

SPR

SOCIETY FOR PSYCHOTHERAPY RESEARCH

3rd Joint Meeting of
the SPR European and
UK Chapters

OCTOBER 10 - 13, 2012
PORTO | PORTUGAL

BOOK OF ABSTRACTS

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The narrative construction of identity in young adopted adults

André Guirland Vieira — Universidade do Porto, Margarida Rangel Henriques

McAdams refers to the process of identity construction as the development of a sense of unity and purpose given the demands of world and society. It is a process in which young people reorganize and reconstruct their life story to produce a coherent autobiographical narrative. This work investigates the construction of life stories in young adults that have been adopted in childhood. The aim of the study is searching for the narrative construction of the identity in adopted people. We want to know how the motive of the adoption appears in the narrative of a life story and its function on the construction of the narrative self. We have been interviewing six young adults with the Life Story Elicitation Interview protocol. The interviews have been recorded for later transcription. Case studies are being elaborated from the interviews. All interviews are submitted to a structure process and content descriptive analysis, based on the systems of Gonçalves, Henriques and col. (2002; 2006a; 2006b; 2006c) and to tridimensional system of global coherence of life narratives (Habermas and col. 2005; 2008; 2009). The analysis of the narrative identity is based on the structural coherence of the autobiographic narratives (McAdams, 2001) and on the dialogic relation between the position of the narrator and of the others (Fivush, 2008). The multiplicity of imago, characters and voices of the narrative speech were analyzed according to the constructs of McAdams (1993), Hermans & Kampen (1993), Hermans (2008).

Implementing clinical monitoring of psychodynamic psychotherapy in a public community centre for young people: Service issues in bridging practice and evidence

Nuno Manuel Torres — ISPA-IU, Ana Eduardo Ribeiro, Bernardo Santos Couto

Young people frequently drop-out of psychotherapy and this calls for further empirical evidence (Weisz& Kazdin, 2010). It is important to understand transference-countertransference dynamics between patient-therapist dyads that influence dropout. It is important to identify therapeutic identity and techniques, since in the real world clinical practice psychotherapists use non-manualised eclectic approaches derived from different trainings, clinical experience, and supervision. The objective of this ongoing prospective study is to identify characteristics of the patients and of the therapists associated to treatment engagement as opposed to drop-out, in long-term (open-ended) psychotherapy in a community setting public service in the Council of Cascais. We are using Baruch et al (1998, 2009) definition of drop-out, in a analogous therapeutic setting in London: termination of treatment on the basis of a unilateral decision made by the patient without the agreement of the therapist and supervisors who regard as inadvisable, which is not due to external life-event factors (such as change of residence) and happens before the 21st session. Participants enrolled so far in the study are 58 patients, aged 11 to 23 years (M=14,2; SD= 4,25), 39% boys , and 10 therapists (1 male; 9 female). Instruments used are 1) for patients: socio-economical level (Graffar Scale), ICD-10 diagnostics, Assessment of Global Functioning (AGF), YSR, CBCL, ASR (ASEBA); 2) for psychotherapists: Therapeutic Identity Questionnaire- ThId (Sandell et al 2007) and the Counter-transference questionnaire (Betan et al 2005) Results will explore the associations between drop-out probability and the predictor patient and therapist variables.

Implementing clinical monitoring of psychodynamic psychotherapy in a public community centre for young people: Service issues in bridging practice and evidence

Ana Eduardo Ribeiro — Espaço S, Bernardo Santos Couto, Nuno Manuel Torres

A model of relationship between research and practice is needed that will incorporate multiple stakeholder perspectives and testing the effectiveness of interventions already in use in real-world clinical practice (Hoagwood & Olin, 2002). This paper reports a pilot-study of implementing an effectiveness monitoring scheme of open-ended psychodynamic psychotherapy for young people (10-24 years) in the Council of Cascais in partnership with a university research unit, involving a repeated measures prospective design assessing: 1) clients' diagnostic at intake using Aseba questionnaires YSR/ASR, CBCL, TRF, ICD-10 diagnostic and AGF; 2) therapeutic alliance and counter-transference after 5 sessions using the WAI and the Counter-Transference questionnaires, 3) follow-ups after 3, 6 and 12 months. This report focuses on the psychotherapists representations and their engagement. The 10 psychotherapists of the service participated: A qualitative questionnaire was sent them asking to describe their representations of the scheme in their daily clinical practice. A Hermeneutic-phenomenological qualitative method was used to analyse responses (Midgley, 2004). Three main a priori dimensions were used, with emergent sub-categories: 1-Intrusive versus facilitative of the therapeutic process (e.g. confidentiality issues and reflexivity); 2- Organizational issues (e.g. unpaid extra-work, logistic problems and service delivery restructuring); 3- Clinical significance of the data (e.g. issues in matching psychodynamic theoretical models with atheoretical diagnostic instruments and constructs). The qualitative results will be integrated with quantitative measures of psychotherapist engagement with and adherence to the research scheme.

Countertransference in co-therapy

Mafalda Melo Sampaio Galvão-Teles — , Teresa Santos Neves

The concept of countertransference has undergone innumerable changes over the last 50 years. In the co-therapy model countertransference assumes different contours due to the establishment of a triangular relationship. The main goal of this study was to understand how therapists make use of the implicit concept of countertransference in their clinical practice, mostly in the practice of co-therapy. For this purpose a conceptual research on the concept of countertransference was made. Semi-structured qualitative interviews were held with 5 female mental health technicians (3 psychologists and 2 psychiatrists) who, at some point, adopted the co-therapy model for the treatment of individual patients using a psychodynamic approach. The interview transcripts were analyzed through a content analysis using a hermeneutic approach. From this analysis 7 main categories arose: a) criteria for the choice of co-therapy; b) Preferences and advantages of the therapeutic models; c) Specificities of co-therapy; d) Importance of supervision; e) Countertransference; f) Feelings towards the co-therapist; g) Problem solving. The authors concluded that, implicitly, the participants do not regard countertransference as all the feelings which the analyst experiences towards his patient as they only refer to the negative countertransference. It was also determined that the co-therapist's presence in the therapeutic relationship stimulates different feelings, thoughts and fantasies in the therapist which will influence both the therapeutic process and patient's treatment. The term lateral countertransference was proposed to define this phenomenon. Keywords: Countertransference, Co-therapy, Conceptual Research, Lateral Countertransference.

Countertransference reactions to adolescents in Community Based Psychotherapy

Bernardo Santos Couto — Espaço S, Claudia Antunes, Ana Eduardo Ribeiro, Nuno Manuel Torres

According to psychodynamic object relations theory, emotional reactions of therapists to their clients' - countertransference - can be a source of information about unconscious transference themes, and dysfunctional patterns that are repeated with the therapist. The purpose of this ongoing study is to explore the early countertransference reactions psychotherapists experience working with adolescent patients in a community-based service in the Council of Cascais offering free open-ended psychotherapy, and to identify patient variables associated with these responses. 10 psychotherapists are participating in the study. 58 Patients are being assessed with the Youth Self Report, ICD-10 Diagnostics, and DSM Assessment of Global Functioning- AGF. Emotional Countertransference reactions of psychotherapists are being assessed after 5 sessions, using the Counter-transference questionnaire (Betan et al, 2005), comprising 8 factors: 1. Overwhelmed/Disorganized, 2. Helpless/Inadequate, 3. Positive, 4. Special/Overinvolved, 5. Sexualized, 6. Disengaged, 7. Parental/Protective, 8, Criticized/Mistreated. Our initial exploratory case studies suggested that clinically salient externalizing syndromes in the YSR, and lower AGF values are linked to various types of negative emotional reactions of the therapists. We will analyze the associations among demographic variables, psychopathology assessment of patients and countertransference reactions of therapists. Discussion will focus on the questionnaire information usefulness for the therapists' awareness and reflexivity of their emotional reactions towards the patient and the transference-countertransference patterns, in order to improve the therapeutic process.

Countertransference and defense mechanisms

Angelo Miguel Sousa — ISPA-IJ, António Pazo Pires

Despite the existence of plenty conceptual research on countertransference, there aren't any empirical studies that relate that concept to defense mechanisms. Thus, our goal is to study the relationship between defense mechanisms and countertransference in therapists. The sample consisted in three patients of the same therapist attending Dynamic Psychotherapy. Therapies had the duration of two years of which we used transcripts of sessions corresponding to four sessions from the beginning, 6th, 12th, 18th and 24th month to evaluate defense mechanisms with the Defense Mechanisms Rating Scale (DMRS). The contents related to countertransference were evaluated through the Countertransference Questionnaire (CTQ-79) during the second year of therapy. We found a relationship between various defensive patterns (defense patterns – Mature-I; Neurotic-II; Immature-III) and several countertransference patterns (1-Criticized/Mistreated; 2-Helpless/Inadequate; 3-Positive; 4-Parental/Protector; 5-Overwhelmed/Disorganized; 6-Special/Overinvolved; 7-Sexualized, 8-Disengaged). Keywords: Countertransference; Defense Mechanisms; CTQ-79; DMRS; Psychotherapists.

Mentalizing countertransference: A contribution to further research on countertransference management

João Francisco Barreto — University of Porto, Portugal, Paula Mena Matos

Countertransference management (CM) has been considered a promising and, recently, an effective element of therapy in the context of the empirically supported/evidence-based therapy relationships APA Task Forces (Norcross, 2002, 2011). Despite divergences about definition and clinical use, authors agree that countertransference (Ct) should be recognized and regulated so as to minimize detrimental and enhance beneficial effects on therapy (Gabbard, 1999; Gelso & Hayes, 2007). For the past decades, Gelso, Hayes, and cols. have been addressing this problem, encouraging research and creating concepts and measures for that purpose (cf. Hayes, Gelso & Hummel, 2011). In particular, they identified 5 therapist attributes reputedly

related to successful CM (self-insight, self-integration, anxiety management, empathy, conceptualizing ability) and developed the Ct Factor Inventory (CFI) to measure them. Variations in CFI include shorter forms (only therapy-related items and/or highly rated by experts), evaluator/self-rated uses, and general/session-specific reports. Limitations include difficulties both in self-report and external-rater uses; tendency to assess trait-like correlates rather than state-like constituents of CM; and inconclusive results on self-insight importance. Little research exists on how CM is actually performed with specific clients. In this paper, we propose approaching CM as therapist's mentalization of Ct experience. Drawing on recent developments of the construct (Bateman & Fonagy, 2012), we suggest CM can be assessed by rating transcripts of therapists' taped responses concerning experience with specific clients in particular moments of the process, with special attention to affect mentalization/elaboration (Jurist, 2005; Lecours et al., 2009).

Assessing clinician's management of the therapeutic frame

Thomas A Schroder — University of Nottingham, David Orlinsky

This paper introduces a new instrument for studying clinicians' management of professional boundaries in their day to day practice. Drawing on the International Study of the Development of Psychotherapists, it presents empirical data based on the reports of nearly 9000 therapist across a broad range of professions, theoretical orientations and career levels, nations and cultures. The instrument is aimed at gathering information that goes beyond the important but limited focus of clinical literature and prior research on ethical transgressions.

Countertransferential feelings triggered by patients with different diagnosis

Maria Inês Caldeira Ventura, António Pazo Pires, Jorge Caiado Gomes

Within a psychodynamic perspective the way therapists feel and deal with the feelings triggered by the patient is one of the most important factors for change in Psychotherapy. However, the empirical research on countertransference has been scarce. The purpose of this study was to address countertransference phenomena related with patients and therapists characteristics using the CTQ (Zittel Conklin & Westen, 2005) which measure countertransference responses on therapists throughout a 5 points scale to classify 79 statements, in a sample of 90 therapists. We found that therapists have more intense countertransference feelings when treating patients with low level borderline diagnosis. Women therapists tend to feel the relationship less sexualized than men. Therapists in therapy with less experience and treating neurotic patients tend to have less intense feelings in aggressive/mistreated, frustrated/anxious and special dimensions (of CTQ).

Defensive functioning of the clinician in oncology: Relationship with clinicians stress, patient satisfaction and therapeutic alliance

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Background The defense mechanisms of the clinician may hamper his or hers perception of the patient's needs and relationship building. Aim To study the use of defense mechanisms by clinicians during oncology interviews informing their real patients about the results of an investigation and how this emotional regulation process relates to patient satisfaction and therapeutic alliance. Methods The study is conducted in oncology outpatient facilities of hospitals in Switzerland. Sessions between clinicians (N = 15) and their patients (N= 90) who are in a palliative phase of their treatment are audio-recorded. The Defense Mechanisms Rating Scale-Clinician version (DMRS-C, Despland et al., 2008) is used to assess clinician's defense mechanisms, patient's satisfaction and sadness are measured by visual-analogue-scales, therapeutic alliance by the Working Alliance Inventory and anxiety by the State-Trait Anxiety Inventory. Results and Discussion Results will be presented on the detailed mobilization of defenses and on the overall defensive functioning of the clinicians. Our study confirms findings of a previous study (Bernard et al., 2010), and the hypothesis that an important number and a variety of defense mechanisms are triggered in interviews with real patients. The mediating role of the overall defensive functioning of the clinicians on the association between clinicians stress and patient satisfaction will be discussed, aswell as results concerning the link between clinicians defenses, therapeutic alliance and patient satisfaction. The results contribute to better understand underlying mechanisms of clinician-patient communication and their impact on patient's satisfaction and therapeutic alliance.

Therapeutic style and countertransference feelings: Regularities and differences between Psychodynamic and CBT therapists

Margarida Maria Couto — University of Porto, Carlos Farate, Nuno Manuel Torres, Susana Ramos, Manuela Fleming

Aim: There is a renewed interest in studying the influence of therapist related variables on therapeutic process across different treatment models. Regardless of theoretical differences, countertransference feelings along with therapist's style are acknowledgeable by both cognitive-behavioral and psychodynamic therapists as key variables this study addresses comparatively. Methods: Portuguese versions of Therapeutic Identity Questionnaire (ThId; Sandell et al., 2007) and Feeling Checklist (FC; Holmqvist & Armelius, 1996) were sent to a purposive sample of 35 experienced CBT and PT. Data from 34 questionnaires were gathered for analyses. Results: No significant differences were found between CBT and PT regarding countertransference feelings. Regarding ThId E1 "Curative Factors" subscale, CBT encourage their patients to think positively about problems and work their symptoms more often than PT counterparts ($p=.02$; $p=.04$). Concerning E2 "Therapeutic style" subscale CBT seem to deal difficultly with patients' aggression, admit wrongdoings and agree to talk with patients' relatives more often than PT ($p=.03$, $.02$ and $.01$, respectively). Discussion: Despite the small sample of this preliminary study of an ongoing project on setting management, it is noticeable that CBT belief in the therapeutic power of working positively their patients' symptoms, seems coherent both with the acknowledgement of their wrongdoings and the avoidance of patients' aggression and can account for significant technical differences with PT regarding therapeutic process. Also, theoretically challenging the fact that no significant distinctions between CBT and PT were found regarding what they feel when confronted with their patient's projections.

Guilt feelings regulation between mothers and their anorexic daughters

Christiane Fiechtner — University of Innsbruck, Eva Bänninger-Huber

We understand mental disorders as disturbances in the patients' affective regulation which are not only characterized by specific forms of subjective experiences of emotions but also by typical interactive patterns of emotion regulation. These patterns are characterized by typical verbal and nonverbal behaviours, especially facial expression. In order to learn more about their phenomenology and function, such interactive relationship patterns have been studied systematically in the context of different emotions (e.g. anger or guilt feelings) and in different types of relationships (e.g. couples, mothers and adolescent daughters or in psychotherapy). As we are pursuing a micro analytical approach, all the interactions were videotaped and facial behaviour was coded with the Facial Action Coding System (FACS). In this contribution we focused on guilt feelings. Mothers and their anorexic daughters were asked to talk about situations in which they experienced guilt feelings towards each other. Interactive phenomena which are important for relationship regulation such as mutual smiling and laughing as well as Prototypical Affective Microsequences (PAMs) were identified and compared with healthy mother-daughter dyads. First findings indicate that those phenomena occur considerably less frequently in the dyads involving anorexic patients. We may assume that in those dyads the capability of interactive emotion regulation is disturbed because the anorectic daughters as well as their mothers are occupied by processes of self-regulation which reduce the emotional involvement in the relationship. In this contribution, our findings will be illustrated by video examples and their meaning for clinical practice will be discussed.

Correlation between psychopathological dimensions derived from OPD-2 (Operationalized Psychodynamic Diagnosis) and treatment outcome in an eating disorder sample

Pablo Zuglian — University of Milan, Giovanni Mentasti, Dario Ferrario, Maria Laura Zuccarino, Marco Tettamanti, Aurora Rossetti, Pietro Bondi, Angela Testa, Francesca Cadeo, Giulia Manna, Maria Gabriella Gentile, Emilio Fava

Goal: This study aims to investigate the relationship between the so-called Explicit Illness Configurations (EICs) and Implicit Functioning Profiles (IFPs) (Zuglian et al, in press) on one side and early and late drop out on the other side in an Eating Disorders sample treated using Integrated Multidisciplinary Interventions. Methods: The sample is composed of 100 consecutive non-selected women (age between 16-45 years old) coming for a nutritional day hospital at the Eating Disorder Unit of H. Niguarda - Milan, visited by an OPD-II trained interviewer of the Psychiatric University Unit of the same hospital. We made the first assessment using OPD-2, SCL-90R, EDI2 and biochemical markers. After that we evaluate proximal outcomes using SCL-90, EDI2 and clinical judgement every 6 months. We evaluated early and late drop out using t-Student test for OPD-2 variables and U-Mann-Whitney test for EICs and IFPs. Results: Findings suggested that both the high early drop out rate and the lower late drop out rate are connected to the distinct emerging dimensions. Conclusions: These results suggest that the existence of different clinical dimensions of EDs, that underlying psychodynamic characteristics, are useful for tailoring EDs treatments and preventing early drop out.

Anorexia Nervosa: An alternative conceptualization and an alternative psychotherapeutic approach

Maria João Padrão — Faculty of Psychology and Education - University of Porto, Maria Raquel Barbosa, Joaquim Luís Coimbra

The main objectives of the present research project were to understand and explore, from a phenomenological and constructivist standpoint, the bodily lived experience in Anorexia Nervosa (AN) and to analyze the effects of a group psychotherapeutic intervention based on the referred approaches by means of bodily movement, expression and dance. The research project integrated both dimensions of research and intervention, ergo adopting an action-research methodology. Six-months group psychological interventions were conducted with 20 female patients (divided in three groups) diagnosed with AN, restrictive type (age range: 15-56 years; body mass index (BMI) range: 11-16; illness duration range: 2-36 years; psychiatric accompaniment range: 1-31 years), on a weekly basis. We've adopted a pre post-assessment design in order to evaluate the interventions. The level of analysis was the individual, and it was considered the criteria of weight, BMI and relation to the body/bodily lived experience. The results have shown significant therapeutic effects in all levels of analysis and have provided relevant contributes for the comprehension of the phenomenological and corporal experience of AN, as well as of its' etiology. The major clinical implications can be systematized on the following points: on the query of the current mainstream intervention practices, based on the medical model; on the importance of phenomenology in psychotherapy; on the importance of adopting a critical and macrosocial perspective on psychopathology; and, finally, on the importance of the inclusion of the body in psychological interventions, especially when the disorder is lived, felt and manifested in and through the body.

Guided self help treatment for bulimic disorders: Clinical significance and process of change

Ana Rita Vaz — Universidade do Minho, Eva Conceição, Paulo Machado

The aim of this study was to test the efficacy of a guided self help manual in the treatment of Bulimia Nervosa, Binge Eating Disorder and Subthreshold Bulimia Nervosa, as a first step in a step care approach. Additionally we were interested in mon-

itoring the process of change to better understand treatment outcome and find predictors of treatment response. Participants were assessed at pre and post treatment and six-month follow-up using Eating Disorder Examination Questionnaire, Outcome-Questionnaire – 45 and Beck Depression Inventory. Sort Evaluation for Eating Disorders and Outcome Questionnaire - 10 was used every session. Sixty six subjects were assessed and 30 were excluded for not meeting inclusion criteria. Twenty five patients enter the treatment trial and 6 drop out from the study. Results showed a reduction in EDE scores for all scales and for OQ-45 and BDI. These differences had an effect size medium to high (Cohen, 1988). There was a 78% reduction in binge episodes and a 73% reduction in compensatory behaviours. Fifty per cent of the binge reduction occurred in an early stage of treatment when participants completed the step III of the self help manual. Results will be presented in terms of both clinical and reliable clinical change and percentage of improvement Data will be compared with patient's perspective of change after treatment and 6 month follow up.

Clients and therapists reflections upon the onset of successful outpatient treatments

Arne Kristian Henriksen — Østfold Hospital Trust

In this presentation I want to share some results from successful outpatient treatment. What did adolescents and their therapists address as favourable issues during the onset of treatment? 21 adolescents (age 14-18) and their therapists (N=26) at six outpatient clinics were invited to share experiences from the onset of treatment. A central issue has been the relationship of the cases to the phenomenon that we wanted to study, and we have actively selected cases that were quite frequent for outpatient treatment in the communities. Data was collected during semi-structured interviews 6 to 12 months post treatment and analyzed according to a combined hermeneutical and phenomenological approach (IPA). Filled in forms and questionnaires from their parents complemented the data in most of the cases. The categories that fuelled the discussion were expectations and motivation, the quality of the first sessions, goals and task agreement, modalities in treatment and something missing. The research narratives gave rise to holistic and coherent presentation of their experiences at a dyadic level (N=21) but also a comparison of categories within and between groups. The client's idiosyncratic understandings of mental functions were deeply involved in creating the client's problems, and we suggest a stronger elaboration of these issues early on in treatment. Most of the participating adolescents shared agreement upon task and goals in treatment but less involvement in how to work and why. Exploring helping relationships from different sources addressed powerful elements in treatment and challenged the therapists as effective providers of change.

Looking within: Therapists' reflections on self and work

Kiran Rao — consultant clinical psychologist, Bangalore, India

The therapist is the main instrument of change in psychotherapy. Research evidence indicates that the therapist variables are important in influencing the outcome of psychotherapy. The present study was carried out to understand and highlight some of the experiences of being a psychotherapist. Twenty clinical psychologists practicing psychotherapy in an urban metropolis in India were interviewed using a semi-structured interview schedule. Interviews were audio-taped and transcribed. Transcripts were coded independently by two raters. The main themes that emerged from the interviews are presented. The themes pertained to therapists' reflections on their career choice and therapeutic orientation, process issues related to the practice of psychotherapy, positive and impeding therapist and client characteristics, positive and negative moments in therapy, supervision related issues and finally, how the practice of therapy had been personally enriching.

Therapeutic alliance and the integrative model of Paradigmatic Complementarity: Can they add something on alexithymia interventions?

Ana Nunes da Silva — Faculdade de Psicologia da Universidade de Lisboa, António Branco Vasco, Jeanne C. Watson

The research literature repeatedly shows patients with alexithymia as having poorer outcomes in psychotherapy. But what is happening with them in therapy? We reflect about the intervention with alexithymic patients comparing two cases throughout 16 sessions: one patient starting therapy with a high level of alexithymia and other with a low level of alexithymia. From the patients perspective different emotional components, symptoms and its ability perception regarding the MPC are explored. Regarding the therapists' perspective, we search the MPC strategic objectives promoted throughout those sessions. Regarding therapy we explore the evolution of the therapeutic alliance from both perspectives. Quantitative and Qualitative data are presented. The differences and similarities are discussed. The implications for psychotherapy intervention are highlighted.

Effectiveness of long initial appointments in Experiential Dynamic Therapy

Karlijn van Doorn — Oxford University, James Macdonald

Research suggests that the first hours of therapy are critical in determining therapy outcome. This study aims to explore changes occurring during longer (three-hour) initial appointments used in Experiential Dynamic Therapy (EDT). More specifically, by coding videotapes of these initial appointments on the Achievement of Therapy Objectives Scale (ATOS), the study assesses to what extent the specific aims of EDT (e.g. the resolution of emotional conflicts) are achieved during these initial appointments. The study explores the degree to which the achievement of therapeutic objectives during initial appointments relates to patients' improvement in symptoms, interpersonal problems, self-compassion and remoralization. The results will demonstrate how effective initial EDT appointments are in a UK secondary care setting and should help determine the important factors involved in more effective interviews. It is hoped that this study will contribute to a better understanding of how to maximise the therapeutic impact of initial therapy sessions. This study is currently being conducted and will be written up and submitted as dissertation project for the Doctorate in Clinical Psychology, Oxford University, by July 2012.

Effectiveness of Autonomy-Groups in patients with anxiety disorders: A RCT

Elisabeth A.P. Rutten — Tilburg University, Marrie HJ Bekker, M.A. Ouwens, A.J.L.M. van Balkom

Background Autonomy-connectedness is the need and capacity for self-reliance and independence, as well as for intimacy and functioning satisfactorily in intimate relations (Bekker & Van Assen, 2006). Autonomy problems are proven to be related to various mental disorders, among which anxiety disorders (Alford & Gerritty, 1995; Bekker & Belt, 2006). Autonomy-Groups (AGs) are a well-known treatment for patients with all types of mental disorders and their therapeutic results are generally considered very promising. As the effectiveness of AGs has not been investigated systematically, neither concerning mental health in general, nor concerning anxiety disorders specifically, we aimed to do so in the current study. Method This study uses a Randomized Controlled Trial (RCT) design. There will be two groups of patients with anxiety disorders, the AGs and the control-groups (waiting list) and three measurement moments: before, halfway, and at the end of treatment. Participants fill out several questionnaires concerning autonomy-connectedness and mental health. Results / Conclusions Preliminary results from both the current study and previous pilot studies will be presented. References Alford, B. A., & Gerrity, D. M. (1995). The specificity of sociotropy-autonomy personality dimensions to depression vs. anxiety. *Journal of Clinical Psychology*, 51(2), 190-195. Bekker, M. H. J., & Belt, U. (2006). The role of autonomy-connectedness in depression and anxiety. *Depression and Anxiety*, 23(5), 274-280. Bekker, M. H. J., & Van Assen, M. A. (2006). A short form of the Autonomy Scale: properties of the Autonomy-Connectedness Scale (ACS-30). *Journal of Personality Assessment*, 86(1), 51-60.

Bringing emotion and bond into therapy: A research into the outcome and process of Bonding Emotional Therapy

Domingos Alfredo Neto — Clínica Princípio, Maria Sousa, David Neto

Emotional therapies have been gaining greater attention in the last years both due to the general research of the role of emotion in cognitive and behavioural functioning and the observation of the importance of emotional activation and elaboration in psychotherapy. Bonding therapy tries to use these processes by including emotional activation processes and meaning and relational elaboration in order to produce change in a process close to what has been called "emotional corrective experience". This presentation presents a research that was done to assess the effectiveness of bonding therapy in a group format and some of the factors that are considered relevant in this approach. A sample of 33 clients was analysed longitudinally - from the 1st to the 16th session - using measures of symptom, emotional processes and attachment. The provisional results suggest that bonding therapy may be effective in promoting change. The results are discussed in light of the contribution that bonding therapy can provide among other therapies and its usefulness as a strong promoter of emotional and relational change.

Effectiveness of psychodynamic group psychotherapy in outpatient care

Milena Blazkova — Masaryk University, Zbynek Vybiral

The aim of the paper is to introduce the results of effectiveness study of psychodynamic group psychotherapy in a public outpatient psychotherapy care. Data from 159 patients were included, mostly from patients diagnosed with neurotic diagnoses, personality disorders, and affective disorders. The analysed data present the results of three methods (SCL-90-R, MMPI-2 and Life-satisfaction questionnaire). Data had been collected from the archived client cards from years 2008-2011. Particular attention has been paid to the measurements that took place prior to the seven week treatment programs and after their completion. The treatment program was based on psychodynamic group psychotherapy. We would add some statistical verification of the hypotheses, as well. The hypotheses focused on effectiveness of psychotherapy in predefined areas of human functioning, and in some fields of socio-demographic characteristics on the effect of treatment.

The use of knowledge tests as outcome measures of therapist training: A systematic review

Dorothea Klucznik — Oxford University

The World Health Organization (2001) calls for increased and improved training of mental health professionals in order to disseminate evidence-based treatments and to overcome the gap between research and clinical practice. Valid and reliable measures of therapist competence are therefore essential to evaluate the outcome of therapist training, that is whether trainees have acquired the knowledge and skills to deliver treatment well. Furthermore, standardized assessments of competence are crucial to establish professional standards of therapeutic competence. Traditionally, ratings of therapy sessions have been used to evaluate the clinical skills of therapists. However, a sample of several sessions per therapist including several patients of varying complexity and various stages of treatment would need to be evaluated in order to get a representative picture of a therapist's competency. This is theoretically possible to achieve, but in practice not feasible. Therefore, other forms of measurements need to be considered. We have conducted a systematic literature review on existing knowledge tests of psychological treatments used as outcome measures of training studies. The measures' development, item format, and their psychometric properties as well as their use as outcome measures will be discussed. Our results indicate that outcome measures such as knowledge tests need to be developed more carefully if one wants to evaluate the outcome of therapist training. Recommendations for the development and validation of future knowledge measures will be outlined

Identifying vulnerability in grief

Linda Machin — Keele University, UK

The UK Office for National Statistics report that there were 493, 242 deaths registered for England and Wales in 2010¹. It is estimated that 10-20% of bereaved people are susceptible to complicated grief and finding a reliable means of identifying those who are significantly vulnerable in their grief and therefore most in need of therapeutic support is a pressing research task. This paper reports research supporting the use of the Adult Attitude to Grief scale (AAG)² as a valid and clinically useful measure of grief which can reliably identify vulnerability. The scale was devised originally to validate the variations in loss response, which had been observed through empirical research and therapeutic practice. The variations were identified as three distinct categories: an emotion biased state of being 'overwhelmed', a cognitive/behavioural bias towards 'control', and evidence of a capacity to balance these opposite biases as 'resilience'. A vulnerability indicator (VI) has been calculated by combining the AAG scores for the 'overwhelmed' and 'controlled' items and subtracting the 'resilient' items. To test validity and reliability of the VI, participant client responses have been correlated against other validated tools identifying prolonged grief (PG-13), depression (PHQ 9) and anxiety (GAD -7) and alongside other clinical data. 1. Office for National Statistics, 2011: Births and Deaths in England and Wales, 2010: <http://www.ons.gov.uk/ons/rel/vsob1/death-reg-sum-tables/2010/index.html> 2. Machin, L.(2009) Working with Loss and Grief: A New Model for Practitioners. London: Sage. Research Team: Dr. Linda Machin (l.machin@keele.ac.uk) ; Dr. Bernadette Bartlam; Professor Julius Sim (Keele University, UK)

Study of psychoanalytic processes under the PQS lens: Differences in therapist action according to patient characteristics

Margarida Coimbra Marques — Instituto Superior de Psicologia Aplicada, António Pazo Pires, Carolina Seybert

The efficacy of psychotherapy has been widely studied. Also important is to deepen our knowledge about the processes that occur over time in therapy. The aim of this study is to observe how changes in therapist's attitudes, behaviors and interactions are influenced by patients' characteristics. In our study the recordings of psychoanalytic psychotherapy sessions from 2 patients with the same therapist will be analyzed with the 'Psychotherapy Process Q-Sort' (PQS; Jones, 2000). The 'Shedler-Westen Assessment Procedure' (SWAP-200; Shedler & Westen, 2010), will also be applied in order to characterize the two patients under study. Outcomes of both therapies will be accessed with the SCL-90-R (Deogatis & Savitz, 2000) and IIP (Horowitz et al, 1988). We expect to show differences in how the therapist understands and works with the emotions of his patients, according to their personality differences.

What changes first in psychotherapy? Symptoms or personality?

Carolina Albergaria Malheiro — , António Pazo Pires

Autores: Malheiro, C; & Pires, A. P. Instituto Superior de Psicologia Aplicada – IU, Lisbon, Portugal Abstract In the literature there are strong evidences that the changes resulting from psychotherapy are related to the use of certain defense mechanism, and the presence of several symptoms. The aim of this study was to investigate the relationship between the changes in personality during the psychotherapy and the use of defense mechanisms, as well as the reduction of symptoms. We made a systematic case study of a patient followed in psychotherapy for a period of two years. The SCL-90 was applied at the beginning of the therapy, at 6, 12, 18 and 24 months. The SWAP-200 and DMRS were applied at the beginning, 12 and 24 months. The results suggest that changes in the level of personality and defense mechanisms arise later than the symptomatic changes. Keywords: Psychotherapy, SWAP-200, DMRS, SCL-90-R, change, case study.

Personality features and defense mechanisms

Diana Calado Loureiro — ISPA-IU, António Pazo Pires

Although there are empirical studies concerning defenses and their relation with certain personality traits of the patient, there are no studies that have combined both variables in the course of psychotherapy in a systematic manner over time. Thus, our objective is to observe the change in defense mechanisms over time and the influence of personality characteristics of the patient on that change. The sample consisted in three patients of the same therapist attending Dynamic Psychotherapy. Therapies had the duration of two years of which we used transcripts of sessions corresponding to four sessions from the beginning, 6th, 12th, 18th and 24th month. The defense mechanisms were evaluated through the Defense Mechanisms Rating Scales (DMRS) and personality traits by The Shedler-Westen Assessment Procedure (SWAP). Different groups of patients and pathologies resulted in a rate of change of its own concerning defense mechanisms. Therapeutic effects related to change in the defense mechanisms were only observed in the second half of Dynamic Psychotherapies. Keywords: Defense Mechanisms; SWAP; DMRS; Psychotherapy; Change.

Personality and patterns of change in psychotherapy

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Summary Although there is some research on change processes, there are no systematic investigations to study patterns of change over time of therapy. The aim is to evaluate the patterns of change, taking into account the different types of patient personality. The data correspond to transcripts of psychoanalytic psychotherapy sessions of three patients over two years. The patterns of change in insight, symptoms, conflicts and adaptive capacity will be evaluated by the scale (CHAP Changes After Psychotherapy, Sandell, 1987) applied to all sessions, and personality characteristics of patients using the SWAP-200 (Westen-Shedler Assessment Procedure (at the beginning of psychotherapy). These results suggest that differences in patterns of change in each patient, are the result of different personality traits.

Personality disorders and criminal behavior: A study on the prevalence of personality disorders in Portuguese male prison inmates

Daniel Rijo — Faculty of Psychology and Education Sciences, University of Coimbra, Carolina Motta, Nélío Brazão, Rita Baião, Beatriz Carvalho

Prison inmates are known to be a population with great prevalence of Mental Disorders (Fazel & Danesh, 2002). Usually, these disorders are not identified nor treated properly (Birmingham et al. 1996), despite the fact that the European Convention of Human Rights states that prison inmates have the right to mental health care equivalent to that available to the rest of population. Most of these disorders are chronic and difficult to treat (Kjelsberg et al., 2006), particularly in what concerns Personality Disorders, which are known to be highly prevalent in prisons (Coid et al., 2006). Personality disorders prevalence in prison is even higher than in the general population (Kjelsberg et al., 2006), and is associated with recidivism (Hiscoke et al., 2003), being the Cluster B diagnoses the most frequently found (Coid et al., 2006). In Portugal there's just one study on the prevalence of personality disorders in prisons that took place in Azores Islands (Rijo et al., 2005). In this study, 200 inmates from 9 different prisons were interviewed using the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II) (First, Gibbon, Spitzer, Williams, & Benjamin, 1997; Portuguese version by Pinto Gouveia, Matos, Rijo, Castilho, & Salvador, 1999). Results showed a very high prevalence of Personality Disorders (global prevalence of 82%), being Cluster B disorders the most frequently diagnosed (in 60% of sample subjects). Results also point out the need for taking into account personality traits when assessing risk of recidivism and to inform about specific needs for sentence planning and intervention.

Exploring the association between shame and psychopathy in youths

Diana Ribeiro da Silva — Faculty of Psychology and Education Sciences, University of Coimbra, Daniel Rijo, Carolina Motta, Nélío Brazão

Psychopathy can be conceptualized as a pathology marked by irresponsible and impulsive behavior, callous-unemotional traits, grandiosity and manipulation (Cooke & Michie, 2001). From an evolutionary point of view, psychopathy could be seen as an adaptive strategy in certain psychosocial scenarios (Gilbert, 2005, 2010, Glenn, Kurzban, & Raine, 2011). Several authors suggested a negative association between anxiety and psychopathy in adulthood (e.g., Cleckley, 1941/1988). The same, apparently, is not true for youths with psychopathy traits, which presented high anxiety levels and greater comorbidity with internalizing disorders (Kubak & Salekin, 2009). These possible differences in the association of psychopathy traits with other variables and disorders, when comparing younger to older subjects may help to understand the origins of psychopathic traits. More, there is almost no research on the relationship between psychopathy traits and evolutionary constructs from a developmental perspective. This study analyses the relationship between psychopathy and internal/external shame in a non-clinical sample of 300 youths. Psychopathy is assessed with the Youth Psychopathy Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002; Portuguese version by Simões, Abrunhosa Gonçalves, & Lopes, 2010), internal shame is assessed with the Internal Shame Scale (ISS; Cook, 1996; Portuguese version by Matos & Pinto-Gouveia, 2006) and external shame is assessed with the Others As Shamer Scale (OAS; Goss, Gilbert, & Allan, 1994; Portuguese version by Barreto Carvalho & Pereira, 2012).

Differentiating couch and face-to-face settings

Mafalda Sofia Aparício — Instituto Superior de Psicologia Aplicada-IU, Lisbon, Portugal, António Pazo Pires

Despite the apparent differences between couch and face-to-face settings found in literature, based on clinical opinions of professionals who work with both settings, there is no empirical research studying the differences and similarities between both settings. We have three main objectives: 1) Understand which are, from the analysts' point of view, the couch setting and face-to-face setting specificities, i.e., their similarities, differences, advantages and disadvantages; 2) Understand how analysts use both settings, i.e., which are the criteria the analyst uses to decide, in the beginning and on a later stage of the therapeutic process, to lie down or sit the patient; 3) Obtain descriptions of transition situations of setting, on later stages of therapeutic process. We will use questionnaires and interviews to a sample of 30 psychoanalysts of the Portuguese Society of Psychoanalysis. Questionnaires are composed by demographic variables and variables related to the practice of psychoanalysis and psychoanalytic psychotherapy. In the interviews the analyst is asked to make a description of the two settings; which criteria he uses to decide to lie down or sit the patient; what he do to decide whether the patient lies down or sits, and why; if he asks the patient to choose the setting and whether he has cases where the patient transit from setting; what happen in this situations. Data processing will be made through SPSS for descriptive and comparative analysis and Grounded Theory for analysis of interviews.

Patient suicide: the experience of Portuguese doctors and psychologists

Inês Areal Rothes — , Margarida Rangel Henriques

Objective: To describe the impact of a patient suicide on Portuguese health professionals (psychologists, psychiatrists and general physicians). Method: A self-report questionnaire, which assessed the characteristics, experience and impact of a patient suicide, was used. Results: 242 health professionals filled the questionnaire and 64 professionals had been confronted with at least one patient suicide. Emotional suffering (47%), concerns, doubts and fear (35%), frustration (28%) and shock and surprise (23%) were the most common feelings reported by health professionals. Increased attention, vigilance and accuracy in assessment and intervention were the most frequent reaction after the patient suicide (80%). Increased insecurity and anxiety were also reported (28%). Colleagues, contact with patient's family and case review were the sources of help more frequently used, and supervisor, team case review and colleagues were rated as the most useful. There were no differences according to gender, age or professional group in the experience of this event. Conclusion: The results show that the suicide of a patient has a considerable professional and emotional impact. However, this difficult event can also be an opportunity for learning and professional growth leading to positive and adequate changes in clinical practice with regard to the management of suicide risk and its aftermath.

A systemic-constructionist approach to psychopathology: The semantics of phobic, obsessive, eating and mood disorders

Valeria Ugazio — University of Bergamo, Attà Negri, Lisa Fellin

This study tests the hypothesis that in the therapeutic conversation with patients with phobic, obsessive-compulsive, eating and mood disorders the semantics of “freedom”, “goodness”, “power” and “belonging” prevails respectively. This hypothesis maintained by Ugazio (1998/in press, 2010) fits in with the line of research on meaning and psychopathology started by Liotti e Guidano (1983). The Family Semantics Grid (FSG; Ugazio, Negri, Fellin, & Di Pasquale, 2009) was applied to the transcripts of the 120 videotaped individual systemic therapies, the first 2 sessions of 60 clients (12 phobic, 12 obsessive-compulsive, 12 with mood disorders and 12 asymptomatic who compose the comparison group). The results confirm this clinical hypothesis: the semantics of “freedom”, “goodness”, “power” and “belonging” prevails respectively in conversation with phobic, obsessive-compulsive, eating and mood disorders clients. The other kinds of semantics prevail instead in the comparison group (patients with life problems). Limitations of this study and future perspectives for both research and clinical practice will be addressed too, especially concerning the analysis of interactive positioning in conversation.

Psychopathology and emotional processes: Interactions and contributions to understand patients in psychotherapy

Filipa Machado Vaz — Faculdade de Psicologia, Universidade de Lisboa, António Branco Vasco

Abstract: Patients frequently display a non-adapted functioning in one or more of the dimensions of the emotional processing, namely on the attention, differentiation, intensity, expression and regulation of emotions that will impede the normative function of emotions. Maladaptive emotional process can then lead to adjustment problems. Although previous analyses were conducted about the importance of emotions in psychopathology, the present paper will examine how each one of the emotional processes are dysfunctional in patients. The main goal of this study is to investigate the impact of emotional attention, differentiation, regulation, intensity and expression in the maintenance of several types of psychopathology, namely Depression, Anxiety and Personality disorders. Methods: The analyses will be based on data from a randomized clinical trial involving 122 patients. Once individual differences moderate how emotions are experienced, we used specific measures that access the various emotional components during psychotherapy. Psychopathology was measure via the Brief Symptom Inventory (Degoratis, 1975) and by the diagnostic given by the therapist. Results: Preliminary results indicate that the difficulties in emotion differentiation, regulation and expression predict the maintenance of several psychopathological symptoms and in all disorders evaluated. Discussion: Results suggest that patients' dysfunctional emotional processes are not likely to be a simple consequence of psychopathological symptoms but a intrinsic factor on the development and maintenance of psychopathology. Keywords: Emotional processes, psychopathology, diagnosis

The role of autonomy-connectedness in Axis I and Axis II disorders

Marrie HJ Bekker — Tilburg University

Background – In recent years, increasing evidence demonstrates the importance of autonomy as an underlying factor of many Axis I as well as Axis II disorders. Objectives – The aims of the presentation are: (i) showing this empirical evidence; (ii) providing theoretical explanations; and (iii) giving insight into some core elements of autonomy-targeted interventions. Method – Several recent studies will be shown demonstrating the associations of autonomy (-connectedness) with various types of psychopathology. A striking recent insight is that gender differences in the prevalence of these mental disorders are, in some cases completely, in some cases partially, mediated by autonomy. Experimental findings will be presented showing that strengthening autonomy improves mood and affects anxiety. Results and Conclusions– Attachment-based autonomy problems underlie a variety of mental (Axis I and II) disorders, such as panic-, mood-, eating- and several personality disorders, and also milder mental problems such as work-family unbalance and work stress. Problems with autonomy (-connectedness) can, together with these disorders, successfully be treated using autonomy-targeted interventions.

Expressive writing paradigm: Impact on the health of adolescents with diabetes

Rosário Mendes — Universidade do Porto, Paulo Almeida, Margarida Rangel Henriques

The aim of this study is to explore the impact of a therapeutic intervention based on the Pennebaker's Paradigm on the physical and psychological health of adolescents with diabetes. We hypothesise that the expressive writing sessions will contribute to reduce the levels of the main biochemical indicators of diabetes, i.e., glycaemia and glycosylated hemoglobin (HbA1c), in the experimental group. This study's subjects are 36 adolescents with Type 1 Diabetes, ages between 12 and 19 years old (M=16; SD=2.01). The experimental group (n=20) completed the narrative task, which consisted of a 10 minute writing session a day, on three consecutive days, about traumatic events or emotionally intense experiences. The control group did not have any writing session (n=16). The results demonstrate that, in the short term, glycaemia levels decreased significantly in the experimental group, although there were not significant differences in biochemical indicators in the long term. There was an increase in the long term glycaemia levels in the control group. Hence writing benefited health in the short term and functioned as a protective factor against metabolic deregulation in the long term. Diabetes was the main theme in the narratives, which reveals its emotional importance in the adolescents' lives. We suggest this narrative intervention might be a useful complement to the medical treatment of diabetes. Writing on a more regular basis may produce long term effects in adolescents' health, and contribute to the construction and organization of their daily experiences and emotions.

Interpersonal counseling for frequent attenders of primary care: A telephone outreach study

Dana Sinai — Ben Gurion University, Joshua D. Lipsitz

Patients to primary care referred to as Frequent Attenders (FAs) are known for their high consumption of medical services. FAs are known to suffer from multiple medical conditions, chronic pain, psychological distress, and high rates of mood and anxiety disorders. However, research into interpersonal factors related to FA has also pointed to the important role of social support (or lack thereof) and interpersonal difficulties in these patients, and their maladaptive care-seeking patterns. By considering FAs in an interpersonal theoretical framework we tested the possibility to change utilization patterns with appropriate treatment. To overcome FAs known refusal for referrals to psychological care, we delivered our treatment over the telephone in a stepped outreach format, not requiring patients to be referred, approach, or travel to sessions. In the present study we compare four treatment conditions: (1) three months of telephone interpersonal counseling (T-IPC), a brief variant of Interpersonal Therapy (IPT) conducted over the telephone ; (2) three months of supportive telephone attention; (3) a telephone survey, conducted twice within a 3 month period; and (4) collection of utilization information from health-care provider's database, with no patient contact. We hypothesized that both active treatments would show a reduction in utilization of medical services over the time of the intervention and over a one-year follow up, as well as a reduction in mood, anxiety and somatization symptoms. We also hypothesized that this reduction would be greater and last longer in the IPC group compared to the attention only group. Preliminary results will be presented and discussed.

Promoting health behavior in children via SMS

Cátia Botelho Silva — University of Minho, Daniel Fassnacht, Kathina Ali, Sónia Gonçalves, Paulo Machado

Abstract Several studies showed that technology enhanced measures could be a useful and innovating tool to promote health behaviors. In this study, a Short Message Service (SMS) program was used to monitor three key behaviors: fruit and vegetable consumption, physical activity and screen time. Based on the daily input (SMS) of each participant, the program sent an automatic supporting feedback message. The aim of this minimal intervention (8 weeks period) was to improve all indicated behaviors. Testing feasibility, adherence and satisfaction of the SMS system were additional aims of the study. Eight classes with a total of 160 children (age 8 to 10) participated in this study and were randomly assigned into an intervention group (with access to the program) and a control group (without access to the program). The adherence was high with participants sending monitoring SMS in 67% of the intervention days. Furthermore, high satisfaction scores were reported (89.4% were satisfied with the program). Significant results regarding fruit and vegetable consumption were found, $F(2, 168) = 7.86, p < .01$ indicating that participants in the intervention group increased the amount of fruit and vegetable intake over time. However, results for physical activity, $F(2, 162) = 0.93, p = .399$, and screen time, $F(2, 168) = 1.40, p = .249$ were non significant. Summarizing the results, this minimal intervention demonstrated to be a feasible program to increase fruit and vegetable consumption. There seems to be a need to further investigate such programs, as 32% of the children were overweight and 8% obese.

Early alliance prediction by the criteria of operationalized psychodynamic diagnosis

Lilijana Samardzic — [Clinical Center Nis-Clinic for Mental Health](#)

The aim of our study was to assess predictive validity of the operationalized psychodynamic diagnosis (OPD) criteria for the quality of early therapeutic alliance in psychodynamic psychotherapy. For the purposes of this study, 60 outpatients from different non-psychotic ICD-10 diagnostic categories, assigned to psychodynamic psychotherapeutic treatment, were assessed using clinical parameters and OPD (2nd Edition) criteria (five axes), before they started regular treatment. After the fifth session, early working alliance was estimated using Working Alliance Inventory (WAI). Those patients that interrupted the treatment before the fifth session were considered as dropout group. Statistical analysis was conducted in order to determine predictive validity of individual patient's OPD characteristics for the quality of working alliance. This study is still in progress. We expect our results to show that characteristics of interpersonal relations and some structural deficiencies have special importance as predictors of working alliance quality in the early phase of psychotherapy.

Therapists adherence to Emotion Focused Therapy with depressive clients

Daniela Nogueira — [ISMAI - Maia Institute of Higher Education](#), Marina Monteiro, Tiago Bento, Catarina Almeida, João Salgado

Aims: This study is part of a comparative clinical trial testing the relative efficacy of Emotion Focused Therapy and Cognitive Behavioral Therapy with mildly or moderately depressed clients. This present and ongoing study the main purpose is twofold: (1) to test the adherence of psychotherapist's interventions to the Emotion Focused Therapy (program of 16 sessions); (2) to explore the association between adherence and outcome. **Method:** Therapist Experiential Session Form was used to assess a naturalistic sample of visualization of the video recorded therapeutic sessions of all EFT psychotherapists involved in the project. These sessions were assessed by the therapists and by two external judges with previous training in EFT. Self-report measures of depression and symptomatology were administered to the patients along the process - OQ-45, OQ-10, BDI-II. **Results:** This is an ongoing study and preliminary results will be presented, regarding: the reliability of the observational use of the measure (TESF), comparing the rates of the two judges; a comparative analysis of self-reported adherence and other-reported adherence; the association between these measures of adherence and outcome measures.

Case-tracking and therapist feedback in routine state funded practice: The relationship between scores on measures and feedback to therapists


Jeremy Edward Halstead — [South West Yorkshire Partnership Foundation Trust](#), Emma Waters, Samantha R. Tucker, Jo LLoyd, Mike Luccock, Chris Leach

The Yorkshire therapist feedback Feasibility Study follows on from the work of Mike Lambert and others in monitoring patient progress through the use of sessional outcome measures and giving therapist access to a graphical representation of progress. In our study, we provide a feedback report at session 4, incorporating information in nine areas: current symptoms, symptom change, session helpfulness, therapeutic alliance, stage of therapy and four other indicators derived from Lambert's ASC measure. AIM In our study, the link between scores and feedback categories was decided beforehand on the basis of the available literature where available. It is possible, however, that real life, local distribution of scores may suggest that the use of categories is inconsistent across areas. The overall aim of this paper is to investigate the relationship between the actual distribution of scores and the categories we use in feedback reports. This paper has three aims: 1) To provide an account of the distribution of scores for N=250 consecutive recruits in the nine areas, 2) To relate this distribution to the categories used in feedback reports, 3) To provide visual illustrations of the feedback reports, RESULTS Data will be provided for each of the nine areas and this will be mapped on to the categories used. We will also show the relationship between scores in the different areas. DISCUSSION A clearer idea of the real life local distribution of scores will help us to refine the categories we use for feedback .

Concealment in the therapeutic conversation

Armanda Gonçalves — [Portuguese Catholic University](#)

Clients' self-disclosure is considered one of the central aims of the psychotherapeutic process (Hill & O'Grady, 1985; Stiles, 1987), while, clients' concealment has been interpreted as a form of resistance and therefore detrimental. In relation to the therapists and the process of self-disclosure we didn't found equal accord of perspectives (Hill & Knox, 2002). Therapists' concealment remains less explored, as much in the theoretical as in the empirical domain. These discrepancies and ambiguities justify the importance of the study of this subject. The current study focus on the examination of the concealment experience in the therapeutic process, by means of inquiring therapists and clients counselling dyads about the occurrence and effects of "things left unsaid" in the therapeutic conversation. We chose an exploratory methodology, so in terms of the data collection we privileged the reports of the participants in psychotherapy. We applied an interview to eleven individual



psychotherapy dyads, during the course of the therapeutic process. The data were analysed accordingly to the procedures of Interpretative Phenomenological Analyses (Wertz, 2005), exploring both the contents and functions of things left unsaid. Among the conclusions, we would like to point the elevated occurrence of this phenomenon in the psychotherapeutic process, both in the clients' and in therapists' experience. Based on our reflections concerning the meaning of this categorization and its evolution throughout the therapeutic process, we tried to consider the main challenges that these results place, both in terms of clinical practice and in the context of therapists' formation and supervision.

Group intervention with women victim of intimate violence: An outcome study

Marlene Matos — University of Minho, Andreia Machado, Anita Santos

Violence against women in intimate relationships has damaging implications for the victims, not only socially, but also psychologically, such as depression and anxiety disorders, dissociation, suicide attempts, substance abuse, traumatic stress disorder, sexual problems, and cognitive disturbances. According to Tutty, Bidgood & Rothery (1993), group intervention is one of the most common modality concerning women victims, but studies about its efficacy are scarce. A group intervention with women that were in an abusive relationship was implemented with a cognitive-behavioral approach. The main goals were: to cease partner violence; to decrease clinical symptoms; and to reduce victim's isolation. Three experimental groups were conducted, with measures of clinical symptoms, depressive symptoms, self-esteem, ways of coping, and beliefs towards violence at pre and post test, and at follow-up. Each group had 8 weekly sessions, with 90 minutes of duration. Preliminary outcome results of the pre and post test evaluation found significant improvement in the assessed instruments. The outcome results of the group intervention, concerning pre, post and follow-up assessments will be presented, as at this moment, this is an ongoing study. Findings' implications for practitioners will be discussed.

If you want to get ahead, get a sequence of general strategies: A long-term longitudinal single case study illustrating a phase-by-phase decision making heuristic in psychotherapy integration

Nuno Conceicao — Psychology Department, University of Lisbon, António Branco Vasco, Joana Ferreira

The purpose of this research project on general strategies (Goldfried, 1980), within the framework of the Paradigmatic Complementarity (Vasco, 2001), was to analyse equivalent therapist's strategy-related operations and patient's strategy-related change processes as they unfold and relate along the psychotherapeutic process. Therapist's operations and patient's processing abilities can proceed in tandem. Processing capacity is conceptualized as the productive use, by the patient, of strategy-related change processes underlying skilful means to resolve life challenges. This longitudinal study used observation data from 69 videotaped sessions, of a patient of an integrative therapist. Judges were blind to the sequence of sessions and rated patient's change processes and therapist's therapeutic operations. Graphic and time-series statistical analysis were performed. The results show that patient's processes and therapist's therapeutic operations seem to unfold sequentially according to a sequence, thus emphasizing the importance of sequential maps of intermediate outcomes before termination, at the strategic level. It seems both enough rigorous and relevant to consider the sequencing of general strategies as a phase-by-phase map of the therapeutic process. Results also point out that, beyond the more traditional responsiveness movements at a micro-developmental moment-by-moment level, decision-making by the therapist can be made responsive to such a macro developmental phase-by-phase sequence influencing its unfolding and being influenced by it. These results render these process-based intermediate outcomes as potential mechanisms of change common to any psychotherapeutic approach.

Narrative progress and differentiation along the therapeutic process: A longitudinal case-study

Joana Ferreira — Psychology Department, University of Lisbon, Nuno Conceicao, António Branco Vasco, Michael Basseches

For long patients' narratives have been attributed the potential of therapeutic assessment and intervention. Narratives are frequently considered the best means for recognizing and reorganizing patients' internal experience. At the same time, the integrative movement in psychotherapy, with its emphasis on taking a comprehensive look of the patients, adapting interventions to their needs more than fitting the patient to a single theoretical and interventive perspective, has helped to recognize that patients' characteristics are not necessarily static and that the therapeutic work may need to be different at different moments and even different phases of the therapeutic process. The study presented here is a longitudinal case study that analyzes the patient's narratives along the therapeutic process with the aim of clarifying her internal functioning, how she develops a clearer and more coherent sense of herself and her experience, and how the therapist facilitates or hinders this unfolding. The emphasis of the analysis is more on the processes than on the contents of the narratives, emphasizing the capacities or vulnerabilities of information processing. The sessions' material is analyzed using both the framework of the sequential phases of the Paradigmatic Complementarity Meta-model, and the Developmental Analysis of Psychotherapy Process (DAPP) Method. This is a first case-study of a series intended to illustrate an integrative interpretative heuristic of the narrative differentiation and movement along the therapeutic process, identifying narrative markers that can contribute to the clinical decision making on a phase-to-phase basis.

Variables differentiating responders from non-responders in a group of children with anxiety disorders: An embedded case study

Irene Lundkvist-Houndoumadi — Aarhus University, Mikael Thastum

Objective: To explore the therapy process in a group of six children with a variety of anxiety disorders through an embedded

case study focusing on how the relationship between client characteristics and selected therapeutic elements relates to children's response vs. non-response to treatment. Method: Clients' characteristics and therapeutic elements that may have contributed to, or interfered with change were explored through questionnaires, DVD-recordings of the sessions, therapist notes and a semi-structured interview 15 months after the end of group CBT with parental inclusion [the Cool Kids® Program] at the Children's and Adolescents' Anxiety Clinic, Aarhus University. Results: Among responders motivation and parental engagement during therapy and changes in parental expectations and behaviours, assessed after the end of treatment, were related to the successful practice and integration of treatment components in children's coping skills. Also responders experienced the group processes as constructive. Non-responders lacked motivation in getting past their anxiety difficulties and had parents with inconsistent or permissive parenting styles that interfered with the successful integration of therapy components. Discussion: The use of an embedded case study made it possible to explore the complex interplay of variables related to children's differential response to treatment as illustrated in a graphic representation of the therapy process and outcome. Nevertheless, the study does not allow drawing any definite conclusions either concerning the presence of which specific elements contributed to change, or how they did it exactly.

Beyond the sole mother: The emotional-relational context of postnatal depression

Lisa Fellin — University of Bergamo, Eleonora Emide

Objectives: This pilot qualitative study explores the emotional and relational context of Postnatal Depression (PND) through the real voices of mothers suffering from this disorder. Despite the wide number of studies on PND, there is a lack of qualitative empirical material that explores the contextual and phenomenological experience of women diagnosed with PND. **Methodology:** We adopted a systemic-constructionist hermeneutics to analyse through Interpretative Phenomenological Analysis (Smith, 1996) the self-narratives posted by 13 mothers on an Italian PND-dedicated self-help web forum. **Results:** We will discuss six of the ten master themes identified (and validated through independent audit), selected for their relevancy to the emotional-relational context in which the PND developed and is maintained, including the role of mental health care professionals. The most significant findings concern three main areas: The emotional loops related to the interactive dynamics; the relationship with the newborn; the marital relationship. Confronting our findings with the literature on depression, some common points emerge: Concerning the emotional-interactive loops, some similarities have been found with Ugazio's (2010) theory on depressive organizations; and, with respect of the marital relationship, with Linares and Campo's (2003) patterns of depression and dysthymia. Limitations of this pilot study and future perspectives for research together with clinical implications will be addressed too.

Exploring female baby boomers' experiences in using a computerised cognitive behavioural therapy (cCBT) programme for depression ('Beating the Blues') with case manager support: An interpretative phenomenological analysis

Kate Doran — The University of Sheffield, Gillian E. Hardy, Glenys Parry, Rosemary Barber

Aim: To provide in-depth exploration of the experiences of three female baby boomers using 'Beating the Blues' with support through an IAPT service. **Methods:** A prospective qualitative study. At the end of an initial face-to-face referral meeting, the study was introduced to female clients of working age born before 1965 by low intensity case managers at an IAPT site, prior to clients commencing use of 'Beating the Blues'. People with active suicidal ideation, complex mental health problems or who had been stepped up into secondary care and / or referred to the community mental health team were excluded from this process. Those who expressed an interest were given a participant information sheet and consent form. With the client's permission, the case manager provided the researcher with the client's contact details. That same day, the researcher contacted potential participants to provide further information about the study. All who expressed an interest in participating were recruited to the study after a minimum 24 hour cooling off period. Three women were interviewed at 6 pre-designated sampling points as they progressed through and beyond 'Beating the Blues', using topic guides developed in consultation with service user and clinician researchers. Eighteen interviews were recorded and transcribed. Interview transcript data were analysed using interpretative phenomenological analysis. **Results / Discussion:** Analysis is in process. Results will be discussed in terms of: participants' hopes and fears for change; participants' experiences of helpful and unhelpful aspects of Beating the Blues; individual perspectives on how 'Beating the Blues' may work.

Helpful factors: A follow-up interview study on patients and therapist's perspective on change process

Laura Colangelo — ASL Azienda Ospedaliera Ospedali Riuniti di Bergamo, Lisa Fellin

Objectives: This follow-up study presents a helpful factor design to compare patients and therapist's experience of change and outcome in 8 systemic-oriented psychotherapies (individual, couple and family) completed with the same therapist in a public mental health service based in Bergamo (Italy). **Methodology:** 16 follow-up semi-structured interviews (8 with patients and 8 with their therapist) were conducted by 2 trained clinicians 2 years after the end of each treatment. All interviews were transcribed and analysed using Interpretative Phenomenological Analysis (Smith, 1996) by independent researchers in order to compare the outcomes and the helpful factors identified by patients and therapist. IPA coding reliability was validated both through independent audit and respondent validation. **Results:** Most master themes identified in the two main areas (outcomes and helpful factors) are shared by both patients and therapist. Moreover, client-identified important outcomes in psychotherapy are the same 8 pointed out by their therapist. Another significant finding concerns the therapist-patient matching: each dyad highlights some factors rather than others. Our findings support the hypothesis that the follow-up interview is construed and experienced according to a "pattern which connects" it to the previous negotiation process of therapy termination and not as a separate and independent evaluation context. Drop-out cases and not responders to follow-up are discussed within the same framework. Cautions about ways of conceiving and implementing follow-up and clinical implications for systemic theory of co-constructing therapeutic change and end of treatment will be addressed too.

Retrospective study on the process of change in psychodynamic psychotherapy in adolescent patients: Significant events and internalization of the analyzing function

Ana Charro Garcia — , Teresa Santos Neves

The aim of this study was to explore the internal and external changes identified by adolescent patients, at least one year after the end of their psychodynamic psychotherapy. It intended to explore the role attributed to significant events throughout the therapeutic process as well as the role of the internalization of the analyzing function (Bion, 1967) in the maintenance of the achieved changes. It was developed a qualitative exploratory study , with semi-structured interviews to six adolescents, one boy and five girls, who had initiated therapy between the ages of 12 and 19 years old and whose therapeutic process ranged between 29 to 129 sessions. The time between the end of therapy and the interviews, ranged from 1 to 7 years. A hermeneutic approach was used to analyze interview transcripts. From de analysis of the transcripts four main categories emerged: (1) identified changes. All participants identified positive changes in their psychic structure that remained over time; (2) feelings in the therapeutic relationship. Conflictual feelings characterized the beginning and the end of the psychotherapeutic process; (3) significant events. The significant events emerge as activators and promoters of the therapeutic alliance as they break the resistances; (4) analyzing function. The internalization of the analyzing function by four of the adolescents was found to succeed. The therapist's rêverie function (Bion, 1967), the elasticity and plasticity of his containing function, as well as qualities such as empathy, security, reliability and impartiality were pointed as essential for the operationalization of the experienced changes.

"Emotional and interactional characteristics of corrective experiences from the patient point of view"

Franz Caspar — University of Bern, Moritz Pohlmann, Nicola Ferrari

This is the first empirical study completed in Bern as part of the collaboration initiated by Clara Hill and Louis Castonguay on "corrective experiences". These phenomena are conceptualized in a way that is independent of any particular school of psychotherapy, closely related to the search for lasting effects in psychotherapy. In this study, it has been reconstructed together with patients immediately after their therapy sessions, to what extent they have experienced corrective experiences, and what went along with it. The method used was "Brief Structured Recall" (Elliott & Shapiro, 1988). Theoretical basis was the states of mind concept by M. Horowitz (1987). The 14 patients in the study experienced negative emotions related to the corrective experiences. About 50% of these emotions had a direct relation to the therapist and the therapy situation, but did not represent negative reactions to these. It is rather a good relationship that facilitated the access to previously avoided topics. Often insights occurred, a concept that is difficult to distinguish sharply from corrective experiences. The negative emotions experienced at the passage from one to another state were anxiety and tension, followed by relief and increases self-reliance. Behaviorally we found defense, followed by self-disclosure. Patients often oscillate between self-protective and opening tendencies.

Dynamic microanalysis of self processes in a poor outcome case

Daniela Araújo Sá — ISMAI - Maia Institute of Higher Education, Cíntia Almeida, Anita Santos, João Salgado

From a dialogical perspective, meaning-making takes place through the semiotic process of interpreting and acting upon the surrounding world, by which every person assumes a certain position". In this sense, human beings are constantly involved in a dialogical relation, in a constant process of repositioning. As a result, self is conceived as a dialogical process. So, problems that clients bring to therapy can be the result of the dominance of a problematic voice over the other, or others, they can also be the outcome of a process of disorganization of voices, or even the result of a particular problematic pattern of voices negotiation (like ambivalence). Within this frame, this paper addresses the questions of how do clients position themselves in the beginning of and throughout therapy, and, specifically, what processes of self positioning are involved in poor outcome therapy. Our aim is to describe the self positions and their dynamics through therapy, exploring the dynamics positioning in a poor outcome case of client centered therapy. The Positioning Microanalysis Manual (Cunha, Salgado, Santos & Marques, 2009) was used to account for the self-positions involved in the change process. The results show that self positions at the beginning of therapy are associated with a problematic cycle, which is rather stable through therapy. However, at the last session, new self positions emerge. Namely, a mobilizing position emerges, which is potentially promoter of change and is inhibited by the dominant problematic cycle, maintaining the stability of meaning making and poor outcome assessment.

Listening to elaboration: Using assimilation indices to understand psychotherapy

David Manuel Dias Neto — Universidade de Lisboa, Telmo M. Baptista, Kim Dent-Bown

How do clients elaborate throughout therapy? A promising way of understanding this process is by attending to the detail of the narrative. This research made use of assimilation indices in the utterances of clients and therapists. The first study sought to develop the system of indices based on a qualitative analysis and then adjust it to meet the reliability standards with respect to consistency and interrater reliability. To this end, 30 single sessions of adult clients with depression were recorded and analysed. After the system of indices had been developed it was analysed and contrasted with an existing coding system. Study I resulted in a system of indices grouped into five dimensions – external distress, pain, noticing, de-centring and action – which showed acceptable interrater reliability, internal consistency and convergent validity. The second study was a longitudinal application of the system of indices. The goal was to contrast the cases with regard to their success status as defined by the pre-post variation of the depression level. Nine psychotherapies were recorded and analysed. Of these nine cases, only three showed a non-straightforward relation between the success status and the dimensions. The in-depth analysis of these three cases showed the usefulness of using the system of indices to understand the complexity of the psychotherapy and the non-linear relationship between psychotherapy and symptom change. The results suggest the importance of the indices in understanding assimilation and are discussed with emphasis on the practical implications that can be derived.

The transformation of communication between psychotherapist and clients

Ana Claudia Alves da Silva — Federal University of Pernambuco, Maria C.D.P. Lyra, Miguel Gonçalves

We approach Psychotherapy from the comprehension that the exchanges between psychotherapist and client can be understood as a system of communication (Fogel, 1993; Fogel & Lyra, 1997). We take as theoretical paradigm the assumption that interpersonal relationships are dynamic systems of communication in process of development. These systems generate meanings to the participants and transform their relationship and also themselves as individuals (Lyra & Fogel, 1997, p.76). A second assumption in this study is that the exchanges of communication can be described as being organized in

patterns of exchanges (Fogel, 1993; Lyra, 2006a,b). The comprehension of these patterns is important to understand how the process of change flows in different contexts of relationship. Understanding these assumptions, we search for patterns of organization that emerge in the process of communication between therapist and client. Therefore, we apply the microgenetic method (Lavelly, 2005) in the analysis of the exchanges featured in a psychotherapy process composed by 10 meetings and registered in videotape. As a result, we found three patterns of organization: establishment of theme, exploration of theme and co-construction of meanings. These patterns reveal a process in which therapist and clients change, establishing a creative process that allows the emergence of new meanings.

Referential activity levels in the main clinical diagnoses

Attà Negri — University of Bergamo, Wilma Bucci, Bernard Maskit

According to Bucci's multiple code theory the referential process is the process by which nonverbal experience is connected to language. The main measure of this process is the Referential Activity (RA). We hypothesized that a) in the conversation of different diagnostic groups the referential activity levels are diversified, b) when the patients talk about their symptoms a lower level of referential activity occurs than when they talk about other aspects of their life. We are testing these hypotheses by applying Italian computerized measures of the referential process (Weighted Referential Activity Dictionary-IWRAD; Reflection, Affect and Disfluency measures) to the first counseling session of 75 subjects divided into five groups with different psychopathologies: respectively 15 with a phobic disorder, 15 with a obsessive-compulsive disorder, 15 with an eating disorder, 15 with a mood disorder and 15 without symptoms that ask for a consultation for life problems. The study is still ongoing but the preliminary results show that we can distinguish patients with different diagnoses by linguistic measures of referential activity. The verification of our hypotheses could lead to new confirmations of the multiple code theory and to a its specification in the psychopathology field.

Psychotherapy process research: A new software for textual analysis of therapeutic transcripts in Portuguese language

Tiago Bento — ISMAI - Maia Institute of Higher Education, Célia Vieira, Luis Proença, Henrique Silva, João Salgado

The relationship between psychological and linguistic processes came to constitute itself as an important object of study in psychotherapy research. In recent years, with the emerging possibilities of the computational tools of textual analysis, the study of the linguistic dimensions of psychological processes has evolved from a hermeneutic to an empirical position focused on the confirmation of conceptual models. The absence of tools which are flexible and potentially applied to content in Portuguese language has prevented the investigation of the linguistic dimensions of psychological processes in Portuguese-speaking clients and moved researchers away from one of the fields of research in faster development in psychotherapy research. We describe the development a software tool for textual analysis for application in transcripts of therapy sessions in Portuguese language that allows both the quantitative analysis of basic dimensions of language (such as identifying categories of words) and of psychological processes (such as affective valence, immersion / detachment, performativity and referentiality).

Operationalized Psychodynamic Diagnosis (OPD-2) cross-cultural adaptation to Portuguese


Paulo Correia Ferrajão — ISPA - Instituto Universitário, Rui Aragão Oliveira, Carla Vicente, Filipe Silva, Sara Augusto, Sandra Oliveira, Hugo Senra, Daniela Krieger

Introduction: The Operationalized Psychodynamic Diagnosis (OPD-2) is a multi-axial psychodynamic diagnostic system, which has been broadly disseminated internationally. OPD-2 is composed of four psychodynamics axis: experience of illness and prerequisites for treatment, interpersonal relationships, conflicts and; structure, and one descriptive axis, mental and psychosomatic disorders. Axis IV (Structure) assesses the patient's availability of mental functions in self's regulation, allowing the determination of focus and treatment planning, and evaluates psychotherapy improvement. Several studies show that OPD-2 axis structure is a reliable and valid instrument for the assessment of the crucial clinical dimension of "psychic structure". Objectives: This study aims to present the methodological guidelines of the OPD-2 cross-cultural adaptation to Portuguese and showing preliminary results of the assessment of inter-rater reliability in axis IV. Results: Preliminary results for inter-rater reliability in the axis IV showed sufficient to good results for weighted kappas, although there are differences between judge's assessments due to differences in clinical experience and training therapy. Methods: The translation process was performed by an independent translators group. After independent translations, each individual version was confronted with each other by the translators in focus groups, resulting a syntheses version. To evaluate inter-rater reliability, three independent raters judged audio recorded clinical interviews. Discussion: This study is a work-in-progress, still performing data collection; this study will present preliminary results of criterion validity of the OPD axis IV.

Analyzing the impact of therapist interpretations on clinical process

Sergio Salvatore — University of Salento, Andrea F. Auletta, Alessandro Gennaro, Diego Rocco

Research on therapist interventions has highlighted that therapist interpretations are related to improvements in patient's emotional expression (McCullough et al., 1991) and affect disclosure (Milbrath et al., 1999) in the time lags during or following each interpretation. Moreover, process research highlighted the usefulness of describing the clinical trends according to general semiotic models. Among them, the Two Stage Semeiotic Model (TSSM - Salvatore et al., 2010) allows to depict the clinical exchange as a two-stage process of meaning-making dynamic. The current study is aimed at examining the impact of therapist interpretations on clinical process as a function of patient's process of thinking, in-session outcome, and stages of treatment. Accordingly, 13 sessions from a cognitive psychotherapy have been analysed through the Grid of the Models of Interpretations (GMI - Auletta et al., 2012) and the Referential Activity method (RA - Bucci, 1992). Results prove to be consistent with the theoretical assumptions provided by TSSM model, suggesting that interpretations impact on clinical process has to be studied in relation to the context and stages of the treatment; further, results confirm the TSSM basic assumptions that therapeutic process can be described as a two stages trend. Specifically, interpretations appear as



promoting therapeutic change in the second stage of treatment.

Couple and Family Therapy: Changes in the coparental alliance

Joëlle Darwiche — [Lausanne University Hospital](#), Yves de Roten, Claudio Carneiro, Christel Vaudan, Alessandra Duc Marwood, Jean-Nicolas Despland

Aim: There are two aspects to the couple relationship: marital and coparental. Whereas marital satisfaction is considered a main outcome in couple and family therapy research, the coparental relationship (coordination between the adults in their parental roles) has rarely been addressed. This study aims to assess the effectiveness of a manualized treatment, Brief Systemic Intervention (BSI), on the coparental alliance. Methods: A self-report questionnaire was used to assess the coparental alliance before and after BSI, and at a 3-month follow-up. Couples also filled out questionnaires assessing individual symptomatology and the marital, parental and family relationships. The therapeutic alliance was measured after each therapy session. The pilot sample comprised 17 couples, and their children were $M = 11.3$ years old ($SD = 7.7$). Results: Preliminary results showed that: BSI had a positive impact on the men's coparental alliance ($Z = -2.07$, $p = .04$); that increase was correlated with the increase in marital satisfaction ($r_{bp} = .559$, $p = .024$) and the quality of the therapeutic alliance ($r_{bp} = .57$, $p = .021$); BSI had a positive impact on the women's individual symptomatology ($Z = -3.11$, $p = .002$), and on the men's sense of parental competence ($Z = -2.05$, $p = .040$) and family cohesion ($Z = -2.14$, $p = 0.32$). Discussion: BSI affects men and women differently: for men, it is more effective for outcomes associated with their parental role, whereas for women it is more effective for individual symptomatology.

Exploring the process of therapeutic change in Systemic Family Therapy: A qualitative study based on clients' perceptions

Anna Dourdouma — [Sigmund Freud University-Vienna](#), Kathrin Moertl, Omar C.G. Gelo

In this presentation, I would like to describe and integrate my own study with the specific steps of Grounded Theory Analysis. The focus of the study is the Exploration of the Process of Therapeutic Change in Systemic Family Therapy and it is a qualitative research based on clients' perceptions and their therapeutic experiences. The selection of the participants is based on the method of Theoretical Sampling which is a process of data collection directed by the evolving theory. The interviews are semi-structured, based on the "Change Interview" which is a questionnaire consisted of 9 open-ended questions. Grounded Theory is used for the analysis of the data and the themes which emerge from the process of coding capture the essential meaning of the therapeutic change.

The SCORE 15 measure of family functioning and therapeutic change

Peter Stratton — [UKCP](#), Judith Lask, Ewa Nowotny

The SCORE is an established self-report indicator of interactional processes within the family that is designed to be sensitive to aspects of family life relevant to family and couples therapies. We now have data to replicate the factor structure of the original derivation of the short form and to determine whether it is sensitive to change at an early stage of therapy. Data are reported from administration of the 15 item version (SCORE 15) to 500 individual family members at the start of therapy. The factor structure of three dimensions of: Strengths and adaptability; Overwhelmed by difficulties; and Disrupted communication, again described the data. A sample of 200 clients provided data at first and fourth therapy sessions. Statistically significant change was found in the overall score and on each dimension separately. Amount of change correlated with therapist judgement and independent rating by family members of their problems. Scores from the quantitative scale are used to structure an exploration of qualitative accounts by which clients described their families. We present verbatim descriptions of close relationships and of the clients' description of the problems they want help with, grouped according to the quantification of the kind of relationship difficulty. Then the descriptive accounts are used to identify salient items in the quantitative record. We conclude that SCORE is an effective indicator of close relationships and of change after three sessions of systemic therapy. Applications of translated versions in several European countries and ethnic minorities in the UK are described.

How does Dialogical Self Theory appear in the light of Cognitive Analytic Therapy?: Comparing two approaches to the self

Dhuana (Dee) Affleck — National Health Service

This paper will provide an account of the “dialogical turn” in the theoretical development of DST by Hubert Hermans and CAT by Anthony Ryle. Hubert Hermans’ selection of Bakhtin’s concept of polyphony resulted in him adopting a dialogical approach to the self as a repertoire of I-positions moving in a phenomenal landscape. Anthony Ryle, in contrast, emphasised the mutual positioning of subject and object between interpersonal and intrapersonal relationships. These were encapsulated by Ryle in the term “reciprocal roles”. For Ryle, even the act of self-observation is reciprocally determined through relational experiences. With two fundamentally different understandings of the self, each has different implications concerning clinical practice. Both emphasise the reflective role of the self (self-observation), but in CAT, the subject object reciprocity that accounts for the person’s relationship to other as well as to the self alerts the therapist a) to trace the ways these two domains are related and b) how the subject object reciprocity plays out in the transference. The DST does not direct therapist attention to such phenomena.

Interdisciplinary dialogues, transdisciplinary research: Exploring emergent ways of working, education and training in psychotherapy

Sheila Butler — The Open University

Despite progress in psychotherapy practice and research, difficulties remain. In this brief paper, innovations and developments that are helping practitioners and researchers find their way through the challenging conditions in this complex society are explored. Some of these emergent ways present epistemological pluralism as an approach for conducting innovative, collaborative research and study. During the past decade many scientists when undertaking research have begun to recognize the role and influence of different disciplines in their work. As the link between key debates becomes more widely acknowledged, it is argued that scholars, educators, and practitioners need to critically rethink the ways in which psychotherapy research and training are conducted. For example; - The opportunities and threats that interdisciplinary dialogues present for psychotherapy. - The emergence of transdisciplinary research, including theoretical and practical developments and its potential to contribute to psychotherapy research and practice. This paper illustrates positive examples of integrated multidisciplinary approaches while at the same time recognizing the significant impediments to integration in practice. The presentation highlights how interdisciplinary work is impeded when divergent epistemologies are not recognized and valued, and that by incorporating an integrated framework, these issues can be better explored, resulting in greater understanding of psychotherapy practice and research and communities of practice that continually grow, change and adapt to new situations.

Change events in personal construct therapy and the resolution of cognitive conflicts

Joana Senra — University of Minho, Eugénia Ribeiro

Personal construct psychology sees individuals as continuously construing and reconstruing their view of themselves and others. Reconstruction is necessary for personal constructions in general to evolve, and in particular for disorders to be overcome. Implicative dilemmas are a type of cognitive conflict that creates a blockage in the continuous construing movement, leaving people stuck with constructions that are not fitting them. Therapeutic change is of itself a form of reconstruction that allows clients to recover their ability to create alternatives. In this paper we present a psychotherapy process research intended to identify and understand the processes of personal reconstruction that occur while resolving an implicative dilemma, as detected through the Repertory Grid technique. We focused on significant events identified by clients to create a tentative model of dilemma reconstruction. Our findings were generally consistent with the previous theory, applying it at a micro-analytic level.

The quest for an empirically based theory of personality: What do the psychometric properties of the NEO PI-R really tell us

Gil Nata — Universidade Portucalense, Helena Moura Carvalho

Personality has been and still is one of the core constructs of psychological sciences. Although there are numerous competing theories of what personality might be, there are those who have strived towards an empirically based theory of personality through the use of statistical tools (namely factorial or principal components analysis), arguing that through this method personality complex structure could be unraveled in objective – and therefore demonstrable and replicable – traits. Five-factor model is one of the (if not the) best known and most used personality theories derived in this manner, and an impressive amount of research has been produced through out decades that allegedly favor the hypothesis that personality can be summed up around five broad factors. In this presentation we will argue differently. Through a critical review of data that has been used in favor of this theory (with a particular emphasis on the psychometric properties of the revised NEO Personality Inventory), we will sustain that empirical evidence generally undermines the validation of the five-factor model and advises caution against any attempt to summarize personality in a small number of traits. Implications for the use of trait theories and their respective instruments in psychotherapy research will be addressed.

Empirical studies of trainee skills and knowledge attainment, therapeutic alliance and psychotherapy outcome

Eva C Sundin — Nottingham Trent University, Helene Ybrandt, Mark Andrews, Georgina Capone

Aim: This paper presents findings from empirical studies of development of knowledge and skills attainment and working alliance in trainee psychotherapists, and the relationship between those variables and psychotherapy outcome. **Methods:** Two sets of data are used for the analyses, both contain data collected at several different time points from trainee psychotherapists, their supervisors, and the trainees' clients. Data were collected using the Working Alliance Inventory, the Psychotherapists Common Core Questionnaire, and the Evaluation of Knowledge Attainment and Relations in Group Supervision Scale. Clients completed standard self rating scales before and after treatment (the Outcome Questionnaire -45, Symptom Checklist, and Inventory of Interpersonal Problems). **Results:** Mixed models analysis will be used to examine the relation between therapist factors and treatment outcome. **Discussion:** Findings and implications are discussed.

“Becoming who you are”: The experience of mindfulness in therapists and trainees in UK and Greece and its relevance for counselling training

Maria Ersi Kolaris — Metanoia Institute/Middlesex University, London, UK

Mindfulness-based interventions have attracted a lot of scientific interest. Yet, little is known about how mindfulness is actually experienced by therapists and its meaning for those who practice it (Bruce et al 2010). In this paper findings from a doctoral research project involving two interlinked studies are briefly presented. The first is an IPA study on the experience of 5 seasoned therapists in the UK who have incorporated mindfulness practice in their personal and/or professional life. The second study involves a mindful inquiry into two focus groups of counselling trainees in Greece who have attended a Mindfulness-Based Stress Reduction (MBSR) programme (Kabat-Zinn, 1990). The benefits of mindfulness practice as they emerged from the results of both studies are presented. Particular attention is given to the experience of both therapists and trainees that mindfulness can facilitate a greater integration of the personal and professional selves, which is theorized to be vital for sound clinical practice (Mace 2008); this echoes J.Kabat-Zinn's (2011) invitation “to have there be no separation between one's practice and one's life” (p.295). With this in mind, suggestions are made regarding how mindfulness could be incorporated in counselling training in order to facilitate a more holistic approach to cultivating a professional identity and potential benefits as well as difficulties and risk factors are discussed.

A secure base: Implications of psychotherapist's attachment experiences

Helena Moura Carvalho — Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, Paula Mena Matos

Nowadays special attention has been devoted to the application of attachment theory to the therapeutic relationship and the role the therapist plays in the psychotherapeutic process. Nevertheless little effort has been put in operationalizing the role of the therapist as a secure base figure. Bowlby (1977, 1988) has stressed the implication of the psychotherapist's own history of receiving care in attachment relationships and his emotional availability to provide secure base conditions for the client to work on and revise the internal working models. The main goal of this study is to explore the associations between psychotherapists' past attachment experiences and their representations as secure base figures for their clients. In addition the mediating role of current attachment experiences in this association will be tested. Self-reports were administered to a sample of 384 psychotherapists from different theoretical backgrounds and levels of experience. Measures included the Father and Mother Attachment Questionnaire (Matos & Costa, 2001), the Romantic Attachment Questionnaire (Matos & Costa, 2001) and the Secure Base Questionnaire (Carvalho, Ávila, Matos, 2009). Structural Equations Modelling supports the hypothesis for mediation, from parental attachment dimensions, namely the inhibition of exploration and individuality to the secure base dimensions through ambivalence and dependence in romantic relationships. Results stress the importance of considering the attachment history and current attachment experiences in adulthood as an enthusiastic path to understand psychotherapists' ability to act as responsive and available figures to their clients.

Moderators and mediators of treatment effects in a RCT of short- and long-term psychodynamic group psychotherapy

Anette Fjeldstad — Oslo University Hospital, Torleif Ruud, Per A. Høglend, Steinar Lorentzen

Abstract: Aim: To test potential moderators and mediators of change in a Randomized Controlled Trial (RCT) of short- (20 weekly sessions) and long-term (80 sessions) psychodynamic group psychotherapy. Methods: 167 outpatients with affective, anxiety, and/or personality disorders, were randomized to short and long-term therapy. Altogether, there were 18 groups, 9 therapists, and manualized therapies. Initial distress, patient expectations, process variables (cohesion, alliance, self-understanding of Interpersonal Problem (SUIP), and Attributional style (ASQ) are studied as potential moderators/mediators of change. Patients were interviewed and assessed before and three years after start of therapy. Primary outcome variables were Global Assessment of Functioning (GAF-symptoms and GAF-function) and repeated measures of interpersonal problems (IIP). Potential mediators were rated 5 times during 24 months. Statistics: Mixed linear models for repeated measures. Results: The results of moderator and mediator analyses will be presented.

Person-Centered vs. Emotion-Focused therapies for social anxiety

Robert Elliott — University of Strathclyde, Brian Rodgers

Background: Good evidence exists for the effectiveness of humanistic-experiential psychotherapies (HEPs) with clients experiencing depression; however, evidence for its effectiveness with anxiety is much more sparse. Social anxiety (or social phobia) is a chronic condition with wide-ranging effects on interpersonal, occupational and psychological functioning. Almost all previous research on social anxiety has been carried out on CBT and psychopharmacological interventions. The purpose of this presentation is to present the results of an outcome study comparing two forms of HEP for clients with social anxiety: Person-Centered Therapy (PCT) and Emotion-Focused Therapy (EFT). **Method.** Using a partially-randomized two group pre-post design (overall $n = 40$), we assessed client outcome on the Social Phobia Inventory (SPIN), CORE-OM, Personal Questionnaire, Inventory of Interpersonal Problems, and Strathclyde Inventory. **Results:** Pre-post data for the PCT and EFT will be presented separately and combined, including pre-post significance tests, effect size, reliable change and clinical significance calculations. Overall, clients showed substantial pre-post gains, comparable to bench-marked previous research on CBT and medication; clients in EFT showed slightly better outcomes and lower drop-out rates, although this difference was not statistically significant. **Discussion:** Despite limitation of being only partially randomized, this is to our knowledge the first study of bona fide humanistic therapies for social anxiety, and provides a basis for further research **Conclusion:** Our results are promising and begin to provide justification for using HEPs therapies for social anxiety.

The effectiveness of long- and short-term psychotherapy on psychiatric symptoms and working ability in depressive and anxiety disorders during a 5-year follow-up

Paul Knekt — National Institute for Health and Welfare, Olavi Antero Lindfors, Laura Sares-Jäske, Esa Virtala, Tommi Härkänen

Background: The comparative effectiveness of long-term vs. short-term psychotherapy during a long time-perspective, by diagnosis of either depressive or anxiety disorder is incomplete. **Aims:** We addressed this question in a clinical trial with a 5-year follow-up. **Methods:** In the Helsinki Psychotherapy Study, 326 outpatients with mood or anxiety disorder were randomly assigned to long-term psychodynamic psychotherapy (LPP) and two types of short-term psychotherapy (short-term psychodynamic psychotherapy and solution-focused therapy) and were followed up for 5 years from the start of treatment. The outcome measures were psychiatric symptoms (BDI, HDRS, SCL-90-Anx, HARS, and SCL-90-GSI) and working ability (WAI, SAS-Work, PPF). Furthermore, remission variables based on changes in psychiatric symptoms and use of auxiliary treatment, were used. **Results:** No differences were found between the short-term therapies. The short-term therapies were initially, during the first year of follow-up, faster by more recovery in symptoms and improvement of work ability, in both diagnostic groups. By the 3-year follow-up, the situation was reversed by LPP being more effective. At the 5 year follow-up, the rate of recovery from psychiatric symptoms and the work ability improvement rate remained higher in the long-term therapy group. Differences by diagnostic groups were limited. **Conclusions:** Long-term psychotherapy is generally more effective than short-term therapy during a long follow-up in the treatment of depressive and anxiety disorders. More research on the long term effects of psychotherapy in large-scale studies is still needed, however.

Day Clinic or Inpatient Psychotherapy: Setting variables as determinants of outcome in the treatment of depression

Henning Schauenburg — Clinic for General Internal Medicine and Psychosomatics, University of Heidelberg, Ottilia Klipsch, Johannes Ehrenthal, Christoph Nikendei, Johanna Köhling, Ulrike Dinger

Background: Compared to traditional inpatient psychotherapy day clinics allow for a similar intensive, multimodal psychotherapy, but together with a greater proximity to everyday life of patients. On the other hand, the demand for patients can be greater as they have to switch back and forth between the therapeutic environment and their home reality. It is unclear whether day clinic and inpatient psychotherapy are equally effective, and predictors for differential efficacy are missing. **Methods:** $N=44$ patients with a diagnosis of major depression (MDE) or chronic depression (dysthymia), who meet criteria for intensive multimodal psychotherapy were randomized to either day clinic or inpatient psychotherapy (8 weeks each).

The multimodal psychotherapy includes psychodynamically oriented individual therapy, psychodynamic-interactional group therapy, art therapy, music therapy, physiotherapy, systemically based family sculpture, social competence training and a mindfulness group. Day clinic and inpatients are treated together in one patient group. Primary outcome was assessed (BDI-II, HAM-D) at intake, at termination and at a 1-month follow up. Results: Patients in both groups show high effect sizes of improvement in depressive symptoms, without a significant difference between both treatments. Discussion: This pilot study shows the feasibility of implementing a randomized clinical trial into the clinical routine of a German university hospital. Results for day clinic psychotherapy are promising. Implications of the findings as well as possible advantages and disadvantages of both settings are discussed.

Research on treatment groups for intimately violent men

Juha Holma — University of Jyväskylä

Some strategies for preventing violence against women are targeted at male batterers. Programs for batterers have been developed mainly in North America and Europe but also in Nordic countries. Different men's programmes show a wide range in their philosophy, theoretical orientations, and practical methods. There is longstanding international interest in evaluating the effectiveness of men's programmes. Most studies have assessed programmes comparing control and treatment groups using an experimental research design. Most evaluations offer a probability of success rather than clear picture of what actually works. Since 1996 we have conducted research focused on batterers' programme from the discourse analytic and narrative point of view. The purpose of the research has been 1) to identify individual discursive practices and how these discourses change during the group treatment for batterers; 2) to analyse how these changes are connected to reported change in violent behaviour; and 3) to identify therapeutic interventions that facilitate these changes during the group sessions. The results of the changes in the men's discursive practices will be compared to the changes in their behaviour as reported by their (ex)partners. The results show that interventions for batterers' should not be limited to psychoeducational and confrontational methods to obtain suitable changes regarding men's violence against women.

Positions constructed for a female therapist in male batterers' treatment group

Helena Päivinen — University of Jyväskylä, Juha Holma

How the gender of the female therapist affects the treatment of intimately violent men has been little researched. When intimate partner violence is seen as a gendered issue it may be assumed that the gender of the therapist plays a part on the batterers' treatment. In this study it was examined what kinds of positions batterers construct for a female therapist in their group treatment. The study lies within the tradition of researching speech in treatment groups of intimately violent men from discursive psychological standpoint. Concept of positioning was used to analyze the interaction in the group context. The data were drawn from a Finnish batterers' treatment program which was established in Jyväskylä, Finland, in 1995 and is still going on. The data consisted of five videotaped therapy groups for male batterers. Three constructed positions of a woman were found: woman in general; woman as spouse and woman personally as herself. These positions were often based on a constructed difference between men and women. The female therapist repositioned herself to diminish the difference constructed between the genders and to make fear of the spouses visible. The therapists' goal seemed to be to generate attitudinal change towards women and repositioning could be a means for doing this. This study supports the model of having a female leader in male batterers' group treatment.

Reliable change after a structured 25 sessions cognitive-relational rehabilitation program with antisocial boys

Nélio Brazão — Faculty of Psychology and Education Sciences, University of Coimbra, Daniel Rijo, Carolina Motta, Margarida Antunes Rosa, João Firme, Ana Afonso

Growing Pro-Social (Rijo et al., 2007) is a structured 40 sessions cognitive relational group program for individuals with antisocial or aggressive behavior. The ongoing research project "Growing Pro-Social, a rehabilitation group-program for individuals with anti-social behavior: outcome studies in forensic samples" (PTDC/PSIPCL/102165/2008), has been running in Portuguese juvenile facilities and prisons. This presentation describes preliminary results of the Growing Pro-Social (GPS) efficacy with a sample of 55 youth offenders in juvenile facilities, having done a condensed 25-session version of GPS. Participants were assessed in two different moments (prior and after program completion), on different emotional and behavioral measures, self-representation (early maladaptive schemas) and dysfunctional cognitions. Individual results were calculated using the Reliable Change Index (RCI) to assess whether significant changes occurred after GPS completion. GPS-25 participants improved significantly in a great number of the assessed variables: behavior, disruptive emotional activation and biased information processing measures. Improvements were greater for behavioral and attitudinal variables than in less modifiable variables such as core schemas underlying antisocial and aggressive behavior.

Clinical change in prison inmates: Improvements in anger, shame, paranoia and core beliefs after a 40 sessions group rehabilitation program

Carolina Motta — Faculty of Psychology and Education Sciences, University of Coimbra, Daniel Rijo, Nélio Brazão, João Ramos

This presentation describes preliminary results of the Growing Pro-Social (GPS) outcomes in a prison inmates sample. GPS is a 40-session rehabilitation group-program for individuals with antisocial behavior. It comprises 5 different sections, promoting change in communication and interpersonal skills, cognitive distortions, emotional regulation and core beliefs about the self and others, theorized as underlying antisocial behavior. Comparisons are made between subjects that attended to the 40 sessions of GPS (n= 24) and a control group (n= 24) (TAU). Both groups were assessed in two moments: pre and after program completion on emotional and behavioral measures, core beliefs and dysfunctional cognitions. Results were calculated using the Reliable Change Index (RCI) to assess if clinically significant changes occurred. The most significant changes found on the experimental group were on anger trait (33% of subjects were classified as recovered), anger externalization (25% showed positive significant changes) and paranoia (54% improved), while control group subjects showed lower percentages of improvement and/or higher rates of aggravation on the same variables. Regarding core beliefs,

changes on Defectiveness/Shame and Emotional Deprivation schemas were observed in 33% of the experimental group, as well as a reduction on the Failure schema scores (25% of the subjects). These results support the GPS efficacy in tackling dysfunctional cognitive processes underlying antisocial behavior, while focusing on more structural levels as a way to change dysfunctional emotional and behavioral patterns in adult offenders.

Therapist interventions and client innovative moments in emotion-focused therapy: A temporal analysis of productive sequences in therapist and client verbal interaction in a good and poor outcome case studies

Ana Sofia Teixeira — ISMAI - Maia Institute of Higher Education, Carla A. C. Cunha, João Salgado, Inês Mendes, Miguel Gonçalves, L. S. Greenberg, Lynne Angus

Aim: This study aims to clarify how therapist interventions become associated to client innovative moments (IMs) through the analysis of verbal interaction in psychotherapy. More specifically, it explores what happens in the conversational turns that precede clients' IMs. Since IMs are considered as positive steps towards the intended change, these sequences of therapist intervention-IMs are referred as a "productive sequences" and the present study attempts to clarify what happens in the conversational turns that precede them. **Method:** After the identification of client IMs and of different therapist interventions according to the Hill Process Model in a sample of emotion-focused therapy for depression, six sessions of a good outcome (GO) and a poor outcome (PO) case were selected and analysed through the Generalized Sequential Querier - GSEQ). GSEQ is a general analysis program for sequential data that computes frequencies and probabilities of sequential behaviours and was used here to explore which therapist-client verbal interaction sequences precede productive sequences (i.e. related to client IMs). **Results and discussion:** Results suggest that therapist Minimal encouragers and Exploration skills and previous client IMs primarily precede productive sequences. The main difference between the GO and PO cases was that productive sequences were mostly preceded by therapist Exploration skills in the GO case, while were mostly preceded by therapist Insight skills, in the PO case. This study highlights the importance of "virtuous cycles" of verbal interaction preceding productive sequences of therapist and client verbal interaction differently for GO and PO cases.

Therapist intervention and innovative moments: A study with cognitive-behavior therapy of depression

Anabela Purificação Machado — Universidade do Minho, Miguel Gonçalves, Pablo Fernandez, C E. Hill, Carla A. C. Cunha, João Batista, Patrícia Vieira

Aim: To analyze which specific therapist interventions are related to innovative moments (exceptions to the problematic pattern that brought the client to therapy) emergence in cognitive-behavior therapy (CBT). **Methods:** We identified the IMs that emerged (Innovation Moments Coding System) and categorized independently the interventions of the therapist (using the Hill Process Model) in four cases, two good and two poor outcome cases. A generalized linear model was used to study the probability of a given therapist intervention to be followed by an IM. **Results:** The preliminary results will be presented in this presentation.

The impact of process variables on outcomes in a Psychodynamic long term group psychotherapy: A single case study

Maria R. Infurna — Department of Psychology - University of Palermo, Cinzia Guarnaccia, Anna M. Ferraro, Salvatore Gullo, Francesca Giannone

Several researches on group psychotherapy attested the mediating action of some aspects of the group process on the outcome (Martin, Garske & Davis, 2000; Tasca, Illing, Ogrodniczuk, Joyce, 2009; Burlingame, McClendon & Alonso, 2011). This study evaluates the development of the group process in a semi open, long-term therapeutic group with the aim to identify which specific factors of group therapy (Cohesion, Alliance and Session Impact) are responsible of the change. The group is composed by 11 patients with DSM I and II Axes diagnosis that have been assessed during 50 session. Outcome Instruments: SCL-90 (Derogatis, 1983), OQ-45.2 (Lambert, Burlingame, 1996; Lo Coco, Prestano, Gullo, Di Stefano, Lambert, 2006), DSQ (San Martini, Roma, Sarti, Lingiardi, Bond, 2004). Process Instruments: CALPAS (Marmar et al, 1989; Gaston & Marmar, 1994), GMLCS (Piper et al., 1984), SIS (Elliott, Wexler, 1994). Six patients had positive change, and achieved clinical or statistical significance on psychological functioning and symptomatic distress (Improved Group, IG), two had negative changes on the DSQ scores, and three had non-significant or non-sufficient changes (Not-yet-Improved Group, NIG). There were significant differences between the subgroups in the process measures (Calpas, GMLCS, SIS). The IG tend to increase the quality of the process during the course of treatment. The NIG correlations between number of session and SIS Goal and Hindering scores showed that for these patients the treatment was less helpful and more hindering over the course of therapy.

Panel - **A single case perspective on trauma related pathology**

Case studies

Trauma in psychoanalytic single case studies published in ISI ranked journals: A review

Mattias Desmet — Ghent University, Reitske Meganck, Ruth Inslegers

Aim: Single case studies are quintessential for psychoanalytic theory, research and practice. At this moment, however, the field of single case research deals with a lack of surveyability, which hampers the full exploitation of its potential. The construction of a well-classified archive of published single case studies allows to synthesize findings on specific topics. In this study we will review clinical and empirical single case studies on psychodynamic psychotherapies with trauma related pathology published in ISI-ranked journals. **Methods:** Case studies were selected if they were (1) the focus of the publication or illustrative accounts of sufficient size (more than 50% of the publication or longer than 5 pages) and (2) diagnostic information contained 'trauma' or 'PTSD'. First, information on patient, therapist and study characteristics will be classified. Secondly, thematic analysis will be used to identify key themes in psychodynamic psychotherapy with traumatized patients. **Results:** Seventy two single case reports met both inclusion criteria (of 465 psychodynamic cases meeting criterion 1). Considering basic information, it is remarkable that whereas objective characteristics for patients are mostly provided, this is not the case for therapists. Preliminary qualitative analysis indicate that major themes are the effect of trauma on interpersonal functioning, affect regulation and mentalization capacities. **Discussion:** This review illustrates that accumulation of research findings across single cases is feasible for specific diagnostic categories. Conclusions on trauma related pathology are formulated and guidelines proposing a more systematic conceptualization of single case studies are provided.

How do interpersonal representations and symptom patterns evolve during psychodynamic psychotherapy with traumatized patients: A quantitative systematic single case study on a person suffering from dissociative identity disorder

Ruth Inslegers — Ghent University, Reitske Meganck, Mattias Desmet

Aim: The diagnosis of dissociative identity disorder, formerly known as multiple personality disorder, is characterized by the alternating manifestation of different 'personalities' in one subject. This extreme form of dissociations has often been linked to traumatic experiences. Next to the connection between trauma and specific symptoms, trauma is often related to problematic interpersonal functioning. In this systematic single case study we will examine how self-reported symptoms and interpersonal functioning change throughout the course of psychodynamic psychotherapy with a patient suffering from dissociative identity disorder and how this is related to changes in the complexity of representation. **Methods:** The Clinical Diagnostic Interview, SCID-I and II and a set of questionnaires are administered pre- and post treatment. All sessions (49) are audiotaped and transcribed. The Inventory of Interpersonal Problems-32 and the GHQ-12 were filled out every session, a larger set of questionnaires every 8th session. Session transcripts were coded by two independent researchers with the Social Cognition and Object Relations Scale for complexity and social causality. **Results:** The results indicate that increases in the complexity and social causality of representations in the sessions are related to improved well-being, lower symptom burden and better interpersonal functioning. **Discussion:** Results will be discussed within a psychodynamic conceptual framework on trauma. The importance of verbalization and integration (or in other words mentalization) for broader mental and interpersonal functioning are considered. Strengths and limitations of the study will be discussed.

How do trauma representations and the therapeutic relationship evolve during psychodynamic psychotherapy with traumatized patients: A systematic single case study on a person suffering from dissociative identity disorder

Reitske Meganck — Ghent University, Ruth Inslegers, Mattias Desmet

Aim: The diagnosis of dissociative identity disorder, formerly known as multiple personality disorder, is characterized by the alternating manifestation of different 'personalities' in one subject. This extreme form of dissociation has often been linked to traumatic experiences. Research showed that disorganization of trauma representations is indicative of pathology severity. Given the often related interpersonal problems, the therapeutic relationship is of major importance in these cases. In this systematic single case study of a patient suffering from dissociative identity disorder, we will qualitatively study changes in narratives of traumatic experiences and how they are embedded within the therapeutic context and the evolution of the therapeutic relationship. **Methods:** The Clinical Diagnostic Interview, SCID-I and II and a set of questionnaires are administered pre- and post treatment. All sessions (49) are audiotaped and transcribed. Narrative analysis of session transcripts is used to identify changes in trauma representation and the role of the therapeutic relationship. **Results:** The results indicate that integration at the level of memory induces changes at the level of interpersonal functioning. Results will include recurring themes and patterns at the level of the traumatic experiences and the therapeutic relationship. **Discussion:** Results will be discussed within a psychodynamic conceptual framework on trauma. The importance of verbalization and integration (or in other words mentalization) for broader mental and interpersonal functioning are considered. Strengths and limitations of the study will be discussed.

Panel - Alliance development and its implications for change

Alliance

Therapeutic responsiveness as a moment-by-moment process in developing alliance

Zita Sousa — University of Minho, Eugénia Ribeiro, Adam Horvath

Aim:We conceptualize Therapeutic Responsiveness(TR) as the therapist's capacity to tailor interventions in response to client's needs. It is hypothesized that TR has a significant role in the development of the alliance quality, and hence TR is likely to have a direct and/or indirect impact on therapy outcome. Therefore, we believe that it is important that therapists create opportunities for TR and thus be better able to form positive alliances. The present study aimed to investigate TR as a reciprocal process, and to develop a method of measuring TR as a moment-by-moment interactive process. **Method:**In order to address these goals, Task Analysis was used. **Results:**We will present TR Observational System(TROS), a tool for systematic identification and analysis of mutual interactive TR sequences. TROS captures the three core elements of characteristic of a therapist response sequence: client's verbal expression of needs(C:VENs), therapist's responses(T:Rs), and client's reactions(C:Rs). In our study, we found that C:VENs were a reliable marker indicating an opportunity for TR. The C:VENs could be characterized along four axes: Wanting, Difficulties, Hesitations, and Direct Requests. The T:Rs are conversational actions expected to address client's needs, characterized in terms of Mode, Temporal dimension, Focus and Intention. The C:Rs provide information about the suitability of interventions and are evaluated in terms of the client's engagement in conversations. Psychometric properties based on kappa statistics will be presented for TROS. The research application of TROS will be illustrated with an initial session. **Discussion:**Findings will be discussed in terms of TR impacts in the early stages of alliance.

The therapeutic collaboration in the early sessions of good and poor outcome cases of Narrative Therapy

Nuno Pires — School of Psychology, University of Minho, Eugénia Ribeiro, António Ribeiro, Inês Sousa, Helena Azevedo

Aim: The positive relationship between early alliance and therapeutic outcomes highlight the relevance of understanding how therapeutic collaboration, the core dimension of alliance, develops in the early sessions of therapy, in a moment-to-moment level. We present a study following this line of research aiming to analyze the construction of therapeutic collaboration in good and poor outcome cases of narrative therapy. **Method:** The first 3 sessions of 5 good outcome cases and 5 poor outcome cases from narrative therapy with depressive clients are under analysis using the Therapeutic Collaboration Coding System (TCCS). This coding system allows for the identification of the presence, in each therapist speaking turn, of a Supporting Marker or a Challenging Marker and the presence, in each client speaking turn, of a Validation Marker, an Invalidation Marker or an Ambivalence Marker. The client's response to the therapeutic intervention may indicate whether the therapist worked within the TZPD, out of TZPD, or at the limit of the TZPD. The coding procedure requires two trained independent judges along with an auditing process. **Results:** Preliminary results show that therapeutic collaboration in early phase of therapy differs in good and poor outcome cases. Specifically, in good outcome cases therapist works, most of the time, beyond the client or at same level closer to the potential level, within the TZPD. Instead in poor outcome cases the therapist works, most of the time, at same level of the client, closer the actual level, within the TZPD. **Discussion:** Findings will be discussed in terms of implications for research and practice.

Early session's relevance for alliance development and optimal experiences occurrence

Joana Mourão — Universidade do Minho, Eugénia Ribeiro, Teresa Freire, Inês Sousa

Aim: Optimal experience is an individuals' perception of high challenges and high skills in a situation or activity. The continued and repeated experience of higher perceived challenges and skills fosters complexity. Therapy, through the negotiation of therapeutic goals and tasks, translated in the therapeutic alliance, is a context of an ongoing balance between the clients' perceived challenges and skills. The aim of this study is to analyze the association between the therapeutic alliance and the occurrence of optimal experience throughout the psychotherapeutic process. **Methods:** The analysis is based on data from 21 clients undergoing therapy for anxiety disorders. Throughout the psychotherapeutic process the therapeutic alliance was evaluated through the Working Alliance Inventory, filled every session. The clients also answered after every session to a questionnaire regarding the perceived challenges in the session and concerning the perception of skills to face the challenges, both to score on an eight points likert scale. Through the ratio of these two scores optimal experience was identified. **Results:** A variance analysis was used to examine the relationship between the therapeutic alliance and the optimal experience. Results show a pattern of alliance development that increases throughout the first sessions and by the fourth session remains stable. On the contribution of the therapeutic alliance to understanding the probability of optimal experience occurrence, results indicate that higher values of therapeutic alliance increase the optimal experience occurrence. **Discussion:** Findings will be discussed regarding the importance of the therapeutic alliance in the promotion of change.

Panel - **Determinants of outcome in randomized controlled trials: Meta-analytic investigations**

Quantitative

Supportive counselling and relaxation in the treatment of PTSD-symptoms: A meta-analysis

Heike Gerger — University of Bern, Thomas Munder, Jürgen Barth

Background: Supportive counselling (SC) and relaxation (R) are two interventions that are often used as active control conditions in randomized controlled trials (RCTs) of psychotherapy for PTSD-symptoms. Patient characteristics as well as methodological aspects have been shown to moderate relative effects of specific psychotherapies compared with active control conditions (Kirsch et al., 2008, Baskin et al. 2003, Wampold et al., 2011). Aim: To investigate sources of variation in relative effects of psychotherapy compared with SC and R. Methods: 18 RCTs comparing specific psychotherapies with SC or R provided relative treatment effects at the end of treatment and were included in the meta-analysis. Clinical and methodological characteristics are investigated as sources of between-study-variation of relative treatment effects. Results: Overall the relative effect of psychotherapies compared with active control conditions was moderate (ES=0.43 CI=0.22-0.63). Studies with patients with more complex problems (e.g. chronic PTSD-symptoms) showed smaller relative effects (ES=0.30 CI=0.11-0.49) compared with studies that did not include patients with complex problems (ES=0.96 CI=0.41-1.50). A less pronounced but similar association was found for the diagnosis of PTSD (full vs. sub-threshold diagnosis). Associations between other potential moderators and relative treatment effects as well as estimates of between-study-heterogeneity are presented. Discussion: In contrast to our expectations differences in treatment effects of psychotherapy compared with SC and R were smaller in studies with patients with complex problems and a PTSD-diagnosis. Implications of these findings and possible explanations are discussed.

Exploring the dose response relationship of psychotherapeutic interventions in meta-analysis

Jürgen Barth — University of Bern, Heike Gerger, Thomas Munder

Background: Treatment dose (i.e. number of session) is associated with increased response to therapeutic interventions. However, the initial five sessions achieve about 80% of this response. Patients in the control condition have in some clinical conditions a substantial response just by waiting for the treatment. In meta-analysis this can give unexpected results (i.e. shorter interventions show larger effects than longer interventions), if analysis were stratified by a cut off of sessions. Aim: This study investigates whether the application of dose cut offs provides useful information or even not and how pitfalls in the interpretation can be overcome. Method: Primary studies comparing a psychotherapeutic intervention with a control condition (waitlist, usual care) in the clinical field of depression, posttraumatic stress, and borderline personality disorder will be used. Median split of treatment dose will be used as cut off. Stratified analysis according to treatment dose of post-post effect sizes will be complemented by pre-post changes. Since type of disorder might be relevant for spontaneous remission we will stratify analysis accordingly. Results: The data analysis within our large database of randomized controlled trials is under way. Results will be presented at the conference.

Researcher preferences in outcome research: A meta-meta-analysis of the allegiance-outcome association

Oliver Brüttsch — University of Bern, Thomas Munder, Rainer Leonhart, Jürgen Barth

Background: Researcher allegiance (RA) is discussed as an important risk of bias in comparative studies of psychotherapies. However, estimates of the RA-outcome association show large heterogeneity: In some studies the magnitude of the RA-outcome was substantial (ranging up to $r = .85$; Luborsky et al., 1999). Other studies found no effect (Gaffan et al., 1995). Up to now there is no overall estimate of the RA-outcome association and the heterogeneity of estimates is not understood. Aim: (1) To provide an overall estimate of the magnitude of the RA-outcome association and (2) to explore moderators of the RA-outcome association. Method: We conducted a meta-meta-analysis of meta-analyses that provided an estimate of the RA-outcome association. We conducted a systematic search in PsycINFO and MEDLINE, went through articles citing seminal allegiance papers, and contacted experts in the field. The magnitude of the RA-outcome association as well as possible moderators of the association were extracted. All effect sizes were transformed in r . The overlap of primary studies in included meta-analyses was taken into account. Results: Our search yielded 27 relevant meta-analyses. A preliminary unweighted analysis showed a substantial median RA-outcome association of $r = .21$. Final results and moderator analyses will be presented at the conference. Discussion: The results and implications of the findings will be discussed.

Researcher allegiance and outcome: Is allegiance the causal factor?

Thomas Munder — University of Bern, Christoph Flückiger, Heike Gerger, Bruce E. Wampold, Jürgen Barth

Objectives: The aim of this meta-analysis was to test two rivaling explanations for the association of researcher allegiance and outcome in comparative outcome studies. The allegiance bias hypothesis proposes that researcher allegiance influences study results in favor of the preferred treatment. The true efficacy hypothesis proposes that researcher allegiance reflects true efficacy differences among treatments and, thus, the allegiance-outcome association does not indicate a bias. Both explanations were tested in a sample of direct comparisons of treatments with equivalent efficacy. Method: Randomized controlled trials that directly compared trauma-focused therapies for posttraumatic stress disorder were included. Random-effects meta-analytic techniques were used. Results: Twenty-nine comparisons of trauma-focused therapies from 20 studies were identified. Researcher allegiance was a significant predictor of outcome and explained between 8% and 13% of the variance in outcomes. Conclusions: The findings do not support the true efficacy hypothesis: As trauma-focused therapies

have consistently been found to be equally effective, the allegiance-outcome association found in this meta-analysis cannot be due to true efficacy differences. In contrast, the findings support the view that researcher allegiance has an influence on study results. Researcher allegiance should be regarded as a causal factor and conceptualized as a risk of bias in comparative outcome studies.

Panel - Dialogical research in family and couple therapy

DIHC method and its use in couple therapy for depressed patients

Jaakko Seikkula — University of Jyväskylä

Dialogical Methods for Investigation of Happening of Change has been developed for making sense of the utterances and responsive processes in multiactor settings. The first version was used in analyzing good and poor outcome dialogues in psychotic crises. The second version of the method has been used mainly in couple therapy setting for looking at who takes initiative in new subjects of dialogue; how responses are constructed by what is answered and what is not answered; how the present moment is taken care of and in what language area the dialogue is emerging. In analyzing couple therapy for depression interesting notions were found out about how therapist in their responses contributes in the specific moments of change in the quality of dialogue. In my presentation the method is introduced and some examples are presented of a therapy with couple with depressive client.

Narrative process types as indicators of active positioning in dialogue

Aarno Laitila — University of Jyväskylä

The multiplicity of family therapeutic dialogues has been tried to approach through different research tools. My own effort was to look at these with Narrative Process Coding System (NPCS) which turned out to be challenging. The original phases of NPCS could not be followed literally, but the last phase of recognizing the narrative process types or modes proved to make visible the joint efforts towards change by different agents in therapeutic system. The shifts from one process mode to another bring visible active moves and active positioning both by the clients and the therapists. These moves can be productive or non-productive highlighting the issue of the timing of interventions. In the presentation this moves are compared with the indicative and symbolic speech –definitions of dialogue, and the possible surplus value of these.

Exploring dialogical processes in team reflections in family therapy

Evrinomy Avdi — Aristotle University of Thessaloniki, Katina Damaskinidou

The use of reflective processes in family and couples therapy has generated much enthusiasm and has become a practice widely and creatively used in the field. There is, however, notably little research on the interactional and dialogical processes implicated in team reflections and most of the research to date focuses on the participants' accounts regarding their usefulness. This study, broadly situated in a tradition of practice-based evidence, aims to examine how reflecting processes are carried out in actual practice; it is hoped that it will thus contribute towards bridging the gap between theory, research and clinical practice. Following a qualitative case study format, transcripts of family sessions using a reflecting team are analyzed from a dialogical and discursive perspective. The focus of the analysis is on the dialogical qualities of the reflections, on how they respond to and expand what has been said previously in the session, as well as on the effects these reflections may have on meaning construction, on the voices present in the interaction, on participants' positioning, on the qualities of the unfolding dialogue and on the interaction between the therapist and family members.

Panel - Examining Diversity Competence

Training

Individual and cultural diversity competences: How do psychotherapists integrate diversity into conceptualization of the client, the relationship and treatment?

Carla Moleiro — ISCTE-IUL

The present paper addresses the issues of culture and diversity in psychotherapy, which are increasing relevant in clinical practice. The study used an experimental design, in a qualitative analogue study, and 31 psychotherapists of varied experience and theoretical training participated. It aimed to measure cultural diversity competences of clinicians through their case conceptualization and intervention planning by watching a two video case vignettes with minority clients (presenting complaint) and a semi-structured interview. Two cases (out of four) were presented to each psychotherapist (chosen at random, and controlling for order of presentation) and interviews were conducted regarding each of the clients. The interview ended with a set of questions regarding how they thought they integrated individual and cultural diversity into their own clinical practice. The transcripts of the interviews were analysed, blended model, incorporating features of thematic content analysis (see Morant, 2006) and also Consensual Qualitative Research (Hill et al, 1997; 2005). Results showed that awareness, knowledge and skills were identified mostly at a level of blindness and pre-competence, while only a few units of analysis were categorized as competent. This study highlights the importance of cultural diversity competence training for clinicians. It also supports that self-report measures of clinical cultural competence are limited when assessing clinicians with openness to cultural issues, but little awareness, knowledge, or skills.

Reducing dropout and no-show in Dutch-Turkish and -Moroccan clients: Evaluation of a group-specific diversity competence training for mental healthcare professionals


Gabriela A. Sempértegui — Department of Clinical and Developmental Psychology, Research Platform Mental Health Care & Diversi, Marrie HJ Bekker

Background: Dutch-Turkish and -Moroccan clients present higher drop-out and no-show rates than native Dutch during their treatment of depression. To diminish disparities, clinicians need competencies to provide group-appropriate diagnosis and treatment of mental health disorders, which also take into consideration the diversity determinants of these populations. Aim and methods: With this study we aim to determine the efficacy of a group-specific diversity competence training to increase clinician's competencies to conduct group-appropriate assessment, diagnosis and treatment of depressive disorders. Thirty-nine mental health professionals of four institutions were location-based assigned to a control group or a condition participating in the training. Self-reported competence, a knowledge test and quality evaluations of the training, were used to monitor the training and the competencies at baseline, post-training and three-month follow-up. Results: Preliminary results concerning the variation in clinicians' diversity competencies as result of the training show an overall positive trend. Components of the self-reported competence and measured knowledge increased after the training in the experimental condition. Although most gains remained stable at follow-up, some relapse was present. Conclusions: This study suggests that group-specific diversity competence training contributes to the acquisition of clinicians' diversity competencies, yet it also highlights the importance of competence maintenance programs. Future research will determine if measured increased competencies lead to positive outcomes regarding drop-out and no-show rates, severity of depressive symptoms, quality of life and treatment satisfaction.

Beyond current cultural competence training in healthcare: Anthropological contributions to training and learning in cultural competence

John Arianda Owiti — Wolfson Institute of Preventive Medicine Barts and The London School of Medicine and Dentistry Queen Mary University of London

Background: Cultural competence by clinicians and service providers has been promoted through diverse programmes as a way of addressing the current racial and ethnic inequalities in health. However, its effect on service user experiences and outcomes has been limited partly due to the narrow conceptualisation of culture, and a lack of theoretical framework for understanding cultural competence. In this paper we demonstrate how anthropological methodology can contribute to cultural competence training and workforce development in multidisciplinary mental health teams. We have based our analysis on the processes of a narrative-based cultural consultation service based in an inner-city London area. As well as working with mainstream mental health services to improve on service users' experiences and outcomes from care, the service aimed at facilitating in-service learning and training in cultural competence skills through the process of case consultation via the clinical encounter. Methodology: Training sessions were delivered to the clinical teams. The processes of cultural consultations through direct face contacts with clinical staff and service users, and direct group contacts with multidisciplinary staff during clinical team meetings provided learning opportunities. During clinical cultural consultation process, we used ethnographic interview method, the Barts Explanatory Model Interview questionnaire, to collect narratives from service users in the clinical encounter involving the clinician and the service user. Data gathered, including clinician and team narratives, and clinical case notes were used for clinical cultural formulation. Standardised clinician and service user evaluation feedback questionnaires were used to collect narratives on service evaluation. Findings: Narrative data indicate that clinicians gained new skills that contributed to their cultural competence. They gained skills in in-depth and comprehensive assessment around culture, engaging with service user's often complex narratives, and in collaborative working. The clinicians preferred cultural consultation's approach to training and learning as opposed to one-off trainings. Conclusions: We conclude that our model of cultural consultation is an innovative way in which clinicians gain cultural competence through the clinical encounter. This is viewed as a continuous, dynamic and interactive process of learning that is service user-centred and empirically-based as



opposed to the existing diverse trainings on cultural competence. This model shows how an anthropological framework and methodology can contribute to training and learning in cultural competence with a potential to have an impact on service user outcomes and reduction of health inequalities.

Panel - **FEST I: Which techniques, given by whom, are most effective for this individual, with that type of problem (Gordon Paul 1960)?**

Psychodynamic

Psychotherapy: Does disengaged therapist countertransference feelings influence the long-term effects of transference work?

Per A. Høglend — University of Oslo, Alice Marble, Hanne-Sofie Johnsen Dahl, Randi Ulberg

Aim: Transference interpretation is considered as a core active ingredient in dynamic psychotherapy. In clinical theory there are different positions on when, for whom and under what circumstances transference work is more efficient. In this study we explore whether or not therapists' disengaged countertransference reactions influence (moderate) the short-term and long-term effects of transference work. **Methods:** One hundred outpatients seeking psychotherapy for depression, anxiety, and personality disorders were randomly assigned to one year of weekly sessions of dynamic psychotherapy with transference interpretation, or to the same type and duration of treatment, but without the use of transference interpretation. The primary outcome variables were the Psychodynamic Functioning Scales, Inventory of Interpersonal Problems, Global Assessment of Functioning and SCL-90, measured at pre-treatment, mid-treatment, post-treatment, and one and three years after treatment termination. Countertransference reactions were reported by the therapists after each of 3000 sessions using the Feeling-Word Checklist. **Results:** The specific effect of transference work on all outcome variables, was influenced by therapist disengagement. All effect sizes were large. **Discussion:** Transference work is strongly influenced by disengaged countertransference reactions in the therapist. Therapy without transference work seems more effective than therapy with transference work in the context of high therapist disengagement. **Keywords:** Countertransference reactions, transference interpretation, outcome.

Transference work in psychodynamic psychotherapy

Randi Ulberg — Vestfold Hospital Trust, Per A. Høglend, Svein Amlø

Aim: The effect of transference interpretations is probably dependent upon certain characteristics of the interpretations themselves, beyond frequency of interventions. Characteristics of the context in which transference interpretations are offered may also be important. The aim of the present study was to identify the transference work sequences and explore in detail the in session process between the patient and the treatment. **Methods:** A therapy process rating scale (Transference Work Scale; TWS) specifically designed to identify transference work and explore the timing, content, and valence of the interventions as well as response from the patient, was developed. The Structural Analysis of Social Behaviour (SASB) (Benjamin and Cushing, 2000) was used to analyze the process between therapist and patient. Transcribed sequences (7 – 10 minutes, N = 225) from 165 different therapy sessions was scored by two raters with TWS and SASB. **Results:** Preliminary results indicate that the inter rater agreement for TWS and SASB is good to high. **Discussion:** Our data seems very promising for analyzing different categories and evaluate the timing of the transference interventions. TWS in combination with SASB seems helpful when exploring the transference work sequences. Our aim is to explore the interaction of timing, category and valence for in session and longer term outcome.

Transference, countertransference and level of personality disorder: A detailed analysis of two cases

Hanne-Sofie Johnsen Dahl — University of Oslo, Per A. Høglend, Randi Ulberg, Alice Marble, Anne Grete Hersoug

Aim: Findings from the FEST-study indicate that elevated levels of parental countertransference (CT) has significantly different impact on the long-term effect of transference work, depending on the level of the patients' personality pathology: In the context of increased parental CT the specific effect of transference interpretation was most favorable for patients with high levels of personality pathology, but negative for patients with low levels of personality pathology. In this study we analyze what the therapist actually has said and done while working with the transference in the sessions. **Method:** Two cases, one with low personality pathology and one patient with higher level of personality pathology, treated by the same therapists, reporting high levels of parental CT while using transference work are chosen. Both cases are studied in detail at three different time points, using intensive quantitative process analyses (the Structural Analysis of Social Behavior (SASB) and the Transference Work Scale. **Results:** The preliminary results indicate that the process analyses may shed light on how therapist interventions and behaviour are coloured by CT. **Discussion:** The therapists' CT seems important for understanding the interpersonal aspects co-created by the therapist and the patient.

Panel - FEST II: Assessment and evaluation in Psychodynamic Psychotherapy

Psychodynamic

Reliability of case formulations

Oystein Sorbye — Oslo University Hospital, Svein Amlo, Randi Ulberg, Anne Grete Hersoug, Per A. Høglend

Aim: Case formulations are regarded as guidelines for treatment, but the reliability between different evaluators has been regarded as low, and has therefore easily been discarded. The aim of this study was to study the reliability of the case formulations in the FEST study. **Methods:** The case formulations that were written down by the evaluators and the therapist prior to the therapy and were kept in the patient files during the therapy, were broken down into the four elements outlined by Eels et al, (Symptoms and problems, Precipitating stressors or events, Predisposing life events or stressors, and A mechanism that links the preceding categories together and offers an explanation of the precipitants and maintaining influences of the individual's problems.) The two last elements of each case formulation, "predisposing life event" and "Mechanism" were compared between therapist and another evaluator, on the same patient, or on a totally different patient. Two pairs of clinicians were asked to consider agreement between the elements on a Lickert's scale on 1 to 7. The clinicians were blind to whether they compared statements on the same patient or on a totally different one. **Results:** The case formulations reliability was high when broken down into predefined elements, and higher than in other case formulations comparisons. **Discussion:** To write case formulations into predefined elements is a promising method to make better guidelines for treatment

Which is more important for outcome: Therapist factors or patient factors?

Alice Marble — University of Oslo, Per A. Høglend, Randi Ulberg

Aim: To assess patient and therapist contributions to change after psychotherapy in two case studies: one with poor outcome, one with good outcome. **Method:** 100 outpatients seeking psychotherapy for depression, anxiety and personality disturbance were randomly assigned to 1 year of weekly sessions of dynamic psychotherapy with transference interpretation or to the same type and duration of treatment without transference interpretation. The primary outcome variables were the Psychodynamic Functioning Scales, Inventory of Interpersonal Problems, Global Assessment of Functioning and SCL-90 measured at pre-treatment, mid-treatment and 1 and 3 years after treatment termination. Countertransference reactions were reported by therapists after each of 3000 sessions using Feeling Word Checklist. Patient and therapist affiliation were assessed with the Structural Analysis of Social Behavior. **Results:** Poor pre-treatment functioning and decreasing levels of patient-therapist affiliation together with increasing negative countertransference characterized the poor outcome case. Better pre-treatment functioning, stable levels of patient-therapist affiliation and positive countertransference characterized the good outcome case. **Discussion:** Pretreatment characteristics of patients may influence interpersonal dynamics and pull for therapist response that further influences outcome.

Adolescent Relationship Scale: A new self-report measure

Anne Grete Hersoug — University of Oslo, Randi Ulberg

Aim: The quality of relationships to friends, siblings and parents is a central focus for adolescents. The importance of those persons for adolescents was explored in this study. **Methods:** A recently developed self-report instrument, Adolescent Relationship Scale (ARS) - a visual-analogue scale (VAS) - was tested in a pilot study of adolescents, 16 - 18 years old, who were pupils of Norwegian high schools (N = 147). ARS measures the importance of the relationships to friends, siblings and parents, as well as the experienced quality of life. ARS is meant to capture the current quality and reciprocity of the different relationships and the development over time with repeated measures. **Results:** The results of the data analyses revealed differences in the ratings across age. Furthermore, gender differences regarding the experience of relationships were found. **Discussion:** ARS seems to be a useful self-report instrument with a potential to measure the current importance of the adolescents' central relationships and the development of the importance of these relationships during adolescence.

Panel - How to account for discourse content in process research?

Change Process

ZPD (Zone of Proximal Development) as an ability to play

Anna Teresa Zonzi — Helsinki University Central Hospital (HUCH), Mikael Leiman

Empirical research tends to overlook the relationship between the content of the therapeutic exchange, i.e., how the themes or topics of clients' account relates to their ability to sustain the double task of experiencing and observing. The concept of the zone of proximal development (Vygotsky, 1978) may provide one possibility to bring the content of therapeutic discourse in a closer relation with the dynamics of client self-reflection. The aim of this study was to investigate the client's ZPD as a Winnicottian ability to play, i.e., an ability to adopt a flexible reflective stance to problematic experiences and be involved in joint examination of possible alternatives. The client (Martha) was treated with psychodynamic-interpersonal therapy in two weekly sessions and in a follow-up session after 3 months. Dialogical sequence analysis was used to analyse the dynamics of therapeutic discourse. Analysis showed that Martha's problematic action pattern, which had brought her to therapy, remained unchanged throughout the three sessions. Martha's ability to use and elaborate the therapist's formulations depended on the content that the therapist addressed. She repeatedly refrained from "playing" with the therapist, when her core problem was approached.

Subject position as the psychotherapy outcome: The case of Lisa

Anna Mirja Barbara Lilja — University of Jyväskylä, Mikael Leiman

All psychotherapies strive to create a joint observational stance for making sense of client's problematic experiences. Gradually client's enhanced self-observation permits an altered relationship to the original problem. This can be called subject position in relation to the presenting problem. In this study, this point of departure will be applied to the case of Lisa from York I Depression Study. The results show that Lisa's change varies depending on topic. Her relation to depression and to herself changes significantly, but the relation to her husband remains still problematic. She reaches subject position in relation to certain topics whereas to certain others not. Thus it can be said that her therapeutic change is only partial. The implications of this for the understanding of psychotherapy outcome will be discussed.

Setbacks and progress in the development of an empathic stance

Soile Tikkanen — University of Eastern Finland

This presentation examines client therapeutic progress and its setbacks in the context of a child neurological assessment and the role of the psychologist's activities in this fluctuation within one session. The analysis is focused on the mother's developing reflective stance toward herself and her ways of interacting with her 4 year old daughter. Dialogical sequence analysis was used as a micro analytic method to examine the developing discourse with the neuropsychologist in the session that was focused on a video recording of the mother and child in interaction. Selected transcript excerpts illustrate the process, during which the mother, assisted and sometimes interfered by the neuropsychologist, began to recognize her own contribution in maintaining the problematic pattern with her daughter. She also developed an empathic stance toward the child and to herself. The mother's dawning empathy was closely related to the neuropsychologist's reflective support, especially with regard to the content of the recorded interaction as well as the context in which the child was observed. Outside of the immediate conflict situations the mother could adopt the child's perspective and infer her mental states. The results are discussed in terms of how to study therapeutic change in a single case with its individual intra psychological and interpersonal configurations as content- and context-dependent joint interaction.

Panel - **How to attain sustainable change in the treatment of depression: Findings from basic and psychotherapy research**

Depression

The different facets of avoidance in depression

[Timo Brockmeyer](#) — [University Hospital Heidelberg](#), Martin Grosse Holtforth, Tobias Krieger, Johannes Zimmermann, Nils Pfeiffer, Matthias Backenstrass, Hans-Christoph Friederich, Hinrich Bents

Avoidance has recently been proposed as a risk factor for depression as well as a promising target in depression treatment. The present work reports on a systematic review of the existing research investigating links between experiential avoidance and depression (Study 1). There was convergent evidence for a link between these both constructs, across a variety of clinical and nonclinical samples. The effects were typically in the moderate to large range. As several authors have suggested, further subdividing the construct of experiential avoidance into distinct facets may add conceptual clarity. In line with this idea, four related studies were conducted to test the links between intra- and interpersonal aspects of cognitive, behavioral, and emotional avoidance and depression. A total of 111 participants composed of currently-depressed patients, patients with an anxiety disorder, formerly-depressed individuals, and healthy controls were tested on specific measures of avoidance. Currently-depressed individuals reported higher levels of intra- and interpersonal cognitive, behavioral, and emotional avoidance as compared to healthy controls. Furthermore, currently-depressed individuals showed higher intrapersonal cognitive, behavioral, and emotional avoidance than patients with an anxiety disorder. However, currently-depressed and anxious patients did not differ regarding interpersonal cognitive, behavioral, and emotional avoidance (Studies 2-4). Finally, formerly-depressed individuals reported stronger emotional avoidance than never-depressed individuals, suggesting that emotional avoidance is associated with depression vulnerability (Study 5). Clinical implications and avenues for future research will be discussed.

Mediators of sustained therapeutic change: Testing the indirect effects of dose and psychoanalytic technique in patients with major depression

[Johannes Zimmermann](#) — [University of Kassel](#), Henriette Löffler-Stastka, Günther Klug, Dorothea Huber, Cord Benecke

Background: Empirical evidence for the effectiveness of psychoanalysis (PA) in patients with mood disorder is growing. Specifically, recent studies show that effect sizes of PA remain stable, or even increase at follow-up as compared to shorter treatments. However, it is unclear whether the long-term effect of PA is due to distinctive features of psychoanalytic technique (e.g., focus on affect, exploration of attempts to avoid distressing feelings, transference interpretation), or due to higher dose of sessions. The aim of this paper is to test these rival hypotheses in a quasi-experimental study comparing PA with psychodynamic therapy (PT) and cognitive-behavioral therapy (CBT) for depression (Huber et al., 2012). Methods: Analyses were based on a subsample of 77 subjects, with 27 receiving PA, 26 receiving PT, and 24 receiving CBT. Depressive symptoms, interpersonal problems, and self-schema were assessed prior to treatment, after treatment, and at one-, two- and three-year follow-up. Three audio-taped middle sessions were selected from each treatment to be assessed by two raters according to the salience of psychoanalytic techniques (using the Psychotherapy Process Q-Sort). Results: Subjects receiving PA reported fewer interpersonal problems and more positive self-schema directly after treatment, and tended to improve across outcome measures during follow-up, as compared to patients receiving CBT. Multi-level mediation analyses showed that post-treatment effects were mediated by dose, and follow-up effects for depressive symptoms were mediated by technique. Discussion: Results give support to the assumption that psychoanalytic techniques facilitate sustained therapeutic change in patients with major depression.

Long-term effects of psychotherapy for moderate depression: Comparing Narrative Therapy with Cognitive-Behavior Therapy at follow-up

[Rodrigo Lopes](#) — [University of Minho](#), Miguel Gonçalves, Inês Sousa

In an earlier clinical trial Narrative Therapy (NT) showed promising results in ameliorating depressive symptoms of 63 clients with comparable outcomes to Cognitive-Behavior Therapy (CBT) - one of the most established psychological treatment for depression so far - especially when clients completed treatment. Fewer studies in the literature focus on the long-term effects of psychotherapies in general and almost none have studied these effects in NT, in particular. The aim of this study was to evaluate the course of depressive symptoms and general functioning of the client after therapy has finished. Naturalistic follow up interviews were carried out until 31 months after the last session of treatment. Beck Depression Inventory-II and Outcome Questionnaire-45.2 Interpersonal Relatedness Scale were used to assess the effects of the intervention at pre and post treatment and at follow ups. Change and maintenance of symptoms are analyzed with aid of repeated measure statistics and from the perspective of clinical significant change (Jacobson & Truax, 1991). This paper presents and discusses the main results of this study.

Panel - Innovative moments research program: Overview and new research findings

Narrative

Therapist interventions and client Innovative Moments in Emotion-Focused Therapy for depression

Carla A. C. Cunha — ISMAI - Maia Institute of Higher Education, Miguel Gonçalves, C E. Hill, Inês Sousa, Inês Mendes, António Ribeiro, Lynne Angus, L. S. Greenberg

According to the narrative approach, change in self-narratives is an important part of successful psychotherapy. In this view, several authors have highlighted the usefulness of narrating new experiences (like actions, thoughts and stories) during therapy in contrast with maladaptive client self-narratives. These new experiences are termed here innovative moments and different types can be specified: action, reflection, protest, reconceptualization and performing change. With the aim of understanding which therapist skills are related to client innovative moments, we analyzed the association between exploration, insight and action skills and innovative moments in two initial, two middle and two final sessions of three good and three poor outcome cases of emotion-focused therapy (EFT) for depression. All skills (exploration, insight and action) preceded innovative moments more often in good than poor outcome cases, particularly in the middle phase. In addition, in comparison with poor outcome cases, exploration and insight skills more often preceded action, reflection and protest innovative moments in the initial and middle phases of EFT but more often preceded reconceptualization and performing change innovative moments in the final phase of good outcome cases. Action skills were more often associated to action, reflection and protest innovative moments across all phases, especially in the final phase, of good outcome EFT.

The change of self-narratives in depression

João Batista — University of Minho, Miguel Gonçalves, Daniela Alves

This study aims to explore the relation between therapeutic and narrative change on a sample of narrative therapy for major depression. The measures for assessing the narrative changes on the cases were the Core Conflictual Relationship Theme (CCRT) method and the Innovative Moments Coding System (IMCS). Whereas the CCRT method permits to identify the change on narratives about relationships, and on the relational patterns, the IMCS is a more micro-analytical measure, allowing the tracking of narrative novelty as it appears, as well the alternative emerging self-narratives to the dominant and problematic self-narrative. Four cases of narrative therapy for major depression were analyzed. All sessions of the cases were coded with the IMCS and two sessions from the beginning, two sessions from the middle and two from the end of the treatment were coded with the CCRT. The hypotheses tested on this study were as following: a) the changes of CCRT narratives are consistent with the therapeutic outcome, i.e. in cases of good outcome the CCRT pervasiveness decreases and b) the IMs emergence pattern is consistent with the changes on the CCRT narratives, i.e. in the cases where the CCRT pervasiveness decreases the IMs pattern presents the features observed in good cases outcome in other samples. With this study we aim to focus on how the narrative micro-changes along the psychotherapeutic process build and promote the change of relationship patterns associated with good outcome.

Resistance to narrative change in grief psychotherapy

Daniela Alves — University of Minho, Pablo Fernández-Navarro, Eugénia Ribeiro, Miguel Gonçalves

Grief psychotherapeutic change can be promoted by processes of meaning reconstruction that help clients revising their life narratives. Several studies in psychotherapy have shown that the process of narrative transformation occurs through the emergence and expansion of moments of novelty, known as innovative moments (IMs). However, these innovations can challenge a person's usual way of act and think (problematic self-narrative), generating ambivalence. This ambivalence can be interrupted by a return to the problematic self-narrative, ensuring the homeostasis of the previous meaning system. This cyclical movement, named "mutual in-feeding", can maintain a problematic stability across therapy and lead to therapeutic failure. In this study we identified return-to-the-problem markers (RPMs), which are empirical indicators of the mutual in-feeding process, for all IMs in 2 cases of constructivist grief psychotherapy, a good outcome case (GO) and a poor outcome case (PO). Both cases have shown a high percentage of IMs with RPMs (about 30% in the GO and 40% in the PO). Moreover, as the number of IMs increased, the number of RPMs also increased. This result is not congruent with previous studies in which PO cases had significantly higher levels of IMs with RPMs than the GO cases. This novelty-resistance movement suggests that to release pain and move forward adaptively in life can be a very demanding step to grief clients, both in GO and PO cases. We hypothesize that this mechanism allows the client to protect him or herself from the guilt of "moving forward" as a betrayal to the loved one.

What does Reconceptualization say about the therapeutic change within the self?

Pablo Fernández-Navarro — University of Minho, Miguel Gonçalves

Reconceptualization innovative moments (RC) are exceptions towards the problematic self-narrative that emerge in the middle of treatment and are associated with successful psychotherapy. To increase our understanding of how RC relates with change in psychotherapy, an intensively study of two clinical cases of narrative therapy was performed. The research strategy involved: (1) to analyze new patterns of organization within the innovative moments (IM), (2) to explore the evolution of themes expressed (pronarratives) and its salience since the appearance of the first RC and (3) to evaluate how RC affects the development of ambivalence (what we call mutual in-feeding). We expect to identify empirical markers that help to recognize if RC provides narrative structure to the therapeutic process and if it facilitates the resolution of the ambivalence, sustaining meaningful changes as therapy develops.

Panel - International psychometric studies developed in the context of a study of depression

Depression

Study of the psychometric characteristics of the Multidimensional Anxiety Scale for Children (MASC) among Portuguese adolescents

Sara Oliveira — CINEICC- Centro de Investigação do Núcleo de Estudos e Investigação Cognitivo-Comportamental, Ana Paula Matos, Céu Salvador, Sónia Cherpe, Fernanda Duarte

Anxiety disorders are the most common childhood emotional disorders, with childhood prevalence rates ranging from 5.7% to 17.7% (Essau et al. 2000). Self-report measures of anxiety have been developed as a way to facilitate children reporting their symptoms of anxiety. Objective: To evaluate the psychometric properties of the Multidimensional Anxiety Scale for Children (MASC) among Portuguese adolescents. Method: Using a sample of 2041 adolescents (12 to 18 years old), factor structure, invariance across gender, internal reliability, test-retest reliability, convergent and divergent validity, and parent-child concordance were examined. Results: Confirmatory factor analysis (CFA) provided satisfactory fit for a structure of a higher order anxiety factor, four factors, and 6 sub-factors, similar to that found by the original authors [RMSEA=.048; $P(\text{rmsea} \leq 0.05) = .977$]. Furthermore, internal consistency (e.g., $\alpha = .894$ for the MASC total score), and convergent and divergent validity were appropriated. Females showed greater anxiety on all factors and subfactors than males. Thus, the Portuguese version of the MASC consists of 39 items distributed across four major factors, three of which are branched in two subfactors each. Main and sub-factors include respectively: Physical Symptoms (tense/restless and somatic/autonomic), Social Anxiety (humiliation and public performance fears), Harm Avoidance (perfectionism and anxious coping) and Separation Anxiety. Conclusion: The MASC is an appropriate self-report scale for assessing anxiety in Portuguese adolescents. In addition, the present study is an important contribution for the validation of the MASC.

Psychometric characteristics of the diagnostic interview Kiddie-SADS-PL in a Portuguese sample

Cristiana Campos Marques — , Céu Salvador, Sónia Cherpe, Fernanda Duarte, Ana Paula Matos

Email: cristiana.c.marques@hotmail.com It's over two decades since semi-structured diagnostic interviews have been part of many clinical evaluations rather than mere research tools. Because of their format which determines how long the child has been having the problem, the temporal sequence of behaviours and by estimating the degree of impairment associated with the child's emotional or behaviour problems, these interviews are instruments that provide reliable methods to assess the child's emotional and behavioural function (Frick, Barry, & Kamphaus, 2010). One of the most widely diagnostic interviews used with children and adolescents is Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL). Studies on their validity and reliability have shown good results. This interview assesses the presence or absence of symptomatology, and subsequently, generates diagnostics. As there were no studies about the K-SADS-PL in Portugal, this study aims to present descriptive data and the validity and reliability of this diagnostic interview. The subjects of this study are children and adolescents (psychiatric outpatients and normal controls), from 10 to 18 years. The assessment protocol included the K-SADS-PL-PT, the Child Depression Inventory (CDI), the Multidimensional Anxiety Scale for Children (MASC), Brief Symptom Inventory (BSI) and the Children Behavior Checklist (CBCL). At this point, we are increasing the sample. So far, the validity and reliability results of this study are good, showing that the Portuguese version of K-SADS-PL-PT is a valid and reliable tool to assess and diagnose child and adolescent psychiatric disorders.

Relationship of CDI and CASQ among Icelandic adolescents

Álfheiður Guðmundsdóttir — Faculty of Psychology, School of Health Sciences, University of Iceland, Guðmundur Arnkelsson, W. Ed. Craighead, Eiríkur Örn Arnarson

The primary purpose of the current study was to examine the cross-sectional relationship between scores of the Children's Depression Inventory (CDI) and the Child Attributional Style Questionnaire (CASQ). These scales were administered to a broad socioeconomic range of 11-15 year-old students in Iceland. The Icelandic translation of the Children Depression Inventory (CDI) was administered to 4849 children attending grades 5 through 10 grade in primary and secondary schools in Iceland (2513 girls and 2336 boys). An analysis of variance yielded a significant difference due to grade, but no sex difference, and no interaction between grade and sex. The reliability of the inventories was satisfactory. The factor structure of the CDI and CASQ will be explored. The factor structure found by Kovacs (1992) has not been replicated in previous Icelandic studies (Einarsdóttir and Jónasdóttir, 1994; Garðarsdóttir, 1994; Guðnadóttir and Gestsson, 2011). Previous studies have reported from one to eight factors of the CDI (Masip, Amador-Campos, Gómez-Benito and del Barrio Gándara, 2010) and exploring the factor structure of the CDI in the current sample will add to the knowledge of the factor structure. The current sample is larger than previously published studies. Results indicate that factor scores and the total score for the CDI are significantly related to the Positive and Negative Composite scores of the CASQ.

Prediction of prevention of depression and dysthymia among Icelandic adolescents: A follow up study

Eiríkur Örn Arnarson — Faculty of Medicine, School of Health Sciences, University of Iceland and Department of Psychiatry, W. Ed. Craighead

Objectives Major depression and dysthymia are frequent, debilitating, and chronic disorders, whose highest rate of initial onset occurs during the late adolescent years. The effectiveness of a program designed to prevent an initial episode of major depression or dysthymia among adolescents was investigated. Methods Participants were 171 fourteen-year-old "at

risk” but never previously depressed Icelandic adolescents who were randomly assigned to a prevention program or a treatment-as-usual (TAU) assessment only control group. They were identified as “at risk” by reporting the presence of depressive symptoms or a negative attributional style. The program was based on a developmental psychosocial model of enhancement of resilience to factors associated with the occurrence of mood disorders. It was administered in a school setting by trained school psychologists. There was a manual for the group leaders and a workbook for the students. The program comprised 14 sessions with groups of 6-8 adolescents. Diagnostic clinical interview and self-report data were collected at baseline, posttest, 6-month follow up and 12-month follow up sessions. There were no significant differences between the prevention and TAU groups for dropout rates or for “dropouts” compared to the “completers” on any of the screening measures. Results At posttest, diagnoses of new (initial) episodes of depression and/or dysthymia were assigned to 2.5% of the TAU Control Group but 0% of the prevention group. By the 6-month follow-up, the diagnosis for initial episodes of depression and/or dysthymia had been assigned to 13.3% of the TAU group but only 1.6% in the prevention group; data for 12-month follow were similar (21% for the TAU group and 4% for prevention group). Twice as many girls as boys experience an initial episode of depression/dysthymia. Survival curves for initial episode rates were separately estimated at 6- and 12-month follow-ups using the Cox proportional hazards model. Students not available for follow-up were treated as censored observations. At 6-month follow up, the prevention program relative to TAU significantly reduced the risk of development of a first episode of depression and/or dysthymia ($\chi^2 = 4.03$, $p = .0448$; OR = .122). Survival analysis for the 12-month follow up data indicated continued group differences ($\chi^2 = 5.02$, $p = .025$; OR = .182); at the end of 1-year follow up a student who participated in the prevention program was only 18.2% as likely to have developed an initial episode of the depression/dysthymia as a student who was in the TAU group. Stated differently, the prevention program relative to TAU decreased the likelihood of having a first episode by 81.8%. A logistic regression model was estimated for the TAU condition subjects in order to determine if the screening CDI, CASQ-NEG, and the CASQ-POS predicted either the diagnosis of MDE/Dysthymia; ONLY the CDI significantly predicted the diagnosis of MDE/Dysthymia (estimate = .0997, SE = .0467, Wald $\chi^2 = 4.55$, $p = .0330$). Conclusions The results show that it is possible to can prevent the development of depression in adolescents “at risk” who have not previously been depressed.

Panel - Investigating the impact of supervision on therapist's interventions in treatment-sessions with three qualitative methods

Qualitative methods

Tracing the impact of supervision by dialogical sequence analysis

Mikael Leiman — [Laudito Oy](#)

DSA is a microanalytic method to study utterances. In psychotherapy research, its main aim is to identify how clients and therapists position themselves and each other with regard to the referential object (the topic) of utterances. Client problems are often reflected in the inflexible and recurring stance that the clients adopt to themselves, to others, or to any area of activity they are engaged in. Psychotherapists commonly try to help clients observe and access these problematic positions, when they enter into client expressions and therapists have recognized them. This process is repeated in psychotherapy supervision. The paper will trace, how the client's problematic positions will be recognized in supervision and how the therapist will implement her understanding in the subsequent session with the client. DSA will also identify how the thematic material appeared in the session before supervision and how it may be reflected in the client therapist discourse afterwards. The issue of the therapist selective recognition will be discussed.

Tracing the impact of supervision by conversation analysis

Anssi Peräkylä — [University of Helsinki](#)

Conversation analysis (CA) is a method for the investigation of human social interaction. CA emerged in sociology in 1960s and it has ever since been used for research on the structure and process of interaction in various everyday and institutional settings. In past ten of fifteen years, CA has increasingly been used in research on psychotherapy. CA seeks to explicate properties of sequences of actions, such as questions and answers, or interpretations and responses. It seeks to clarify (a) how the recognisability of a particular action (such as a question or an interpretation) is achieved through the composition and placement of utterances; (b) how the responses of any actions treat the first action, in terms of agreement, alignment or understanding; and (c) how the participants' actions in interaction embody their understandings of each other's intentions and the common cognitive ground that they share. The paper will explicate the sequential properties of the supervisor's evaluation of the supervisee's therapeutic intervention, as well as the sequential properties of the supervisee's interventions in the therapy sessions taking place before and after the supervision. Thereby, it will seek to describe the ways in which the representation of an intervention gets transformed when it is discussed in the supervision, and the ways in which the supervisory discussion possibly triggers modification in the supervisees' way of working.

Investigating the impact of supervision on therapist's interventions in treatment-sessions with Interaction-Evaluation-Analysis (IEA)

Jutta Kahl-Popp — [John-Rittmeister-Institute](#)

Interaction-Evaluation-Analysis (IEA) is a microanalytic method to study moment-to-moment-interactions in emotionally charged relationships. This method is based upon the adaptive psychoanalytic approach, which has been developed and validated in psychotherapeutic contexts. The patient's verbal or non verbal answer (feed-back) following directly to the therapist's intervention is regarded as containing a manifest or latent evaluation of the therapist's intervention, especially of the implications for the patient's inner and interpersonal experience. The patient's feed-back can inform the therapist, if his preceding intervention was non-consciously perceived and processed by the patient as helpful or not helpful on an interpersonal and a cognitive level of understanding. In supervision supervisees evaluate the supervisor's interventions in the same way. The paper will focus on the question, if and how the supervisee's evaluation of the supervisor's intervention will influence his therapeutic intervening as a therapist in the following treatment session. To investigate the treatment session just before supervision and the treatment session immediately after supervision should make visible changes in therapist's interventions non-consciously evaluated and encoded communicated in the patient's feed-backs.

Panel - **ISMAI Project: A comparative trial of emotion-focused therapy and cognitive-behavioral therapy in mild or moderate depression**

Process-outcome

Preliminary results of ISMAI Depression Project: A comparative clinical trial of EFT and CBT

João Salgado — ISMAI - Maia Institute of Higher Education

ISMAI Depression Project is based on a randomized clinical trial, in which EFT and CBT treatments of depression are being compared. It has two complementary lines of research: a sample-based process-outcome study; and a more idiographic and single case analysis design. This presentation introduces the general aims, design, and procedures of this project, as well as the preliminary outcome results. All patients are being thoroughly assessed and randomized to one of the treatment conditions. Each patient receives 16 sessions of CBT or EFT. As a work-in-progress, the results refer to the first 30 treatments. The preliminary outcome comparative results are presented, including the ones regarding the relative efficacy of each treatment (including effect sizes, overall improvement and deterioration rates, attrition analysis, and reliable change index calculations).

Process research of EFT: An assimilation analysis of a good outcome case

Inês Mendes — ISMAI - Maia Institute of Higher Education, Isabel Basto, João Salgado

The Assimilation Model helps to explain how clinical problems can evolve from a state of pain to a state of greater well being, by integrating previously excluded problematic experiences in the self. However, although there are several single case studies of therapeutic interventions that stated that assimilation is associated with psychotherapeutic success, in fact, there is a need to consolidate these findings by analyzing, more deeply, a good outcome case in order to verify if the integration of problematic experiences are followed by changes, moment by moment, in therapy. This present study tries to respond to this need by thoroughly analyzing the assimilation development in an entire good outcome case of emotion-focused therapy drawn from ISMAI Depression Project ("Alice") using the Assimilation of Problematic Experiences (APES; Osatuke & Stiles, 2006; Stiles, Meshot, Anderson, & Sloan, 1992). The study aims to verify if the therapeutic success is associated with higher levels of assimilation and if negative affect levels increase at an intermediate stage of assimilation and decrease when higher levels of assimilation are achieved. At this moment, this is an ongoing case study and the preliminary results will be presented and discussed in this panel.

Positioning Microanalysis: A single-case study of an emotion-focused therapy

Pedro Lourenço — ISMAI - Maia Institute of Higher Education, Tiago Bento, Diana Santos, Márcia Campos, João Salgado, Patrícia Pinheiro

This research is based on the dialogical self theory which assumes that the self is constituted by a diversity of "self-positions" that are enacted in the real or imagined interactions with others. It conceives psychopathological difficulties as a consequence of impairments in the dynamic processes implicit in the interactions between self-positions. Our primary objective was to explore the dynamic organization and reorganization of the client's self-positions across therapy. An intensive single-case study of a good outcome emotion-focused therapy from a clinical trial currently being conducted at ISMAI was performed using Positioning Microanalysis Manual. Results highlight the characteristics of problematic (problem maintaining) and alternative (transformative) cycles between self-positions. A broader and developmental view of the constant microgenetic processes of positioning and repositioning and of the processes that drive changes in self-organization during therapy sessions was gained.

Panel - **New perspectives in investigating therapeutic change in the framework of the Assimilation Model**

Change Process

The role of the therapist in the assimilation model: Analyzing the insight stage

Isabel Caro — [Universidad de Valencia](#)

The assimilation model was developed by Stiles et al. (1990, 1991) to explain therapeutic change. This change has been measured with the Assimilation of Problematic Experiences Scale (APES). APES explains how patients assimilate problematic experiences. Most of the APES studies have focused on patients' process of assimilation. Very few of them have addressed whether or how therapists facilitate assimilation. Therefore, this presentation will focus on the role of the therapist. Due to time requirements this study will analyze, exclusively, one of the main APES stages: Insight (Stage 4). Therapist's role and therapist's activities and its relationships with APES Insight stage will be explored in a case study. The case study, María, is included in a sample of clinical cases treated successfully with linguistic therapy of evaluation (LTE). LTE is a kind of cognitive therapy based on language use and its influence in knowledge processes. María showed high stages of assimilation in all her three problematic experiences. The whole number of APES Insights from María (N=85) will be analyzed and related to different LTE therapeutic activities. Data will show how therapist's activities were responsive of patient's needs and facilitating of assimilation.

The voice of weakness in depression: A qualitative analysis of the dialogue between a patient and her therapist in the framework of the Assimilation Model

Claudia Meystre — [Institut Universitaire de Psychothérapie, Lausanne, Switzerland](#), Ueli Kramer, Yves de Roten, Jean-Nicolas Despland

The Assimilation Model describes how patients progressively integrate their problematic experiences, conceptualized as problematic internal voices, during psychotherapy (Stiles, 2002). Aim: Our purpose was to study how the problematic voice of weakness is discussed by patient and therapist in a case study of short-term dynamic therapy. The Assimilation of Problematic Experiences Scale (APES ; Stiles, 2002) describes eight different levels a problematic experience passes enroute to becoming part of the person's Self. We wanted to identify and describe what kinds of therapeutic interventions are more or less responsive to the patient's specific requirements at each APES level in the sense that they helped or failed to help the patient shift from one level to the next. Methods: Six session transcripts of a depressed inpatient's therapy were analyzed. The patient speaking turns were rated using the APES; the therapist interventions were measured by the Comprehensive Psychotherapeutic Interventions Rating Scale (CPIRS ; Trijsburg et al., 2002). We analyzed the moment-to-moment dialogue between therapist and patient. Results: Specific interactional patterns between APES levels and categories of therapist interventions were found and commented on using the framework of the Assimilation Model. Discussion: Our qualitative method enabled us to investigate the therapist's specific role in the assimilation process and to underline the interactional aspects of assimilation.

Innovative Moments Coding System and Assimilation of Problematic Experiences Scale: A case study comparing two methods to track change in psychotherapy

Miguel Gonçalves — [School of Psychology, University of Minho](#), António Ribeiro, Patrícia Pinheiro, Raquel Borges, Isabel Caro, William Stiles

The assimilation model and the innovative moments model both offer methods to track the process of psychological change in psychotherapy. We coded a successful case of linguistic therapy of evaluation (LTE) with both the Assimilation of Problematic Experiences Scale (APES) and the Innovative Moments Coding System (IMCS), and we assessed the convergence and the divergence of the coding. Results showed that the amount of disagreement was much higher than the level of agreement, which suggests that each system has a high level of specificity. The specificity is much higher in lower levels of APES ratings (<4) and lower levels of IMs coding (action, reflection and protest IMs), than higher levels of APES (>3) and IMs (reconceptualization and performing change IMs). Moreover, lower levels of APES are more related with lower levels of IMs and higher level of APES are more related with higher levels of IMs. Implications for research are discussed.

Panel - **Positive emotions in psychotherapy: Methodological issues and preliminary findings**

Emotion

Conceptual and methodological challenges in the study of positive emotions in psychotherapy

Stalikas Anastassios — Panteion University, Marilyn R. Fitzpatrick, Antigoni Mertika, Christina Seryianni

Positive emotions represent one of the newest variables identified to play a significant role in protecting, enhancing and healing psychological well-being. Research findings indicate that positive emotions are related to better physical and psychological health, longevity, cognitive processes, memory and problem solving. In psychotherapy research, there have been a limited number of studies and inconclusive results. Part of the reason for the unsystematic study of positive emotions is related to conceptual inconsistencies and methodological limitations. Issues like the definition of positive emotions, the theoretical assumptions regarding their nature, the ephemeral nature of positive emotions and the subjective and semi-private nature of experiencing them, represent some of the challenges that we need to address.

Positive emotions and addiction

Katerina Flora — Panteion University, Stalikas Anastassios, Paschalia Mitsikidou, Alkmini Boutris

Despite the clinical observations that indicate a possible connection between emotions, addictive behavior and treatment, there is not sufficient research on the role of positive emotions in addiction and addiction treatment. The present study aims at the examination of the role of positive emotions in the process of therapy, especially viewing it as an important factor influencing outcome. The sample consisted of 157 clients undergoing substance abuse therapy in a residential treatment program. The results indicate the significance of positive emotions and the differentiations of impact in various treatment stages. Taking into account the role of emotions in the development of addictive behavior, this study demonstrates the complex role of this factor in the addiction field, with various implications for research and clinical practice.

Examining the presence of positive emotions in the narratives of clients following successful termination of psychotherapy

Katerina Zymnis — Panteion University, Stalikas Anastassios, Michael Galanakis, Irene Karakasidou, Alex Harisiadis

Client factors are deemed to be one of the strongest predictors of therapeutic change. High levels of client motivation and commitment in the therapeutic process are associated with positive outcome. There is also evidence indicating that psychotherapy may be effective in the cases that clients hold positive attitudes towards process and outcome of therapy. This presentation illustrates the narratives of clients who have successfully ended treatment. The aim of this study is to link these narratives to the presence of positive emotions during the process, considering positive emotions as key factors in the process of change. Special emphasis will be given to the role of hope and meaning in life as indicators and generators of change.

Exploring the role of positive emotions in Psychodynamic Oriented Therapy Process: A qualitative case study

Evangelia Fragkiadaki — Technological and Educational Institute of Crete, Stalikas Anastassios, Sofia Triliva, Sophia Balamoutsou

Single case studies are broadly applied as main methodology in psychotherapy research over recent decades. The systematic methods of case analyses shed light upon in-depth phenomena of therapy and give justice to the complexity of psychotherapy process. The present case study report attempts to indicate tentatively the demonstration of positive-emotions context in a psychodynamic-oriented therapy process. The aim of this study is to illuminate the role of the upward-spiral of positive emotions, as referred in the literature, in clinical practice. Through qualitative analysis of in-session momentary states, the goal is to add to the effort of determining the role of positive-emotions and emotion regulation in psychodynamic therapy context. This will be illustrated through a vignette and verbatim examples of the session(s).

Panel - **Process research in Cognitive Behavioral Therapy: Intensive case analysis of a good outcome case**

Change Process

The development of self-positions throughout a good outcome case of CBT

Anita Santos — ISMAI - Maia Institute of Higher Education, Isabel Basto, Joana Matança, Nidia Ferreira, João Salgado

The dialogical self theory states that the dynamic evolution of the self is explained by the constant (re)positioning that the I adopts in relation to the Other, creating meaning of the world. In psychotherapy, problems that clients bring to therapy can be, in a dialogical perspective, the result of the dominance of a problematic self-position over the other(s), they can also be the outcome of a process of disorganization of positions, or even the result of a particular problematic pattern of positions negotiation. So far, little is known about the change processes involved in the resolution of these problematic patterns of positioning. Our departing research questions are: How do self-positions emerge in early therapeutic conversation and how do they evolve towards the end? What positioning dynamic cycles contribute to a good outcome result, or change in self identity? Aim: to analyze the self-positions positioning and repositioning in a good outcome case of cognitive-behavioral therapy for depression. Method: The transcripts of Maria's case will be analyzed with the Positioning Microanalysis Manual. This method will allow us to depict which positions are present during the therapeutic process and the dynamics emerging between them. The coding procedures involve identifying the dialogical dimensions, such as thematic objects, communicational agent, addressee, and relational domain. Then, self-positions are identified and characterized. Two coders and an auditor are involved in the coding process. Results: This is an ongoing research and data is being gathered at the moment. Discussion: Results and clinical implications will be presented.

An assimilation analysis of a good outcome case of CBT

Isabel Basto — ISMAI - Maia Institute of Higher Education, Patricia Pinheiro, Anita Santos, Daniel Rijo, João Salgado

The Assimilation Model helps to explain how clinical problems can evolve from a state of pain to a state of improved well-being, by integrating previously excluded problematic experiences in the self. There are several single case studies of different therapeutic interventions that stated that higher levels of assimilation are associated with psychotherapeutic good outcome. However, little is known about the integration of problematic experiences in cognitive behavioral therapy and its relation to specific therapy stages in manualized therapeutic process. Aims: to analyze the development of assimilation of problematic experiences in the good outcome case of CBT drawn from the Depression Project (Maria). Method: The participant is Maria, a woman that attended CBT for 16 sessions and was clinically assessed throughout the process. The assimilation process will be analyzed through the application of the Assimilation of Problematic Experiences Scale (APES) to the transcripts of Maria's case. Within the coding process, initially there will be an identification of recurring themes emerging during the therapeutic intervention and a selection of representative excerpts from each of those themes. Then, the Assimilation of Problematic Experiences Scale (APES) will be applied to each one of the relevant excerpts to determine the assimilation level presented throughout the therapeutic process. Results: Preliminary results will be presented. Data are expected to show higher levels of assimilation at intermediate stages of assimilation related to cognitive interventions, and their increasing tendency towards the end of therapy. Discussion: Data will be discussed and implication for practice will be pointed.

Distancing, immersion, and emotional arousal: An intensive case study of a good outcome case of CBT

Eunice Barbosa — ISMAI - Maia Institute of Higher Education, Tiago Bento, Maria Amendoeira, Sara Mendes, José Pinto Gouveia, João Salgado

Recent laboratory investigations indicate that self-distancing can facilitate adaptive self-reflection about negative experiences, by opposition to self-immersion that can lead to a process of rumination. However, such results contrast with clinical findings demonstrating the therapeutic potential of self-immersion. For instance, some therapies emphasize intense emotional arousal in promoting change, particularly in the treatment of depression. Aims: to explore the association between self-distancing, self-immersion and emotional arousal with therapeutic change, based on an analysis of a good outcome case of Cognitive Behavioral Therapy with a patient with depression (Maria), drawn from the ISMAI Depression Project. Method: the transcripts of Maria's case will be analyzed following a microanalytic research strategy. The variables distancing/immersion and emotional arousal will be assessed session-by-session through the identification of self-immersed and self-distanced speech in each unit of analysis and also by the application of the emotion arousal scale. In addition, to clarify the relation between these variables with outcome, the symptomatology (OQ-10) will be measured in all sessions. Results: as initial hypotheses, we expect to find that: a) self-distancing and self-immersion are complementary in the therapeutic process, and both present in the process of change; b) heightened emotional arousal in mid-therapy favors distancing at later stages and the reduction of symptomatology. Discussion: the preliminary results are compared with these hypotheses.

Panel - **Psychodrama Practice Based Research I**

Process-outcome

What is helpful and hindering about psychodrama from clients' point of view: A preliminary study

Ana Sofia Cruz — Fernando Pessoa University, Célia Sales, Gabriela Moita, Paula Alves

Despite the evidences supporting the effectiveness of psychodrama, for instance in symptomatic changes (Godinho and Vieira, 1999; Kipper and Ritchie, 2003; Wieser, 2007), it is still unknown the process by which change occurs in individuals that undergo this group therapy approach. This study is part of a project integrated in Psychotherapy Research Portugal, a practice-based research network. It follows a naturalistic approach, in which a psychodrama group is monitored with both outcome and process measures of change. The main goal of this study is to explore what clients identify as helpful and hindering in psychodrama sessions using a post-session measure, the Helpful Aspects of Therapy (HAT; Elliott, 1993). To achieve this aim, the events reported by clients in HAT will be categorized with an adapted version of HAETCAS (Elliott, 1988) to psychodrama. The results will demonstrate the potentialities of psychodrama as a therapeutic intervention, allowing therapists and researchers to reflect upon the clients' experiences during psychodrama sessions. The implications of collecting such data, for both therapists and clients will also be addressed, highlighting the potentialities and drawbacks of routinely taking clients perspectives on board.

Practice based research in Psychodrama: Advantages, concerns and challenges

António-José Gonzalez — ISPA - Instituto Universitário

This communication will be based on the reflections of the author concerning the decision of starting a longitudinal research with the participants of a group where the double role of researcher and director would be played. The initial doubts were gradually transformed into a new form of dealing with data from the participants, including some of the material in the sessions. A case study will be presented and some ethical issues exposed and discussed.

The use of psychodrama in sexual therapy: Intervention with pairs concerned of vaginismus

Gabriela Moita — Instituto Superior de Serviço Social do Porto, José Teixeira de Sousa

This presentation reports an experience of intervention through psychodrama with three couples with vaginismus. The intervention took place over a weekend, in a hotel in a quiet location, away from the city where the participants lived. Each of these couples had initially gone through a classical 10-session intervention in clinical sexology. However, they hadn't been able to achieve, by this process, the penetration of the penis into the vagina. During the weekend, plenary sessions of psychodrama were held with the three couples, as well concurrent sessions with the group of women and the group of men separately. Two of the three couples surmounted their difficulty with penetration throughout this programme. The purpose of this presentation is to share the actions undertaken during the weekend of psychodramatic intervention and reflect about the changes (15 hours).

Trauma, violence and psychodrama

Michael Wieser — Alpen-Adria-Universitaet Klagenfurt | Wien Graz, Ines Testoni, Galabina Tarashoeva

The presentation will give a psychodramatic definition of trauma and a description of theory, practice, literature, and research in the field. Besides Western perspective there will be a glance of work done in China. The paper will also cover quantitative research tools like Spontaneity Assessment Inventory (SAI-R) and the Clinical Outcome Routine Evaluation Outcome Measure (CORE-OM). The first we translated to German and now face the challenge to validate it and to assess its applicability for women suffering from male violence. American psychodramatic language is not easy to transfer comprehensibly to a cultural diverse population and even more to women suffering from male violence. Beck Depression Inventory (BDI-II) we are using as a third tool for validation. Hundreds of students and trainees of different subjects as well as clients of our partner Caritas Carinthia are tested in order to make qualitative as well as quantitative comparisons between survivors and the so called normal population regarding the outcomes of the research tools. BDI seems not comfortable for normal population. One aim of an investigation coordinated by University of Padua is to find out if psychodrama is helpful in the field of women survivors of violence. With an EU Daphne grant against violence the project provides in the experimental group counseling with an integrated-ecological approach and a psychodrama intervention group. The control group gets counseling. 20 women in each country like Albania, Austria, Bulgaria, Italy, Portugal, and Romania receive intervention which we evaluate with CORE-OM, BDI-II and SAI-R translated into appropriate languages.

Panel - **Psychodrama Practice Based Research II**

Experiential/EFT

Change process and therapeutic factors in psychodrama: From words to action, from individual to group

Paula Lucas — ISPA - IU, António-José Gonzalez

In this presentation the authors reflect about an ongoing research study focusing on the change process and therapeutic factors in psychodrama. This research is taking place in a university based-clinic in Lisbon with a heterogenic adult psychodrama group. It is a naturalistic study using a single-case study design. The methodology is partly based in Robert Elliott's approach and the data are collected through qualitative and quantitative measurements and procedures, namely, the Helpful Aspects of Therapy (HAT) form, the Simplified Personal Questionnaire (PQ) and the Client Change Interview. The main goal described is the understanding and crossing of clients, therapists and researchers' perspectives on the therapeutic process. Clients and therapists' reports are complemented with the qualitative analysis made by the researcher, which allows a depth understanding on both words and action in the here-and-now of the sessions. The therapeutic factors identified are analyzed in terms of individual and group change and the specific effects promoted by each factor are identified. Finally, some discussion is made on some specific therapeutic factors and its influence in the change process. Thus, we focus in group dynamic and interpersonal phenomena and in some psychodrama techniques, like doubling, role reversal or symbolic realization because of its original contribution to the therapeutic process.

Research in sociodrama as a training methodology

Sofia Veiga — Escola Superior de Educação do Instituto Politécnico do Porto

The object of this study is Sociodrama as a training methodology within two subjects in the Social Education degree of the Higher Education School of the Polytechnic Institute of Porto. Using an investigation of a qualitative nature, it was meant to understand how this methodology contributes, over two academic years, to promote the personal, social and professional development of students. In the four groups that were studied, two of the second year and two of the third year, it was shown that the sociodrama methodology, by enabling openness to multiple perspectives, feelings and actions, and facilitating the creative search of solutions to deal with diverse situations, creates conditions for the development of flexibility and spontaneity, which are essential in the training and professional practice of any social educator. Through this methodology, students of Social Education have managed to acquire, experientially and by relating to others, a knowledge that becomes embedded in identity, action, and relations, and proves decisive for their personal, social and professional development.

Psychodrama in obesity treatment: Assessment of a group intervention program to work with emotions

Filipa Mucha Vieira — University of Porto, Sandra Torres, Gabriela Moita

This presentation reports a research study about psychodrama with obese patients. The main research question of this study is whether psychodrama approach is effective in improving the ability to regulate emotions and, consequently, in the reduction of eating disorder-related symptoms. To answer this question we propose analysing the process and outcome of a group psychodrama intervention. The sample consisted of 30 adult women who are under obesity treatment (BMI \geq 30). The study follows a quasi-experimental design with two independent groups (experimental group and control group) with repeated measures. Participants of the experimental group will participate in the psychodrama intervention, delivered through 12 weekly sessions. The aim is to identify the changes in some outcome variables - alexithymia, emotional regulation, eating behaviour and subjective well-being - after the application of the intervention program. Additionally we will analyze the psychotherapy change process in order to produce a qualitative overview of what the patients perceived as helpful in the psychodrama therapy. This presentation will discuss some results and the design followed in the implementation of psychodrama sessions. We will also discuss about the therapeutic factors that contribute to the effectiveness of the program.

Panel - Psychological psychotherapeutic interventions for surgical patients

Miscellaneous

The role of psychological intervention for bariatric surgery patients

Eva Conceição — University of Minho, Ana Rita Vaz, Ana Pinto Bastos, Paulo Machado

Background: Bariatric Surgery is a substantial life changing procedure, and preparation for surgery should be carefully planned. The purpose of the current presentation is to describe a group preparation for bariatric surgery, patients' satisfaction with the intervention, and its role on treatment process. Methods: Patients in the waiting list for bariatric surgery were evaluated at baseline and two years after surgery to assess their compliance to treatment, weight loss outcomes and their satisfaction with the group sessions, and its importance for treatment. Assessment also included weight outcomes and several self-report measurements for: Eating disordered symptoms, Psychological distress, Depressive symptoms, and Impulsivity. The group is based on the cognitive-behavior therapy. Seven different topics will be addressed and will focus important skills that will ease the transition to the post-operative stage: stress management; eating behavior; exercise; body image; Bariatric Surgery; goal setting and expectation; significant others and social support. Results: Despite variability on weight loss outcomes, all patients reported that participation on this group was very important to cope with the treatment process. Patients regarded the surgical procedure as a demanding and stressful experience. Coping with weight changes, eating patterns and family problems were the most important topics. Most patients reported the need for continuous psychological group support after surgery. Discussion: Preparation for bariatric surgery appears to be of major importance for patients either at pre and post surgery period.

The efficacy of hypnosis in adults undergoing surgery: A meta-analysis of randomized controlled trials

Susan Tefikow — University Hospital of Jena, Jenny Rosendahl, Sabrina Maichrowitz, Jürgen Barth, Andreas Beelmann, Bernhard Strauss

Background: There is supporting evidence for the use of clinical hypnosis as an adjunctive intervention to reduce surgery related anxiety and pain as well as to enhance surgical recovery. However, a comprehensive meta-analysis to summarize existing evidence is missing. Therefore, we conducted a meta-analysis of randomized controlled clinical trials to evaluate the efficacy of hypnosis in adult patients undergoing elective surgery or medical procedures which cause acute procedural pain. Eligible studies compared the effects of an adjunctive hypnotic intervention to standard surgical care or an attention control group on psychological and somatic outcomes (distress, pain, medication, physiological parameters, recovery, procedure time). Methods: A comprehensive literature search was conducted in electronic databases (MEDLINE, CENTRAL, Web of Science, ProQuest Dissertations and Theses Full Text Database), lists of references of articles, previous reviews, and books. Data were independently extracted by two raters in duplicate using a pilot-tested data extraction form. Results: N = 33 studies were included, comprising a total of 2507 surgical patients. Random effects meta-analyses revealed significant overall effect sizes in the small to large range in favour of hypnosis (hypnotic preparation for surgery: $g = 0.25$, 95 % CI [0.15; 0.35], hypnosis during surgical procedures: $g = 0.40$, 95 % CI [0.28; 0.53], hypnosis pre- and postoperatively applied: $g = 0.89$, 95 % CI [0.25; 1.52]). Conclusion: These results support the use of adjunctive clinical hypnosis to improve patients' experience related to surgery and painful medical procedures.

The role of helping alliance in supportive interventions for coronary artery bypass patients

Jenny Rosendahl — University Hospital of Jena, Katharina Tigges-Limmer, Jan Gummert, Ralf Dziewas, Johannes Albes, Bernhard Strauss

Aim: To investigate the impact of helping alliance in supportive interventions on somatic and psychological outcomes following bypass surgery. Methods: A total of 847 patients (mean age 66 yrs, 78% male) who underwent coronary bypass grafting was recruited in two German hospitals between 2006 and 2009. Patients were assigned to control or intervention group by date of hospital admission. Patients of the intervention group ($n=427$) received supportive interventions offered by psychologists or pastoral counselors according to their preference; patients of the control group ($n=420$) did not receive any intervention added to standard surgical care. Helping alliance was assessed within the intervention group ($n = 259$) on the day before hospital discharge. Outcome measures were postoperative morbidity, anxiety, depression, mood, and pain. Results: Patients' perception of helping alliance was significantly associated with the perception of the therapists, $r = .28$, $p < .001$. Except for positive mood and pain, the patients' perceived helping alliance was significantly associated with treatment outcome (morbidity $? = -.13$, $p = .033$; anxiety $? = -.15$, $p = .004$; depression $? = -.17$, $p = .001$; negative mood $? = -.16$; $p = .003$). However, therapists' perception of the helping alliance was not related to treatment outcome. Discussion: Helping alliance appeared to be of particular importance for psychological and somatic outcome of supportive interventions following cardiac surgery. Implications for further research and clinical practice will be discussed.

Panel - **Psychotherapy process and outcome in adolescents and children**

Process-outcome

Play and psychotherapy process in a single case study of a preschool child

Elisa Delvecchio — University of Padova, Adriana Lis, Diana Mabilia

Results from previous meta-analyses demonstrated effects in the relationship between play, adaptive cognitive and affective outcome in treatment (Fisher, 1992; Galyer & Evans, 2001). Moreover literature showed how long-term effects of pretend play intervention should facilitate positive affect and skills development (Moore & Russ, 2008). The aim of the present paper was to evaluate the function of play during a psychotherapy psychodynamically oriented of a three years old girl, Sarah. She was referred by her parents for some regression in language and cognitive achievement. The therapy included 60 video recorded of once a week sessions spread in three years. Psychotherapy process through the analysis of pretend play was evaluated (Play Category System, Bornstein & O'Reilly, 1993). Moreover emotional themes (Affect in Play Scale Affective Scale, (Russ, 2004), and child's language (verbal production) were assessed. The main hypothesis was that with the increasing of the level of sophistication of play, Sarah was able to use a dynamic pattern of emotions and modulate them. Moreover the cognitive skills increased from a more concrete level to a more representational one. Personality structure, cognitive and emotional developmental trends through three therapeutic periods (T1. beginning, T2. central phase and T3.conclusion) were analyzed and relations between play intervention and outcome issues were also discussed.

Process and outcome evaluation in a 2 years supportive psychotherapy psychodynamically-oriented of an early adolescent

Daphne Chessa — University of Padova, Italy, Daniela Di Riso, Alessandro Gennaro, Silvia Salcuni

Recently, literature showed a renewed interest in assessment process and outcome in developmental age psychotherapy (Kennedy, 2004; Migdley and Kennedy, 2007; Gilboa-Schechtmann et al 2010; Lock et al., 2010). However, Kazdin (2010) pointed out that efficacy and effectiveness studies paid little attention to bridge process consideration to outcome results. The aim of this paper was to give a contribution to this issue, assessing process and outcome in a supportive psychotherapy psychodynamically-oriented of an early adolescent boy. Gabriele was referred by his parents for extreme anxiety episodes and unreal worries about his family health and school homework. The DSM-IV diagnosis was General Anxiety Disorder (GAD). The therapy lasted about 2 years and included 50 sessions, video recorded and fully transcribed. The present study is focused on 12 sessions, 25 % of the entire treatment. The sessions considered are spread over the entire treatment and divided into three clinical periods. These transcripts were coded with Defense Mechanism Rating Scale. Linear regression and Markovian analysis were carried out to assess defensive trend and their associative pattern along the treatment. Personality structure assessed by SWAP-200-A was evaluated by the clinician at the beginning and at the end of the treatment. Relation between personality structure and defensive were also discussed.

Panel - **Psychotherapy training in an integrative perspective**

Training

Synergy of training and research

Tomas Rihacek — Masaryk University, Jan Roubal

The paper introduces the newly founded Training in Psychotherapy Integration (Brno, Czech Republic) and a qualitative longitudinal research project conducted on this training. The goal of the research project is to explore the process of a personal integrative perspective development. The main goal of this paper is to explore the symbiotic coexistence and deep interconnectedness of the training and the research. Reflections will be provided on the process of research preparation and development, highlighting (1) the collaboration between the researchers and the trainers during the project development (e.g. the effort made to employ data collection methods that can be used for both the training and research purposes at the same time), (2) expected and actual influence of the research on the training (research as feedback for trainers, influence of research on trainee group dynamics etc.), (3) the ethical issues of data management in a university-based training, and (4) specific problems regarding generalization of the findings (restricted and "overused" sample). Both the training and the research are currently in progress, allowing only preliminary conclusions.

Case formulation as a research and training tool

Michal Cevliceck — Masaryk University, Roman Hytych, Jan Roubal

Case Formulation (CF) is discussed in the contemporary research as a method useful in the psychotherapy practice and training as well as in the psychotherapy research. Most of the research, taking place in the past 10-15 years, focuses upon the impacts of CF on therapeutic outcomes, different variables' influences on quality or qualities of CF, ways of improving CF abilities and lately also upon integrative concepts of CF trying to be useful for most or all various therapeutic modalities. In the context of psychotherapy research, training and practice in the Czech Republic, concept of CF is quite not widely familiar or used. In the current presentation, we will discuss following issues: (a) planned methods of dissemination of CF concepts in the Czech Republic (b) ways of interweaving CF and both training and research of Training in Psychotherapy Integration (TPI, Brno, Czech Republic) (c) ways of CF implementation in the TPI (d) general concept of the use of CF in the development of the integrative perspective in the TPI and finally (e) preliminary results of research on development of case formulation abilities in trainees of TPI.

Reflexive capacity: Topology of trainees' experience

Jana Kostinkova — Masaryk University, Romana Plchova, Ivo Cermak, Michal Cevliceck, Roman Hytych

The aim of this study is to define reflexive capacity in context of the training in psychotherapy integration. This concept is conceived as a tool of understanding trainees' experience during the Training in Psychotherapy Integration (TPI) programme. Final reports of 25 trainees and diaries of 7 trainees after one year of the training were analysed by GT methodology. The main category and some of its dimensions (e.g. switching attention/movement between the perception of me and others) are explored. The process of collaborative analysis is also discussed.

Generic Model of Psychotherapy Training

Ansis Jurgis Stabingis — SFU

Aim of Generic Model of Psychotherapy Training (GMPT_r) is to provide conceptual definition of psychotherapy training as of an object of investigation. GMPT_r is developed in analogy with Orlinsky and Howard's Generic Model of Psychotherapy, consisting of single idealized representation of psychotherapy training in terms of input (i.e., antecedents), process (constituents) and output (consequences) variables. The model is school independent, formulated at such an abstraction level that it allows to conceptually describe and compare different conceptualizations of psychotherapy trainings. Model may allow to systematically organize reviews of existing empirical research on psychotherapy training, suggesting possible directions for future research. Moreover, GMPT_r model driven empirical research on psychotherapy training driven may be used to refine the model itself, with the ultimate goal of development towards empirically-supported psychotherapy training.

Panel - **Psychotherapy with clients who are Ph.D. students: Developmental and clinical perspectives**

Training

Pursuing a Ph.D.: The lonely adventure!

Angela Brandão — Hospital Cuf Infante Santo e CESAM

One of the most interesting and challenging psychotherapy populations comprises Ph.D. students. They are usually very demanding from the very beginning because they are extremely used to a critical perspective surrounding any theory or approach to a problem. This intellectualization tends to transform into a defense mechanism for many patients. There are some important differences in the way they usually appear in private practice settings and hospital settings, although interestingly the overall therapeutic process tends to have equivalent steps and main issues. For the group that has their first clinical support through hospital emergency or through hospital ambulatory services, the intellectualization tends to mask the main issues of their cases, reducing them either to stress and time and task management difficulties or to some kind of biologically driven crisis. On the other hand, PhD students that arrive at private practice settings usually have a more sophisticated theory about their psychological issues that go beyond those arguments. Nevertheless therapists usually must be able to learn to talk in the same “language” as patients and to immerse themselves in patients’ realities, in order to not lose them as clients. The primary focus of this presentation will be the beginning of the therapeutic process, and special attention will be given to the group of students in their first and second years of the doctoral degree program. How to integrate aspects of developmental, behavioral, cognitive and interpersonal approaches in working with these students will be considered.

A developmental conceptualization of the challenges of psychotherapy with Ph.D. students

Michael Basseches — Suffolk University

This presentation first defines “success” in Ph.D. studies as entailing a) ultimately receiving the degree, b) coming out of the process relatively psychologically intact, and c) feeling considerable satisfaction with one’s life and work over the course of the process. It later outlines a series of major psychological transformations typically required for such success. Many students need therapeutic support to meet developmental challenges of the magnitude required. Therapists understanding both the common developmental challenges, as well as each particular student’s unique pathway along which the challenges are encountered, will facilitate providing adequate support. Ph.D. programs have explicit curricula (courses and performance hurdles) but most also contain an implicit psychological curriculum, the mastery of which may be necessary to undergird mastering the explicit curriculum. Ultimately, the presentation is intended to facilitate psychotherapy with Ph.D. students by clarifying the psychological curriculum and its series of challenges. An example is the developmental transformation that entails establishing a high degree of intellectual independence as well as independence in structuring one’s time and tasks. For students who have been very successful in previous studies, this challenge often requires abandoning strategies upon which the student has relied for success – an often terrifying experience. Students who have relied on understanding each faculty member’s expectations and orienting themselves to meet those expectations, using assignments to structure one’s time and maintaining faith in teachers’ judgment regarding what to study, get the message that this is insufficient. This induces for these students the first major developmental challenge.

I was possessed by a doctoral program and I need to exorcize it!

Cláudio Pina Fernandes — Gabinete de Apoio Psicopedagógico, Faculdade de Ciências da Universidade de Lisboa, Portugal

In the last 14 years the number of Ph.D. students seeking psychological support in the Office of Psychopedagogical Support of the Sciences Faculty of University of Lisbon grew from a marginal representation of 2 to 3% of all requests to values between 15 and 20%. This increase requires an evaluation of the factors responsible for the psychological discomfort and the emergent challenges for clinical intervention. This presentation discusses the more typical problems faced during the final phase of the doctoral program. Frequently students find themselves in a confluence point from several stressors, which include time pressure, fear of failure and its consequences, disappointment between the initial expectations and the actual work accomplished, questions regarding one’s role/status as a professional, projection of an empty scenario after the PhD, and management of the expectations of significant others. It’s common for students to feel trapped in a process that generates internal conflicts, that blocks productive activity, and in which the sense of identity is threatened. Clarifying the relationship between this process and the educational process itself is often a major challenge. The presentation also identifies the main therapeutic tasks to be addressed, departing from an integrative approach that articulates cognitive, experiential and interpersonal approaches. There will also be discussion of some of the characteristics of this clinical population to be taken into account in the therapeutic process (e.g. sophistication of thinking can function as an important resource for achieving therapeutic/developmental change, but can also sometimes function as a major obstacle to such change).

Panel - Questionnaire as a communication channel between client and therapist

Measures

Childhood abuse and internalized relationship patterns

Alessandra Vicari — University of Ulm, Silke Lang, Gabriele Kreutzer-Stierle, Katharina Schury, Dominique Schmid, Dan Pokorny

Within a collaborative study in Ulm, the trans-generational trauma load by mothers (n=97) shortly after the delivery was investigated focusing on the role of parent-child relationship. The relationship experiences were investigated by different instruments. One of them was the standardized questionnaire CECA (Childhood experiences of care and abuse, Bifulco) translated in German and validated by M. Kaess. The first part of the questionnaire consists of 32 Likert scaled items concerning the childhood experiences with mother and father. The second instrument presented, AIR, is based on the relationship category system CCRT-LU. Mothers were asked to associate freely five adjectives to important relationship persons: mother and father during the subject's childhood, current partner, female friend, self, and the newborn child. The adjectives were coded to standard relationship categories by three independent raters. Results: (a) We will present relationship pattern characteristic for the six objects. (b) The mean of all CECA items and the total harmony index of AIR correlate highly ($r=.57$). (c) Particularly high are the correlations between the scales for the same object mother in both instruments; and analogously for father. Discussion: (a) Results based the qualitative rating of freely associated words correspond highly to those obtained by the standard psychometric instruments. (b) In our opinion, freely associated adjectives are closer to the subject's primary process. Moreover, the subject can express and communicate own conscious and unconscious feelings instead of prefabricated ones. We will illustrate this on the spectrum of adjectives generated by mothers describing their newborn children.

Predictors for staying in psychotherapy and for solution finding

Milena Karlinska-Nehrebecka — Polish Institute of Integrative Psychotherapy, Dan Pokorny

Patients translate their judgment on psychotherapists by staying in or dropping out off therapy. The aim of this study was to explore (a) factors predicting whether a patient stays in the psychotherapy with his or her psychotherapist and (b) whether they find a solution of patient's problems. The sample consisted of 235 psychotherapist-patient dyads in the modality of Integrative Systemic Psychotherapy (ISP) administrated during 3 years. The psychotherapists' competences were rated by experts, according to the Psychotherapy Competences Rating Scale, regarding personal and technical competences in ISP, based on observable criteria. The subject of rating was both the therapeutic session and the psychotherapist himself/herself. The second measure – Psychotherapist and Session Rating Scale were completed by patients immediately after the end of the session. Results showed that the strongest prognostic factors for continuation of psychotherapy are frequently the weakest ones for the problem solution and vice versa. "Rogerian" features of psychotherapists and therapeutic alliance were not as significant as it could be expected on the basis of literature. Being "nice" – kind and "Rogerian" is not as predictive as the ability to facilitate kindness and love toward family members in the patient. The discrepancy between the results known from literature and predictors for psychotherapy continuation and problem solution found in our study need further exploration.

How to measure wisdom?: A questionnaire tracking the progress during Integrative Psychotherapy


Andrzej Nehrebecki — Polish Institute of Integrative Psychotherapy, Krakow, Dan Pokorny

During the 20 years of practice of the Polish Institute for Integrative Psychotherapy an assimilative model of integrative psychotherapy based on the philosophy and methods of Bert Hellinger has been elaborated. Incorporation of Hellinger's philosophy and practice resulted in radical upgrowth of effectiveness both in psychotherapy and in psychotherapy training. The changes were observed not only in the area of declared problem but also in other areas: health condition, quality of intimate relationships, ability to love. The necessity of creating a measure which would observe the specific character of the attitude generated by this new therapeutic modality arose. The questionnaire was meant to be user-friendly and easy to administrate. Apart from the obvious function of assessment, the questionnaire was also planned to be itself a therapeutic intervention. A great care was paid to the sequence of items: The respondent's feeling by administration should be similar to the therapeutic dialog running smoothly and without ruptures. The questionnaire structure reflects the theoretical assumptions; therefore it examined such areas as space for good and evil, opening the dimension of love, good relationship with death, taking one's father and mother just as they are, persecutory triangle, taking fate. The study was performed with psychotherapy trainees in their own therapy process, N=80. The administration of control group is running currently. Our presentation will describe the process of the creating the measure, the current form of the questionnaire and its influence by respondents.

On questionnaires and clients: What was earlier - scale or item?

Dan Pokorny — University of Ulm, Robert Kulisek, Alessandra Vicari

From the point of view of the psychometrics, scales were earlier than items. Scales are connected to the essential theoretical concepts; items are arbitrary question sets enabling us to measure these concepts empirically. The therapist curious about possible patient's depressive or anxiety or aggressiveness symptoms asks the client to fulfill a questionnaire, looks the scale values, and – in some rare cases – he/she shows and explains the scale profile to the client. From the point of view of the client, items were earlier than scales. The client answered maybe ninety questions and he/she asks – or would like to ask – the therapist about their meaning. The therapist explains – or would explain – this on a theoretical level speaking on



somatization or aggressiveness rather than on headache or smashing things around. The primary and secondary process speech of client and therapist do not meet each other. On the symptom check list SCL-90-R and a therapy case we will show how the both perspectives can be integrated with benefits of mutual understanding of client and therapist.

Panel - **Research in Psychodrama training**

Training

The role of practitioner research in psychodrama: A quantitative empirical study

Hannes Krall — [University of Klagenfurt](#)

Psychodrama research needs practitioners in psychodrama who are interested to share their practices and to engage as research practitioners in a collaborative research network. In an ongoing study research identities of practitioners – psychodrama trainers, therapists and trainees - are investigated. Preliminary results suggest that interest in research, research competence and the level of information in research can be seen as differentiating factors. According to the self-report of trainers, trainees and psychodrama therapists four different research identities can be found. In the presentation these identities will be described. In the presentation it will be suggested, that results of this study can be a good starting point to reflect upon the importance of research in different countries or subgroups like psychodrama trainers, practitioners or trainees. Furthermore, this concept of identities will be part of a study how trainees evolve regarding research in counselling and psychotherapy in their psychodrama training.

Perspectives on research in an international psychodrama training project

Jutta Fuerst — [University of Innsbruck](#), Hannes Krall

The international project TRAIN (Towards Research Applied in an International Network of Trainees) integrates research into psychodrama psychotherapy training with the goal to increase motivation and interest in research. During their training and internship trainees are encouraged to carry out practitioner research in teams in order to investigate their own practice. Later on different approaches and results will be shared by research teams of different countries (Austria, Portugal, Turkey, Germany and Israel). At the beginning of this project attitudes regarding research amongst trainees, graduated psychodramatists and trainers are investigated. Data from semistructured interviews and a questionnaire regarding attitudes towards research are collected and analysed. 10 trainees, 20 graduated psychodramatists (2-4 years after graduation), and 10 trainers have participated and shared their views on research in training. The results will be presented and discussed.

Arts therapies students' scores in profession-related variables: Quantitative results of a longitudinal study

Hod Orkibi — [University of Haifa](#)

This longitudinal study investigated Arts Therapies students' (N=51) scores in the following variables: career commitment, professional identity, need for occupational and training information, and perceived environmental and personal barriers to career decision-making. Key results suggest that students' professional identity and career commitment significantly increased during training. Scores of dance movement therapy students, followed by art therapy students, were overall significantly higher than scores of drama therapy students. Students' need for occupational and training information as well as perceived environmental and personal barriers to career decision-making decreased. Policy and practice implications are suggested and recommendations for further research on this topic are offered.

Panel - Taking clients accounts on board: Methodological issues

Assessment

How can we integrate the clients' perspectives in psychotherapy research?

Paula Alves — CIS, ISCTE-IUL, Célia Maria Dias Sales

In psychotherapy research, the clients' experiences are traditionally explored with instruments or data collection procedures in which the items, or contents, are created from the therapists or researchers point of view. Nevertheless, clients' experiences may also be studied from the clients' perspectives, which involve the use of personalized instruments to elicit information which is truly specific to each patient. In this communication we will present an innovative approach in psychotherapy research, the individualized patient progress research that aims to integrate nomothetic with idiographic data in single evaluation protocols. The advantages and drawbacks of using clients' perspectives in psychotherapy research will be discussed, as well as the potentialities of integrating idiographic assessments with standardized instruments, from a methodological point of view.

Individualized change measures in a non-clinical sample

Nice Rocha — ISMAI - Maia Institute of Higher Education, Robert Elliott, Paula Alves, Célia Maria Dias Sales, João Salgado, Inês Mendes

The objective of this study is to discuss the adaptation of an individualized change measure, the PQ, to a non-clinical sample. To achieve this, a non-clinical sample (expected $n = 100$) is being recruited with a snowball procedure. This study is being carried out by two research teams based in two Portuguese universities and data is being collected by MSc students in Clinical Psychology. Several measures are being administered, namely: PQ adjusted to non-clinical populations; CORE-OM; PHQ; IIP; BSI; and Graffar. In this communication we will present preliminary data regarding the reliability and validity of non-clinical PQ, discussing the potential applications of such instrument in non-clinical populations (e.g. educational, occupational health settings).

The changing expression of depressive symptoms by patients starting, engaging in and completing talking therapy in Poland

Maria Kordowicz — King's College London, Peter Schofield, Mark Ashworth

We administered the idiographic mental health outcome measure, PSYCHLOPS, to 238 patients referred by their general practitioner (GP) in Poland for brief Cognitive Behaviour Therapy. 194 of these patients completed a during-therapy version of PSYCHLOPS and 142 completed the end of therapy questionnaire. PSYCHLOPS contains three sections eliciting free text information (which is then scored), covering two domains: Problems and Function. We conducted a content analysis of all responses of patients prior to starting their talking therapy, and also during and after their therapy. We found that prior to therapy, the majority of patients described their Problems in physical terms (e.g., headaches, tiredness, back pain, indigestion) but that during and after therapy, the most frequent category of Problem was psychological (e.g., stress, depression, feeling unable to cope, inner distress). We postulated that this transition from physical to psychological symptom reporting was based on two factors. Firstly the process of therapy may have acted to give patients a language to re-conceptualise and to express their distress. Secondly that patients may have thought that it was only acceptable to express physical symptoms when discussing their problems with their GP and that psychological symptoms were less appropriate to bring to the GP. This transition was documented using an idiographic instrument and paralleled the improvement in instrument scores which occurred throughout the talking therapy process.

Panel - **The case of Alexandra: A multiperspective qualitative single-case study on patients' concerns in the psychodynamic initial interview**

Qualitative methods

Alexandra's inability to give herself credit: The perspective of crediting analysis

Marie-Luise Hermann — University of Zurich, Valérie Minh-Thi Boucsein

Aim and method: In the context of psychotherapy, the concept of giving credit describes the therapist's positive attitude towards the patient's resources and developmental potential to deal with his concerns. The recently developed method of crediting analysis, which is based on qualitative content analysis, examines the way the consultant gives herself or others credit or discredit, i.e. for personal achievements outside therapy. It furthermore illustrates the therapist's willingness to invest into the therapeutic work by encouraging and challenging the patient within the therapeutic session - interventions that influence change positively. The analyst's attitude is formed as a reaction to the manner the patient presents herself and gives herself credit during the interview. 1. What resources and difficulties does Alexandra present with regard to herself and her relationships? 2. What does Alexandra think she is capable of doing in terms of tackling her concerns, and how much credit does the therapist give her? **Results and Discussion:** Alexandra's concern from a crediting perspective is: I feel weak and incapable, and I do not trust myself to overcome my anxieties and self-doubts in the face of competition all by myself. Therefore I am looking for an empathic and understanding interlocutor who actively helps me and does not question me too much. The way Alexandra constantly discredits herself and in contrast gives credit to her environment will be discussed, and how this leads to a gentle and stabilizing therapeutic attitude with only few crediting instances by the therapist.

"... like some kind of jealousy": Findings of the JAKOB narrative analysis

Lina Maria Arboleda — University of Zurich

Aim & Method: Based on the question how consultants talk to their therapists about their conscious and unconscious expectations about therapy, the transcript of an initial interview was analyzed with the JAKOB Narrative Analysis, conceived and further developed at the Chair of Clinical Psychology, Psychotherapy, and Psychoanalysis at the University of Zurich as a systematic interpretative tool for research, documentation, and practical examination of everyday narratives in psychotherapy. After an analysis of the lexical choices and the development of the narrative dynamics, these findings are related to the psychodynamic conflict dynamics identified, based on the wish/anxiety/defense movement. The transition from the level of the lexical text to the operationalized development of psychodynamic hypotheses represents a move from the level of narrative construction to the level of psychological regulation. Which is Alexandra's implicit concern during the initial session? How do the conflict dynamics relate to the explicitly stated concern? How is the conflict presented in the narratives? **Results & Discussion:** The analysis of an episodic key narrative for Alexandra's seeking help is embedded in results of the conflict dynamics of all eight narratives in the first session. Alexandra's implicit concern sheds a more conflictual light on her explicit concerns and can be focussed on a dilemma of shame in regard to her training as an actress.

The case of Alexandra: A conversational analytic approach

Michael Frei — University of Zurich

Aim: If the first meetings in a consultation with a psychotherapeutic expert are crucial for the formation of the consultant's decision to enter psychotherapy, and if those interviews are considered helpful by the consultant where she feels understood, then the mutual production of a shared understanding of the consultant's concerns is a crucial point in early consultations. This study, considering the psychodynamic distinction between explicitly voiced and implicitly enacted concerns, investigates into how such a shared understanding of consultants' concerns is produced, or how such enterprises in producing shared understanding fail. **Method:** Videorecorded sessions with consultants looking for psychotherapeutic counseling are being transcribed and subsequently analyzed using conversational and interactional analytic routine. This provides the methodological background to investigate not only into the explicitly avowed concerns, but also into the implicit, in the regulation of the interaction embedded concerns that are not necessarily accessible to the consultant. **Results and Discussion:** From a conversational analytic point of view, the production and clarification of Alexandra's concerns can be understood as a function of the consultant's concern. In the case of Alexandra, the production and clarification of her explicit concerns are also the consultant's concern. Typically, psychodynamic therapists, in one way or another, also address in the interaction enacted implicit concerns. Alexandra's implicit concern towards the therapist is: Do you give me credit for managing things on my own in spite of my apparently insecure and needy manner? How this is dealt with in the first interview will be discussed.

The case of Alexandra: Findings of method triangulation

Hanspeter Mathys — University of Zurich

The main findings can be summarized on three levels: methodological, clinical and conceptual. **Methodological** Our study confirms statements from literature that the advantage of a triangulation strategy is primarily the synthesis of convergent results usable as a validation of different findings. More interesting are divergent findings that can be seen as complementing each other and bringing about a deeper understanding of the patient's concern. **Conceptual** The explicit concern of Alexandra contains 2 parts: 1) Problems: Anxieties and open questions about her actress training 2) A desire for change/therapy goal: learning how to deal with those anxieties; obtaining help in making decisions All kind of concerns seem to have these two parts: a problem and desire for change (therapy goals). The study was necessary to formulate a more differentiated

concept of how a patient's concern is constructed in a psychodynamic first interview. Alexandra's concern will be presented according to four dimensions that have been found: an explicit and implicit dimension referring either to the content or to the relationship. Clinical Applying a triangulation research strategy on different levels of Alexandras concern we found a remarkable difference between the explicit desire for help and support in making decisions and an implicit desire for a crediting therapist who offers room for experiencing competence and self-efficacy. At the beginning of the first interview the explicit dimension referring to the content was dominant, then at the end the implicit dimension referring to the relationship becomes clearer and clearer.

Panel - **The concept of agency in psychotherapy research: Discursive perspectives**

Qualitative methods

The negotiation of agency in psychotherapy: Discursive analysis of a therapy for psychosis

[Evrinomy Avdi](#) — [Aristotle University of Thessaloniki](#)

This study is situated in the growing research tradition that relies on examining language use in the context of psychotherapy sessions, in an attempt to conceptualize and study the process of therapy from a constructionist and dialogical perspective. Within the qualitative, language-based tradition of studying the process of meaning (re)construction in therapy and aspects of the client-therapist interaction, discursive approaches have been considered as being potentially very useful in analyzing the micro-level of interaction whilst acknowledging the wider socio-cultural context in which therapy takes place. In this talk, a discursive analysis of sessions with a couple in which both partners have had psychotic experiences will be presented. The analysis focuses on the discursive processes involved in the negotiation of the clients' agency as performed in the clinical dialogue, highlighting the implication of the psychiatric discourse in the issues that bring the couple to therapy and in their identity, as well as the therapists' responses that seem to facilitate the emergence of less rigidly held and more agentic positions. On a methodological level, the presentation aims to point to some analytic notions and tools from discourse analysis that may be useful in studying the construction of clients' agency in the therapeutic encounter, whilst on a theoretical level it aims to contribute to an understanding of the processes involved in the therapy for psychosis.

Agency and responsibility: Dealing in psychotherapy with excessive attempt for control

[Jari Wahlström](#) — [University of Jyväskylä](#)

Psychotherapy is sought as a remedy when people experience a diminished sense of agency in their lives. Such problems have traditionally been approached in terms of conflicts and deficiencies in the client's psychological structure. The growing body of research that understands therapy as a conversation offers an alternative point of departure. The construction of active agency calls for a possibility of choice which is a prerequisite for the attribution of responsibility. Earlier research on psychotherapy talk has shown that one optional discourse of agency is agentless talk, i.e., displaying oneself as not being the driving force of one's own action. Agentless talk in therapy sessions has been viewed as the client's strategy to escape full personal responsibility and thus saving his/her moral face. But in some instances the diminished sense of agency may be connected to taking too much responsibility, i.e. attributing responsibility to oneself for state of affairs over which one cannot have any control. This presentation reports on a case study of an episode identified by a client in cognitive therapy as a significant moment. It is interesting because here the client, who suffered from life problems connected to a background of complex trauma, seemed to lose her sense of agency by taking too much responsibility and overtly controlling her emotions. It will be shown how the therapists uses various discursive devices in the therapeutic exchange when negotiating the positions taken by the client and affording her a more permissive and hence more agentic stance.

Agentic positions as a focal point of treatment

[Katja Kurri](#) — [University Hospital of Helsinki](#)

In this presentation I will approach the question of agency within the context of couple therapy and under the particular circumstance where one of the spouses is diagnosed with a distinct mental health problem. I explore the first session of the therapy, and take a close look at how the spouses construct their agentic positions and what are the therapists' responses to the various troubled expressions of agency in that session. I am especially intrigued by how the therapists do cautious discursive work in relation to "the illness". In the presentation I will show how certain discursive features of the conversation seem to serve the production of stuck agentic positions, and how the therapists struggle to loosen these positions. I will discuss how the diagnostic category offers a strong local moral order for both the session and the couple's relationship and ask what kind of questions this arouses concerning the ethics of psychiatry and psychotherapy.

Panel - **The helping alliance in the treatment of people with severe mental illness**

Alliance

The impact of the therapeutic relationship and social support in the treatment of high utilisers of psychiatric services

Sabine Loos — [Ulm University](#), Germany, Thomas Becker, Wolfgang Gaebel, Harald Freyberger, Helmfried E. Klein, Tilman Steinert, Bernd Puschner

Introduction: Significant relationships and social support are important factors in the process of recovery of people with severe mental illness. This paper examines the association between professional and non-professional relationships and the course of symptom severity and quality of life in high utilizers of mental health care. Method: Analyses are based upon data of 460 adults with a defined high utilization of mental health care who between April 2006 and July 2007 gave informed consent to participate in the RCT “Needs-oriented discharge planning for high utilisers of psychiatric services” (NODPAM) carried out at five psychiatric hospitals in Germany. The therapeutic relationship was measured with the German version of the “Scale to assess the Therapeutic Relationship in Community Mental Health Care” (D-STAR). Other variables (social relationships, symptom severity and quality of life) were assessed at four measurement points during 18 months following intake using standardized instruments. Latent growth curve modeling was applied to test the effect of social relationships (independent variable) on quality of life (dependent variable), with the therapeutic relationship and symptom severity conceptualized as mediator variables. Results: Several significant direct effects could be found for intercept and slope. One significant indirect effect showed that social relationship affected quality of life via quality of the therapeutic relationship at baseline. Discussion: Implications of these findings for clinical practice and research will be discussed with a special focus on relationship needs.

The helping alliance and outcome in people receiving routine mental health care in 6 European countries: Results from the CEDAR study

Bernd Puschner — [Ulm University](#), Katrin Arnold, Mike Slade, Andrea Fiorillo, Malene Frøkjær Krogsgaard Bording, Anikó Égerházi, Wolfram Kawohl

Aim: Using data from a large multisite European study, this paper examines the helping alliance and its relation to outcome in the routine care for people with severe mental illness. Methods: “CEDAR” (www.cedar-net.eu) is a naturalistic prospective observational study with bimonthly assessments during a 12-month observation period. Between Nov 2009 and Dec 2011, 588 participants have been recruited from caseloads of outpatient/community mental health services at six study sites across Europe (Ulm/DE, London/UK, Naples/IT, Debrecen/HU, Aalborg/DK, and Zurich/CH). At all seven measurement points, the HA was assessed by the “Helping Alliance Scale” (HAS) from patient and staff perspectives, and outcome was measured by the “Camberwell Assessment of Needs Short Appraisal Schedule” (CANSAS). Hierarchical linear modeling will be used to ascertain the alliance-outcome relation over time. Results: Both patients and keyworkers gave high alliance rating which hardly changed over time. Total number of needs and unmet needs significantly decreased over time. Alliance ratings and needs correlated around $r = -0.3$ over time. Using hierarchical linear modeling, further analyses will thoroughly examine the course of the HA-outcome relation over time including moderator effects. Discussion: High alliance ratings seem to be ubiquitous. Considering that initiating and maintaining a good patient-therapist relation is obviously more difficult in psychiatric care characterized by multiprofessional teams and heavy time constraints, this is a remarkable finding.

Therapeutic relationships with multiple professionals in community mental healthcare

Jocelyn Catty — [Travistock Centre London, UK](#), Sarah White, Sarah Clement, Naomi Cowan, Gemma Ellis, Connie Geyer, Pascale Lissouba, Zoe Poole, Tom Burns

Introduction: The therapeutic relationship has been identified as a predictor of a range of outcomes for clients of mental health services, but most of the variance in relationship ratings is as yet unaccounted for. Whether relationship ratings might be driven by an appraisal tendency or by a predisposition to form good or bad relationships is also unclear. Method: In a longitudinal study, 278 clients of community mental health teams assessed their relationships with both their keyworkers and their psychiatrists, while keyworkers also assessed the relationships. Variables predicting relationship ratings were explored in a multi-level model and associations between client and keyworker ratings were determined. Results: Client-rated continuity of care was associated with both client-rated relationship scores, suggesting a possible underlying factor. Better client-rated relationships with keyworkers were also associated with client-rated empowerment and diagnosis. Keyworker ratings were predicted by keyworker discipline and the client's diagnosis. Client and keyworker relationships were positively associated but this masked a difference between different professional groups. Clients' ratings of their two relationships were significantly different, but there was no strong evidence to account for the contrast. Conclusion: Therapeutic relationships and client-rated continuity may have been strongly associated because of an approximation of both to service satisfaction. That no measured variable accounted for the contrast in ratings of keyworkers and psychiatrists suggests that factors intrinsic to the process of building each relationship may have been more important.

Panel - **The psychological well-being of the PIIGS: What can psychotherapy do?**

Emotion

The relation of depression, anxiety and stress with demographic characteristics, subjective happiness and life satisfaction

Athanasios Giannoulis — [University of Thessaly](#), Michael Galanakis, Marina Anastasiadi

After much focus on psychopathology, recent research has focused on the effect of positive dimensions and features on mental health. Positive Psychology has immersed examining the positive aspects of human psychology, like hope and genetic positive emotions, as it affects alleviation of psychopathology symptoms. In this context, the present study examined over 8000 participants representative of the Greek population, in three points in time; in 2007, in 2009 and in 2011. We assessed demographic variables, levels of depression, anxiety and stress, several intervening variables like optimism, hope, positive and negative emotions, meaning of life, and resilience and levels of subjective happiness and life satisfaction. The results provide a preliminary model where all variables are interconnected and their separate, interactive and cumulative effects on subjective happiness are assessed.

Depression, anxiety and stress: Which variables seem to be related to their elevation?

Stella Kosma — [University of Thessaly](#), Maria Kelepoyri, Agathi Lakiotis, Zoe-Anna Marmara

In this presentation we focus on the relationship between depression, anxiety and stress and demographic, personality and attitudes variables, in order to identify the relative impact of each factor on psychological health. Being able to identify what are the major threats to psychological health for separate groups of individuals will facilitate the prevention and treatment of such psychological illnesses. The results indicate that several demographic, personality and attitude characteristics are related to higher level of psychopathology. In addition, that the effects of each identified factor has a different impact on different groups. The implications of these findings for theory, research and psychotherapy practice are discussed.

Which factors protect psychological health?

A Sourlatzi — [University of Athens](#), Maria Marlagoutsou, Eleftheria Tsalikoglou, Stalikas Anastassios

In this presentation we focus on psychological resilience and the manner in which it relates to demographic and other variables. In the present study over 8000 participants' representative of the Greek population, reported their levels of psychopathology, resilience and subjective happiness in three points in time; in 2007, in 2009 and in 2011. We assessed demographic variables, levels of depression, anxiety and stress, several intervening variables like optimism, hope, positive and negative emotions, meaning of life, and resilience and levels of subjective happiness and life satisfaction. Of particular interest are the findings pertaining to the enhancement of resilience and subjective happiness. The results indicated that meaning making; positive emotions and resilience interact in a mutual fashion and have an effect on levels of subjective happiness.

Taking care of the PIIGS: Psychological health and psychotherapeutic interventions

Maria Kotsampasoglou — [University of Athens](#), Anastasia Geitsidou, Maria Maletsika, Maria Grigoriadou

In this presentation we examine the implications for psychotherapy practice and research of the economic crises in the European Union. The current data regarding Greece may represent only the first country data, with similar findings emerging in Italy, Portugal and Spain. These levels of psychopathology, and the beneficial role that the experiencing of positive emotions, meaning making and psychological resilience offer in protecting but also in healing psychological illness, have direct implications for both psychotherapy research and practice. In this presentation we suggest different therapeutic modalities or programs which can efficiently and effectively focus on specific themes related to the crisis. In addition we discuss research initiatives aiming in identifying the therapeutic ingredients of specific interventions.

Panel - **Therapeutic alliance and micro sequences of interaction: Combining verbal, nonverbal and psychodynamic aspects to examine social alignments between clients and therapists**

Alliance

Prototypical Affective Microsequences (PAMs) and the working alliance: Combining nonverbal and verbal perspectives

[Eva Bänninger-Huber](#) — [Institut of Psychologie, Innsbruck](#), [Peter Muntigl](#)

Prototypical Affective Microsequences (PAMs) are important means of affective regulation in dyadic interactions. By smiling and laughing, the affective relatedness between the two persons is enhanced. Depending on the reaction of the therapist, different types of PAMs may be distinguished. In psychotherapeutic interactions, successful PAMs play an important role in providing a secure working alliance. Unsuccessful PAMs, on the other hand, are essential for maintaining a certain level of conflictive tension as a prerequisite for working on the clients' conflicts. In this presentation, we will focus on the relationship between PAMs, working alliance and psychotherapeutic process. The data come from a videotaped psychoanalytic psychotherapy with a 28 years old female patient suffering from depression. For this study, we compared the interactive behaviour of client and therapist in two contrasting sessions: session 29 scored highest of all 63 therapy sessions in terms of the Helping Alliance Questionnaire (HAQ) by both client and therapist and session 12 received the lowest score. In these sessions, we identified the different types of PAMs, the initiators of the PAMs and the interventions of the therapist. Preliminary data analysis suggests that session 29 (highest HAQ scores) is characterized by frequent unsuccessful PAMs. In these moments, the conflictive tension remains activated but the working alliance is maintained by the therapist's interventions. In session 12 (lowest HAQ scores) unsuccessful PAMs also occur, but they are not regularly followed by the therapist's intervention. These findings will be interpreted in the framework of our "social alignment model" and illustrated by video examples.

Identifying therapist-client alignments and disalignments through Conversation Analysis

[Peter Muntigl](#) — [Ghent University](#)

The achievement of a positive therapist-client relationship is considered to be a central aim in most psychotherapy treatments. Research on the concept of the therapy relationship, however, has focused almost exclusively on clients' and therapists' perceptions on the quality of the relationship, but very little work has focused on the discursive and interactional processes through which therapists and clients actually become affiliated in the course of therapy or how such affiliations become vulnerable and at risk. For this paper, we present a working (discursive) model of how speakers may become socially aligned or disaligned through talk. The view of alignment taken here draws from research in Conversation Analysis (Sacks 1992; Schegloff 2007) and refers to the degree in which verbal and non-verbal actions and/or movements are in conformity or in opposition to each other. To examine social alignment, video-taped recordings of a 28 year-old female patient suffering from depression who underwent psychoanalytic treatment are examined. Two videotaped psychotherapy sessions, one rated as successful and the other as unsuccessful, were selected and analyzed for the following: First, the quality of disalignment occurring within different sequences of interaction and second, whether and in what way the speakers were able to move back into alignment. These findings will be discussed in terms of how the interactional management of disalignment may have implications for the production of good therapeutic outcomes.

Interpreting verbal and nonverbal micro-processes of affective regulation from a clinical perspective

[Günther Kainz](#) — [University of Innsbruck](#), [Eva Bänninger-Huber](#)

In this contribution, the findings from the two micro-analytic studies presented before will be discussed from a higher level clinical perspective. For this purpose, several data sources are integrated: the videotaped psychotherapy sessions of Mrs. L., the results of different diagnostic instruments administered at the beginning of the therapy (e.g., AAP, OPD-SF, SKID I and II) and the Helping Alliance Questionnaires (HAQ) filled out by client and therapist after each therapy session. In the first part, consideration is given to the patient's conflict dynamics, to the structural level of her psychic functioning and to important transference processes that have been observed. In a second step, the results of the micro-analytic studies will be interpreted using these psychodynamic considerations. Among others, the functions of the different PAM-types in the different phases of psychotherapy will be discussed. Finally, the question of the relation between HAQ-scores and the productivity of a psychotherapy session will be addressed

Panel - **Therapeutic collaboration: Understanding the interactive processes associated to the change or impasse events in psychotherapy**

Alliance

Therapeutic collaboration within return-to-the-problem phases

António Ribeiro — School of Psychology, University of Minho, Joana Loura, Miguel Gonçalves, Eugénia Ribeiro

Aim: According to the innovative moments model, change in psychotherapy occurs through the emergence and amplification of different types of innovative moments (IMs), i.e., micro-narratives that challenge the problematic self-narrative. The emergence of IMs challenges clients' usual framework of understanding and may create inner-contradiction. We have noticed that in poor-outcome cases, clients tend to resolve this discrepancy by making a return-to-the problem. This finding suggests that the relation between the problematic self-narrative and IMs, is regulated in a way that generates a cyclical movement between innovation and the problem. This form of resistant ambivalence blocks the development of a new self-narrative. It is our aim to shed light on the processes which impede the surpassing of return-to-problem throughout the therapeutic process, by analysing a poor outcome case of narrative therapy. **Method:** The present work focuses on the microanalysis of the therapeutic collaboration in return-to-the-problem phases of a narrative therapy poor outcome case, according to the therapeutic collaboration coding system. **Results:** Results show that return-to-problem tends to occur in the context of challenging interventions. Furthermore, results show that when the therapist persists in challenging the client after the emergence of a return-to-problem, the therapeutic dialogue tends to move from ambivalence to intolerable risk, suggesting that there is an escalation in client's discomfort. **Discussion:** Findings suggest that when therapists try to stimulate or amplify IMs in ways that do not match clients' developmental level, they may unintentionally contribute to the oscillatory cycle between the IMs and the problem.

A sequential analysis of therapeutic exchanges in which therapist's interventions are invalidated in a sample of dropout cases of narrative therapy

Dulce Pinto — University of Minho, Eugénia Ribeiro, António Ribeiro, Inês Sousa, Ana Pinheiro

Aim: Psychotherapy research shows that the quality of interaction in dropout cases seems to be a critical factor in clients' decisions regarding termination. However, few studies have tried to understand how this interaction is when the therapeutic dyad engages in therapeutic work. Thus, we aim to understand the dropout phenomena in terms of the therapeutic (non) collaboration, by analyzing the therapeutic exchanges in which therapist's interventions are invalidated by the client, in a sample of dropout cases of narrative therapy. **Methods:** A sample of 10 dropout cases of narrative therapy, with depressive clients, is under analysis using the Therapeutic Collaboration Coding System. This coding system allows for the identification of the presence, in each therapist speaking turn, of a Supporting Marker or a Challenging Marker, and the presence, in each client speaking turn, of a Validation Marker, an Invalidation Marker or an Ambivalence Marker. The client's response to the therapeutic intervention indicates whether the therapist worked within the Therapeutic Zone of Proximal Development (TZPD), out of the TZPD, or at the limit of the TZPD. The coding procedure requires two trained independent judges along with an auditing process. **Results:** Preliminary results show that the probability of the therapeutic dyad to interact out of the TZPD increases along time. Moreover, the client seems to be unable to modify his or her response in order to reestablish the therapeutic collaboration, which is usual reestablished by the therapist. **Discussion:** Results will be discussed in terms of their implications for research and clinical practice.

Therapeutic collaboration within Innovative Moments of Reconceptualization: Analysis of a good-outcome case of Emotion Focused Therapy: The case of Lisa

Beatriz Santos — University of Minho, Catarina Fernandes, Eugénia Ribeiro, Miguel Gonçalves, Inês Sousa, António Ribeiro, Inês Mendes

Aim: According to the innovative moments model, Innovative Moments of Reconceptualization (RC) occur more frequently in good-outcome cases. Characterized as a catalyst of change, it is associated with the transformation of the problematic self-narrative into a new and more adapted one. A main feature of this IM is the presence of a meta-level perspective of the process of change, leading to a sense of authorship of the new self-narrative. Assuming that this change is also promoted by the interaction between therapist and client within a client's therapeutic zone of proximal development this work focus on the analysis of therapeutic collaboration associated to the RCIM. Our aim is to shed light on the interactive processes which promote the emergence of the RCIM throughout the therapeutic process and characterize the sequence of therapeutic exchanges most associated to the RCIM, in a good outcome case of Emotion Focused Therapy. **Method:** Reconceptualization innovative moments were identified using the Innovative Moments Coding System. Therapeutic collaboration is under analysis using the Therapeutic Collaboration Coding System. **Results:** We anticipate that most of the reconceptualization moments are associated to therapeutic exchanges in which the therapist works closer the potential level of the therapeutic zone of proximal development. Moreover, considering the theoretical principles of the EFT approach we also anticipate that Reconceptualization innovative moments may emerge following therapist supporting interventions, specifically supporting innovation. **Discussion:** Results will be discussed in terms of their implications for research and practice.

Therapeutic collaboration through significant change events: A comparison between a good and a poor outcome case of Constructivist Therapy

Eugénia Ribeiro — University of Minho, Joana Silveira, Inês Sousa, António Ribeiro, Joana Senra

Aim: A few studies focus on understanding the processes through which the therapeutic collaboration develops, moment-to-moment, throughout therapy, fostering change. This paper aims to further develop this line of research, by comparing the development of therapeutic collaboration through significant change events identified by clients, after each session, in a good-outcome case and a poor-outcome case. **Method:** Two cases of constructivist therapy are under analysis using the therapeutic collaboration coding system, by two independent judges. This coding system allows for the identification of therapeutic exchanges in which the therapist worked within the therapeutic zone of proximal development (TZPD), or instead, worked out of TZPD, or at the limit of the TZPD. The significant change events were identified by the Helpful Aspects in Therapy (HAT) filled by the clients after each session. Judges are unaware of the number and of the position in sessions of the significant change events, identified by clients. **Results:** Based in our previous studies, we anticipate that Challenging is the most dominant type of intervention along therapy both in the good and in the poor outcome case, regardless of client's previous response. However, in the poor outcome case there is a significant increase in the probability of occurring challenging as therapy proceeds. Considering the collaboration through the significant change events we expect to found most of the therapeutic exchanges occurring within the TZPD. **Discussion:** Results will be discussed in terms of their implications for research and practice.

Panel - **Towards a dialogical model of emotion in psychotherapy process**

Process

The pragmatics of emotion-talk in psychotherapeutic interaction

Georgia Lepper — University of Kent

Psychotherapists of all orientations are concerned with the way emotion, in its positive and negative forms, affects the client's perception of the self, and his or her relationship to others. However emotion is viewed at the level of theory, as biological, psychological, or as socially constructed phenomenon, talk about the emotional life of the client is a central aspect of psychotherapeutic process. This exploratory study seeks to explore the ways in which emotion-talk is shaped in the turn by turn process of the therapeutic interaction. First it will set the study of turn-by-turn interaction in its developmental context. Then It will examine turn by turn sequences of interventions around emotions across several different therapeutic orientations. What strategies do therapists use to encourage exploration of and reflection on emotion? How is it managed in the ongoing talk of the session? What are the micro-outcomes of these strategies? Does the micro study of these interactions have something to tell us as practitioners and supervisors about how the processes of emotion can be observed and reflected upon in the here-and-now of therapeutic process? Problems around generalization will be explored. Is it the theories which guide interventions, or the turn by turn practice of those interventions which differentiates one from another?

Positive emotions: Establishing conceptual and content validity

Anastassios Stalikas — Panteion University, Marilyn R. Fitzpatrick

In this presentation we focus on the concept of positive emotions and their suggested beneficial role in psychotherapy change. Of special interest is the notion of positive emotions and its theorized beneficial effect in the psychotherapeutic process. In order to be able to research the concept of positive emotions we need to agree on the major conceptual axes that describe and form the theoretical framework of the concept. Issues related to the nature of positive emotions, their relationship to negative emotions, their subjective nature, the effect that time has in constructing and re-constructing the underlying meaning, and the way that the narrative about positive emotions is different from the narrative that accompanies negative emotions will be discussed. Implications for the psychotherapy theory and practice will also be discussed

Dialogical relationship among scientific paradigms in psychotherapy research

Omar C.G. Gelo — University of Salento; Sigmund Freud University Vienna, Carlo Gelo

A scientific paradigm can be described as a set of institutionally and socially legitimated beliefs and practices that characterize what science is/should be. Within psychotherapy research (PR) –as in many other branches of science – the existing paradigms can be described with reference to a continuum which goes from a dominant, mostly acknowledged quantitative paradigm to a subordinate, less acknowledged qualitative one. As it often happens in a debate between a dominant and a subordinate party, debate often turns into a “fight” to maintain the status quo of gaining credibility. PR does not seem to have escaped this destiny. Pluralism may represent a constructive solution to this, which: (i) underlines the necessity of recognizing the co-existence of different, multiple paradigms, and (ii) makes a call for action – i.e., what to do with this co-existence. Within PR, several calls have been made for pragmatic pluralism, according to which the different (quantitative vs qualitative) research paradigms should be chosen in order to fit the research questions and object of investigation – instead of vice-versa. In the present paper, we propose an alternative form of pluralism, which we call dialogical paradigmatic pluralism. We define it as a pluralism which emphasizes the need of a dialogical relationship among the proponents of the different (quantitative vs. qualitative) paradigms. We then suggest that, in order for this latter to be realized, the following dialogical principles must be fulfilled: (a) self-reflectivity, (b) nonpersuasive argumentative attitude (c) interactivity, (d) communicative symmetry, (e) openness, and (f) multiple hermeneutics.

Panel - Tracking systems using clients' perspectives

Change Process

The Individualized Patient Progress System (IPPS)

Célia Maria Dias Sales — UAL CIS ISCTE IUL, Paula Alves, Chris Evans, Robert Elliott, Peter Wakker, John Mellor-Clark, Alex Curtis Jenkins

The individualized patient progress system (IPPS) is a clinical web-based software to evaluate and monitor patient progress in psychological treatments. IPPS combines nomothetic (CORE-OM) with idiographic (HAT, PQ) data in a single application, taking a step forward from the existing progress tracking systems that traditionally rely solely on standardized measures. IPPS is being piloted in the context of a practice-based research network, the Psychotherapy Research Portugal, for both practice and research purposes and in various settings, from university clinics to psychiatric day units and group therapy in private practice. In this presentation we aim to present the IPPS and its main features, demonstrating how idiographic and nomothetic measures can be integrated to evaluate patient progress.

Feedback loops between researchers and therapists using IPPS

Luísa Soares — Universidade da Madeira, Ana Sofia Cruz, Gabriela Moita, Célia Maria Dias Sales, Paula Alves

Feedback tracking systems such as IPPS may be used for both research and clinical purposes. However, it is still unclear how research should be conducted in naturalistic settings, from a methodological and ethical point of view. Should therapists be simultaneously researching their own practice? Should there be an independent researcher in clinical settings? Should the researcher share the data collected with the therapist? Can researchers and therapists collaborate in the monitoring of psychotherapy sessions? What are the advantages and drawbacks of having a participating researcher? What are the ethical aspects of creating such feedback loop between researchers and therapists? In a time when progress systems are becoming increasingly popular, we aim to promote a conjoint reflection about these topics by discussing the experience of a researcher using the IPPS in a psychodrama group and the level of interaction with the therapist of that group.

Family/group idiographic profiles using IPPS

Chris Evans — University of Nottingham, Célia Maria Dias Sales, Paula Alves, Peter Wakker

In group or family therapy contexts where idiographic information is collected, therapists may categorize the contents generated by clients (Sales & Wakker, 2009; Sales, Wakker & Alves, 2011). These categories, or profiles, represent, for instance, the major problems existing in a group or family, from the therapists' perspective. Hence, as therapists create such profiles, they have the opportunity to overview the clinical situation of the group / family as a whole or to position each individual in relation to the main problems identified. In this communication we will present the MF module integrated in IPPS, which allows the development of family / group idiographic profiles and provides graphical outputs to visualize these profiles. The advantages of this methodology will be addressed, from the clinical point of view, illustrating the potentialities of using family / group profiles to diagnose, plan and monitor psychological interventions.

IPPS in routine clinical settings: The experience of Serviço de Consulta Psicológica da Universidade da Madeira

Carla Lucas — Universidade da Madeira, Filipa Oliveira, Luísa Soares, Célia Maria Dias Sales, Paula Alves

The IPPS is a tracking system that may be used to evaluate and monitor the progress of patients in real clinical settings. If used in a routine basis, the IPPS is likely to assist in various clinical tasks, namely, clinical decision-making, treatment planning and revision or even on-going communication / feedback to clients about their own progress. This communication will present the example of a university-based psychotherapy service, in Portugal (Serviço de Consulta Psicológica da Universidade da Madeira) which has been using IPPS since May 2011. By sharing their experience, the therapists of this service will highlight the potentialities, advantages and drawbacks in integrating a tracking system in their routine practice, from a clinical, professional and ethical point of view.

Panel - Trainee development

Training

Theoretical knowledge and case formulation competence of psychotherapists in training

Wiebke Hanke — University Kassel, Jennifer Klasen, Heidi Möller, Svenja Taubner

Aim: To our knowledge, no empirical results exist how theoretical knowledge improves the understanding of a patient. This study is part of the DFG-study “competence development during psychotherapy training”. The relationship between case formulation competence and theoretical knowledge will be investigated by comparing several training levels and theoretical orientations, including a control group. **Methods:** The outcome variable “theoretical knowledge” is operationalized as a multiple-choice-test which is based on the German license test for psychotherapists. The outcome variable “case formulation competence” is based on a rating of a written case report. The case report is done on a video sequence of a clinical interview and is analysed by the Case Formulation Content Method. The sample size is 180 PITs (60 in each theoretical orientation: cognitive behavioral, psychodynamic and psychoanalytic psychotherapy), and a control group of 35 participants. PITs are in several levels of training (PIT-1: 1st-3rd semester of training, PIT-2: 3rd-5th semester of training). The current preliminary sample includes 150 participants (PIT-1: n= 69, PIT-2: n=46, control: n=35). **Results:** Preliminary data analysis with paired t-tests show significantly higher “theoretical knowledge” values in PIT-2 participants compared to the control group, but not for PIT-1 participants. Effects are independent of theoretical orientation (behavioral or psychodynamic). Case formulation competences are currently analysed and will be presented. **Conclusion:** The preliminary results support the hypothesis that PIT-2 participants are better in theoretical knowledge than PIT-1 participants. PIT-1 is on the same theoretical knowledge level as the control group.

Attachment representations of psychotherapists in training and their relationship with therapeutic interpersonal behavior

Jennifer Klasen — University Kassel, Wiebke Hanke, Heidi Möller, Svenja Taubner

Aim: Results indicate that therapists’ attachment representations affect the therapeutic process, in terms of alliance and outcome. However, there is little empirical evidence about their influence on therapists’ competencies, characteristics and professional development. This study aims to explore trainees’ attachment representations as well as self-reported attachment orientations and their relationship to interpersonal behavior in the context of the therapeutic relationship. **Method:** The Adult-Attachment-Interview (AAI) is used to examine the attachment representations of psychotherapists in training (PIT) of different therapeutic orientations (behavioral, psychodynamic and psychoanalytic psychotherapy) and in different states of training (PIT-1: 1st-3rd, PIT-2: 3rd-5th semester of training). PITs fill out a questionnaire on romantic attachment orientations (Experiences in Close Relationships, ECR) and self-efficacy during therapeutic sessions (Work-Involvement-Scales). Furthermore, interpersonal behavior is assessed by the Intrex questionnaire, which is based on the Structural Analysis of Social Behavior. Participants are asked to describe how they experience the relationship with their patients at best and worst times. **Results/Conclusions:** The data collection will be finished in June 2012. The preliminary sample consists of 83 participants. The final sample will consist of N = 90 PITs. The results and conclusions of the data analysis will be presented and discussed.

How do psychotherapy trainees cope with their adverse childhood experiences?

Svenja Taubner — University Kassel, Wiebke Hanke, Heidi Möller, Jennifer Klasen

Aim: One motivation to become a psychotherapist may be adverse childhood experiences (ACE) in the psychotherapists’ own personal history. Past studies have shown that psychotherapists are more likely to have had ACEs than other non-clinical groups. In this study we will document coping strategies, attachment representations and reflective functioning (RF) of trainees with ACEs in order to investigate the trainees’ resilience. We expect that trainees with ACEs will be “earned secure” due to high RF and mature coping strategies. **Method:** The Adult-Attachment-Interview (AAI) is used to examine ACEs of psychotherapists in training (PIT) of different therapeutic orientations (behavioral, psychodynamic and psychoanalytic psychotherapy). The AAI probes for painful and traumatic experiences with early attachment figures and others. Those AAI which contain evidence for ACEs will be coded for attachment representation and RF. Furthermore, the Ulmer Coping Manual will be used to identify trainees’ coping strategies. **Results/Conclusions:** The data collection will be finished in June 2012. The final sample will consist of N = 90 PITs. So far, a third of the AAIs contain evidence for ACEs. The results and conclusions of the data analysis will be presented and discussed.

The relationship of affiliative introject and personal therapy to trainee self-efficacy: A longitudinal study among psychotherapy trainees

Christian Sell — University Kassel, Johannes Zimmermann, Heidi Möller, Svenja Taubner

Aim: This study explored how Affiliative Introject and Trainee-Self-Efficacy among psychotherapy trainees are related and change during training in cognitive-behavioral, psychodynamic and psychoanalytic therapy. The study was conducted in Germany; due to the psychotherapy here, psychotherapy training contains extensive personal therapy. We have therefore been in the unique situation to be able to examine the impact of both personal therapy and Introjects on changes in the trainees’ self-perceived efficacy. **Methods:** 171 participants filled out questionnaires concerning Introjects (SASB-Intrex) and trainee-self-efficacy (Healing Involvement subscale of the Work-Involvement-Scales) as well as additional questions concern-

ing length and satisfaction with personal therapy. 71 of these participants participated filled out the same questionnaires three years later. Results: The degree of Affiliation in the trainees' Introjects was positively correlated with their self-efficacy. Furthermore, after three years of training, the introjects changed towards a more affiliative direction. Finally, the trainees' satisfaction with their personal therapy had a moderating effect on the positive relation between the change in their Introjects and the change in their self-efficacy. Conclusions: Introjects of psychotherapy trainees are not invariant but change over the course of training – f such training involves extensive personal therapy. Changes in Affiliative Introject were significantly related to positive changes in trainee self-efficacy – but only if the trainee's personal therapy was considered to be highly satisfactory.

Posters

Double Moon - Exploration of the clinical and psychometric properties of the instrument among children with divorced parents

Armanda Gonçalves — Portuguese Catholic University, Bruno Lima

Divorces have increased exponentially in the last 30 years in Western societies, following a range of various social changes. Family is no longer the type of institution to preserve at any cost, and marriage becomes a relation that remains while is compensatory for the couple. Consequently values change, giving more weight to interpersonal relationships than their institutional dimension (Torres, 1996). Divorce is the higher rupture in the family life cycle and can not be considered as a single event, but a chain of events that extend over time (Carter & McGoldrick, 1995). The crisis that causes the separation and that is caused by it, goes further than the moment when the rupture occurs (Cigoli & Scabini, 2000). Transitions bring disorganization and suffering, implying the entire network of relationships in which the individual belongs. When parents separate, children and teenagers need to face the crisis they face, which has multiple implications. The primary objective of our study is to explore the qualities of the projective technique Double Moon (Greco, 2004), explore the appropriateness to the Portuguese reality, and whether it is a useful tool to use in psychological assessment, particularly in the evaluation of children whose families gone through divorce proceedings. Thus, we need to do an exercise that complements the psychometric with the qualitative and projective characteristics of this instrument in order to assess the qualities of the instrument, and adapt them to the Portuguese population.

Concurrent validity of Family Semantics Grid

Attà Negri — University of Bergamo, Davide Pedercini, Federica Bonizzi

The Family Semantics Grid (FSG) is a unitizing and coding system for the semantic analysis of dyadic therapeutic conversations and self-narratives. It is based on the hypothesis (Guidano 1987; Ugazio 1998) stating that each psychopathology is linked to a prevalent bipolar pattern of meanings or Family Semantics (FS). In particular, phobic disorders should be connected to the "semantics of freedom" which has the fear/courage emotions and independence/dependence polarity at its core, obsessive-compulsive disorders to the "semantics of goodness" based on the innocence/guilt emotions and good/evil polarity, eating disorders to the "semantics of power" characterized by pride/shame emotions and victory/defeat polarity, and finally mood disorders to the "semantic of belonging" which has the joy/desperation emotions and inclusion/exclusion polarity at its core. The FSG provides a system for coding these four semantics extracted from the transcripts. In order to test the FSG concurrent validity we applied it and the SWAP-200 to the first counseling session of 75 subjects divided into five groups with different psychopathologies: respectively 15 with a phobic disorder, 15 with a obsessive-compulsive disorder, 15 with an eating disorder, 15 with a mood disorder and 15 without symptoms that ask for a consultation for life problems. The results on the correlation between FSG and SWAP-200 will be presented. We expect that individuals with a phobic, obsessive, eating and mood disorder are matched by a corresponding SWAP-200 diagnosis and by the semantics hypothesized. The clinical implications relating to the therapeutic process will be addressed as well.

Portuguese short version of the Experiences in Close Relationships Questionnaire (ECR-S)

Helena Moura Carvalho — Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, Marisa Ávila, Paula Mena Matos

The Experiences in Close Relationship Scale (ECR; Brennan, Clark, & Shaver, 1998) is one of the most used self-report measures to assess adult attachment dimensions. Attachment anxiety subscale items are related to fear of abandonment, to hypersensitivity to rejection and dependence and high levels of distress activation in face of unavailability or unresponsiveness. Attachment avoidance items are related to subject's fear of interpersonal intimacy, an excessive need for self-reliance and difficulties to self-disclose. Although ECR presented adequate psychometric properties across different samples and languages, the length of the original (36 items) and abbreviated (18 items) measures may hinder its implementation in some research (Wey, Russel, Mallinckrodt e Vogel, 2007). Therefore Wey and colleagues (autores, 2007) developed a 12-item version of the scale that showed equivalent psychometric properties to the original version of the scale, in what concerns internal consistency, test-retest reliability and factor structure. The central aim of this poster is to present the psychometric properties (through Confirmatory Factor Analysis and Internal consistency coefficients) of the ECR Portuguese short version, and compare them to the original version, in a sample of 370 university students. Results concerning the adaptation process of the ECR-S will be discussed, as well as the implications of using the ECR-S on the study of adult attachment patterns.

The role of mutual in-feeding in self-narrative change

Andreia Brás — School of Psychology, University of Minho, Miguel Gonçalves

Narrative therapy suggests that therapeutic change is the result of the emergence and amplification of unique outcomes (innovative moments - IMs), which are exceptions to the clients' dominant self-narrative. These IMs can evolve into a new self-narrative, however its emergence can be extremely threatening, because it challenges the usual way clients experiences the world. Thus a strategy that mitigates the significance and implications of novelties usually arises: a return to the dominant self-narrative. This process, called mutual in-feeding, is a cyclic relationship between the clients' dominant voice and the non-dominant voice (IMs), preventing significant change. This process contributes to the stability of the problematic self-stability, leading to therapeutic failure. The present research aims to study the role of the mutual in-feeding process in

a therapeutic sample of narrative therapy with clients suffering from major depression. 10 cases of depression in narrative therapy (5 good-outcomes and 5 poor-outcomes) will be analysed regarding the presence and evolution along treatment of the mutual in-feeding process.

Working with the oncology patient: Impact of psychotherapy on therapist

Helena Marques — Universidade do Minho, Ângela Maia, Eugénia Ribeiro

This poster presents a study aiming to shed light on the impact that working with cancer patients has on therapists. The focus is both on the benefits of therapy and on the potentially disturbing effects of this work, including Post-Traumatic Stress Disorder symptoms. Prevalence of Post-Traumatic Stress Disorder symptoms and Posttraumatic Growth are evaluated. Moreover we are using a semi-structured interview focused on the therapist's experience that will be analyzed by grounded analysis. We expect that therapist's narratives highlighted both the positive psychological change of working with cancer patients. This study pretends to provide a richer understanding of the impacts of working in this field and therefore be able to empower therapist's practice with the development of guidelines.

The Innovative Moments (IMs) as precursors of the construction of alternative self-narratives: Protonarratives' analysis in Cognitive Behavioral Therapy on good and poor-outcome cases

Ana Antunes — University of Minho, Miguel Gonçalves, Anita Santos, António Ribeiro

The aim of this study was to understand the contribution of innovative moments (IMs) for the construction of a self-narrative, in alternative from the problematic one. This idea is based on the assumption that these discursive exceptions- IMs - emerge on the client's speech as themes (protonarratives) which, in a future plan, will constitute a functional self-narrative. This study explores one good-outcome case and one poor-outcome one of Cognitive behavioral therapy, trying to analyze hypothetical differences between them on this process. For the analysis of these cases, the authors propose to track IMs and protonarratives and analyze the dynamic relation between them and across sessions using state space grids. Thus, is expected that on the good-outcome case the constitution of the client new self-narrative is based on themes related with the both, behavioral and cognitive change, that allows the client to perform in a more flexible way than on the poor-outcome case.

Alliance building with un-accepting parents of homosexual children

Maya Sara Shpigel — Ben-Gurion University of the Negev, Gary M. Diamond

The following poster will present a research designed to investigate the development of the therapeutic alliance with 10 parents, who participated in an Attachment-Based Family Therapy for families with a rejected gay/lesbian child. Developing therapeutic alliance with such parents is extremely difficult, as some parents pressure the therapists to change the child's sexual orientation or feel that the therapists encourage their child's homosexuality. The research attempts to answer why some parents fail to gain sufficient alliance and which therapeutic interventions affect the quality of the alliance. In order to answer these questions, the therapeutic alliance with each parent was coded based on the third session of each treatment. In order to understand what affected the therapeutic alliance achieved, the interventions during the three first sessions with each parent were analyzed qualitatively. In addition, parent's interviews, took place after therapy's termination, were also analyzed to yield further understanding of what contributed or disrupted the therapeutic alliance. Conclusions are discussed.

The Therapy Termination Scale

Raquel A. Mesquita — Universidade do Minho, Eugénia Ribeiro

Aims: The objective of this study is to construct and validate a therapy termination scale. The scale has two purposes: 1) assess what criteria therapists from 3 theoretical orientations (Cognitive-Behavioural, Dynamic and Constructivist) use to determine when to start the termination phase; 2) determine what strategies/techniques therapists from the 3 orientations use during termination phase. Thus, the scale is organized in two parts. Method: The participants in the study are, in phase 1, two experts of each orientation, who respond to a questionnaire in order to help eliciting items and in phase 2, the participants are 247 therapists (75 of each orientation) that are asked to respond to the scale. The steps followed to create the scale were: specify the object of the study; definition of the construct; theoretical and empirical elaborations of the items; qualitative and quantitative analysis to choose the final version of the questionnaire; creation of the administration rules, instructions and scoring and finally validation of the scale. Results: Results of empirical and theoretical construction of items will be presented, as well as the factor analysis and study of the scale's internal consistency. Discussion: The theoretical and practical implications are: create a scale to provide a higher knowledge of how termination is addressed within different theoretical orientations and if there are significant differences between them; to assess if there are trans-theoretical indicators or techniques; to be used as a guide for supervision of the termination phase.

Inventory of Personality Organization: Preliminary validation of the European Portuguese version

João Francisco Barreto — University of Porto, Portugal, Helena Moura Carvalho, Paula Mena Matos

Personality pathology is often organized around 2 orthogonal axes representing variations in type and severity (Westen, Gabbard & Blagov, 2006). The psychoanalytic model developed by Otto F. Kernberg and colleagues (e.g., Kernberg & Cagligor, 2005) represents an influential example of the second trend, consisting of a dimensional approach which describes

personality organization (PO) in a continuum ranging from normal-neurotic through borderline to psychotic levels. In this model, borderline-level PO underlies most of the personality disorders considered in the categorical-typological approach held in DSM-IV-TR (APA, 2000). Among other qualities, Kernberg's approach is clinically useful in identifying subthreshold/higher level personality pathology poorly covered by DSM-IV-TR Axis II, and understanding different meanings in common symptoms according to underlying levels of PO (Caligor, Kernberg & Clarkin, 2007). As an effort at operationalization, Kernberg and Clarkin (1995) created the Inventory of Personality Organization (IPO), a self-report questionnaire including 3 primary scales (57 items): Primitive Defenses, Identity Diffusion, and Reality Testing. Since then, IPO has been used to investigate the relationship of PO to psychopathology and measure structural change as a psychotherapy outcome. The aim of this study is to present the adaptation of the IPO primary scales to European Portuguese and a preliminary validation in course with a nonclinical sample. Reliability (internal consistency and test-retest) of each scale will be checked. Exploratory and confirmatory factor analyses will allow to test factor validity and to compare with previous studies of the instrument. Finally, construct validity will be examined.

Utilization of Child Psychotherapy Process in the analysis of the psychotherapy process of change for 21 3-6 old children with autistic disorder

Jean-Michel Thurin — National Institute of Health and Medical Research, Monique Thurin, Bruno Falissard, Tiba Delespierre

Aim: Can psychotherapy be effective on childhood autism, under what conditions, with what procedures, and through what mechanisms? The objective of this poster is to present how the CQP, allowing description, classification and quantification of the psychotherapy process of 21 children 3-6 years old with autistic disorder, can help to answer these questions. **Method:** Child psychotherapy process Q-set (CPQ) is a multi-theoretical instrument that describes, through 100 formulations, the process of psychotherapy. CPQ is used to describe the major characteristics of a psychotherapy session at 2, 6 and 12 for each case and search the main factors potentially active. The process specificities of each case and of the aggregated cases are described. Hypotheses are proposed about the relationship between process and outcome. **Results:** Analysis of the process of change of single and aggregated cases with CPQ provides important insights into the factors and change mechanisms potentially involved in the effectiveness of autistic disorders psychotherapies.

The emergence of innovative moments in narrative therapy: An exploratory study

Joana Nunes — Universidade do Minho, Miguel Gonçalves, Carla A. C. Cunha

Aim: In narrative therapy the notion of innovative moments (IMs) has been used to study the development of new self-narratives in psychotherapy. Five types of IMs have been depicted and appear according to a consistent pattern related to good outcome brief psychotherapy: 1) Action IMs (new behaviors that are contrary to the problematic narrative); 2) Reflection IMs (new understandings/thoughts, incongruent with the problem); 3) Protest IMs (a confrontational or challenging attitude adopted toward the problem); 4) Reconceptualization IMs (narratives elaborating on selfhood changes and the transformation process) and 5) Performing Change IMs (new experiences of change, planned or anticipated). The present study aims to analyze intensely the process of emergence and co-construction of the IMs during narrative therapy sessions. More specifically, we aim to explore what kind of emergence appears related to good and poor outcome (GO and PO) narrative therapy and to different IMs' types, at different stages of psychotherapy. **Methods:** We analyzed nine sessions (three initial, three middle and three final) selected from ten cases (five GO and five PO) of narrative therapy for depression. Two judges coded all sessions independently, according to three categories: a) IMs are produced by the therapist and accepted by the client; b) IMs are directed by the therapist and developed by the client; and c) IMs are produced spontaneously by the client. **Results and discussion:** At this moment, this project is a work-under-progress and the preliminary results will be presented in this poster presentation.

Update on translations of the CORE (Clinical Outcomes in Routine Evaluation) instruments

Chris Evans — University of Nottingham

The main CORE self-report instruments are based on the CORE-OM (OM=Outcome Measure; inter alia: Evans et al 2000, 2002; Evans 2012): a 34 item measure fitting on one side of A4 paper. The measures are copyleft so anyone can reproduce them on paper without any charge but so that no changes in them, including translations, can be made without authorisation from the CORE System Trust. We now have five shortened versions for different uses: CORE-SFA/B which are 18 item versions for use in alternate sessions, CORE-GP for general population surveys and the recent CORE-10 and CORE-5 which reflect a trend toward shorter instruments. We have a translation protocol fitting ISPOR guidelines and over 20 translations of the instruments have been completed with more ongoing. This poster will summarise the state of translation into European languages where nearly all the EU official language translations have been completed, and work going ahead on Indian, African and Asian languages, on sign languages and on adaptations to the Castellano Spanish translation where these are necessary to make it more acceptable in certain Latin American countries. It will also provide the opportunity to sign up to a European, SPR based, practice research network around these instruments.

Theory and practice in psychotherapy: Goals, influences, and boundaries of integrative therapists

Erkki Heinonen — National Institute for Health and Welfare, David Orlinsky

Therapists espousing more than one theoretical orientation have been identified in surveys for several decades. However, the specific patterns of orientations held by integrative therapists, as well as their associations to treatment goals, flexibility

of treatment frame, and influences on practice have rarely been explored with a large and diverse population. The SPR Collaborative Research Network (CRN) study on the development of psychotherapists (Orlinsky & Ronnestad, 1999, 2005) is a study that has amassed data on approximately 11,000 practitioners of various nationalities (from Europe, the Americas, Australia, Asia and the Middle East), theoretical orientations, career levels and practice settings since 1989. In the study, therapists' orientation, treatment goals, flexibility of treatment frame and influences on practice were assessed with the Development of Psychotherapists Common Core Questionnaire (DPCCQ). Therapists were asked to rate the extent to which different orientations influenced their therapeutic practice on a set of six 6-point scales (0=not at all to 5=very much). Highly diverse combinations of theoretical orientations were espoused, with humanistic approach seeming most compatible with other orientations, and psychodynamic and cognitive-behavioral approaches seeming comparably antithetical to each other. Differences were noted in treatment goals and flexibility of treatment frame between psychodynamically and CBT-informed integrationists. Less systematic differences emerged in influences on practice. The findings indicate that the category of "I/E therapist" is insufficiently specific as a description of practitioners and too heterogeneous to be used alone as a variable in research.

Psychodynamic structure, facial expression of emotion and gaze direction

Cathrin Schiestl — University of Innsbruck, Eva Huber, Doris Peham, Eva, Cord Benecke

This study is part of an extensive research project in which the affectivity of 120 patients with several psychological disorders was studied with various methods (e.g. attachment projective, emotion recognition, psychodynamic interview). The current part of this larger study focuses on facial behavior and the structural level of patients which was assessed with the Operationalized Psychodynamic Diagnostic (OPD-Task Force, 2008). Furthermore the aim is to take gaze behavior as one variable of the interactive context of the occurring facial behavior into account. According to OPD theory, our hypotheses are that 1.) subjects with a good integrated structure show more positive expressions than subjects with a low structural level due to mature regulation abilities and 2.) that subjects with low structural level rely on their interaction partner to regulate negative emotions and thus show more negative expressions when looking to the interviewer than subjects with a good integrated structure. 30 minutes time samples of each of 100 patients and healthy controls were coded with FACS (Ekman et al., 2002). The data on the level of structural integration are taken from the expert ratings on OPD-axis IV (OPD-Task Force, 2008). Both hypotheses were confirmed and will be discussed in detail with regard to OPD theory.

Interactive affective regulation processes in depressive patients

Kyra Toussaint — Institute of Psychology - Innsbruck, Eva Bänninger-Huber, Cord Benecke

In this study, affective regulation processes of depressed female patients were examined. The focus lies on facial behaviour which is coded with the Facial Action Coding System (FACS) by Ekman, Friesen and Hager, 2002. Data material comes from an extensive research project (Benecke et al., 2009) in which Operationalized Psychodynamic Diagnostic (OPD) interviews with 120 patients with different mental disturbances were videotaped. For the study presented here, five depressed female patients were compared with five matched healthy controls in terms of interactive patterns of emotion regulation. Specifically, the following questions were addressed: Do interactive relationship patterns such as Prototypical Affective Microsequences (PAMs) and traps (e.g., Bänninger-Huber & Widmer, 2001) occur in the interviews? What interactive regulation patterns are characteristic for the participants and what function to they have in self- and relationship regulation? What PAM-trap combinations can be identified? Preliminary results show that different PAMs and traps do occur in the OPD interviews with depressed as well as with the non-depressed persons. For data interpretation, these findings will be related to the clinical ratings on OPD Axis II (relationships), III (conflict) and IV (structure level). Characteristic processes of affect regulation will be illustrated by examples and observable differences will be discussed.

Study of self-reported knowledge and skills in CBT in a sample of psychologists without previous psychotherapy training

Diana Ortega — Institute of Psychology, University of Lausanne, Valentino Pomini

Background: Nowadays efforts towards systematic evaluation of university and post-graduate education are encouraged. Self-reported knowledge and skills can be used as a basis for the assessment of the competence level by students or candidates to a psychotherapy training. Aims: We want to provide a description of self-reported knowledge and competences in CBT in a sample of psychologists without previous psychotherapy training. Our second objective is to examine the relationship between theoretical knowledge and practical skills. The third objective is to study the internal structure of the instrument. Method: This study focuses on N=210 pregraduate psychology students who follow university courses in CBT and post-graduate students who begin a psychotherapy training in CBT. Our instrument is divided in two parts (theoretical knowledge, practical skills). Each part is based on the same list of 40 CBT concepts or intervention methods, in which the levels of perceived knowledge and perceived practical competences are scored on an ordinal scale (1=weakly to 4=high). Comparisons and correlations between self-reported knowledge and practical skills will be examined. Factor analyses will be carried out to explore the structure of the global instrument and of its two parts. Conclusion: We expect higher scores for theoretical knowledge than for practical skills, and a moderate correlation between both. This study helps to identify the self-reported proficiency level of the students. Such a monitoring should help to organize the contents of postgraduate training, in order to be better adjusted to the needs and expectations of candidates to CBT training.

Reduced self criticism following a mindfulness meditation course: A randomized control trial

Keren Reiner — Ben-Gurion University of the Negev, Or Duek, Jonathan Greenberg

Background: Self-criticism is defined as the tendency to set unrealistically high self standards and to adopt a punitive stance toward oneself. Self-criticism was found to be associated with vulnerability to a range of difficulties and is often considered to be a stable personality trait resistant to treatment and change. Since one of the core elements of mindfulness meditation involves self acceptance, we hypothesize that learning and practicing mindfulness meditation will lead to change in self criticism. Method: Forty eight students with no former meditation experience were randomly assigned to a mindfulness meditation group and a control group. Self-criticism was measured before and after the mindfulness meditation course for all the participants. During the course participants learned breathing meditation, body scan, open awareness meditation, walking meditation and compassion meditation. Participants in the mindfulness meditation course filled a diary of their daily home practice. Results: Following the mindfulness program, self criticism scores for the mindfulness group were significantly lower than scores of the control group. Further analysis of simple correlations between home practice and change in self criticism in the mindfulness group showed a positive relation between hours of home practice and change in self criticism. Conclusions: Results indicate that mindfulness meditation can lead to reduction in self criticism, and that the magnitude of this change significantly relates to the amount of meditation practice. The results have important implications regarding the effect of mindfulness meditation in non clinical populations and the contribution of this practice to psychological resilience.

How the abuse of power in a violent relationship appears in couples therapy sessions?

Heidi Kristiina Kulta — University of Jyväskylä, Hanna Kyrö, Juha Holma

An asymmetric balance of power and power abuse are typically related to the relationships involving interpersonal violence. Would it also be possible to find these elements of power abuse in couples therapy sessions of violence treatment? This study describes the different forms of abusing power in a single couples therapy process. The couple was referred to couples therapy for previous psychological abuse. The study is a mixed method research using both qualitative and quantitative methods. The forms of abusing power were studied by classifying the clients' speech commenting the abuse of power they experienced in the conjoint therapy sessions and by measuring the time which each of the clients were in the focus of attention during the sessions. It was also studied, whether these elements of abusing power were connected to the clients' evaluations of the sessions. The male perpetrator was in the focus of the discussion more often and for longer periods of time than his wife. The categories found based on the clients' speech describing the abuse of power were named: space taking, dismissing, blocking, forcing, presenting false accusations and blaming the victim. A connection was found between the abuse of power experienced during the sessions and the clients' session evaluations. In the bases of these findings it is recommended, that the therapists should react to the abuse of power during the sessions, because it is connected to the way the clients are experiencing the sessions and the working alliance of the client and the therapist.

Clinic Generational Interview: Couples generativity

Armanda Gonçalves — Portuguese Catholic University, Fabrizia Raguso, Liliana Trigueiros, Ana Pinto, Joana Vilela

The generativity has not been studied by the scientific community until the last decade, but ever since there has been some investigations and reflections on its meaning and manifestations. Even though in the field of family therapy there have been studied concepts and principles of intergenerational character (invisible loyalty, generational differentiation, triangulation), the concept of generativity and intervention towards its promotion have been neglected (Scabini & Cigoli, 2000; Costa, 2002). The Clinic Generational Interview (Cigoli & Tamanza, 2009) comes therefore to contribute to promoting the study and evaluation of the generativity of family relationships. In the present study we intend to contribute to the process of translation and adaptation of this instrument, of evaluation and research on family relationships centered on the concept of generativity, to the Portuguese population.

Is there a link between psychopathy, social comparison and submissive behavior?

Diana Ribeiro da Silva — Faculty of Psychology and Education Sciences, University of Coimbra, Daniel Rijo, Carolina Motta, Nélio Brazão

Irresponsible and impulsive behavior, callous-unemotional traits, grandiosity and manipulation are conceptualized as the core features of the psychopathic disorder (Cooke & Michie, 2001). However, from an evolutionary approach, psychopathy could be seen as an adaptive strategy (rather than pathology) in certain psychosocial frameworks (Gilbert, 2005, 2010, Glenn, Kurzban, & Raine, 2011). Since Cleckley (1941/198) some authors report a negative relation between anxiety and psychopathy in adulthood. In contrast, youths with psychopathy traits presented positive associations with anxiety and internalizing disorders (Kubak & Salekin, 2009). These differences among adults and adolescents with psychopathy traits may suggest that positive treatment outcome is not impossible in youths. Further research is required to understand the links between adolescent psychopathy and specific evolutionary concepts, namely social comparison, submission and shame. This study explores, in a non-clinical sample of 300 youths, the association of psychopathy traits with two evolutionary constructs: social comparison and submission behavior. Psychopathy is assessed using the Youth Psychopathy Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002; Portuguese version by Simões, Abruñhosa Gonçalves, & Lopes, 2010), social comparison is assessed with the Social Comparison Scale (SCS; Irons & Gilbert, 2005; Portuguese version by Barreto Carvalho & Pereira, 2012) and submission is assessed with the Submissive Behaviour Scale (SBS; Irons & Gilbert, 2005; Portuguese version by Barreto Carvalho & Pereira, 2012).

Self-compassion, mindfulness and psychopathological symptoms in diabetes

Felisbela Gonçalves — CINEICC Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Portugal , Raquel Tejo de Almeida Oliveira, Ana Paula Matos

Recent notable advances in Cognitive Behavioral Therapy include concepts and techniques from an expanding range of sources, including Buddhist philosophy, that are integrated in mindfulness and compassion-focused approaches. Self-compassion and its component of mindfulness, have been linked to improved physical and mental health outcomes (Wren, Anava et al; 2011; Gilbert & Irons, 2004; Grossman, et. al. 2004; Neff, 2003; Neff, Kirkpatrick & Rude, 2007; Carson et al., 2005). Mindfulness-based stress reduction programs have been implemented with people experiencing physical health problems including fibromyalgia (Weissbecker, Inka, et. al, 2002), cancer (Thornton, 2002) and type 2 diabetes (Rosenzweig et al., 2007) and have demonstrated health benefits. The present investigation aims to study the relationships between self-compassion, mindfulness and psychopathological symptoms (anxiety and depression) in type 1 diabetic patients. The clinical sample was composed by 48 adult diabetic patients (19 women, 29 men). The mean age of participants was 30 years. A control group of normal population was included. We found positive relationships between self-compassion, mindfulness and treatment adherence; and negative relationships between self-compassion, mindfulness and anxiety and depression. The results of this investigation are an important contribution to increase the understanding of psychological processes involved in the adaptation to this chronic illness and they have implications to the promotion of more efficient multidisciplinary interventions.

Developing the professional competencies of a european psychotherapist

Courtenay Young — European Association for Psychotherapy

The EAP is developing a project to establish the Professional Competencies of a European Psychotherapist: establishing (first) what can be agreed as the 'Core Competencies' - common to all psychotherapists; then the Specific Competencies - specific to various modalities of psychotherapy or specific to various countries; and then the Specialist Competencies - for work with specific client groups (children, elderly, refugees, prisoners, psychotics, etc.), training, supervision, management, etc. For more information: www.psychotherapy-competency.eu

Subjective representations of therapeutic relationship

Luis Batista — Universidade de Évora, Rui Aragão Oliveira, Hugo Senra, Conceição Oliveira, Cristina Nunes, Luís Loureiro, Sandra Oliveira, Carlos Amaral Dias

The present study, financed by the International Psychoanalytical Association, explores lived experiences of the psychotherapeutic process in a clinical sample that did a psychoanalytical psychotherapy or psychoanalysis. The main aim is to analyze and understand how the relationship between patient and therapist in the process of psychoanalytical psychotherapy or psychoanalysis it is realised by the patients in different moments. The research design was an exploratory study using qualitative analysis methodology by resorting to questionnaires and/or interviews, using methodological recommendations of the Consensual Qualitative Research (CQR) method. 17 psychotherapists were contacted, and 21 patients were registered as having agreed to make the interview. Data was collected from 13 patients who finished a long term psychodynamic psychotherapy or psychoanalysis. The data has shown really different arguments about this relationship, which is discussed in the paper.

Eating behavior and family relationships among overweight and normal weight adolescents

Ana Sofia Azevedo — University of Minho, Henedina Antunes, Sónia Gonçalves

The aim of this study was to understand the eating behavior, family relationships and the impact of binge eating and parents' weight in a sample of 100 overweight adolescents and a control group of 96 normal weight adolescents aged 12-17 years. They were evaluated through self-report questionnaires. It was found that overweight adolescents had more dysfunctional eating behaviors such as overeating, loss of control over food, excessive physical exercise, restraint, weight and shape concerns, and a less positive perception of their family environment compared with their normal weight peers. In addition, these adolescents were more likely to have overweight parents. Thus, overweight in adolescence was related to dysfunctional eating behavior and lower perception of family relationship's quality. Key Words: adolescents; overweight; normal weight; eating behavior; family

The development of the therapeutic collaboration: A comparison between a good and a poor outcome case of narrative therapy

Carla Sofia Pereira — School of Psychology, University of Minho, Ângela Ferreira, Eugénia Ribeiro, António Ribeiro, Inês Sousa

Aim: The quality of the alliance is consistently related with change in psychotherapy. Thus the need to analyze the processes through which the therapeutic collaboration, the core dimension of alliance, develops, moment-to-moment, throughout therapy, has been emphasised. This poster aims to further develop this line of research, by comparing the development of therapeutic collaboration in a good-outcome case and in a poor-outcome at a micro level. Method Two cases of narrative therapy with depressive clients are under analysis using the Therapeutic Collaboration Coding system- TCCS, by two independent judges. This coding system allows for the identification of therapeutic exchanges in which the therapist worked within the therapeutic zone of proximal development (TZPD), or instead, worked out of TZPD, or at the limit of the TZPD. Results Results of previous case studies showed that Challenging is the most dominant type of intervention along therapy both in the good and in the poor outcome cases, regardless of client's previous response. However, in the poor outcome case there is a significant increase in the probability of occurring challenging as therapy proceeds, even after clients invalidation response. Discussion Results will be discussed in terms of their implications for research and practice.

Dimensions of personal therapeutic style

Barbora Milatova — Masaryk University, Ester Danelova

Employing the Grounded Theory method of qualitative analysis, authors present a study of dimensions in psychotherapists' approach to clients. The analysis examines ways in which therapists from different theoretical backgrounds and with varying amounts of experience think when facing a client, how they conceptualize their cases, and the purposes they follow choosing specific interventions. The research strives to shed light on how therapists connect theory with their practice, what concepts they employ during sessions, and what are the sources constituting their personal therapeutic style. Authors analyze transcripts of focus group discussions between therapists from varying theoretical orientations centered around a selected case study. Key words: personal therapeutic style, dimensions of therapeutic style, case study, grounded theory analysis, focus groups

Construct validity of the Portuguese version of the Client Attachment to Therapist Scale (CATS)

Túlia Cunha Brandão — Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, Helena Moura Carvalho, Paula Mena Matos

Attachment theory (Ainsworth, 1967; Ainsworth & Bowlby, 1991; Bowlby, 1977, 1988) provides a comprehensive and promising framework for understanding the characteristics and processes, which underlie the development of the client-therapist bond. The comprehensive potential of attachment theory to clinical processes and results relies, among others, on the importance assigned to how early experiences with significant others influence the development of internal working models of self and others which guide the development and maintenance of later relationships, namely the psychotherapeutic one. Although the implications of attachment theory to clinical processes have been widely explored from a theoretical stance,

the same is not evident in what respects the operationalization in the empirical research, namely in the development of measures that captured the therapeutic relationship from an attachment perspective. The Client Attachment to Therapist Scale (CATS, Mallinckrodt, Coble & Gantt, 1995) is a 36-item scale designed to assess client's feelings toward the therapist from an attachment perspective. The central aim of this poster is to present the psychometric properties of the Portuguese version of CATS, based on a sample of 216 Portuguese recovered addicts, recruited from inpatient treatment centers. The factor validity was examined using confirmatory factor analysis (CFA). Although some minor changes were introduced, results indicated that the three-factor model reached acceptable fit index levels. Internal consistency coefficients were adequate. Results concerning the adaptation process of the CATS will be discussed, namely regarding the specificity of the population under study.

Evaluating the effectiveness of a psychological intervention program on childhood obesity

Márcia Filipa Laranjeira Fernandes — University of Minho, Helena Rodrigues, Henedina Antunes, Sónia Gonçalves

Objective: Assessing the effectiveness of a program of group psychological intervention in childhood obesity at the level of Body Mass Index (BMI), Child eating attitudes and patterns, physical activity, self-concept, coping strategies, quality of life and sleep quality. **Method:** Were used the Children's Eating Attitudes Test (Maloney, McGuire, & Daniels, 1988), the Evaluation Questionnaire of Physical Activity (Telama, Yang, Laakso & Viikari, 1997), the Self-Perception Profile for Children (Harter, 1995), the Schoolagers' Coping Strategies Inventory (Ryan-Wenger, 1990), Quality of Life Inventory Generic (Varni et al., 2001), and Index Sleep Quality of Pittsburgh (Buysse, Reynolds, Monk, Berman & Kupfer, 1988). The sample consisted of 39 children (aged between 8-12 years old) and their parents, distributed by the experimental group (n=19) and the control group (n=20). Children in both groups had the clinical diagnosis of obesity and were accompanied by the consultation Pediatric Gastroenterology and Nutrition of the Hospital of Braga. In addition to these requirements, the children in the experimental group attended a group psychological intervention in childhood obesity. The psychological intervention had duration of one month, they were five group sessions of 60 minutes. **Results:** The experimental group and control group were similar in the dependent measures at pretest. The experimental group reported higher quality of life, increasing physical activity index, the decrease in BMI and increased water consumption. **Conclusions:** The psychological intervention group had a positive impact on BMI, increasing physical activity and increased water consumption thus enhancing medical treatment instituted.

The application of Psychotherapy Process Q-Set (PQS) to the assessment process: An exploratory study

Laura Bonalume — Department of Psychology, University of Milan-Bicocca, Tristan Gianmarino, Niccolò Lavelli, Angelica Gaslini, Emanuela Gritti, Agnese Donati, Margherita Lang

Different clinical and therapeutic approaches agree about the usefulness of assessment process in defining treatment indication/contraindication and in predicting negative outcomes; they also describe an existing "alliance" developing during assessment process, as forerunner of therapeutic alliance (Ackerman & Hilsenroth, 2003; Finn & Tonsager, 1997; Fisher, 1994; Hilsenroth, Peters, & Ackerman, 2004; Rumpold, Doering, Smrekar, Shubert, Koza, Schatz, et al., 2005; Huber, Henrich, & Brandl, 2005; Sexton, Littauer, Sexton & Tommeras, 2005; Principe, Marci, Glick & Ablon, 2006). This exploratory study investigated the patient and clinician "interaction structure" during the assessment process using the Psychotherapy Process Q-Set (PQS), an instrument that provides a rigorous and empirical Q-sort methodology, starting from a bottom-up and pantheoretical approach. The descriptive, transtheoretical and non-slang language of the PQS's item allows researchers to analyze clinical transcripts with different theoretical orientations. More specifically, first and feedback interviews from 15 assessment processes (N=60) were rated by PQS and Working Alliance Inventory. Descriptive analysis results allowed us to group the items in "clusters", which define the most salient features of both clinician and patient' attitude and their interaction's kind during the assessment process. The correlations between PQS and WAI ratings identified the most characteristic items for the operationalization of "assessment alliance".

An integrative approach to grief counselling

Linda Machin — Keele University, UK, Linda Machin

An Integrative Approach to Grief Counselling The Adult Attitude to Grief scale (AAG) was devised as a research tool to test the validity of components proposed as constituting the Range of Response to Loss (RRL) in those who are grieving¹. The RRL model identifies two qualitatively different dimensions of grief: first, overwhelmed (predominantly emotion focused) and controlled (predominantly emotion avoidant) components are defined as constituting a spectrum of core grief reactions and second, resilience and vulnerability are defined as the spectrum of coping responses. These two interacting dimensions, core grief reactions and coping responses, constitute the warp and weft of grief in which variable experiences and needs can be recognised. The capacity of the AAG scale to identify the wide range of biases and blends in grief has led to it becoming used in practice as a measure to profile the grief of people seeking help in their bereavement. The variation of grief evident in individual responses to the AAG, demonstrate the need for a varied repertoire of therapeutic interventions to address those differences. From this practice perspective a rationale for an integrative approach to counselling can be made. Varied therapeutic approaches, including - person-centred, narrative, cognitive, behavioural, attachment, systems and meaning reconstruction - can be used to counter aspects of disequilibrium in grief and facilitate a greater degree of resilience in those who are grieving. 1. Machin, L. (2009) *Working with Loss and Grief: A New Model for Practitioners*. London: Sage. Dr. Linda Machin (Keele University, UK) (l.machin@keele.ac.uk)

Therapeutic collaboration: Biological correlates in clinical cases of depressive and panic disorders following a cognitive behavior therapy

Sara Cruz — , Eugénia Ribeiro, Adriana Sampaio, Patricia Oliveira-Silva

Biological vulnerability is considered to be one of the key factors closely related to the development of psychological disorders. It can be understood as a physiological reactivity to sensorial stimulation, and can be modulated by cognitive and emotional processes. Based on the literature, we assume that hypo- or hyper-responsivity to emotional stimuli can be used as a biological marker of physiological reactivity patterns in patients diagnosed with depressive and anxiety disorders. Assuming that therapist interventions stimulate or moderate these patterns this work addresses the relationship between client's physiological reactivity and therapeutic collaboration in two case-studies: one client with a depressive and another with a panic disorder. We aim to shed light on Physiological Reactivity Patterns associated with clients' experiences following the supporting or challenging interventions of the therapist (Ribeiro et al, in press). Therapeutic collaboration, in both therapy processes, will be analysed using the therapeutic collaboration coding system by two independent judges. This coding system allows for an identification of therapeutic exchanges in which the therapist worked within the therapeutic zone of proximal development (TZPD) or worked out of TZPD, or at the limit of the TZPD. The physiological reactivity will be assessed using the Heart Rate, Respiratory Frequency and Electrodermal Activity measures. We expect to be able to correlate the different physiological patterns and the therapeutic exchanges. Results will be discussed considering their contribution in refining our model of therapeutic collaboration and its implication for research and practice.

The influence of romantic attachment and intimate partner violence on non-suicidal self-injury behavior among college students

Eliana Marisa Silva — University of Minho, Sónia Gonçalves, Bárbara Machado, Vânia Lima

The association between romantic relationships and self-injurious in young adulthood behaviors has received relatively little attention. This investigation explored the influence of romantic attachment and intimate partner violence (physical, psychological and sexual) on self-injurious behaviors. Participants were 616 university students (71.8% female) aged between 18 to 35 years old. Three hundred and fourteen (50.97%) of the participants were involved in a romantic relationship. Questionnaires included the Self-injurious Questionnaire Treatment Related (SIQ-TR), the Difficulties in Emotion Regulation Scale (DERS), the Experiences in Close Relationships Questionnaire (ERI) and the Revised Conflict Tactics Scales (CTS2). Almost 16% (n=94) of the total sample reported having injured themselves in some moment of their lives and 9.7% (n=60) reported self-injurious thoughts. Moreover, 3.9% (n=24) of participants reported at least a suicide attempt. An association between non-suicidal self-injury and attachment styles was demonstrated. It was verified an association between the experience and perpetration of abusive behavior and non-suicidal self-injury. Significant differences were found between non-suicidal self-injurers and self-injurers on emotion regulation difficulties. Impulse control difficulties emerged as a marginally significant predictor of non-suicidal self-injury. This study increases the depth of knowledge about self injurious behavior in college students and highlights the importance of romantic relationships in the development of risk taking behaviors.

The development of personality in Sandplay Therapy: A case study

André Guirland Vieira — Universidade do Porto

Sandplay is a psychotherapeutic technique developed by Dora Kalff (1980) in Analytical Psychology. It consists in offer to child a small box of sand and series of toys. The toys used are miniatures representing human beings, animals and objects in a variety of situations found both in the real world as in the cultural imaginary world. The combination of the structured toys with the unstructured sand allows the construction of a variety of scenarios, making Sandplay a powerful projective tool. When the child plays, he makes narratives about his inner world. Our research (Vieira & Sperb, 1997; Vieira & Sperb, 2007) has shown how child uses symbolic play as a narrative. The play is recorded in photographs taken each time a scenario is constructed or when an action is completed. No interpretation is made, leaving the child to play freely. After regular periods of time, photographs are shown and discussed in the psychotherapy session. Following the model proposed by C. G. Jung, the intervention is developed simultaneously with the child and his family. In this paper we present the case of Silvia. Silvia is a 12 year old girl brought to psychotherapy because of a too childish behavior, manifested by an over dependence on parents, widespread fears, lack of autonomy in school and slow learning. Throughout nineteen sessions, Silvia make narratives on the sand, telling us how she experienced her growing up process and the overcoming of the symptoms.

Narratives from group intervention with women victim of intimate violence

Marlene Matos — University of Minho, Anita Santos

Group intervention is one of the most common modality concerning women victims of intimate violence (Tutty, Bidgood, & Rothery, 1993). A group intervention with women that were in an abusive relationship was implemented with a cognitive-behavioral approach. Most of these women had a diagnosis of distimic disorder. The main goals were: to cease partner violence; to decrease clinical symptoms; and to reduce victim's isolation. Three experimental groups were conducted, with measures of clinical symptoms, depressive symptoms, self-esteem, ways of coping, and beliefs towards violence at pre and post test, and at follow-up. Each group had 8 weekly sessions, with 90 minutes of duration. The study about the group efficacy showed general positive findings at post-test and at their maintenance at follow-up. However, little is known so far in what regards the women's experience of being in a group intervention. In this study, our aim was to explore women's subjective experience and meanings around being in the group intervention. A post group semi-structured narrative interview (after 6 months) was conducted in order to depict women's stories about the group experience, and its' association to the violence

relation. A content analysis is being conducted, at the moment, to grasp the thematic content of these women's narratives. Results will be presented and discussed.

Psychotherapy with women victim of intimate partner violence: The emergence of new self narratives

Anita Santos — ISMAI - Maia Institute of Higher Education, Teresa Ferreira, Ana Queirós

Women victim of intimate violence are subjected to severe negative experiences, putting them in risk for several psychological problems. From a narrative point of view, their self-narrative becomes saturated by the problem, usually feelings of guilt, shame, fear, usually shaped through social discourses (e.g., male power) that support partner violence and usually make personal change difficult. Narrative therapy aims to help these women to separate themselves from the problem (externalization), deconstruct dominant discourses, identify and amplify unique outcomes (or exceptional moments from the problem), and consolidate a new preferred self narrative. A previous study (Matos et al., 2009) of women who were in narrative therapy found that therapeutic change occur through the movement of innovative moments, specifically reconceptualization and performing change. It is, however, yet to know how these innovative moments evolve in order to develop a new self-narrative. Our aim is to analyze the protonarratives (Ribeiro et al., 2010) that emerge from innovative moments in two contrasting cases of women victim of partner violence. We expect to find differences in the way clients organize and make flexible new self narratives throughout narrative therapy. Results will be presented and discussed.

The development of self-positions in psychotherapy with women victim of intimate partner violence

Anita Santos — ISMAI - Maia Institute of Higher Education, Carlos Almeida, Sofia Sousa

Departing from the Dialogical Self theory, this research lays on the notion that personal sense of identity comes from the recurrent occupation of an individual position towards one other, real or imagined, in a constant movement throughout time. The main goal of this work is to analyze the development of self positions and their dynamics, moment by moment, throughout therapy, with two contrasting cases of narrative therapy. Both clinical cases are of women victim of intimate partner violence, whose sense of personal identity has been contaminated by the experiences of violence. We hypothesize that, in the beginning of therapy, self positions are related to meaning making constrained by the violent partner and also general society. Our goal is to track, describe and understand the organizational patterns and change mechanisms involved in the dynamics of self positioning in a good and in a poor outcome case. The cases' transcripts were analyzed with the Microanalysis Positioning Manual (Cunha, Salgado, Santos, & Marques, 2009) which proceeds through a microanalysis of therapeutic conversation. This will allow the detection of the successive self positions assumed by the women in dialogue, as well as the construction of new self versions. This is an ongoing research and findings will be presented.

The relationship between psychopathology and weight status in adolescence: The role of social support

Marta Alexandre Freitas-Rosa — University of Minho, Sónia Gonçalves, Henedina Antunes

Objective: This study evaluated the differences between normal weight and overweight adolescents with regard to psychopathology, social support and emotional competences; furthermore, it investigated the role of social support in the relationship between psychopathology and BMI (Body Mass Index). Method: A cross-sectional study examined a clinical group of 83 overweight adolescents, a community group of 82 overweight adolescents and 205 adolescents with normal body mass indices (BMI). An anthropometric evaluation was made and self-report questionnaires evaluated socio-demographic and psychosocial features. Results: No differences were found among the three groups with regard to psychopathology ($F(2,367)=.45$, $p=.64$) and emotional skills (Wilks' lambda =.996, $F(6,726) =.26$, $p=.95$). Compared to healthy peers, however, the overweight community group was less satisfied with their friendships ($F(2,367)=6.05$, $p <.01$), and the clinical group was less satisfied with their intimate support ($F(2,367)=2.95$, $p <.05$) and social activities ($F(2,367)=3.86$, $p <.05$). Social support mediates the relationship between BMI and psychopathology ($R^2_{adj}=.29$, $F(2,367)=76.78$, $p <.001$). Conclusion: Overweight adolescents don't necessarily have clinical psychopathological symptoms, and social support may be more influential than weight in the development of psychopathology.

Therapeutic Identity and Countertransference: empirical specificity as independent measures of therapeutic relationship

Carlos Farate — University of Porto, Margarida Maria Couto, Nuno Manuel Torres, Susana Ramos, Manuela Fleming

Aim: Despite the importance of ascertaining the clinical validity of countertransference and therapeutic identity as therapist variables, the empirical proof of their specificity as independent measures of therapeutic relationship seems pertinent and is the aim of this study. Methods: Portuguese versions of Therapeutic Identity Questionnaire (Sandell et al. 2007: E1 "curative factors", E2 "therapeutic style" and E3 "basic assumptions" subscales) and Feeling Checklist (Holmqvist & Armelius, 1996) were filled in by 34 experienced cognitive-behavioral (CBT) and psychodynamic therapists (PT) as part of an ongoing study on the management of setting. Empirical specificity of each instrument was assessed through correlational analysis of Thld subscales and FC clusters. Results: For Thld: positive correlations were identified between: E2 supportiveness and neutrality ($p .05$); E2 supportiveness and self-doubt ($p= .04$); E1 relevance of insight and E2 supportiveness; E1 relevance of insight and E2 self-doubt (both $p= .000$); For FC: positive correlations between: feelings of warmth and freedom ($p= .000$); coldness and negative feelings towards the patient ($p= .000$ level); negative feelings and lack of freedom ($p= .003$). Discussion: Regardless of the small sample size both independent measures displayed a satisfying empirical specificity across therapists of different theoretical orientation (CBT and PT). Moreover, the adaptability of both psychometric instruments to process and

outcome studies between therapists of diverse theoretical orientations seems promising. A theoretical discussion of both constructs in the light of the findings is proposed as well as a reflection on its implications for the ongoing research project.

Development and use of simulated patients in psychotherapy: A systematic review

Dorothea Klucznik — Oxford University

While there are evidence-based psychological treatments for a variety of mental disorders, most especially for clinical depression, anxiety disorders, and eating disorders, there is evidence that few patients are receiving these treatments. This is in part because few clinicians have received training in their implementation. New ways of training clinicians effectively and efficiently need to be developed to disseminate evidence-based treatments and these methods of training need to be evaluated. Thus new strategies and procedures for measuring training outcome are also required. Measures of therapist competence need to be capable of assessing the requisite knowledge and the therapist's ability to apply this knowledge in clinical practice. While knowledge may be assessed by a variety of methods such as the use of multiple-choice questions (MCQs) or extended-matching items (EMIs), the use of simulated patients might be of value in assessing the therapist's skill in the application of such knowledge. In this review we discuss the potential merits of using simulated patient encounters (SPEs) to assess competence in implementing psychological treatments and critically review the available literature on their use. This review indicates that research on simulated patient encounters and psychotherapy lag behind other health care professions where simulated patients are widely used for training and performance assessment. We then outline recommendations and possible strategies for the use of this method to assess therapist competence.

Non-suicidal self injury, psychopathology and attachment

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Abstract The present study aims to: 1) describe non-suicidal self injury (NSSI) on a Portuguese, community sample of 518 university students; 2) assess the existence of relationships between NSSI and the sex of participants; 3) explore differences between self-injurers and non self-injurers on psychopathology measures; 4) assess the relationship between the presence of NSSI and styles of attachment and compare self-injurers and non self-injurers on attachment relevant measures; 5) assess the amount of participants whose injuries described on a self-report measure are confirmed by means of an interview and 6) to evaluate the distribution of self-injurers throughout the different attachment styles evaluated by the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1984). The study was divided in 2 stages. On a first stage, participants filled in self-report measures of NSSI, psychopathology and attachment. On a second stage, confirmation/disconfirmation of NSSI interviews and AAI (George, Kaplan, & Main, 1984) were conducted. First stage results revealed that 16.2% of participants had injured themselves in some moment of their lives. Self-injurers scored significantly higher on all psychopathology scales and an association between NSSI and attachment styles and significant differences between self-injurers and non self-injurers on relevant attachment measures were also demonstrated. Second stage results revealed the confirmation of NSSI in 83.3% of cases and the classification of all second stage participants as insecure-preoccupied on the AAI (George, Kaplan & Main, 1984). Results were discussed by means of an intercrossing of NSSI and attachment theory literatures.

Micro-analysis of therapist-client communication: Using the lens of Positive Psychology

Ana Mafalda Almeida Bruno —

Aim: Analyze, through Micro-Analysis of Communication (McGee and colleagues, 2004), the types of questions asked by the therapist the responses given by customers as well as the responses given by therapists to shares of events considered winners or losers. As this micro-analysis criteria, data elements uses two models: Shelly Gable (2006), whose investigations are based on understanding how the responses to positive events constructive activities of others who are close to reinforce the well-being and quality of close relations, and Marcial Losada (1999), through its Model Meta Learning model, where we study the ratio Positive / Negative, defined as a powerful feedback about human behavior, which fosters and maintains positive behavior, and moderate negative, stop or redirects the same. **Subjects:** Sample was collected in Military Hospital's Psychiatry, with adults attending psychotherapists (N = 4 therapists and 2 clients each, with data collection on 5 sessions for each client: total of 40 sessions). **Procedure:** We recorded 5 sessions per client and developed the Micro-Analysis of each one. After, the therapist and client jointly and individually, were interviewed, based on the Appreciative Inquiry (AI) (Cooperrider & Whitney, 2005) in order to characterize the quality of the therapeutic process, as perceived subjectively by each one. Data collected in the sessions will be subject to two types of evaluation: (1) the type of dynamic communication adopted during the process, according to two models and (2) the subjective perspectives on the current therapy as assessed by interviews with clients and therapists. Data still under analysis

The importance of patients' emotional processes on an integrative model

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Abstract Aim: Research in psychotherapy has showed strong empiric evidence that certain emotional processes help to promote therapeutic changes (Greenberg, Korman, & Paivio, 2001). The goal of this study was to further investigate how the processes of emotional attention, differentiation, regulation, intensity and expression change along the different stages of the therapeutic process, based on an integrative meta-model of psychotherapy – the Paradigmatic Complementarity Model. Thus, we avoid the constraints imposed by the assumptions of the various psychotherapy models about the role of emotions in therapy outcomes. **Methods:** The analyses will be based on data from a randomized clinical trial involving 122 patients. Once individual differences moderate how emotions are experienced, we used specific measures that access the various

emotional components during psychotherapy. In order to assess the therapeutic goals used by the therapist at different stages of the therapeutic process, based on the model of Paradigmatic Complementarity, we used Therapists Operations (Conceição, N., Branco Vasco, A., 2010). Results: Preliminary results indicate that emotional processes predict change in psychotherapy. Discussion: Preliminary results suggest that specific emotional process have a different impact along psychotherapy. Some of the emotional processes were crucial for patients' improvements and for therapy outcomes. The impact of each emotional process will be discussed.

Cognitive-behavioral variables as risk factors for school achievement: Exploring gender differences

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School failure and school dropout are not only an individual issue, but also a societal problem, that has been associated with severe behavioral disturbance and other mental health conditions among youth. This study aims to identify which cognitive and behavioral risk factors better predict school underachievement. Experts from a national project aiming to improve school grades of at risk students, defined a set of variables that may act as risk factors for school underachievement and dropout: (1) behavioral and self-regulation problems; (2) rejection by peers; (3) low academic self-concept; (4) devaluation of school; (5) performance anxiety; (6) poor study routines; (7) low self-efficacy; (8) distrust towards teachers. These 8 dimensions were derived from relevant research and from the 3 years of experience in working with at risk students and are all included in the Student's Self-Assessment Risk Factors Scale (SSARFS). SSARFS has good internal consistency (Total α = .904). A sample of 682 subjects from the national public school network (53,7% girls and 46,3% boys, aged between 10 and 18 years old) answered the SSARFS, and information about school achievement was provided by the school. Results showed gender differences were found for the majority of SSARFS dimensions, with girls scoring higher in more internalizing dimensions and boys scoring higher in more externalizing dimensions. SSARFS dimensions were able to explain 29.7% of the total variance of school grades for boys, and 29.5% for girls. There are different predictors of school grades for boys and girls, but the best predictor is the low self-concept, for both genders.

Prevalence and correlates of adult romantic attachment in college students

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Although attachment theory was originally designed to explain the emotional bond between infants and their caregivers, Bowlby (1979/1994) believed that attachment is an important component of human experience during life span. The present study aimed to evaluate the prevalence and correlates of intimate relationships attachment in college students. Participants were 323 college students (62.8% females) aged between 18 to 35 years old ($M=20.72$; $SD= 2.35$). Assessment measures included the Experiences in Close Relationships Questionnaire (ERI), the Children's Perception of Interparental Conflict Scale (CPIC), the Father/Mother Attachment Questionnaire (FMAQ) and the Brief Symptom Inventory (BSI). More than 60% of the participants present a non-secure romantic attachment. This group reported more psychopathological symptoms, lower quality of emotional bond, higher separation anxiety and higher inhibition of exploration and individuality in father/mother attachment compared to the secure romantic attachment group. In addition the non-secure attachment group also reported more interparental conflict. These results contribute to the understanding of the developmental pathways involved in linking early life experiences to quality of adult romantic relationships outcomes. This is valuable information as it can be used to inform preventive interventions by identifying potential interventions targets in a effort to reduce the adverse impact of the family experiences.

Use of a Psychotherapy Process Q-Set to discover the impact of personality characteristics on the therapy process

Anne Devlin — University of Wollongong, Brin Grenyer

The aim of this study was to use the Psychotherapy Process Q-Set (PGS) (Jones, 2000) to discover the impact of attachment styles and introjective and anaclitic personality configurations on the therapy process. Study 1 ($N = 62$) examined the relationship between depressed clients' scores on two personality measures. Study 2 examined the therapy process in a subgroup of clients. Study 3 examined the impact of personality on response to treatment. The significant findings were: 1. high scores on fearful and dismissing attachment style were associated with high scores on self-criticism and 2. high scores on dismissing attachment were associated with low scores on dependency. In study 1b. high scores on dismissing attachment style were associated with difficulty agreeing on therapy goals. The observation in study 1 that self-critical clients had either a fearful or dismissing attachment style was extended in study 2b by examining the therapy process with self-critical clients differentiated by attachment style. The results indicated that self-critical clients with a dismissing attachment style were less introspective and more hostile than self-critical clients with a fearful attachment style. Study 3 demonstrated that despite the capacity for introspection, individuals with a fearful attachment style had the slowest response to therapy. This study highlights the inherent problem in developing treatments for depression that do not consider personality factors. Clients in this study were equivalent in terms of diagnosis and symptom severity; yet there were significant personality-driven differences in therapy response.



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