professional self and the private self as part of the developmental task of the transition from novice to experienced.

Adolescent patients' responses to transference interpretations focused on endings in short-term psychoanalytic psychotherapy Elena Della Rosa, University of Essex

Discussing endings is a crucial part of the work of short-term psychoanalytic psychotherapy. This is particularly true when the patients' population is adolescents. This paper looks at how adolescent patients suffering from mild to severe depression respond to interpretations around endings in a 28 sessions long psychoanalytic psychotherapy which was manualised. The interpretations included an exploration of transference and they tackled aspects of separation and dependency and defences against it. The extracts that covered the formulations of the transference

interpretations and patients' responses to those, were transcribed and analysed with the use of Conversation Analysis. Findings showed that patients either emphasized or diminished the importance of their relationship to the therapists and the consequences of the separation from them. They managed the conversational exchange by either "trouble-telling" or "story-telling". The authors reflect on the implication of patients' responses for treatment technique and consider whether transference work with adolescents should be paced and adapted more flexibly

Psychotherapy Group Supervision for Graduate Students: The Role of Group Processes in Fostering Professional Identity. Shulamit Geller, The Academic College of Tel-Aviv Yaffo; Keren Hanetz-Gamliel, The Academic College of Tel Aviv-Yafo

Aim: The present pilot study, which is part of a broader study, focuses on group process mechanisms that foster the learning of psychotherapy principles and the formation of professional identity among novice psychology graduate students practicing psychotherapy. We hypothesize that: (1) group process characteristics and individual characteristics are predictive of supervisees' perceived professional identity, and (2) group process characteristics contribute significantly, above and beyond individual characteristics, to the development of professional identity. **Method:** Thirty graduate students belonging to diverse psychology programs completed self-report questionnaires at the end of the supervision process. Study measures included the background questionnaire, the Working Alliance Inventory (Tracey & Kokotovic, 1989), the Group Climate Questionnaire (MacKenzie, 1983), the Group Cohesiveness Scale (Lese & MacNair-Semands, 2000), and the Anxiety Trait Inventory (Spielberger, 1983). The dependent variable was assessed using the Professional Identity Questionnaire (Mancini, Caricati, Panari, & Tonarelli, 2015), which consists of 5 subscales: affirmation, in-depth exploration, practices, identification with commitment, and reconsideration of commitment. **Results:** H1 was mainly confirmed: engagement, conflict, and working alliance in the group were significantly correlated with affirmation, commitment, and reconsideration of professional identity, respectively. Anxiety was significantly positively correlated with exploration of professional identity. H2 was partially confirmed. **Discussion:** Our preliminary results confirm the hypothesis that group climate in group supervision of graduate students, particularly the measurements of conflict and engagement, contribute significantly to several dimensions of professional identity. The planned next stage of our research will elaborate on that vital subject. **Keywords:** quantitative research, psychotherapy training, group-process mechanisms, professional identity.

UK secondary school therapists' online communication with their clients and potential development in this area. Jeanette Hennigan, Middlesex University & Metanoia Institute; Stephen Goss, Middlesex University and Metanoia Institute

Aim/Purpose: A review of a Schools Counselling Service in 2011 (Hennigan, 2011) highlighted pupil demand for online support, as an adjunct to the current face-to-face (f2f) provision. This provided impetus for the current study which sought to understand i) UK secondary school counsellors use of computer technology to communicate with pupils as of March 2014, ii) the perceived barriers to its further implementation and iii) expectations regarding school counsellors future use of online counselling alongside current provision. **Design/Methodology:** A pluralist, mixed methods approach utilised quantitative and thematic qualitative analysis of an Internet survey of UK secondary schools, using non-probability convenience sampling. **Results/Findings:** Of 3753 schools targeted, 246 responded (response rate was 8% - 11%). 45% had no online communication with clients and 52% were using various forms of online communication. 43% used online communication (mostly email) for administrative purposes and 9% for therapy via email, Skype and Facetime. The three main motivators for providing future therapeutic contact online were 'evidence of reaching pupils with psychological barriers to accessing face to face help', 'evidence of demand from pupils' and 'access to appropriate training'. The main perceived deterrents were: 'impact on the quality of the relationship', 'issues around confidentiality' and 'impact of lack of visual and auditory cues'. **Conclusions/Implications (including practice implications):** This study suggested that significant proportion of school counsellors are interested in development in this area, but more exposure to existing research literature, practical assistance and training

specifically tailored to the needs of a school environment may be required.

Guilt eliciting narratives and their enactment in psychotherapeutic interaction Sabine Monsberger, University of Innsbruck; Eva Bänninger-Huber, University of Innsbruck, Austria

In our approach, we examine repetitive affective relationship patterns in psychotherapeutic interactions, using video recordings. Our focus in this study lies on processes of affective regulation in the context of guilt feelings. Guilt feelings fulfill important functions in the development, maintenance and stabilization of relationships and occur in psychotherapy as well. Bänninger-Huber and Widmer (1999) identified so-called traps and PAMs, which occur in the context of guilt feelings and serve the function of coping with an occurring perturbation in the patient's self-regulation. They formulated the hypotheses that the combination of unsuccessful traps with successful PAMs is optimal for maintaining a balance between conflictive tension and a secure working alliance. It is the aim of the research project presented here to find additional empirical evidence for these earlier findings. For this purpose, we examined a psychoanalytic psychotherapy with a young depressed patient in which guilt feelings were a central topic. The psychotherapy is still ongoing lasting 330 sessions up to now. For our analysis, we selected the first session in which guilt feelings occurred according to the therapist's perception. We analyzed the patient's narrations about guilt feeling situations with the "frame-method" (Minsky, 1975) developed by (Widmer, 1997) and facial behavior with the Facial Action Coding (FACS) by Ekman, Friesen & Hager, 2002. Our findings confirm the positive function of unsuccessful traps in combination with successful PAMs. In our poster presentation, we will illustrate this type of interaction (= friendly refusal) by an example.

What works for whom and how? Mechanisms of change in psychotherapy -- the MOP study. A randomized study of psychodynamic and cognitive behavioural therapy for patients with depressive disorder. Randi Egeland, Oslo University Hospital, Norway; Julie Horgen Evensen, Oslo University Hospital, Norway; Theresa Wilberg, Oslo University Hospital, Norway; Randi Ulberg, University of Oslo, Norway; Jan Ivar Røssberg, Oslo University Hospital, Norway

Background: Major depressive disorder is a highly prevalent psychiatric condition associated with significant disability, mortality and economic burden. Studies have shown cognitive behavioral therapy and psychodynamic psychotherapy to be equally effective treatments for depression. However, many patients do not respond sufficiently, and relapse rates are high. In individualizing treatment, a clinically important question is whether some patients profit more from one over the other. Currently we mainly have theoretical assumptions, sparsely supported by research findings, indicating what moderates and mediates the outcome of psychotherapy for depression. Aims: The overall aim is to examine putative moderators and mediators of cognitive behavioral therapy and psychodynamic psychotherapy and develop more basic knowledge about their impact on psychotherapy outcome in major depressive disorder. Methods and study design: The study is a randomized clinical trial, where 100 patients will be randomized to cognitive behavioral therapy (16 weekly sessions and 3 monthly booster sessions) or psychodynamic psychotherapy (28 weekly sessions). 10 patients have already been included. The patients are evaluated at baseline, multiple times during therapy, at the end of therapy, and at follow-up investigations 1 and 3 years after treatment termination. The outcome measures comprise a large range of clinical and process variables, including assessment tools measuring specific preselected putative moderators and mediators. Discussion: The study may provide clinicians guiding on what treatment to offer specific patients. Moreover, it will shed light on what kind of mechanisms in psychotherapy that is followed by symptom improvement and increased psychosocial functioning.

The headache of transcribing psychotherapy sessions: a researcher's panacea John Wilson, York St John University

Aim: Practitioners who have transcribed therapy sessions know the headache. Yet when four sessions of one client were fully transcribed it was found that just four percent of the text was relevant to the research focus, even though the rest was

important to the therapeutic outcome. The aim was to find an effective and efficient method of transcribing relevant extracts rather than full sessions. Method: A transcription grid was devised which divided the therapy session into three minute segments. As the recording of the session was played, relevant notes and approximate transcriptions were made. The time markers on the grid made it easy to return to selected parts of the recording so that accurate transcriptions could be made. Results: It was found that accurate transcriptions of relevant extracts of a therapy session could be made in a fraction of the time used in conventional transcribing. Discussion: The method is appropriate for client case studies whatever the focus of the research. A fortuitous spin-off is that it fosters immersion in the client material as the data is being collected. In qualitative research based on theory-building or comparative case study methodologies, it has the potential to increase the number of case studies that are feasible within a time-limited project.

Laughing in psychoanalytic psychotherapy: Functions and facial prototypes Stefan Salvenauer, Institute of Psychology, Innsbruck, Austria; Eva Bänninger-Huber, University of Innsbruck, Austria; Reto Bergauer, Institute of Psychology, Innsbruck, Austria

Laughing is not only an expression of exhilaration, but often serves as a means of regulating negative affects. Laughing can interrupt one's own negative emotions as well as the partner's. Laughing is contagious and enhances the affective relatedness between two individuals. In psychotherapy, laughing can give the patient the sense of security, which is necessary to work on conflictive topics. Observational studies, which investigate the postulated functions, are rare. We therefore wanted to examine the question whether different types of laughter exist which could be distinguished phenomenologically. For this purpose, we analysed 10 psychotherapy sessions of a videotaped psychoanalytic psychotherapy with a young depressed patient using FACS. We defined laughter as innervations of the zygomaticus major muscle accompanied by a specific laughter vocalization. In total, 254 laughter episodes occurred. The patient initiated 231 laughter episodes, the therapist only 13, which indicates that laughing often fulfils a self-regulating function. In order to differentiate between different types of laughter the following criteria were used: intensity of the laughter vocalization, occurrence of indicators of tension regulation (adaptors), gaze direction, the facial reaction of the interacting partner, and the verbal context. Data analysis shows that tension-regulating laughter is characterized by an increase of adaptors, low intensity and only brief eye contact. In laughter episodes, which primarily function to enhance the affective relationship between patient and therapist, the intensity of vocalization is higher, only few or no adaptors are observable and the eye contact lasts longer. Moreover, the thematic context often refers to mutual experiences.

Development and refinement of the Vital Parenting Tasks (VPT) model for parent-child psychotherapy Laine Jaderberg, Metanoia Institute / Middlesex University; Alistair MacBeath, Metanoia Institute / Middlesex University

A study by Jaderberg (2016) of 110 Child and Adolescent Psychotherapists (CAPs) inquiring into what kind of clinical work (if any) is done with parents uncovered unexpected findings. 94% of CAPs worked with parents to some degree (e.g. parents without their child; parents and children together; email support; and home visits). However, 40% admitted they were unclear how to involve parents, and no consensus method was identified across the sample. Less than 50% were unsatisfied with their training for parent work and 45% wanted to work with parents more. Furthermore, 23% made unsolicited requests to the author for signposts to quality training in parent-child work. In response, I present an action research project in which a dyadic model devised by Jaderberg & Sarankin (2013), will be developed and refined. The aim is a coherent but flexible framework for assessment, stand-alone treatment, and/or integration into multi-disciplinary treatment packages. The current working model is child-focused and asserts there are 20 vital parenting tasks (e.g. attunement, capacity to play, consistency, non-narcissistic delight, reflexivity, empathy) with a foundation task of the parent integrating their own experience of being parented. The aim is to demystify parenting, enrich the parent-child relationship, highlight strengths, and bolster weaknesses. Methods including observation, therapeutic letter-writing, home visits, and cross-modal creative tasks support the complexity of dyadic work. I present a "quadrangulated" action research methodology for refinement of the VPT

employing: focus groups; clinical trial; legalistic "trial"; and reflection by all participants, with creative artefacts forming part of the data set.

Processes of affective regulation in the context of transference interpretations Julia Baumgartner, Universität Innsbruck, Austria; Eva Bänninger-Huber, University of Innsbruck, Austria

In our research approach, we analyze video-recorded psychoanalytic long-term psychotherapies on a micro-level of verbal and nonverbal behavior. In this study, we are analyzing interactive processes of emotion regulation in the context of transference interpretations (TIs) in psychoanalytic psychotherapies. In TIs the therapist addresses important aspects of the current therapeutic relationship and connects them with relationship patterns in the past or with present relationships, e.g. with the partner. TIs are situations in which the therapist's skill to keep a balance between maintaining conflictive tension and a trustful working alliance is especially challenged. Therefore, we expect an increase in interactive processes of affective regulation in this context. In former studies, we identified so-called successful PAMs with smiling and laughing which play an important role in providing a secure working alliance. In order to maintain a certain level of conflictive tension unsuccessful PAMs, in which the therapist does not reciprocate the patient's smiling, are essential for working on the clients' conflicts (Bänninger-Huber, 2005). We selected four therapy sessions from an ongoing psychotherapy with a 24 years old female student. Preliminary data analysis revealed a high frequency of PAMs in connection with TIs. Remarkably, immediately before and after a TI unsuccessful PAMs occur most prominently. Thus, the therapist stays mainly abstinent on the nonverbal level but we may assume that she provides a secure working alliance by her interventions. Furthermore, patient and therapist rated sessions with frequent TIs as very good in terms of outcome- and relationship satisfaction using the HAQ.

Therapist interventions and parental responses associated with emotional processing in the context of attachment-based family therapy (ABFT). Noa Tsvieli, Ben Gurion University, Beer Sheva, Israel; Gary M. Diamond, Ben Gurion University, Beer Sheva, Israel

Aim: Productively processing previously avoided primary emotions has been linked to outcome across a range of therapies (Greenberg, Ausra & Herrmann, 2007; Foa, Huppert & Cahill, 2006; Diamond et al., 2016). Previous research (Tsvieli & Diamond, submitted) examined which therapists' interventions were associated with facilitating or curtailing emotional processing during individual sessions in attachment-based family therapy (ABFT). The present study is the first to also examine the role that parental responses may have on young adult's emotional processing in the context of conjoint sessions. Methods: Fifteen young adults received 10 weeks of ABFT for unresolved anger toward a parent. Two sessions from each case were coded using the Client Emotional Productivity Scale- Revised (Greenberg, Ausra & Herrmann, 2007) to identify segments of productive emotional processing. A second group of independent coders used the Therapist Behavior Rating Scale - 3 (Diamond, Hogue & Diamond, 1998) to categorize therapist interventions and the Parent- child interactional coding manual (Burks, Siqueland & Diamond, 2002) to categorize parental responses. Transitional probabilities will be calculated to identify therapist interventions and parental responses associated with the onset or curtailment of emotional processing. Hypotheses: We hypothesize that therapist interventions such as focusing on primary emotions and related attachment needs, and parental emphatic responses, will be linked to the onset of emotional processing. On the other hand, therapist interventions such as information gathering and focusing on criticism toward the parent, and parental responses such as criticism and blame, will be linked to the curtailment of emotional processing, after it has begun.

Associations of early childhood adversities with psychiatric problems, psychological functioning, and suitability for psychotherapy in adulthood -- specific patterns of vulnerability and resources in a sample of depressed and anxious outpatients Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland; Paul Knekt, National Institute for Health and Welfare, Helsinki, Finland; Tommi Härkänen, National Institute for Health and Welfare, Helsinki, Finland; Esa Virtala, National Institute for

Health and Welfare, Helsinki, Finland; Olavi Lindfors, National Institute for Health and Welfare, Helsinki, Finland

Aim: Childhood adversities predict depression and anxiety in adulthood robustly. Yet, how they impact needed treatment duration, type or focus in these common disorders, is unclear. For developing more individualized and precise interventions, the authors investigated how specific early adversities associate with patients' distinct psychiatric problems, psychological vulnerabilities, and suitability for psychotherapy. **Methods:** The sample comprised 221 depressed and anxious adult outpatients referred from community, student, occupational, and private healthcare services. Patients' early adversities were assessed with the newly-developed self-report, Childhood Family Atmosphere Questionnaire (CFAQ). Other assessments comprised well-established clinician-rated interviews (on symptomatology, personality organization, object relations, suitability for psychotherapy), performance-based tests (intelligence), and self-report questionnaires (social behaviour, interpersonal problems, perceived competence, dispositional optimism, sense of coherence, defences, psychiatric history). Linear regression analyses were conducted. **Results:** Childhood adversities had few statistically significant associations with psychiatric symptoms or history. However, they predicted consistently both worse current psychological functioning, as well as better clinician-rated capacities for benefiting from psychotherapy (e.g. self-reflection, capacity for interaction). Parental problems were most detrimental to psychological functioning; best capacities for psychotherapy were predicted by recollected family unhappiness; separation from parents and abuse had the fewest although still meaningful associations. No adversity types appeared redundant or trivial when examined together in joint models. **Discussion:** Depressed and anxious outpatients show distinct psychological problems in adulthood, depending on the nature of their childhood adversities. The recollection of such adversities may nevertheless also indicate capacities for psychotherapeutic work. Further studies examining how early adversities predict psychotherapy outcome are needed.

Learning to Continue to Develop Professionally: An Exploration of Therapists' Experience of Continuing Professional Development in a Higher Education setting: A preliminary study. Afra Turner, Middlesex University and Metanoia Institute London; Stephen Goss, Middlesex University and Metanoia Institute

Abstract: **Aim** - This qualitative study considered the experiences of continuing professional development (CPD) of therapists working in higher education (HE) institutions. All accredited therapists are required to undertake regular CPD activity to maintain and develop their knowledge, skills and personal qualities for safe and effective practice. However, there seems to be little evidence that CPD reliably improves clinical practice and, more importantly, a growing concern that a widening gap between practice and research persists. This phenomenological study aims to gain insight into how HE therapists' experience, and make sense of, CPD to attempt to begin to understand the current practice-development gap from a qualitative research perspective. **Method** - Four experienced therapists were interviewed for up to 60 minutes using a semi-structured recorded interview to derive 'lived experience' accounts of their CPD activity. Transcripts were analyzed using thematic analysis (Braun & Clarke, 2006) to identify common themes across the data set. **Results** - Three themes emerged related to therapists experience of CPD; *Continued knowledge development/competency *Practitioner autonomy & consolidation of professional identity *Tensions with CPD providers lacking sector specific learning. **Discussion** - The data emphasized therapists' motivation and unfailing commitment to their CPD, a finding consistent with the literature (Castonguay et al., 2013; Fender, 2015; McCleod, 2016). However, there were concerns expressed about the generalizability of CPD activities to specific clinical settings, in this case HE, particularly given the expansion of multi-disciplinary services. The data highlighted a lack of sector-specific knowledge and research in current CPD provision. The discussion considers the question, could sector-specific CPD, in this case research explicitly related to working with student populations, improve clinical practice by engaging therapists in knowledge specific to their clinical setting? If so could the development of a HE practice research network provide a useful framework for such knowledge production and dissemination and begin to bridge the gap?

When Life Gets in the Way: A systematic review of the assessment of life events in change over the course of psychotherapy for depression and anxiety in children and adolescents Emily Blackshaw, University of Roehampton; Mick Cooper, University of Roehampton; Chris DH Evans, University of Roehampton

Aim: Life events pose many challenges in psychotherapy research, in terms of their conceptualisation (chronicity, dimension, desirability) and assessment. This paper reviews literature on the impact of life events on mental health outcomes over the course of psychotherapeutic intervention in young people. Method: Life events will be defined to include events that are traumatic and chronic in nature and more minor, everyday hassles. Participants will be children or adolescents (5-18 years). No limits will be placed on the type of psychotherapy included, or study setting. Outcomes will be restricted to internalising problems related to depression, anxiety and wellbeing. A five-part search strategy will be used, involving the searching of: 1) bibliographic databases; 2) relevant reference lists; 3) trial registers; 4) grey literature and the contacting of relevant scholars. Results: This paper will provide a narrative synthesis describing the studies according to: conceptualisation of life events (positive vs. negative, acute vs. chronic, major vs. minor etc.), method of assessment of life events, population characteristics, mental health outcome studied, method of statistical analysis used and the predictive value of life events in the course of mental health outcomes. Limited scope for meta-analysis is anticipated due to the range of outcomes, methods of analysis and small number of existing studies. Discussion: This review will provide insight into how life events are conceptualised, assessed and analysed in terms of outcomes over the course of psychotherapy and hopes to provide some evidence of their impact on psychotherapeutic change.

Motivation to Change as a Mechanism of Mindfulness in Individual Trainee Psychotherapy of Depression and Anxiety: Results of a pragmatic Randomized Controlled Trial Paula Kröger, Heidelberg University, Germany; Paul Blanck, Heidelberg University, Germany; Hinrich Bents, Heidelberg University, Germany; Thomas Heidenreich, University of Applied Sciences Esslingen; Johannes Mander, Heidelberg University, Germany

Mindfulness is a specific form of attention that is non-judgmental, purposeful, and focused on the present moment and received a growing interest within psychotherapy research and practice in the past two decades. The efficacy of mindfulness-based interventions could be demonstrated for specific manualized forms of mindfulness-based approaches that are carried out in group settings, but little is known about the underlying mechanisms. One plausible yet underexplored mechanism is the patient's motivation to change. Additionally, studies investigating the effects of mindfulness experiences of both patients and therapists on therapeutic processes and outcome in individual psychotherapy have been requested. Consequently, the main purpose of this study is to identify whether exercises with mindfulness elements could help to improve the therapeutic process. More precisely, we are examining the effects of a brief, session introducing intervention with mindfulness elements, practiced together by the outpatient and trainee therapist at the beginning of every therapy sessions, on motivation to change and treatment outcome under effectiveness conditions. Thereby, 150 outpatients are randomized after five sessions of diagnostics either to a mindfulness intervention group (MIG), a control group (CG) practicing a short form of progressive muscle relaxation (PMR), or a treatment as usual (TAU) group. The most important outcome variable will be the Short Version of University of Rhode Island Change Assessment (URICA-S), which measures the motivation to change based on the transtheoretical model of behavior change. In our contribution we will present the study design and the progress of data collection as well as first preliminary results.

Understanding mechanisms of psychotherapeutic action Jean-Michel Thurin, National Institute for Health and Medical Research France; Monique Thurin, National Institute for Health and Medical Research France

Aim: The core symptoms of autism (social deficits, language disorder, and stereotypic behavior) often respond well to intensive psychotherapeutic interventions, demonstrating that they are indeed malleable. However, this possibility is not related

to an understanding of mechanisms of therapeutic action. Access to this knowledge is a challenge for research and practice. But, by what method? Methods: Designs that seem to be most appropriate and necessary are single-case studies focused on change process. With these studies, three methods seem particularly interesting: 1) risk-factor research in the context of developmental psychopathology and therapeutic action; 2) sequential analysis of manifest changes at several points of the therapy, and their relation to the patient-therapist transactions; 3) Case-to-case comparisons.

Replications make possible aggregation of cases. Among statistical methods that can be used to identify the factors involved in change processes and outcomes, we tested PLS-SEM with data from 60 intensive case studies. Results: Individual case studies provide grain fineness and individual information important for understanding the characteristics of the process and its results. The sequential analyzes of individual cases and the PLS-SEM analysis share a common structural model. These methods are thus highly complementary, the second bringing limited access to specific factors. Discussion: With the second-generation case studies focused on process of change, there are now a number of approaches to address central clinical and theoretical issues. Collaboration between researchers and clinicians is more than ever on the agenda with a view to broadening the knowledge base and improving practices' quality.

The causality of change, a bridge between research and practice Monique Thurin, National Institute for Health and Medical Research France; Jean-Michel Thurin, National Institute for Health and Medical Research France

Objective: To analyze in 25 children with autism in psychotherapy the relationship between 1) the risk factors that trigger and underlie acute emotional manifestations (stereotypy, emotional crisis) and 2) the therapist's general attitudes and specific actions with these children. Develop hypotheses about the mechanisms of action of treatment in relation to the variables involved in these events and draw lessons for practice. Method: A causal chain linking psychopathology and therapeutic action is realized from intolerance to change and frustration, stressed by the therapist in the case formulation. The evolution of this emotional manifestation is measured during the year of study with the ACE-r, an instrument for assessing autistic behaviors. The causal chain links five dimensions: 1) the triggering factors (1a) and the associated functioning; 2) the envisaged factors of vulnerability (causal variable 1b); 3) the committed therapeutic action (causal variable 2a), described by the process instrument (CPQ); 4) mechanisms and functional changes potentially explaining changes in the child (variable 2b), via CPQ and EPCA for development; 5) the effect of the treatment. Results: The causal chain thus constructed illuminates the potential mechanisms intervening in the problem and its maintenance, and then in its improvement. These elements also characterize the complex situation in which a problem evolves. Discussion: The functional analysis associated with the change process allows to establish a first set of hypotheses on the explanatory dysfunctions and their resolution. Replication makes it possible to select the main hypotheses of therapeutic efficacy.

The Single Case Archive Liza Notaerts, Ghent University, Belgium; Juri Krivzov, Ghent University, Belgium; Ruth Inslegers, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium

Aim: Single case studies were at the origin of the field of psychotherapy, however currently their scientific merits are strongly debated. As the single case study allows grasping the full complexity of a case in its narrative context and there is a wealth of in-depth case studies in the literature, single case studies have the potential to hold a central place in both research and clinical practice. Today several problems prevent case studies to live up to their full potential. 1. They are scattered across databases and thus difficult to access; titles, abstracts or keywords only mention a fraction of relevant case-descriptive information, 2. There are no tools available to appraise quality.

Method: The construction and expansion of the Single Case Archive (SCA), an electronic database that organizes and assembles published case studies and consequently tries to attend to these issues is discussed. With an easy to use search engine, the archive allows the quick identification of relatively homogenous sets of cases in function of specific clinical/research questions. Results: The archive includes

cases published in ISI-ranked journals, from all psychotherapeutic orientations that were screened by an international group of researchers for descriptive information on type of study, patient, therapist and therapy. The database will include 3-4000 cases by September 2018. Basic characteristics of these case studies will be presented.

Discussion: Through specific examples the use of the SCA for researchers and clinicians in accumulating knowledge from the rich single case accounts existing in the field will be discussed.

Tracking Change in Italian Trainees' Experience of Therapeutic Work: preliminary Results of a two-year Longitudinal Evaluation Irene Messina, University of Padua; Omar C.G. Gelo, University of Salento (Italy) & Sigmund Freud University (Austria); Salvatore Gullo, University Niccolò Cusano; Marco Sambin, University of Padua; David Orlinky, University of Chicago, USA

The present study reports the initial Italian contribution to the multi-site, collaborative, longitudinal study of trainee development in psychotherapy training programs promoted by the Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD). We investigated the effect of time in training, supervision and personal therapy on trainees' perceived development, healing involvement and stressful involvement in psychotherapy practice. 64 trainees were recruited in three different psychotherapy training programs (dynamic, cognitive, and systemic) and were monitored for two years, with evaluations in four times. Longitudinal data were collected through the paper and pencil version of the Trainee Current Progress Report questionnaire (TCPR), the core instrument of the SPRISTAD project, designed to be completed several times by trainees at intervals over the course of training. Among other results, early repeated-measures regression analyses based on 3 measurements reveal a significant effect of time on perceived general change as therapist ($t=3.50$, $p=.008$), perceived improvement ($t=4.45$, $p=.002$) and satisfaction with development ($t=5.46$, p less than .001).

Intensive Transactional Analysis Psychotherapy: a single-case series Irene Messina, University of Padua; Francesco Scottà, Centro Psicologia Dinamica, Padova (Italy); Francesca Bianco, University of Padova, Italy; Enrico Benelli, Centro Psicologia Dinamica, Padova; Marco Sambin, University of Padua

The Intensive Transactional Analysis Psychotherapy (ITAP) is a model of short-term psychodynamic psychotherapy, which aims to the increase of therapeutic interventions intensity and effectiveness on the basis of the optimization of therapists' interventions through using the intra-psychic triangle (Anxiety, Impulse and Defence) and interpersonal triangle (Past, Current and Therapeutic Relationship). We evaluated 6 single case (16 ITAP weekly session, for a total time of 6 months), in which each patient is evaluated several times (3 baseline measures, one measure for each session, 3 follow-up measures) using a mixture of quantitative and qualitative methods. The results obtained using quantitative instruments (CORE-OM, STAI-T, HDS) and qualitative instruments (Personal Questionnaire) will be exposed in the poster.

A systematic review and meta-analysis on the prevalence of personality disorders in the general adult population in Western countries Jana Volkert, Heidelberg University, Germany; Thorsten-Christian Gablonski, Heidelberg University, Germany; Sven Rabung, Alpen-Adria-Universität Klagenfurt

Background: Personality disorder (PD) is a severe mental health issue with high individual and societal burden. However, the epidemiology of PDs is insufficiently described and cross-sectional, community-based surveys conducted in Western countries report very heterogeneous rates. Aim: The aim of this study was to conduct a meta-analysis assessing the prevalence of personality disorders in the general adult population in Western country. The secondary aim was to examine potential moderator variables that may impact heterogeneity in prevalence rates. Methods: Studies that reported prevalence rates of personality disorders in the general adult population were identified through databases (PsycINFO, PSYINDEX, MEDLINE) search of reference lists of reviews, and using the ancestry approach for studies published between 1994 and 2016. Studies were included if they a) reported prevalence rates of personality disorders in the general adult population (mean age 18, minimum age 16)

in Europe, North America, Australia, New Zealand; b) identified with standardized diagnostics according to DSM-IV/DSM-5 or ICD-10 criteria and c) published in English or German. Studies which only reported symptoms or personality traits were excluded. Of the initial 1331 studies identified, a final sample of 18 studies were included. Prevalence rates were extracted, and effect sizes were transformed into logits. In meta-regression analyses possible sources of bias were examined. To analyze the robustness of the results, sensitivity analyses were performed. Publication bias was assessed with funnel plots and the Egger method. Subgroup analyses were conducted for different variables, e.g. for personality disorders, countries, and type of study. Results: The results of this meta-analysis, potential moderators and their implications for the health care provision for people with PD will be presented at the conference.

Therapists' attachment states of mind predict the quality of therapists' attunement in-session: Validation study of the Therapist Attunement Scales (TASc) Alessandro Talia, Heidelberg University, Germany; Laura Muzi, Sapienza University of Rome, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy; Svenja Taubner, Institute for Psychosocial Prevention, University Hospital Heidelberg, Heidelberg, Germany

As recent research shows (Talia, et al, 2015), clients' attachment patterns strongly influence the way in which clients speak and engage in any session of psychotherapy. The same may be true, of course, of psychotherapists. Since the client-therapist relationship resembles the parent-child relationship in many respects, therapist's attachment patterns may also be significant for their relationships with their clients (Dozier, & Bates, 2004). In this study, we compared the in-session interventions transcribed verbatim of therapists who had been independently classified secure, dismissing, and preoccupied on the Adult Attachment Interview (AAI). Rather than focusing on content or form alone, we analyzed how therapist's interventions elicit and maintain emotional proximity with the client. The AAI was administered to 50 therapists and two consecutive sessions for each therapist were rated with the Therapist Attunement Scales (TASc) by one of three independent raters, blind to therapist's AAI classification. Significant differences were found in the discourse of patients with different attachment patterns. Namely, secure therapists made more guesses about patient's experience and used more empathic validation; dismissing therapists seemed reluctant to make guesses and used clarification instead, while preoccupied therapists were reluctant to validate the patient experience. These results suggest that the different attachment patterns of the therapists may have distinctive manifestations in the therapy process that can be tracked by external observers.

Narcissism and countertransference : Affective and relational characteristics of the client and therapist Philippe Bégin, Université de Sherbrooke; Delphine Séguin, Université de Sherbrooke; Amylie Paquin-Boudreault, Université de Trois-Rivières; Éléonore Sabourin-Guardo, Université de Sherbrooke; Jean Descôteaux, Université de Sherbrooke; Olivier Laverdière, Université de Sherbrooke

Therapists working with clients presenting a narcissistic personality disorder (NPD), grandiose or vulnerable, report intense countertransference (CT) (Stern, Yeomans, Diamond, & Kernberg, 2013). Therapists may also have narcissistic traits whose effect on the CT is little explored. Self-esteem (SE), empathy (E) and interpersonal styles (IS), as central aspects to NPD, may also modulate the intensity of CT. This project aims to understand the impact of narcissistic traits of both the therapist and the client on CT, and the contribution of other variables mentioned above. Therapists (n = 60) working with a client who has a NPD and who evokes in them intense emotions were recruited. The first hypothesis was verified by a series of multiple regressions to observe if there is a significant association between narcissistic traits of clients and therapists and CT intensity. Results show significant correlations with some of the CT dimensions. In the second hypothesis, series of hierarchical regressions were performed to verify whether SE, E and IS could explain additional variance of CT. As for hypothesis 1, results show that these variables bring additional contributions on certain CT dimensions only. The findings raise possible explanations related to dynamics that can appear between a therapist and his client presenting a NPD.

The first sessions of psychotherapy: A qualitative meta-analysis of alliance formation processes Kristina Osland Lavik, Helse Førde, Norway

While the effect of therapeutic alliance on psychotherapy outcome is well documented in the research literature, there is less knowledge of how the alliance is developed during the first sessions of therapy. This qualitative meta-analysis aims to summarize and re-analyze the existing research literature on alliance formation processes from the perspectives of therapists and clients. Research literature were obtained through systematic searches in the following databases; PsychINFO, MEDLINE and Web of Science. Initially, 1006 non-duplicate papers were screened, resulting in 15 articles exploring early alliance formation processes from the perspectives of therapists and clients. These were analyzed using an existing framework of meta-analyzing qualitative research. Nine papers studied the client perspective, resulting in five overarching meta-themes; (1) meeting a competent and warm therapist, (2) feeling appreciated, tolerated and supported, (3) gaining new strength and hope for the future, (4) being understood as a whole person, and (5) overcoming initial fears and apprehension for the first session. Additionally, seven papers studied the therapist perspective, resulting in six overarching meta-themes; (1) balancing technical interventions and interpersonal warmth, (2) showing a genuine desire to understand, (3) openly supporting client agency, (4) adjusting to create safety, (5) paying attention to body language, and (6) providing helpful experiences in the first session. Being the first of its kind, this meta-analysis of the dual perspectives of therapists and clients shows thematic commonalities and divergences in how the alliance development is experienced. Clinical implications of how alliance development can be promoted in clinical practice are discussed.

Different trajectories of symptoms change in Prolonged Exposure therapy for PTSD and their predictors. Karolina Staniaszek, University of Warsaw, Poland

Aim: There is a substantial number of research verifying the efficacy of Prolonged Exposure (PE) therapy in treating PTSD symptoms. However, little is known about differences in dynamics of change during therapy and individual characteristics that may predict them. The objectives of this investigation are: (1) to examine heterogeneities in trajectories of symptoms severity change during PE therapy for PTSD; (2) to identify latent subgroups with distinct trajectories of change; and (3) to verify predictors of subgroups' membership related to patients' individual differences. **Method:** Data from the RCT comparing the efficacy of psychotherapy and pharmacotherapy treatment for PTSD following motor vehicle accidents ("TRAKT" study; Popiel et al., 2015) was investigated. 110 of adults diagnosed with PTSD were randomly assigned to 12-week PE therapy treatment. Pre- and post-treatment presence of PTSD diagnosis (SCID-I), as well as PTSD symptoms severity during treatment (every 2 sessions; PDS), were evaluated. Moreover, temperamental traits, negative cognitions about world and self, as well as depression and anxiety symptoms severity, were assessed using self-report instruments before treatment. **Results:** Three subgroups with distinct dynamics of change during PE therapy were identified. Preliminary results show significant differences between these groups in terms of time following trauma, baseline PTSD, anxiety and depression symptoms, as well as temperamental characteristics and cognitions. **Discussion:** Individuals with PTSD respond differently to PE therapy not only in terms of amount of symptoms' reduction but also its dynamics. These differences may be partially explained by patients' individual characteristics. Clinical implications will be discussed.

The Depression Conundrum and The Advantages of Uncertainty Jan Edmond Celie, Ghent University, Belgium

According to the WHO (2012), the prevalence of unipolar depressive disorders is rising, even in those places where mental health treatments are widely available. The WHO predicts that these disorders will be the leading contributor to the global burden of disease by 2030. This sobering projection fits poorly with how psychological treatments for depression are presented in the mainstream scientific literature: as highly effective therapies, based upon a sound understanding of the causes of distress. There is a clear discrepancy between the rising prevalence figures on the one hand, and the confident claims of this effectiveness research on the other. This discrepancy prompts a set of complex interlinked questions, which we have called 'The Depression Conundrum'. In search of a partial answer, the aim of our study was to critically analyse five meta-analytic studies investigating the effectiveness of psychological EBTS

for depression, all of which had been published in high impact factor journals. Our examination established a number of methodological and statistical shortcomings in every study. Furthermore, we argue that the meta-analytic technique is founded upon problematic assumptions. The implications of our analysis are clear: decades of quantitative research might not allow us to conclude that psychological EBTs for depression are effective. The uncertainty and questions raised by our findings might act as a catalyst to broaden the way in which depression and associated therapies are researched. In addition, it might contribute toward a more vigorous and interdisciplinary debate about how to tackle this soon-to-be global public health priority number one.

The role of maternal reflective functioning and attachment style in the development of children's externalizing behaviors in a clinical sample Karolina Dejko, Jagiellonian University, Kraków, Poland

The study investigates the association of maternal reflective functioning and her attachment with the development of child's externalizing behaviors in a clinical sample of children aged 7 to 11. As the majority of studies concentrate on maternal mentalization skills and child's development in early and middle childhood and concern non-clinical samples, the aim of this study is to examine the nature and scope of the association beyond early and middle childhood in a clinical sample. The Adult Attachment Interview (AAI) was administered to mothers in a sample of 39 mother-child dyads. AAI transcripts were rated in terms of Reflective Functioning Scale to assess mother's mentalization capacities. Maternal attachment was assessed using Parental Bonding Instrument (PBI) and child's externalizing behavior was assessed with Child Behavior Checklist (CBCL). Results showed that maternal reflective functioning is negatively related to child's externalizing behaviors (aggressive and rule-breaking behavior) and social problems. Child's behavior problems were also predicted by overprotective relationship of mother with her father. Child's aggressive behavior was positively related to overprotection and care experienced by mother in the relationship with her father. The presentation includes the description of potential mechanisms explaining these results. Further discussion focuses on the importance of the findings in a clinical practice.

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