Book of Abstracts

SEPI XXVIII ANNUAL MEETING
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Clearing the Road to the Unconscious: The Dialectic of Alliance and Confrontation with the Resistant Patient in Davanloo's Intensive Short-Term Dynamic Psychotherapy

John Hans Rathauer - Private Practice, Kendall Park, NJ, USA, Linda Smoling Moore

Starting in the 1960’s, Davanloo developed ISTDP from his pioneering change process research. His ground breaking discoveries illuminated unconscious processes and led to the development of a powerful set of therapeutic interventions. Increasingly, reviews of current psychotherapy research (e.g., Castonquay, 2011; Messer, 1995) confirm the validity of Davanloo’s findings and methodology. This workshop will offer an introduction to the fundamental elements of Davanloo’s approach and a powerful system of interventions designed to identify and remove resistance (e.g., defenses/ maladaptive coping strategies and therapy interfering behaviors) and facilitate alliance in the therapeutic process. Davanloo regarded a series of interventions he termed the “Head on Collision” (HOC) as the most powerful intervention in the therapist’s arsenal. Unprepared, the therapist can find him/herself at the mercy of the patient’s resistance, leading to defeat for both patient and therapist. Various forms of the HOC, which can be utilized effectively for a broad range of patient populations, including neurotic character structures and fragile patients, will be reviewed. Special attention will be given to the most powerful use of the technique, referred to as the interlocking form of HOC (IHOC). The IHOC has unique applicability to patients with good anxiety tolerance yet the most entrenched, habitual forms of defenses (e.g., “that’s just who I am”). The IHOC is designed to put a total blockade to all the forces that act to sabotage the patient’s goals and prevent the patient from receiving the full benefit of the therapeutic relationship. Audiovisual vignettes of actual therapy sessions will be used to illustrate the application of the HOC. Participants will learn fundamental conceptualizations and integrative aspects of Davanloo’s work. In addition, they will learn to identify key forms of resistance and observe audiovisual demonstrations of powerful interventions designed to overcome forms of resistance that threaten to derail the therapeutic process.

Emotion-Focused Therapy for Trauma (EFTT)

Sandra C. Paivio - University of Windsor, Canada

Participants will be introduced to the EFTT approach to treating complex interpersonal trauma, including the theoretical and research underpinnings of the approach, and the interventions used in the therapy. Most prominently, the workshop will present intervention guidelines and strategies for helping clients confront trauma feelings and memories (exposure) and a step-bystep process for resolving attachment injuries with particular perpetrators. In addition, we will present guidelines for cultivating an effective therapeutic relationship and strategies for promoting client self-development -- including reducing fear and avoidance of emotional experience, and transforming shame and self-blame. Videotaped examples will illustrate key therapy processes.

Motivational Interviewing (MI): An Integrative Framework or Psychotherapy

Hal Arkowitz – University of Arizona, USA

In this workshop, I’ll present an overview of MI including principles and methods. Video recordings of sessions of MI will also be presented. The main emphasis will be to demonstrate how MI can be used as a framework in which to conduct other types of therapy that promises to enhance their efficacy. This will be illustrated with the problems of Anxiety and Mood Disorders through roleplaying and discussion. Research on MI will also be discussed.
This panel works toward further bridging the much recognized gap between science and practice with a particular focus on how psychotherapy process findings can be better utilized by psychotherapists. Each presenter will discuss how we can best integrate process research into our integrative practice. Stanley Messer will review process research in Psychodynamic therapy and discuss evidence that informs psychotherapy practice. Louis Castonguay will discuss process findings in Cognitive-Behavioral Therapy and Leslie Greenberg will highlight the importance of being integrative in our use of process findings to inform our psychotherapeutic practice. David Orlinsky will bring our attention to important aspects of all of the presentations in synthesizing knowledge gained from process research findings in application to integrative practice.

Can Process Findings Guide the Understanding and Implementation of Change Mechanisms in Cognitive-Behavioral Therapy
Louis Castonguay - Penn State University, University Park, USA

This paper will discuss how some process research has provided support to specific interventions that are assumed to facilitate change in cognitive behavioral therapy (CBT). Also briefly discuss will be research findings suggesting that concepts and interventions associated with other forms of therapy can explain part of the effectiveness of CBT. In addition, suggestions will be made to foster conceptually meaningful and clinically relevant research that could lead to a better understanding and further improvement of therapeutic change in CBT (and other psychotherapy approaches).

Evidence based Change Processes: Specific Factor Integration
Leslie Greenberg - York University, Toronto, Canada

For psychotherapy research to become a true applied science, it needs to specify the processes of change that produce psychotherapeutic effects. Because of Eysencks challenge psychotherapy research got off on the wrong foot, to show that it did work and because of school wars it continued in this vein trying to prove mine is better than yours. What is needed is a study of specific processes that can then be integrated with common factors to form an integrated approach to treatment based on evidence based change processes. If we are to establish a scientific understanding of treatment effects we need to empirically investigate how psychotherapy works. Without knowing the specific processes and causal paths to the outcome, we do not have a scientific understanding of the treatment. I will suggest that if we are to catch the complex patterns involved in the human change process we need to model the complex pathways that occur in specific contexts not simply the relationship of a few variables to outcome in a regression analysis.

Psychodynamic Contributions to Understanding Change Mechanisms
Stanley Messer - Rutgers University, Piscatawa, NJ, USA

Despite the common view that psychodynamic treatment is not research based, it will be argued that there is an increasing empirical base to guide the therapy process. In the general framework of two over-arching factors that are said to bring about change—insight and the therapist-client relationship—some specific variables will be discussed as contributing to change. These include the state of the therapeutic alliance, an emphasis on affective experience and the acquisition of new understanding.
Applying Neuroscience Findings to Promote Change in Psychotherapy
Diana Fosha, AEDP Institute, New York, NY, USA

A powerful engine for the increased energy and growth of our integrative psychotherapy approaches has been a recently emergent ongoing dialogue with physiology and neuroscience. This mutually enriching interdisciplinary communication is centered on a common interest in the primacy of affect in the human condition. Psychotherapy research into the critical role of emotional contact between humans is now being informed by biological studies on the impact of relational interactions on brain systems that regulate emotional bodily based survival functions. Jaak Panksepp and Stephen Porges, scientists in the vanguard of this paradigm shift, are crucial voices in shaping the interdisciplinary dialogue that is transforming our day to day and moment-to-moment clinical practice.

How the Stresses and Challenges of Life Distort Social Awareness and Displace Spontaneous Social Engagement Behaviors with Defensive Reactions
Stephen Porges - University of Illinois at Chicago, Chicago, IL, USA

This presentation will focus on the restorative power of understanding the adaptive function of stress reactions as an important adjunct to treatment, and the role of our nervous system in interpreting risk in the environment through “neuroception.” Neuroception is the process through which our nervous system evaluates risk in the environment. It occurs outside of awareness and often independent of the cognitive narrative that we typically employ to explain how our behaviors and feelings are either linked or dissociated with specific events. Neuroception is our body’s unbiased and often truthful reaction to people, places, and events. By deconstructing the biobehavioral features of reactions to life’s challenges, both client and therapist are better informed.

The Basic Emotional Affects: Understanding the Brain Sources of Psychic Joy In Depression: Clinical Implications
Jaak Panksepp - Washington State University, USA

Conceptualizing emotions as “the ancestral tools for living,” Jaak Panksepp will elucidate the scientific advances in understanding human emotions. Through the study of basic emotional processes of mammalian brains, we gain a better understanding of the brain sources of psychic pain and joy, as antecedents to depression and therapeutic strategies, respectively. His current work focuses on understanding the most important brain networks for sustaining "psychic energy." The implications of affective neuroscience for the development of new clinical interventions—both somatic and psychotherapeutic— that support an integrative psychotherapy practice will be explored.

Integrating Process Research Findings into Integrative Practice: What Does the Future Hold?
Jeanne Watson, University of Toronto, Marvin Goldfried, State University of New York at Stony Brook, Kenneth Levy, Penn State university, University Park, USA, Maria del Carmen Salgueiro, Fundacion Aigle, Buenos Aires, Argentina

With the help of the integrative psychotherapy movement, the field has shifted in its focus from which psychotherapy is better, to more differentiated questions regarding what are the important processes active in all psychotherapies, and works best for whom, at what time. Many clinicians now see themselves as eclectic integrators, rather than firmly attached to a single approach. In the recent past, the focus of SEPI has centered on how research can help us address more differentiated questions about integration and how to practice most effectively. Research holds the promise of answering questions about the effective common change principles that contribute to success across psychotherapies in addition to the specific processes necessary to promote change in the variety of clients we see in our practice. This panel will ask presenters to discuss their perspectives on the next questions for SEPI as well as the direction and next steps SEPI might take to answer our most pressing questions. Questions addressed will include: Have we arrived at a set of common principles?
What are the empirically supported processes worth integrating into psychotherapy practice? Which specific processes are in need of further research? What are the causal pathways to change that need to be further understood? And the general question: How can research efforts help us further investigate questions regarding psychotherapy integration?
**Keynote**  
**Cultural competence as the integrating variable; Training the next generation of therapists**  
*Laura Brown, PhD - Director, Fremont Community Therapy Project*

Psychotherapy integration as usually construed involves the interweaving of theoretical and/or technical strands in a mindful and intentional manner so as to create a hybrid approach to therapy. What has not yet generally informed the integrative process, however, has been the lens of cultural competence, and the epistemologies of human difference that generate culturally competent paradigms for psychotherapy.

This presentation will discuss how, in a training setting, the over-arching framework of culturally competent practice becomes the paradigm through which trainees, who come from a range of theoretical orientations, learn to become integrative in their practices. I will share the strategies used at our training clinic, whose mission is to offer “feminist, culturally-competent, queer-friendly, trauma-aware” services, in supervision with pre and post doctoral trainees, to invite them towards integrative practice models.

**Keynote**  
**Multi-systemic, Empirically Informed Psychotherapy: Integrating Art, Science and Systems**  
*Presenter: William M. Pinsof, Ph.D.*

Since the turn of the century, the field of psychotherapy has been undergoing a seismic change—the demand, from multiple quarters, to place our practice on a solid scientific foundation. This change has produced the trend toward empirically supported treatments. While this trend has its benefits, many experienced and integrative therapists balk at the expectation that they will follow manualized treatments for specific disorders. However, this “empirical demand” has produced an alternative to empirically supported manualized treatments for specific disorders—empirically informed psychotherapy (EIP). EIP collects scientific data from clients throughout the course of therapy and feeds it back to therapists to inform their clinical decision making. The Psychotherapy Change Project at the Family Institute at Northwestern has developed the STIC, the first internet based system for collecting and analyzing multi-systemic (individual adult, couple, family and child) and multi-dimensional data from clients and feeding this information back to therapists to facilitate collaborative assessment, treatment planning and progress evaluation. The STIC also measures and feeds back continuous information about the the integrative psychotherapy alliance. Additionally, the Project has created the ITSR, the first internet based system for identifying and tracking therapist behaviors from a generic and common factors perspective in individual, couple and family therapy. Together, the STIC and the ITSR provide an internet-based, comprehensive and integrative system for studying the process and outcome of psychotherapy as well as providing clinically useful “hot” data that therapists and clients can use together to illuminate, focus and expedite their work. Bill Pinsof will present the STIC and ITSR and illustrate how they can be used to facilitate empirically informed practice. Their research applications will also be addressed.
**Conference Workshop Trauma**

**Dialogic exposure in an integrative trauma therapy (DEITT)**  
*Willi Butollo - University, Munich/Muenchen, Germany*

Dialogical exposure is the main tool in an integrative trauma therapy. Its effectiveness and efficacy is tested in an RCT study presented during an oral presentation at this conference. The mini workshop on DEITT offers to inform about intervention principles and techniques drawing from behavioral therapy (exposure techniques and cognitive techniques) as well as from existential gestalt therapy and social skills training. Theoretical background comes also from self psychology and the gestalt notions on contact processes. Dialogical exposure is the core of a multiphasic treatment strategy based on dialogical work including in sensu contact with perpetrators/offenders as well as strengthening interactional/dialogical skills of patients with disorders following traumatic experiences, including PTSD, but not limited to this diagnostic category following posttraumatic stress.

**Conference Workshop Integration**

**Moderator**  
*Jay Lebow - The Family Institute at Northwestern University, Evanston, USA*

**Integrative Problem Centered Metaframeworks**  
*Discussants: William Pinsof - The Family Institute at Northwestern University, Evanston, USA and Douglas Breunlin - The Family Institute at Northwestern University, Evanston, USA, William Russell, The Family Institute at Northwestern University*

This workshop will present the fundamentals of Integrative Problem Centered Metaframeworks (IPCM). IPCM is a systemic and systematic synthesis of family, couple and individual therapies that provides guidelines to enable therapists to traverse the complex clinical landscape of most cases. The presenters will articulate the building blocks of the perspective that include: theoretical pillars, core concepts, guidelines for practice, and the blueprint for therapy. The blueprint covers the process of therapy, itself, and includes four components: hypothesizing, planning, conversing and reading feedback. The hypothesizing component draws upon a clear definition of the presenting problem, the sequences in which the problem is embedded and the constraints that block a solution. Constraints are identified using 8 planning metaframeworks (Organization, Sequences, Development, Mind, Culture, Gender, Biology and Spirituality). Planning involves a systemic effort to replace the problem sequence with an adaptive sequence that will resolve the problem. Rarely is this a straightforward process, hence the planning component of the blueprint contains a matrix of practice that enables the therapist to select relevant interventions depending on the remaining nature of the constraints. These interventions are systematically selected from available models of therapy. The interventions are organized into 6 planning metaframeworks that employ from a focus on current constraints to remote constraints. The moment-to-moment execution of the therapy is regulated through the therapeutic conversation (Conversing), and how clients respond to therapy (Reading feedback). IPCM is an empirically informed model that uses a progress research instrument to track improvements in the therapy. This instrument will be described briefly. Using lecture and discussion, the presenters will present IPCM, and illustrate how it has been used to organize an MFT graduate program. Clinical material will be presented through case examples and brief video clips. The audience will engage in discussion.

**Conference Workshop Interviewing**

**Internal-External Sequences: An In-Session Strategy for Simultaneous Tracking of Intra-psychic and Interpersonal Experience**  
*Nancy Burgoyne - The Family Institute @ NWU, Evanston, USA, TBD*

A challenge therapists face when interviewing couples or families is navigating both client’s interpersonal interactions and their intra-psychic experience. Often therapists who are interested in integrating information from both spheres simply attend to one dimension at a time. This workshop will offer specific interviewing techniques that facilitate integration by accessing interpersonal and intra-psychic functioning simultaneously. This process increases a therapist’s ability to explore and amend interwoven layers of constraint across levels of the system. Family therapists have long relied on tracking sequences (Breunlin & Schwartz, 1986) to identify problematic interpersonal cycles that constrain change. With the recognition that multiplicity
characterizes the internal world (Schwartz, 2001), the process of tracking and modifying sequences has also been applied to intra-psychic functioning. The recently published Integrative Problem Centered Metaframeworks (Breunlin et al., 2011; Pinsof et al., 2011) provides theoretical support for accounting for multiple layers of a system simultaneously. Implementing these ideas, however, is a challenge. This workshop will provide didactic material (with accompanying handouts) along with an experiential exercise and/or video tape to engage attendees in learning the skill of simultaneously tracking intra-psychic and interpersonal experience.

Listening with Purpose: Closing the Gap Between Theory and Practice
Patricia Gianotti - American Institute for Psychoanalysis (Karen Horney Center), New York, USA, Jack Danielian, Ph.D.

This workshop is based upon the recently published book Listening with Purpose: Entry Points into Shame and Narcissistic Vulnerability, by Jack Danielian, Ph.D. and Patricia Gianotti, Psy.D. Designed as a training manual for therapists, their book uses familiar theoretical concepts to integrate intrapsychic, interpersonal and systemic approaches to dynamically oriented psychotherapy. The book demonstrates a clear process-oriented model of psychotherapy with the goal of demonstrating how character structure often intensifies presenting symptoms and how it can confound the progress of treatment. This presentation will provide participants with a visual Four Quadrant Model that helps therapists attend to both conscious and less than conscious messages conveyed to us by our patients. Using case examples to help illustrate the application of their model, participants will be introduced to techniques such as forecasting and moment to moment tracking to help uncover and integrate “splits” within the psyche. Drs. Danielian and Gianotti will show how key words or phrases can be used as entry points that can lead us deeper listening and more effective treatment interventions. Although the model and this workshop have general applicability to most practitioners, it is specifically geared to a client population with character issues that fall within the broad spectrum of narcissistic injury. Workshop Structure/Format: Participants will first be introduced to the Four Quadrant Model as well as key learning points that can assist in developing increased intention and advanced skill-building around therapeutic listening. Case vignettes will be provided to help participants better understand and begin to apply the model in typical therapeutic scenarios. Time will be provided to ask questions relevant to the model as well as concepts introduced during the presentation.

The MAP tool: A dynamic assessment and intervention for parents and children at risk for relational ruptures.
Yvonne Bohr - York University LaMarsh Centre for Child and Youth Research, Toronto, Canada, Norma Sockett di Marco

Physical and emotional abuse of children is a pervasive problem: risk of child maltreatment ranks among the most concerning family problems seen in mental health centers worldwide, yet relatively few focused, early interventions are available for clinicians who wish to prevent it (Asawa, Hansen, & Flood, 2008). While theories of child abuse abound, preventive intervention studies are rare as they pose great challenges to scientist-practitioners; for example, clients at risk can often not be retained in treatment long enough to show results (Skowron & Reinemann, 2005; Turner & Sanders, 2006). Still, many clinicians experiment with innovative approaches to this insidious concern in everyday practice, but these approaches are seldom systematically evaluated. The Mapping Attributions of Parents (MAP) method is one such approach; it was designed to prevent relationship breakdown between parents and their young children, and developed, refined and evaluated by clinicians at a Toronto community clinic in active collaboration with a research team at the LaMarsh Centre for Child and Youth Research at York University. The MAP tool is designed to assess, and intervene with parents to support reflectivity, sensitivity and positive attributions. This assessment doubles as a short-term intervention for parent-child dyads that function in situations of high parental stress and risk for maltreatment.
MAP method is constructively integrative in that it combines cognitive and client-centered strategies within a framework that is rooted in attachment theory. It is currently used in Canada, the US and Europe, and is proving to be culture-sensitive and adaptable. In this workshop we will be presenting an overview of (and opportunity to practice) this parent-child interactional, dynamic assessment designed for families at high risk for relational ruptures.

Therapeutic Approach of the Generalized Anxiety Disorder: a bridge between behavior and experience
Héctor Fernández-Alvarez - Aigle Foundation, Buenos Aires, Argentina, Beatriz Gómez

The state of the art of generalized anxiety disorders (GAD) psychotherapy is a dual display of successes and failures. So far there are many questions that remain and the outcomes are still poor. However, the emergence of new explanatory models and therapeutic intervention procedures are very promising. Patients with GAD present a long-term clinical history, early onset and are resistant to change. They have felt weighed down for years with a wide and extensive range of painful situations and behaviors affected by the disorder. Also they have been able to gain support in their environment that helped them reinforce their dysfunction. Therefore it is necessary to make a good assessment to identify: the diversity of situations affected (and their hierarchy), the dominant coping styles, historical sequence including others that contribute to the maintenance of problem. Based on a clinical case entirely video filmed, the 20 sessions treatment program will be illustrated. The variables considered for case conceptualization will be presented. A construction of the dysfunctional cognitive map will be demonstrated, as well as how to identify the cognitive processes involved in the development and exacerbation of symptoms of this disorder. The central role of metacognitions will be illustrated. The difficulties involved with this type of patient diagnosis and treatment design, as well as how to use tools to monitor the therapeutic process and outcome assessment will be pointed out. The program highlights particular aspects of patient / therapist collaboration applying principles of mind theory to moderate patients’ expectations. The various components used in psychoeducation, identification of the worrying situations, dominant coping styles and especially, the connection of dysfunctional behavior with personal organization experience will be presented. Treatment combines exposure and restructuring procedures with strategies that underscore the historical context and the importance of relationships as propitious areas to promote alternative modes of personal experience. It points up the role of systematic between-session activities (homework), along with self-instruction procedures training, applied with a progressive and recursive approach during the therapeutic process.

Therapeutic Techniques: co-occurring DD/MI (Developmental Disabilities and Mental Illness)
Kim Nygaard - Pioneer Center, McHenry, USA

Developmentally delayed clients can pose challenges to the staff and therapists that work with them. At times, clients can act out negatively in verbal, non-verbal and physical manners. Some behaviors are a manifestation of the disability itself. Other behaviors are due to communication difficulties, low tolerance, or lack of internalized coping skills. In addition, behaviors can be exacerbated by a co-existing mental illness. Therapists, staff, other clients and guardians are often overwhelmed by acting out behaviors. This seminar will address different behavioral interventions that can be used to assist the client in engaging in more appropriate behavior.
Major orientations to psychotherapy have historically had divergent views on the role of emotions in psychological health as well as in therapeutic process. However, given recent developments in affective neuroscience as well as scientific studies of emotions, different theoretical orientations have been converging on similar viewpoints as to the central role of emotions both in adaptive psychological functioning and in treating a variety of psychological disorders and problems.

Accelerated Experiential Dynamic Psychotherapy (AEDP: Fosha, 2000) and Emotion-Focused Therapy (Greenberg, 2002) are state-of-the-art affect-focused integrative approaches that delineate specific affect change process as well as the moment-to-moment process of interventions specifically targeting problems related to emotional processing such as emotion dysregulation and avoidance. Although AEDP and EFT are both experientially oriented and draw similar research evidence in understanding the role of emotions in psychological well-being and change, they do have important differences in therapeutic foci.

The goal of this two-part series is to make a direct and systematic comparison of these two affect-focused integrative therapies in order to identify core principles common to both, as well as to highlight conceptualizations specific to each of them. The founders of the two approaches, Diana Fosha representing AEDP, and Leslie Greenberg representing EFT, will discuss the following core concepts:

(a) conceptualizations of adaptive and maladaptive emotional functioning,

(b) therapist’s relational stance (particularly of moment-to-moment tracking of client emotional processes),

(c) working with secondary, defensive, and avoidant emotions

(d) promoting affective change process

(e) recent developments in its theory and practice.

Part 1 focuses and (a) and (b). In Part 2 of the series, focused on transforming affect, the presenters will focus on (c), (d), and (e).

Each presenter will extensively demonstrate concepts with videos of actual therapy sessions to illustrate the process of moment-to-moment interventions and their resultant change processes. This will allow our discussion to have a firm grounding in the actual therapy process, allowing participants to connect theoretical ideas with specific therapist and client in-session behaviors.

The discussant, Rhonda Goldman, who is a leading researcher in affect-focused therapies, will guide the attention of audience to the important issues in working with client emotional experiences.
Applying Psychotherapy Research in Acute Hospital Setting - Opportunities and Roadblocks

The nature of the therapeutic goals, treatment modalities and "model" of acute psychiatric inpatient hospitalization has changed drastically over the past several decades. What used to be a "therapeutic environment" in which a patient could receive intensive and comprehensive mental health diagnosis and treatment has essentially moved to a crisis intervention mode, in which the goal is "stabilization," chiefly through psychopharmacological intervention. With the focus upon containment of symptomatology rather than definitive diagnosis and treatment of psychopathology, room is very limited (if at all available) for provision of psychotherapeutic interventions despite research findings documenting the benefits that can be derived. Starting with a discussion of my work at several hospitals over the past year, including as Interim Medical Director of a 122-bed institution, the opportunities to re-introduce psychotherapeutic techniques - and the resistance to that effort - will be discussed.

Corrective experiences in psychotherapy: A common factor approached from a pluralistic perspective


For many therapists, "corrective experiences" (CE) is a familiar construct with a long history. Having emerged from the psychoanalytic tradition in the late 1940s (Alexander and French, 1946), it has been "baptized" as a common factor at least 30 years ago (1980). Yet, limited attention has been given (by scholars and researchers alike) to the definition of CE, to the delineation of their nature, to what facilitates them, or to their therapeutic consequences. The goal of this structure discussion is to address this gap of knowledge by providing conceptual and empirical descriptions of CE, as they manifest themselves in different approaches of psychotherapy. This discussion will be based on a series of three conferences held at Penn State University (PSU). These conferences involved internationally known psychotherapy researchers who, as a whole, represent a variety of theoretical orientations and a range of methodological (quantitative and qualitative) backgrounds. Based on open interactions and the observations of videotaped sessions, these meetings led first to a consensus about the definition of CEs, (i.e., "CEs are ones in which a person comes to understand or experience affectively an event or relationship in a different and unexpected way."). Within the framework of this definition, extensive and creative discussions took place about the nature and role of CE, as well as the processes that facilitate and follow them. These conferences led to, and were fed by innovative chapters (theoretically and empirically based) that the participants wrote as part of a soon to be published book (Castonguay & Hill, in press). By having several participants at the PSU conferences discussed their views and findings, the proposed open discussion should lead a broad and multi-faceted perspective of a complex mechanism of change that appears to cut across different forms of therapy.

Therapeutic presence as trans-theoretical

Discussants: Shelley McMain - Centre for Addiction and Mental Health (CAMH), Toronto, Canada and Jesse Geller - Yale University, New Haven, USA, Andrew Shaul, Private Practice, Toronto, Ontario

Therapeutic presence is the state of having one’s whole self in the encounter with a client by being completely in the moment on a multiplicity of levels—physically, emotionally, cognitively, and spiritually. Therapeutic presence involves being in contact with one’s self, while being open and receptive to the client and what is poignant in the moment. In this discussion group we will present a research model of therapeutic presence and explore presence as a trans-theoretical concept. Therapeutic presence is a foundational stance that is necessary in the therapy relationship and essential for optimizing both therapists’ and clients’ functioning across theoretical approaches. Our discussion group includes representatives from major schools of psychotherapy including dialectical behavior, psychodynamic, and emotion-focused therapy. We will
examine the role of therapeutic presence from different theoretical perspectives as well as explore methods for enhancing therapeutic presence across different approaches.

Discussion Groups

Child
Moderator
Ken Barish - Weill Medical College, White Plains, USA

Working with Resistance in Child Therapy
Discussant: Steven Tuber - City University of New York, USA

It is disheartening, but true: children often do not want to talk to us – or anyone - about their bad feelings. Many parents consult us with the (not unreasonable) hope that this is our special skill – that, as child therapists, we will be able to do what they have been unable to do – to help their child open up, tell them what is wrong, and talk to them. In a sense, of course, the parents are right: there is an art to child therapy and, as child therapists, we continually strive to perfect this art – to find, for each child, a unique blend of empathy and patience, playfulness and humor, that will help the child learn that talking about bad feelings does help - at least some of the time. Still, children tell even their most warm and accepting therapists, in response to events of the past days and weeks, “I don’t remember” or “I don’t know.” A child’s resistance remains the nemesis of child therapists of all schools. But why don’t children want to talk about their bad feelings? Why do they so often tell us, when we clearly know otherwise, that “everything is fine?” Why do they put their fingers in their ears, ignore our questions, or say to us, “I’m not going to tell you.” And what can we do about this? In this discussion hour, two child therapists who have written about the problem of children’s resistance will present their understanding of this universal clinical problem – and the techniques they have developed for overcoming it. We will offer our own clinical experience, discuss classic cases from the literature on child therapy, and describe ways of talking with children that are often able to engage them in a collaborative therapeutic process.
Although substantial research supports the general effectiveness of psychotherapy for acute presentations of trauma pathology, many individuals with trauma related symptoms, generally those with a complex trauma presentation, fail to derive substantial therapeutic benefit. This trend is apparent in the treatment of posttraumatic stress disorder (PTSD) where individuals with chronic re-exposure to traumatic events fail to make clinically significant change following gold standard, empirically validated treatment approaches. Given this need for increased effective therapeutic change processes, it is important to understand treatment processes that influence domains of impairment presented in complex trauma symptomatology in order to optimally target each in treatment. Unfortunately, treatment outcome research with traumatized individuals has primarily been focused on more acute presentations of symptoms, leaving a paucity of findings relevant for the complex presentations of trauma pathology. Thus, many of the research findings do not contribute to effective treatment outcomes among individuals exhibiting complex trauma pathology, leaving many domains of dysfunction, such as interpersonal connectedness, unaddressed in therapy. With a better understanding of effective treatment variables and an emphasis on an effective therapeutic relationship, integrative treatment approaches aimed at improving complex trauma pathology can facilitate clinically significant therapeutic gains. The goal of this panel is to present findings from 3 papers that address the unique challenges of clinical work with complex posttraumatic stress disorder symptomatology along with integrative approaches to successfully target the all too often neglected components of trauma related clinical work. Each will focus on a therapeutic relationship as the primary mechanism for change processes. The first paper will examine the characteristics of adult survivors of chronic trauma and the myriad maladaptive behaviors, cognitions, and intrapsychic processes that have resulted and plagued their lives. The second paper will assess the conceptual factors of complex trauma presentations to discuss the need for more integrative change processes. Finally, the third paper will examine treatment approaches not commonly associated with PTSD recovery such as use of canines to contribute to characteristics of alliance quality.

**An Integrated Treatment Model for Adult Survivors of Chronic Child Abuse and Trauma**  
*Karen Kiblinger - American School of Professional Psychology, Annapolis,*

A discussion is proposed that will seek to develop an integrated model for treating adult survivors of chronic child abuse and trauma. Classifications and distinctions between acute and chronic trauma, as well as, simple and complex PTSD, highlight a need to re-examine the change processes among chronic trauma survivors. Current examples of successful treatments that integrate psychodynamic and CBT theories will demonstrate the role of change processes in this population. Four modalities, to be described, were developed by psychotherapists and researchers who specialize in the treatment of adult survivors of child abuse. A synopsis of the four treatment models is presented, along with an overview of the literature sources from which they were drawn.

**An Integrative Treatment Approach for Complex Posttraumatic Stress Disorder: Assimilative Psychodynamic Psychotherapy**  
*Alysia Powers - American School of Professional Psychology, Washington D.C. , USA*

For nearly 20 years, experts in the field of posttraumatic stress have advocated the expansion of the DSM-IV-TR criteria for PTSD to include diagnostic criteria that more fully capture the sequelae of pathology that develop after one has been chronically and severely traumatized. The unique posttraumatic stress symptom presentation has been termed complex PTSD in the extant literature. Because complex PTSD symptoms affect one’s functioning in a variety of domains, including cognitive,
behavioral, affective, interpersonal, and somatic, traditional evidence-based treatments for PTSD may not adequately address all problem areas for suffering clients. Thus, an integrative psychotherapy approach to treatment has been advocated by many trauma experts. Most existing psychotherapy models specifically designed to treat complex PTSD are rooted in cognitive-behavioral theory, though some experiential and family systems models exist as well. In this paper, assimilative psychodynamic psychotherapy will be reviewed as a possible treatment approach for complex PTSD. A review of the nature of complex PTSD, existing treatment methods, and integrative psychotherapy models will be reviewed. What follows is an approach to assessment, conceptualization, theory, and treatment of complex PTSD utilizing the psychodynamic assimilative integration model, followed by conclusions and future directions.

The Integration of Animals in Psychotherapy for Trauma Recovery: Examining Canines
Saloomeh Nazari - American School of Professional Psychology at Argosy University, Washington, USA

Aspects of working with animals to alleviate the difficulties associated with the effects of trauma, such as isolation, hyperarousal, deficits in self-cohesion, sense of security/safety, disempowerment, avoidance, and mistrust are explored. Discussions of various effects of trauma, including the symptom cluster of post traumatic stress disorder, take place following descriptions of diagnostic criteria and clinical features of traumatic exposure. Components of psychotherapy aimed at alleviating these symptoms are examined, including an overview of interventions and a brief discussion of shortcomings. An expansion of the therapeutic dyad may offer successful treatment gains. One approach that is not commonly considered in working with traumatized individuals includes interventions involving animals. Nonverbal and empathic, animals have been found to provide an effective extension of the therapist-client dyad. Exploration of the human-animal bond, as well as examinations of animal-assisted/animal-facilitated therapeutic interventions, elucidate recommendations regarding the most effective ways to integrate the therapeutic use of animals, dogs in particular, in psychotherapy that focuses on the recovery from trauma. Human-animal contributions to therapeutic processes are likely to affect change processes by connecting the therapeutic effects of animals and the components required in effective recovery from trauma.

Panel Development
Moderator
Björn Philips - Center for Dependency Disorders, Stockholm, Sweden

Building bridges between early child development and adult functioning.
Developing and adapting methods for new populations.
Discussant: Per-Einar Binder - University of Bergen, Norway

The last decades have seen great advances in research and theory of early child development. Not at least our knowledge about infants and children’s relational and emotional world has expanded, thanks to the theories of intersubjectivity and attachment. The knowledge base has also increased in the area of developmental disorders, such as ADHD. These advances also include improved understanding about the role of developmental factors in adult functioning, both normal and psychopathological. This has resulted in the development of new methods for training and treatment, as well as modifications of existing methods. These method developments often include elements of integration. This panel will provide some examples of such method developments. The first presentation describes how observation of infants are used in a psychotherapy training program with a relational orientation, to improve the students’ expertise in early non-verbal relatedness. The second presentation describes a group treatment for adult patients with comorbid ADHD and substance use disorders, a treatment integrating elements of dialectical behavior therapy and relapse prevention. The third presentation describes a clinical trial of mentalization-based treatment for adult patients with comorbid substance dependence and borderline personality disorder.
Learning to Practice Intersubjectivity - on Developing Relationality
Anna Christina Sundgren - SFRP, Stockholm, Sweden, Annika Medbo

How can we understand and develop a relational and intersubjective approach to psychotherapy when it contains so much of non-verbal communication? Psychotherapists with a relational approach work from a two person perspective and the procedural, non-verbal dimension of the relationship is an important basis for the developmental process and progress in therapy. It is a therapeutic approach that offers change, where the encounter between therapist and patient is a model and an alternative to the encounters with important others, that have not been emotionally present, and where deficits in implicit early communication and related traumas from the preverbal period are raised. In our work on infant observation as a compulsory element of postgraduate training in psychotherapy at SAPU, (Stockholm Academy of Psychotherapy Training), we have made findings that led us to think further on how the direct contact with an infant at pre-symbolic level affects and develops the trainee psychotherapist. We find it invaluable to seize and describe these experiences, as it provides a unique opportunity to show more clearly what a relational approach to psychotherapy can be. The Infant observations offer a unique (and difficult) learning process that can be, and feel like, a kind of eye of the needle for the development of the therapeutic skill to work relationally. The dyadic interaction reorganizes intrapsychic and relational processes both in the child and in caregivers in ways that are both similar to and different from the psychotherapeutic relationship. Being with a small human being who relates without the help of language provides an invaluable knowledge and training in how to behave carefully observant and responsive to another human being, while being able to observe oneself. Here, we attempt to highlight a relational experiential perspective.

Group treatment for patients with ADHD and substance use disorder
My Frankl - Center for Dependency Disorder, Stockholm, Sweden

Group treatment for patients with ADHD and substance use disorder has been conducted at the Center for Dependency Disorder, Stockholm County Council, since 2004. The treatment is based on an integration of an adapted form of dialectic behaviour therapy (DBT) with elements of Relapse Prevention. The treatment is built on three principles: Psycho-education, Mindfulness and Behavior analysis. All nine sessions has a specific theme; psycho-education and behavior analysis is used as tools for change and acceptance. A mindfulness exercise is performed at every session and patients practice at home every day during treatment. Through the years, the treatment has been developed to better match both patients with high co-morbidity and severe functional impairment in everyday life, as well as patients with greater resources. To be able to treat as many people as possible, exclusion criteria are few (ongoing substance abuse only) and each patient has an individual meeting with one of the therapists prior to treatment where the rational for the treatment is presented. Home assignments are individualised and patients who need more support and guidance will receive this. Our experience from the groups is that patients benefit from the diversity of the group format rather than finding it problematic. As for treatment for dual diagnosis patients in general, attrition is high. Therefore we include more patients than is optimal for the group format. 12-15 patients are included and most often 6-8 patients complete the treatment. From our experience, it is difficult to foresee which patient will drop out. Preliminary results from an evaluation of four groups will be presented.

Mentalization-Based Treatment for Dual Diagnosis
Björn Philips - Center for Dependency Disorders, Stockholm, Sweden, Per Konradsson, Peter Wennberg, Johan Franck

Background: Patients with dual diagnosis constitute a challenge for health care providers because of the severity and complexity of their problems, and the increased risk for destructive and self-destructive behavior. There is a shortage of research on psychotherapy for this group. Mentalization-Based Treatment (MBT) is psychotherapeutic method for patients with Borderline Personality Disorder (BPD) with...
empirical support from two clinical trials. MBT is an integrative treatment built on a psychodynamic foundation. Deficits in mentalization are regarded as the key pathogenic factor in BPD. These mentalization deficits are supposed to emanate from disorganized or otherwise insecure attachment history. The treatment focuses on increasing the mentalizing ability, also in situations of emotional stress and intense attachment feelings. Aims: The aim of this on-going study is to examine the efficacy of Mentalization-Based Treatment (MBT) as a complement to treatment as usual (TAU) for substance dependence compared to TAU alone in patients with Borderline Personality Disorder (BPD) and concomitant substance dependence. Methods: A randomized controlled trial including 2 x 40 patients, in which assessors are blind with regard to patients’ treatment assignment. The control group receives standard treatment for substance dependence. The experimental group receives ditto, and in addition MBT, which encompasses one individual therapy session and one group therapy session per week for 18 months. The primary outcome variable is severity of BDP, as measured by the Borderline Personality Disorder Severity Index (BPDSI-IV). Secondary outcome variables include measures for alcohol and drug use, suicidal and self-harming acts, retention in treatment, psychiatric symptoms, interpersonal problems, and social adjustment. Results: Preliminary descriptive results from intake are presented. Discussion: It would be an important clinical progress if we could establish an efficacious treatment for this severe group of patients, for which we currently lack an evidence-based psychosocial treatment.

Panel
Psychodynamic Moderator
Josée L. Jarry - University of Windsor, Canada

CCRT-based therapy: Working with regressive wishes and repetition compulsion within an object-relations framework.

Discussant: Josée L. Jarry - University of Windsor, Canada

The Core Confictual Relationship Theme (CCRT) is a well validated assessment tool developed by Luborsky and colleagues. It identifies repetitive, dysfunctional interpersonal patterns that interfere with the actualisation of adaptive relational needs. CCRT-based therapy (Book, 1998) is a manualised treatment focused on the interpretation of one CCRT that aims to actualise progressive needs and wishes. In this panel, we present therapeutic work conducted with three patients that illustrate key aspects of CCRT-based therapy. We used an object-relations approach founded on W. R. D. Fairbairn’s writing to guide our interpretive work. In the first two cases, we illustrate a repetition compulsion pattern whereby responses from the self issued from transferential expected responses from others can in turn entrain actual responses from others, thus confirming these expected responses. In our third case, we present a patient with a regressive wish of being continuously assisted and cared for, which translated into intense agoraphobia. We describe how this regressive wish was reformulated in a progressive wish that we could then help actualise. In all three cases, we describe how the RO opposing a progressive wish was removed by interpretive and experiential work focused on the release of internalised relationships with enticing and rejecting psychological objects.

Repetition Compulsion: Self-fulfilling prophecies in the CCRT model of Psychodynamic Therapy

Graham Trull - University of Windsor, Canada

Within the CCRT model of psychodynamic psychotherapy, a repetition compulsion can be conceptualized as a self-fulfilling prophecy, where the client’s feared response from others (RO) actually occurs. This may result from the person’s own behaviour which provokes a response from others. It may also result from a pattern of attraction to people prone to engaging in the feared RO. This phenomenon will be discussed and demonstrated through the use of a case example. During the early stages of therapy, therapist and client reviewed episodes of conflict from both past and present relationships. The client had a cold, rejecting mother who was harsh and dismissive whenever he tried to voice his needs or explain his point of view. Therefore, he formed an expected RO that if he acted assertively and expressed his needs and opinions, others would be dismissive and attacking toward him, and his needs would not be respected. This expected RO had significant impacts in the client’s current
relationships. In order to counter his expectation that others would be aggressive and dismissive, he acted in a passive-aggressive manner rather than expressing his needs directly. This behaviour was seen as an attempt to protect himself and counter the expected aggressive reaction from others. However, this passive-aggression often resulted in others becoming frustrated with him and then acting in a dismissive or aggressive manner toward him. In other cases, his passive-aggression resulted in others being hurt. He responded to this by becoming compliant in an effort to repair the relationships. In either case, his needs remained unmet. Hence, his own reaction to the feared RO actually caused the RO to occur, thus reinforcing his original expectations. Examples from the case will be reviewed, as well general application of the repetition compulsion component of the CCRT formulation.

Regressive wishes reformulated as progressive wishes in CCRT-Based therapy
Anna Arcuri - University of Windsor, Canada

This paper focuses on the reformulation of regressive wishes into progressive wishes. Progressive wishes promote the welfare of the person expressing the wish as well as that of his/her interlocutors. Such wishes may include the desire to be assertive or to connect emotionally with others. Regressive wishes are harmful to the self or others and may include aggression, over-dependence, or isolation. Patients present with regressive wishes when they expect or experience a response from others (RO) to excessively thwart their progressive wishes and when they see this RO as insurmountable. We worked with one patient who presented with a seemingly impenetrable regressive wish to constantly be in the company of others and be cared for. We reframed her regressive wish to be overly dependent and childish as her response from self (RS). We also identified an unarticulated progressive wish to be connected with others, and to be assertive. Through exploration of her RO, we identified intense fears that others would ignore and forget about her, withdraw their love and care, betray her, and that she would ultimately be alone. This patient also tended to minimize her negative reactions to interpersonal events and frequently apologize to others instead of being assertive, which left her hurt and angry. During treatment, we explored the origins of her RO, which included experiences of her mother being unavailable and her tendency to use inconsistent discipline. Also of importance were repeated physically abuse from her brother when others were absent, being forcefully opposed by her father and brothers when she was appropriately assertive, and experiences of being ignored and forgotten. Through exploration, we learned that she adopted a dependent, childlike, and needy interpersonal style because it was the most effective way to ensure that she would not be ignored and abandoned by her family members.

CCRT-based therapy: A Case Study of the Moral Defence
Amanda Robinson - University of Windsor, Canada

The current paper presents the case of a 28 year old female law student who sought treatment for depression following a series of failed relationships which caused her considerable distress. She was treated by a doctoral student in psychology with brief psychodynamic therapy that made use of the Core Conflictual Relationship Theme (CCRT) method. The course of the therapy with this patient is remarkable as she demonstrated a highly prevalent repetition compulsion. Her need to replicate her unsatisfactory relationship with her mother drove her to actively shape those in her life to respond to her in ways nearly identical to that of her mother. The strength of this interpersonal pattern extended beyond her current relationships, and was manifested in both her chosen career path, and in the charitable foundation that she created. In addition to this, she exhibited an exceptionally strong moral defence. This patient believed that her very existence was the source of her mother’s misery, so much so that she believed it would have been preferable for her mother to have aborted her. Her mother represented an enticing object for this patient. She believed that if she could just provide the right conditions for her mother she would finally receive the love and attention she craved. The therapist assisted the patient in expressing the hurt she felt at not receiving that love, which marked the turning point in the process as the
patient released the bad object and began to see her mother in a more realistic light. This resulted in drastic changes in her pattern of relating to others and her depression lifted.

Panel
Integration
Moderator
Josée L. Jarry - University of Windsor, Canada

Consistency of model utilisation and correspondence between client and therapists’ perception of interventions: The effect on outcome and the alliance in an integrative model

Discussant: Josée L. Jarry - University of Windsor, Canada

The wider use of integrative approaches to psychotherapy raises many avenues of investigation. Among questions of interest are the impact on outcome and alliance of factors such as consistency of approach utilisation and the correspondence between client and therapist’s perception of therapeutic interventions. In this panel, we present three papers investigating the impact of specific aspects of adherence to an integrative model of psychotherapy on outcome and alliance. In the first paper, we explore the extent to which adherence to Cognitive-Behavioural, Psychodynamic or Experiential interventions predicts outcome. We also explore the extent to which consistency of approach utilisation predicts outcome. In the second paper, we explore the extent to which the correspondence between patient and therapist rated adherence to these three sets of interventions will predict outcome. This paper also explores whether changes in therapist-rated confidence in their application of different therapeutic approaches predicts outcome. Finally, the third paper explores whether consistency of approach utilisation as rated by client and therapist predicts the alliance. Similarly, we explore whether the correspondence between client and therapist ratings of approach utilisation predicts alliance. These results will provide further evidence about the value of consistent model adherence. They will also provide insight into whether correspondence between client and therapist perception of model utilisation is helpful.

The role of adherence to a specific therapeutic model and consistency of approach utilization in predicting outcome in integrative psychotherapy

Heather A. Finnegan - University of Windsor, Canada, Amanda E. R. Robinson; Josée L. Jarry

Aim: The fact that psychotherapy integration has become common practice is gaining recognition. However, it remains unclear how the implementation of an integrative approach influences treatment outcome. The goal of this study was to investigate which specific approach adherence (CBT, Psychodynamic, or Experiential) would best predict outcome. We also investigated whether the consistency of each therapist’s utilization of their own integrative model would predict outcome. We investigated these two questions from the therapist and the client’s perspective.

Methods: Five advanced clinical psychology doctoral student therapists and 13 clients referred for short-term therapy at the University of Windsor Psychological Services and Research Centre provided data. Adherence to CBT and Psychodynamic psychotherapies was measured using a therapist and client version of the Comparative Psychotherapy Process Scale (CPPS). Adherence to Experiential psychotherapy was measured using an adapted therapist and client version of the Person Centered and Experiential Psychotherapy Scale (PCEPS). Consistency was evaluated using variance scores from each adherence measure. Outcome was measured as follows: change in depressive symptoms over four time points, and change in clients’ perceived severity of their presenting problem. Regression analyses were used to assess the differential contribution of adherence to unique models to outcome. Regression analyses also were used to assess the impact of consistency of model utilization on outcome. Results: Data collection is currently underway and results from data analyses are pending. Discussion: The current study contributes knowledge to how client and therapist perceptions of adherence to a given model and the consistency of approach over time may influence client outcomes.
Correspondence between therapist and client views of integration: The effect on clinical outcomes

Jennifer R. Marcus - University of Windsor, Canada, Cristina A. Andreescu; Josée L. Jarry

Aim: Recent research on factors that influence the effectiveness of therapy indicates that therapists often have low insight into how clients view the therapeutic process. Similarly, clients are rarely knowledgeable about the particular approach adopted by their therapist. From the standpoint of psychotherapy integration, this raises interesting questions about the potential influence on therapy outcomes of the difference between how a therapist and a client view the therapeutic process. Methods: Advanced clinical psychology doctoral students offered psychotherapy to clients in a university setting. Each therapist developed their own integrative intervention model. At the conclusion of weekly sessions, client and therapist completed measures of adherence to the CBT, psychodynamic, and experiential models. These ratings were compared to calculate the correspondence between the client and therapist’s perception of the approaches used within each session. This correspondence was then plotted over time, with the hypothesis that the difference would decrease over the course of therapy. Moreover, this correspondence across sessions was hypothesized to predict outcome, measured by the Beck Depression Inventory and ratings of distress associated with target complaints at the outset and at the end of therapy. Change in each therapist’s degree of confidence in administering different therapy approaches was examined using pre and post measuring points. The change in confidence level that new therapists see in their abilities can have an important impact on their behaviours. Therefore, whether confidence ratings could predict therapy outcomes was tested. Results: Data collection is ongoing. Discussion: The results of this study inform therapists about the effects of the client’s understanding of the techniques used when an integrative approach to treatment is taken. Additionally, the importance of therapist transparency in incorporated techniques within an integration model, as well as perceptions of their own abilities, are outlined.

The Contributions of specific dimensions of integration-based psychotherapy to alliance quality

Andrea Kapeleris - University of Windsor, Canada, Josée L. Jarry

Aim: This study investigated whether the correspondence between the therapist and the patient’s perception of approach utilization by the therapist predicts alliance quality, and whether the consistency of approach utilization from the patient and therapist perspective over time predicts alliance. Furthermore, this study addressed whether alliance at the goal-setting session predicts improvements in specific dimensions of depression. Methods: Advanced clinical psychology doctoral students saw patients seeking help mostly for mood, anxiety and interpersonal difficulties. All patients received psychotherapy using an integrative approach. Process measures were administered following each therapy session. These measures included the client and therapist self-reports of alliance quality (Working Alliance Inventory). They also included the Comparative Psychotherapy Process Scale (CPPS), a measure of adherence to psychodynamic-interpersonal vs cognitive-behavioral therapy and an adaptation of the Person Centred and Experiential Psychotherapies Scale (PCEPS), which measures adherence to experiential techniques. Level of correspondence between therapist and patient’s perception of approach utilization was measured by calculating the absolute value of difference scores between patient and therapist rated CPPS and PCEPS. Regression analyses were utilized to determine which of these three scores best predict alliance. The consistency of approach utilization from the patient and therapist perspective over time was measured by calculating the variance on the CPPS and the PCEPS for each patient. Regression analyses were used to determine whether consistency from client and therapist perspective predicts alliance. Results: Data collection is currently underway and results from data analyses are pending. Discussion: Findings will provide information on what aspects of integration-based psychotherapy predict alliance quality from the patient’s and therapist’s perspective.
Contemporary efforts to psychotherapy integration and proposals for further developments

Discussants: Gregg Henriques - James Madison University, Harrisonburg, USA and Michael Kilpatrick, Ontario, Canada, Jan Thivissen

Three presentations will be held regarding psychotherapy integration (PTI) at the SEPI Meeting in May 2012. All three presentations will discuss the current status of the integrative movement as well as new ideas for future developments. Jan Thivissen will present findings from his qualitative study in which a number of well-known approaches to PTI have been evaluated. Strength and weaknesses of these approaches will be discussed. Empirical data from this presentation underpins a central issue raised in the second presentation: the proliferation of integrative approaches. Gregg Henriques will point out how to overcome this current development in PTI as it is closely related to the fragmentation of the psychological field. He designed a conceptual framework called “A New Unified Theory of Psychology”, which he will present in detail. Michael Kilpatrick, the third presenting scholar, is also concerned with current integrative efforts to PTI. These efforts are described as laudable and necessary, but there is opportunity to go further, which will be elaborated during the presentation. His work offers an avenue for a resolution grounded in an integrative-psycho-neuroscientific foundation. In summary: The presentations will discuss current efforts in PTI, the proliferation of integrative approaches and further developments. Proposals for these developments a) are based on an evaluation of approaches to PTI, b) offer a new unifying theory of psychology, and c) are claiming an integrative-psycho-neuroscientific foundation.

An analysis of international approaches to psychotherapy integration

Jan G. Thivissen - Technical University, Dresden, Germany

The paper will present research findings of a qualitative study, which evaluates integrative approaches to counseling and psychotherapy. The methodology, developed for this analysis, will be described in detail. The main question within this study is the evaluation of integrative approaches as alterna-tives to the traditional school-based therapies. My research project contains a “product” pers-pective as described in the discussion “Psychotherapy Integration: Process or Product” (Wachtel, 2010, JoPI, 20(4)). Based on a broad literature review more than 100 approaches to counseling and psychotherapy have been found. Twenty four of them have been evaluated and will be presented herein, including cyclical psychodynamics, unified theory of psychology, multimodal therapy, integral psychotherapy, systematic treatment selection, among others. By evaluating the answers to 32 items (containing topics regarding theory of personality, theory of psychopathology, therapeutic process, integrative perspectives, research activities and others), a detailed analysis has been performed. It has been found that there are at least five approaches which can be considered to be strong alternatives to the traditional methods. The goal of this presentation is twofold: The first objective is to point out strength and weaknesses of convincing approaches to Psychotherapy Integration (PTI). The second objective focuses on the fact that there is a massive proliferation of approaches to PTI, and the goal is to initialize a discussion about future developments of integrative approaches. Based on the findings, a product orientated integration of strong approaches to PTI is proposed, which offers practitioners an expedient model and is expandable for future research findings.

Integrating Psychotherapy via the Unification of Psychology

Gregg Henriques - James Madison University, Harrisonburg, VA, USA

The psychotherapy integration movement has grown substantially over the past several decades and now the majority of professional psychologists identify their orientation toward practice as either eclectic or integrative. But despite the growth of the integration movement, serious obstacles remain. Perhaps most notably, there is a lack of agreement regarding what it means to be a psychotherapy integrationist. Indeed, some leading commentators have noted that, instead of a coherent approach, psychotherapy integration as “evolved into personal eclecticism and
idiosyncratic forms of theoretical integration” which have “ironically, increasingly begun to resemble the diverse theoretical schools they are attempting to integrate” (Beitman, Soth, and Bumby cited in Norcross & Goldfried, 2005b, p. 394). One obvious reason there has been a proliferation of personal eclecticism and idiosyncratic forms of theoretical integration is because there has been an absence of a shared language and conceptual foundation from which to ground integrative approaches. This state of affairs was perhaps inevitable, given that historically the science of psychology has been as fragmented as the practice of psychotherapy. However, a new unified conceptual framework for psychology has been proposed that attempts to clearly define the discipline, clarify its relationship to biology from below and the social sciences from above, and assimilate and integrate key insights from across the various paradigms (Henriques, 2003; 2011). This meta-theoretical framework provides a new vantage point from which to consider the integration of major perspectives in psychotherapy. This talk will introduce this framework and spell out how it can effectively provide a shared language and meta-theoretical framework for integrative psychotherapists and lead the field toward a coherent model of therapy that transends old paradigms in productive new ways.

A Framework for Neuroscientific-Psychotherapeutic Integration
Michael Kilpatrick - Michael Kilpatrick, Ontario, Canada

The need for integration is well established. In an effort to build upon SEPI’s groundbreaking work, a theory-based formulation of the integrative problem is proposed, one that embeds the mind’s manifest unconscious within an integrated neuroscientific and psychotherapeutic framework. The proposed theory-based integration would go beyond a simple correlational exercise to identify the functional and phenomenal relationships underpinning the unconscious and conscious behaviours of the mind. This is no small task and requires a multidisciplinary effort in the development of methodologies suited to ‘theory-building’ and ‘framework development’ (the former addresses the content development issues and efficacy requirements involved in clinical therapy development, while the latter addresses the process requirements involved meta-consolidative research). The proposed framework also anticipates the needs of funding agencies by incorporating a fiscally credible research agenda that addresses the need for useable outcome-based research along with empirically grounded assessments of therapeutic efficacy. As a first step in this multidisciplinary effort, commentary is sought from practicing psychotherapists and researchers on the fundamental concepts and principles that should form the basis for the proposed framework’s neuro-psycho-phenomenal primaries.

Emotions and Eating Disorders: Integration of theory and Research into Clinical Practice
Discussant: Les Greenberg - York University, Toronto, Canada

Only recently has psychological theory started to consider the role of emotions within an eating disorder presentation. This has often been a bewildering fact to the ‘coal face’ clinician, as they are often faced by a client who either appears to be devoid of emotion, or at the mercy of her own emo-tions. Strober (2004) eloquently described a host of emotions that are often present in anorexia nervosa, from the quiet anger to the perpetual fear of gaining weight. Strober also described the emotions that are often found in carers and professionals who work with this client group, namely, fear and irritation that the client refuses to change despite the therapist’s best efforts. Hilde Bruch (1962, 1978) was pivotal in starting to piece together information about anorexia nervosa. Through her detailed analysis of her own cases, Bruch came to develop the hypothesis that anorexia nervosa was a condition that grew out of the inability to experience or express one’s own emotions. She proposed that the experience of ‘being fat’ was directly connected to an inability to distinguish or express one’s own emotional states. This symposia will present new empirical, theoretical and clinical material that draws from emotions theory, including the SPAARS-ED model (Fox and Power, 2009) and Greenberg (2011). The first...
presentation presents both data from a number of empirical studies and how these pertain to a new emotions based model of eating disorders (i.e. the SPAARS-ED model). A key theoretical concept within the SPAARS-ED model is how emotion can become coupled in eating pathology, and it does seem that anger plays a key role in eating disorders. The second presentation will present a new family based emotion focused model of eating disorders and how this can be applied to working with children and adolescents. The third paper looks at the application of emotion focused therapy to eating disorders. Dr. Dolhanty will use video and therapy clips to enable the audience to understand the importance and productivity of working with emotions when treating eating disorders from an Emotion Focused Perspective. Finally, Professor Les Greenberg will act as a discussant for this symposium. Prof. Greenberg is one of the most prominent thinkers in the application of emotion research and theory to the clinical context and he offers a unique position of being able to elicit and facilitate a discussion with the audience on the role of emotions in eating disorders.

Eating Disorders and Multi-level models of Emotion

*John Fox* - *University of Manchester, UK, Mick Power*

This presentation will present a new model of eating disorders, the SPAARS-ED model that is based upon the SPAARS model of emotion functioning (Power and Dalgleish, 2008). This new model is based upon the data from a number of studies that have highlighted the potential role of coupled emotions in both anorexia nervosa and bulimia nervosa. Across these studies, evidence has started to emerge that highlights how anger and disgust are potentially ‘coupled’ within individuals with symptoms of bulimia nervosa and anorexia nervosa. In one of these studies, the anger induction led to an increase in the perception of their body size (for anorexia nervosa), when compared to controls. Within a qualitative study that investigated perceptions of the basic emotions within people with severe anorexia nervosa, the analyses revealed themes that centred upon difficulties to express either sadness or anger, with a number of beliefs about the threat of expressing emotion, or not feeling entitled to express sadness and anger. Furthermore, the data revealed that participants often had very emotional confusing histories and it was hypothesised that this led to the development of high levels of negative emotion that was ego dystonic. Furthermore, all the participants discussed their difficulties with their management of their emotions, and this was termed ‘poor meta-emotional skills’. All of this data supported the new SPAARS-ED model.

Integrating Family-Based Therapy and Emotion-Focused Therapy in the Treatment of Eating Disorders

*Adele LaFrance Robinson* - *Laurentian University, Sudbury, Canada*

Eating disorders are among the most difficult to treat of psychiatric disorders (Halmi et al., 2005). A lack of evidence for effective therapies means that guidelines for treatment are tenuous and new approaches showing potential must be developed (Wilson, Grilo, & Vitousek, 2007). For adolescents, family-based treatment (FBT) is the only treatment for AN shown to be effective to date (NICE, 2004), but with this model, up to 50% of sufferers are left still struggling. This approach is behaviorally-based and activates parents to play an active role recovery, particularly around food and feeding. However, more and more, it is recognized that the role of emotion is too often overlooked in therapy, and yet necessary for successful recovery from an eating disorder (Fox, 2009). One treatment that has shown promise with adults is emotion-focused therapy (EFT; Dolhanty & Greenberg, 2009). EFT is used to help individuals understand the link between eating and emotion, promoting the healing of painful maladaptive emotion schemes and mastery over emotional experience. We have developed a model whereby FBT can be enhanced by integrating EFT principles and techniques, with the aims not only of helping parents to support their child’s refeeding/interruption of symptoms, but also to 1) explicitly support parents to become their child’s “emotion coach”, and 2) process with parents any emotional blocks that may surface around their ability to take charge of their child’s recovery. The added component of EFT in many ways parallels the spirit of specific FBT
interventions with respect to therapist stance, parental role, and developmental approach, for example.

Application of Emotion-Focused Therapy to the Treatment of Eating Disorders: Working with Adults
Joanne Dolhanty - Credit Valley Hospital, Mississauga, Canada, Les Greenberg

With the increased interest in the role of emotions in the eating disorders there has arisen also an interest in developing treatments to deal explicitly with affective experience and with the difficulties and challenges in dealing with affect evident in this population. Emotion-focused therapy (EFT) is such a treatment, and has been applied to eating disorders with promising initial results. In EFT, the therapist, as “emotion coach,” guides the eating-disordered individual to process emotions that have previously been feared, avoided, and experienced as highly aversive. This processing involves attending to emotion as it is experienced in the session; working to accept, label, and express it; reflecting on its meaning; and ultimately transforming maladaptive emotional responses with healthy, innate emotions. Specific tasks facilitate the processing and transforming of emotion, and lead to an increased capacity for tolerating, regulating, and incorporating previously disallowed affective experience. The goal is to promote a mastery and efficacy in recognizing, assessing, heeding, and utilizing affective experience in the pursuit of more adaptive functioning. This presentation will include an overview of the rationale for, and key techniques of, the application of EFT to the treatment of eating disorders. Video clips of therapy sessions in a case of EFT with an individual with anorexia nervosa will serve as illustration of the method.

Panel Integration
Moderator
Kenneth Levy - Pennsylvania State University, University Park, USA

Evidence based principles: Implications for psychotherapy integration
Discussant: Golan Shahar - Ben-Gurion University, Beer-sheva, Israel

In this panel we will explore both empirical and clinical findings for specific disorders with a focus on their implications for psychotherapy integration. The overarching goal will be to provide the attendee with specific knowledge regarding evidence-based principles and to contextualize these principles within an integrative perspective. Dr. Levy will review epidemiological, experimental, meta-analytic, and treatment studies in an effort to derive evidence-based principles for treating borderline personality disorder (BPD). Special attention will be paid to identifying potential mechanisms of change, identifying predictors of long-term outcome, and prescriptive indications for patient-treatment matching. Similarities and differences between treatment approaches and outcome will be highlighted. Commonalities across these treatments suggest a number of important evidence-based guide-lines for integrated care. Dr. Gottdiener will review the evidence base regarding the efficacy of substance use disorder (SUD) treatments. Although SUD treatments tend to focus on the outcomes of one main intervention, SUD treatment as practiced in the real world tends to be multifaceted. The aim of this presentation will be present (a) what is known about the efficacy of psychotherapeutic treatments for SUD and (b) how knowledge of those treatments can be employed in an integrative manner by practicing clinicians. Last, suggestions for research eclectic integrative treatment approaches will be discussed. Dr. Harpaz-Rotem will review the clinical literature on PTSD treatments, after which he will present case material to illustrate an integrative treatment for a traumatized combat veteran. Dr. Shahar will discuss the implications of these papers for psychotherapy integration.

Recent empirical findings on borderline personality disorder and their implications for psychotherapy integration.
Kenneth Levy - Pennsylvania State University, University Park, USA

Borderline personality disorder (BPD) is a highly prevalent, chronic and debilitating disorder characterized by emotional lability, impulsivity, interpersonal dysfunction, angry outburst, and suicidality. Recent studies suggest that BPD is more prevalent than schizophrenia, bipolar disorder, and autism combined. Historically, BPD has been thought to be difficult to treat with patients frequently not adhering to treatment
recommendations, using services chaotically, and repeatedly dropping out of treatment. Many clinicians are intimidated by the prospect treating BPD patients and are pessimistic about the outcome of treatment. Therapists treating patients with BPD have displayed high levels of burnout and have been known to be prone to enactments and even engagement in iatrogenic behaviors. However, in recent years there has been a burgeoning empirical literature on the treatment of BPD. Beginning with Linehan’s seminal randomized controlled trial (RCT) of Dialectical Behavior Therapy, there are now a range of treatments – deriving from both the cognitive-behavioral and psychodynamic traditions – that have shown efficacy in RCTs and are now available to clinicians. The results of these efficacy studies suggest important evidence-based principles. First, BPD is a treatable disorder. Second, because BPD is chronic, it requires longer-term treatments (all efficacious approaches conceptualize treatment as a multyear process). Third, therapists have a range of options across a number of orientations available to them and it is premature to foreclose on any one of the available options that have been tested. Although there have been few direct comparisons, enough data now exists from RCTs and meta-analyses to suggest that no one approach is superior to another. Despite these findings, only about half the patients in treatment respond regardless of treatment. Additionally, although many patients have shown symptomatic improvement and diagnostic remission, they still experienced significant social and functional impairment. Thus, a significant portion of individuals receiving an efficacious treatment are not improving, and these individuals might be better served in different treatments. Additionally, having different treatment options is important because the heterogeneity of BPD – it is unlikely that any one treatment will be useful for all patients. Epidemiological, experimental, meta-analytic, and treatment studies will be reviewed in order to derive evidence-based principles for treating BPD. Special attention will be paid to identifying potential mechanisms of change, identifying predictors of long-term outcome, and prescriptive indications for patient-treatment matching. Similarities and differences between treatment approaches and outcome will be highlighted. Commonalities across these treatments suggest a number of important evidence-based guidelines for integrated care.

Psychotherapeutic treatments for substance use disorders: Implications for integration in clinical practice

William Gottdiener - John Jay College of Criminal Justice, The City University of New York, USA

Substance use disorders (SUD) remain significant public health problems throughout the world with millions of people diagnosed with either substance abuse or substance dependence. The range of drugs that people over use includes nicotine, opiates, stimulants, alcohol, marijuana, and hallucino-gens, among others. There are a wide range of interventions for the treatment of SUD, many of which have been tested via randomized clinical trials. The treatments range from residential therapeutic communities, methadone maintenance, to individual psychotherapy. They run the gamut from single intervention treatments such as, individual outpatient psychotherapy or self-help group participation to an eclectic integration of a variety of treatments that are engaged in concurrently such as, when a person is individual outpatient psychodynamic psychotherapy, attends a bi-weekly contingency management day treatment program, receives methadone maintenance, and attends Narcotics Anonymous meetings weekly. The evidence base for the efficacy of SUD treatments tends to focus on the outcomes of one main intervention even though SUD treatment as practiced in the real world tends to be multifaceted. The aim of this presentation will be to present (a) what is known about the efficacy of psychotherapeutic treatments for SUD and (b) how knowledge of those treatments can be employed in an integrative manner by practicing clinicians. Last, suggestions for ways to research eclectic integrative treatment approaches as they are practiced in the real world will be discussed.
Integrative approach in the treatment of PTSD-- dynamic approach to the reconsolidation of trauma
Ilan Harpaz-Rotem - Yale University, New Haven, USA

In 2007 The Institute of Medicine (IOM) published a report evaluating the evidence on PTSD treatment. It concluded that after reviewing the available scientific literature only exposure therapy is effective in the treatment of PTSD. No psychotropic medication was found to be consistent across different RCTs in the treatment of PTSD. In 2010 the VA and the DoD have published Clinical practice guidelines for the treatment of PTSD and recommend the use of cognitive behavioral in the treatment for PTSD or the Eye Movement Desensitization and Reprocessing (EMDR). Cognitive behavioral treatments for PTSD typically include psychoeducation, anxiety management, exposure, and cognitive restructuring. Exposure and cognitive restructuring are thought to be the most effective components. However Exposure and CBT treatment manuals fail to recognize the deep need for meaning (self-definition) and the need to feel understood (relatedness). The current presentation will highlight the role if these mutating factors (the need for self-definition and relatedness) in the treatment of two very complex PTSD patients who were treated using Prolonged Exposure therapy. Core principles of psychodynamic principles can be apply to enhance Prolonged Exposure therapy outcomes especially, the use of interpretation (also of resistance and transference) and the unique therapeutic alliance.

Improving a Domestic Violence Intervention Program by Integrating Multiple Perspectives and the Results of Process Research
Discussants: Valerie L Zar - Private Practice, Northfield, Il, USA and Sandra Lema-Stern - Illinois School of Professional Psychology at Argosy University/Schaumburg, USA

This symposium will focus on investigating a particular model for treatment of male domestic violence offenders from a critical incident process perceptive. Two studies were designed to be low budget projects that would allow a clinician to investigate perceived importance of change variables. Many domestic violence offender groups follow prescribed formats such as feminist (Duluth Model), CBT, or psychodynamic. Most of these groups have a psycho-educational format. Research has tended to focus on which models are most effective. Our model has evolved over 30 years and often against the prevailing trend of using a single model approach. Our model integrates strong components from several perspectives. It uses Power and Control concepts, but from an evolutionary perspective, to explain the natural resistance to treatment. CBT is used to challenge beliefs systems that justify abusive behavior. EFT is used to differentiate primary and secondary emotions. Group dynamics and modeling is used to guide the clients to a healthier self-concept of a strong and courageous male. These various components are reflected in various aspects of Yalom’s Therapeutic Factors. Two qualitative process research projects were initiated to see what factors participants perceived were important to their change. Valerie Zar interviewed successful graduates from the batterer intervention program in order to identify critical incidents for each of the program goals and then categorize them according to Yalom’s therapeutic factors. Oksana Lexell then investigated those therapeutic factors deemed important across five sessions in on-going groups by administering a critical incident questionnaire and Likert scales. The findings from their studies will be described. The last paper presented by Jim Dugo and Sandra Lema-Stern will examine how the findings from these two studies further enhanced the integration and emphasis of the various components of this treatment model and process.

Critical Incidents in Group Treatment for Domestic Violence Offenders
Valerie Zar - Private practice, Northfield, USA

This study looked at critical incidents in group therapy for domestic violence offenders. Ten participants, who had successfully completed the intervention program, were asked through structured interviews for detailed information on critical
incidents that happened in the group and helped them to accomplish program goals. One critical incident was obtained for each of the 6 program goals. A multi-step analysis of the transcripts used Yalom’s 12 therapeutic factors (Yalom, 1985) as a way to categorize the reported incidents. The relative frequencies and percentages of participants that expressed content demonstrating these factors is reported, as is the quantitative relationship between the therapeutic factors and the goals of the group. The four most frequently identified factors were Guidance, Interpersonal Learning – Input, Self-Understanding, and Universality. Excerpts from the transcripts are organized and presented to reflect the qualitative data demonstrating these findings. Results of this study elucidate aspects of group treatment that are deemed most helpful by clients when addressing various treatment goals.

Group Therapy Process Factors that Influence Change in Domestic Violence Male Offenders

Oksana Lexell - Psychological Services Inc, Wheeling, Il, USA, Sandra Lema-Stern

The primary purpose of this study was to extend our understanding of what men in batterer groups perceive as important or helpful to their change process. Critical incidents were gathered from 31 participants immediately after each of five sessions in three different on-going groups. These incidents were content analyzed to look at several elements of group process: relationship to Yalom’s 12 therapeutic factors (Yalom, 1985); the positive and negative feelings that were generated by the critical incident; the topic of the therapy session; and the involvement of the co-leadership team and other group members. Also, Likert scales quantified how important or helpful specific elements of the group process were during each session from the men’s point of view. Results indicated that Guidance, Interpersonal Learning – Input, Self-Understanding, and Universality were the therapeutic factors most frequently reflected in the description of the critical incidents. Likert ratings for Self-understanding and Guidance were positively correlated with the number of sessions that the participants had completed indicating that these factors become a more important part of the group experience over time. Also, the rating of importance of the male co-leader’s comments was positively correlated with number of sessions attended. Excerpts from the men’s descriptions of critical incidents are presented to illustrate each relevant finding. The results are discussed in terms of the importance of understanding the process of change from the group member’s point of view.

Integrating Research and Treatment for Domestic Violence Offenders

Sandra Lema-Stern - Illinois School of Professional Psychology at Argosy University/Schaumburg, USA, James M Dugo

This presentation describes a group therapy program for domestic violence offenders, which uses multiple perspectives to help men change their attitudes, behaviors, and self-concepts. The treatment model integrates various key components from several therapy approaches. These components include self-concept features from object relations theory, challenging beliefs that support abusive behavior (CBT), differentiating primary and secondary emotions (EFT), and modeling from social learning theory. Also included is an adaptation of the Feminist model which views power and control concepts from an evolutionary perspective. The studies by Zar (2006) and Lexell (2008) provided critical incidents from the group participants’ perspectives. These critical incidents and the therapeutic factors that they reflect have clinical implications for the domestic violence intervention program. The recommendations and changes will be highlighted and discussed in light of the goals of the intervention program and the multiple perspectives used during group therapy. Some of the main points include: Group interaction is critical to members developing self insight and changing their definition of a strong male; learning more often occurs by listening rather than talking; and men respond very well to practical advice, a practice often discouraged in other intervention models.
Meta-models in Humanistic Psychotherapy

Therapists do not adopt theoretical or clinical positions out of the blue. Rather, the positions they espouse tend to agree with their preexisting views of what it means to be human. This symposium will explore the ways these meta-models affect the ways therapists can integrate other perspectives into their clinical approach. In the first paper, Wadlington will provide an historical overview of the ways Otto Rank’s meta-models have become integrated into many differing schools of therapy. Wadlington will focus on the ways that therapists have to make Rank’s ideas their own in order to effectively use them. In the second paper, after carefully defining and illustrating the concept of meta-models, Bohart will focus on the implications of the concept for integration within client centered therapy. In the final paper, Leitner explores the implications of a meta-model associated with constructivist therapy, the interconnected universe, for broadening what constructivist therapists consider as therapy. Thus, all three papers will explore the ways that a therapist’s preexisting world views affect the type and nature of therapeutic integration.

Making Psychotherapy One’s Own: Otto Rank’s Legacy

Will Wadlington - Pennsylvania State University, University Park, PA, USA

How is a psychotherapy approach transmitted from one practitioner to another? What debt do we owe our supervisors and teachers, and how are our practices reflective of our own personalities? In this talk I present historical and biographical information to explore issues of lineage, legacy, and ownership of one’s approach to psychotherapy. A look at the early history of psychoanalysis shows that in true Kuhnian fashion, shifts to new paradigms were stifled initially by interpersonal conflicts and anxieties about deviation from orthodoxy. Despite this resistance to change, one of Freud’s followers, Otto Rank, succeeded in developing what we can now appreciate as the first psychotherapy. Rank’s approach has broadly influenced psychotherapists of various persuasions. Many of his ideas have become mainstream, and his influence on object-relations, self-psychological, Gestalt, interpersonal, and existential-humanistic therapies is well known. Franz Alexander credited him, as did Rollo May. Rank was the first to describe work in the here-and-now, the importance of the real therapeutic relationship, and the creative, improvisational nature of therapy process. His approach was time-limited and focused; as one of Rank’s clients put it, “He had a method to cut down the neurosis at the main trunk instead of picking at leaves and twigs.” Rank helped clients have new experiences; actively addressing repeated patterns in therapy trumped remembering their causes; insight alone was not enough. Rank’s new “Will Therapy” was an alternative to psychoanalysis. Still stinging from his clash with Freud, Rank cautioned against “schools” of psychotherapy, lest they become dogmatic or cultish. His work was highly situational; Rank once said “I need a new theory for each patient.” There is no lineage of Rankians; instead, Rank’s legacy is a psychotherapeutic approach that is repeatedly re-discovered and re-applied. It relies on the therapist to creatively and integratively make it his or her own.

Of Mindsets and Meta-Perspectives: Person-Centered Therapy and Assimilative Integration

Arthur Bohart - California State University Dominguez Hills, Carson, CA, USA

Mindsets are pre-conditions to therapists’ theories and procedures and models for intervention. They are the mental equivalent of underlying paradigms or “meta-models” of therapy. A mindset is the manner of viewing the world that the therapist adopts. You could map different theories into a given mindset. In this presentation I elucidate the mindset of the classical or traditional person-centered therapist. It is a fundamentally different way of viewing the client, relating to the client, relating to the self, helping, and even the place in the profession, than most approaches to therapy. It is a nontherapy-focused approach to doing psychotherapy. The emphasis is on therapy as a meeting of persons rather than on being therapeutic per se, although being therapeutic is an outcome of it. It contrasts to the “operational” mindset of virtually all other approaches, including humanistic ones. The difference goes beyond the issue of whether to use interventions or not. In fact the purpose of this
presentation is to explore how one might utilize interventions from different points of view given this mindset. In so doing I hope to both elucidate and clarify the fundamentally different assumptions of this mindset and in so doing cast light on the idea of assimilative integration.

The Integration of Constructivist Therapy with Global Concerns
Larry Leitner - Miami University (Ohio), Oxford, Ohio, USA

Constructivist psychotherapy has, with some justification, been viewed as a therapy of individuals, couples, and families. In this paper, I will first discuss a constructivist philosophical assumption about the universe being interconnected. I then will describe the ways that the assumption of an interconnected universe means that good constructivist therapy has to consider more than the treatment of individuals. Rather, constructivist therapy carries with it a call to social action and social justice. In so doing, constructivist therapy can integrate certain principles from community psychology as well as other schools of psychotherapy (e.g., Adlerian therapy). I will spend the bulk of the paper exploring the ways that concepts and techniques from selected other theories can be used in this broader approach to constructivist therapy. In so doing, I will use Neimeyer’s concept of progressive theoretical integrationism to describe the ways that certain theories are compatible with this approach to constructivism while other theories are not. I will conclude with a discussion of the special challenges this broader view of constructivist therapy has for the practitioner.

Panel
Training Moderator
Patrice Alvarado - American School of Professional Psychology at Argosy University, Washington DC, Arlington, VA, USA

Mindfulness Integration Research: Issues and Implications for Clinical Training
Discussant: Ed Shearin - American School of Professional Psychology at Argosy University, Washington DC, Arlington, VA, USA

The term mindfulness is used as an overarching conceptual framework for a set of techniques and psychological processes that have been found to promote well-being and reduce distress. Mindfulness is a way of relating to experience and involves three equally essential components. The practice involves (a) bringing one’s awareness; (b) to present experience; (c) with nonjudgment (of whatever thoughts, feelings, etc. arise). Mindfulness also involves a particular emphasis on the debilitating aspects of experiential avoidance, and the liberating effects of learning to witness one’s thoughts and experience one’s bodily felt sense with nonjudgment. Empirical support has been found for mindfulness-based treatments for a variety of disorders and symptoms of distress, including chronic pain, anxiety, depression, addictions, emotion dysregulation, and eating disorders. A concomitant line of research involves the impact of mindfulness training on the therapist, with researchers suggesting that the practice of mindfulness enhances therapist attention skills, empathy, and self care. In addition, studies have explored the effects of mindfulness on emotion regulation and empathy. The goal of this panel is to explore issues, findings, and implications of the integration of mindfulness concepts and skills in clinical training, through three papers/presentations. The first presentation will provide an overview of the essential components of mindfulness integration, an empirical framework for understanding the mechanisms whereby mindfulness influences emotion regulation, and previous research on the effects of integrating mindfulness concepts and skills, in clinical training. The second paper will explore the effects of integrating mindfulness concepts and skills into multicultural empathy training, via three studies involving students and supervisors. Finally, the third paper will present a rationale for incorporating mindfulness meditation practices into psychotherapy training, focusing on a study examining its effects on the client, specifically the therapeutic alliance and treatment outcome.
Mindfulness, emotion regulation, and clinical training
Neha Pancholi - American School of Professional Psychology at Argosy University, Washington DC, Arlington, VA, USA, Brittany Sheehan

As the therapeutic relationship has come to replace treatment techniques as an essential contributor to therapy outcome, qualities of the psychotherapist that enhance this relationship, have been examined. Qualities such as attention, empathy, attunement, and affect tolerance have received increasing empirical attention. Mindfulness concepts and practices can be seen to facilitate the development of these essential therapeutic qualities, through the cultivation of nonjudgmental awareness of present experience. Mindfulness meditation practices have been found to affect one’s relationship to one’s thoughts and emotions, creating both space and disentanglement, for these to be experienced. The mechanism whereby mindfulness is thought to influence the ability for therapists to develop greater levels of empathy, attention, and attunement is through emotion regulation. This paper will provide an overview of the basic research, both clinical and neuroscience, of the relationship between mindfulness and emotion regulation. In addition, studies examining the role mindfulness may play in facilitating positive therapist qualities will be reviewed. Finally, implications for clinical training will be discussed.

Enhancing multicultural sensitivity and empathy in students and supervisors, via mindfulness
Patrice Alvarado - American School of Professional Psychology at Argosy University, Washington DC, Arlington, VA, USA, Neha Pancholi, Jim Sexton

The development of multicultural sensitivity, awareness, and knowledge, is widely viewed as a critical component of therapist effectiveness, and can be viewed as empathic understanding and responsiveness for a wider group of diverse clients. Yet, this competency presents significant challenges to psychotherapy training. Issues such as difference, power, prejudice, and identity can be anxiety provoking for students to consider and discuss, resulting in defensiveness and avoidance. Mindfulness training may hold a key to reducing the effects of such barriers to the acquisition of multicultural knowledge and sensitivity, as well as enhancing students’ development of greater levels of empathy and receptivity. This paper will present a rationale for integrating mindfulness training into multicultural and diversity training, as well as some of the key components and relevant issues related to this integration. This discussion will be based on findings from two of the author’s completed studies integrating mindfulness training into diversity graduate training, as well as a study currently underway integrating mindfulness training into supervisor multicultural training. Findings from the two completed studies suggest that mindfulness training integrated into graduate psychology diversity training, can enhance students’ development of empathy, knowledge, and understanding of others within a sociocultural perspective. The third study, currently underway, examines the effects of mindfulness training on the development of clinical supervisors’ sociocultural empathy, sensitivity, cultural competence, and comfort with addressing multicultural issues in supervision. Mindfulness training may enhance supervisor’s ability to create the atmosphere of safety, openness, and depth of dialogue, necessary to discuss sociocultural issues. This paper will present a conceptual framework for understanding how mindfulness can enhance empathy, in particular multicultural empathy, and will address methodologies, measures, issues, and challenges related to research in this area.

The Short-Term Effects of Mindfulness Meditation in Psychotherapists-in-Training
Seth Shaffer - American School of Professional Psychology at Argosy University, Washington DC, Arlington, VA, USA

Over the past two decades, mindfulness has been increasingly used for mental health treatment by Western psychologists. However, it has been used by Eastern meditation practitioners for millennia. One specific type of mindfulness technique, Vipassana or insight meditation, has been incorporated in mental health treatment.
Mindfulness has been used to create mindfulness-based interventions for clients, and mindfulness techniques are used by mental health practitioners for self-care. Much of the literature on mindfulness focuses on how mindfulness affects the client or how mindfulness affects the therapist. Only two studies, by Grepmair and colleagues, examined how integrating mindfulness and meditation practice in a psychotherapist-in-training (PiT) affects the client (Grepmair, Mitterlehner, Loew, Bachler, et al., 2007; Grepmair, Mitterlehner, Loew, & Nickel, 2007). The researchers concluded that mindfulness meditation training in PiTs improves therapeutic alliance and treatment outcome. One limitation in the Grepmair and colleagues studies is that the researchers did not measure the level of mindfulness in the PiTs. It is therefore not clear whether mindfulness in the PiTs affected therapeutic alliance and treatment outcome or other variables such as the PiTs’ training in psychotherapy. This paper will present a rationale for incorporating mindfulness meditation practice into psychotherapy training, focusing on its effects on client outcome. Methodology, measures, research issues, and preliminary findings will be discussed, regarding the author’s research, currently underway, which proposes to replicate and extend the Grepmair and colleagues’ studies by measuring the level of mindfulness in PiTs.

Practice Research Networks: Toward the actualization of SEPI missions

In addition of fostering the integration of different forms of psychotherapy, one of SEPI’s original missions was to facilitate the integration of research and practice. In recent years, Practice Research Networks (PRNs) have been identified as an optimal strategy to create links between scientists and clinicians and, as such, to solidify the scientific-practitioner model underlying contemporary psychotherapy. PRNs refer to groups of providers engaged in the conduct of research, most frequently in partnership with full-time researchers. When based on such partnerships, PRNs typically involve a collaboration of both clinicians and researchers on all aspects of investigations, from the generation of ideas, to the design, implementation, and dissemination of studies. This collaboration is aimed at fostering a sense of shared ownership and equality, let alone mutual respect and trust, as well as an appreciation of diversity of scholarship (different ways of thinking and investigating, complex phenomena). It also capitalizes on the complementary expertise, knowledge, and work experiences of each stakeholder to provide unique opportunities for two-way learning and to build studies that are both clinically relevant and scientifically rigorous. Because most if not all PRNs include clinicians and researchers of different theoretical orientations, the collaboration they facilitate is likely to benefit to the primary mission of SEPI: fostering dialogue between and integration of divergent perspectives. The goal of this panel is to provide a brief overview of the current status of PRNs that have been developed in mental health professions, as well as to present a few examples of studies that have been conducted within some of them. The first paper will delineate major PRN infrastructures that have focused at least part of their attention to psychotherapy studies. These infrastructures are clustered in three major categories: Professional organizations, disorders, and treatment settings. The second and third papers will describe in more detail two specific PRNs, including their respective goals, structure, studies, as well as some obstacles they have encountered and strategies they developed to address these obstacles.

Practice Research Networks: An overview of current scientific collaborations between clinicians and researchers.

Soo Jeong Youn - Penn State University, University Park, USA, Louis Castonguay, Andrew McAleavey

Aimed at fostering the collaboration of clinicians and researchers, the first Practice Research Networks were created in the 1970s, within the context of medical professions. Interestingly, it took an additional two decades before behavioral or psychological health PRNs began to emerge. At this point in time, there are several PRN infrastructures that are devoting at least part of their focus to research related to psychotherapy. While these infrastructures show a wide range of variability in terms of the number and type of studies they have launched (from a few surveys to a large number of extensive randomized clinical trials), they can be clustered into three major
Building a partnership to better understand and improve psychotherapy for college students

Andrew McAleavey - Penn State University, University Park, USA, Louis Castonguay, Benjamin Locke, and Jeffery Hayes

The Center for Collegiate Mental Health (CCMH) is a PRN that has been created to foster mutually beneficial bridges between a large number of collaborators (mental health treatment providers, psychological and information science researchers, industry leaders, and university administrators), all of whom have invested in the collection of standardized data and facilitate the conduct of studies that can enhance the mental health services provided to college students. This infrastructure now includes more than 150 college counseling centers across the US, and collects data on approximately 70,000 clients per year. These centers are using the same instruments, allowing for a collection and "real-time" processing of a massive flow of standardized (and IRB approved) data, including a multi-dimensional assessment of clients’ difficulties and treatment outcome. This paper will present a brief description of the structure of the CCMH, as well as some of the studies that have been conducted so far – with a particular focus on investigations that have address issues related to therapeutic of change.

Toward a seamless integration of research, practice, and training: The PSU-PRN training clinic

Louis Castonguay - Penn State University, University Park, USA, Andrew McAleavey and Aaron Pincus

With the goal of fostering a seamless integration of research, practice, and psychotherapy training, the Department of Psychology at Penn State University has transformed its psychology clinic into such a PRN. This has been achieved by incorporating four major components into its training program: a core outcome battery, standardized diagnostic assessment procedures, a selection committee for the evaluation of research proposals (including representatives from the faculty, clinical staff, students, and practitioners from the community), and an innovative agreement with the office of research protection to efficiently streamline the Institutional Review Board (IRB) assessment process. This infrastructure has allowed several students to find themselves in a situation in which they are seeing clients, meeting their clinical hour requirements, and collecting their masters and/or dissertation data. Studies by students, post-doctoral fellow and faculty members are conducted in this infrastructure only if they are judged to be clinically relevant, to reflect the clinic mission of promulgating and integrating rigorous (and pluralistic) research within clinical services and training, and judged to be minimally invasive to the functioning of the clinic. At this point in time, more than 10 studies have been launched. As part of this paper, studies focusing on central themes of psychotherapy will be briefly presented.

Reflexive phenomenological explorations in psychotherapy: Adolescent experiences with assessment, metaphors of moving towards an end and therapists’ experiences of curative factors

Discussant: Björn Phillips -

Phenomenological inquiries into psychotherapy processes might yield important insight into, and knowledge about, both patient and therapist’ experiences of both specific procedures, meaning making aspects and interpersonal interaction. Such research is exploratory and aims to generate hypotheses and develop and concretize theoretical and conceptual understanding. Qualitative research is especially apt at integrating scientific research and clinical practice, and is often valued as practice-near by clinicians. Validity claims are considered with regard to processes of reflexivity in carrying out the studies, and the perceived relevance and utility of the findings for
researchers and clinicians in their own encounters with the phenomena explored. In this panel we present three studies of different aspects of the therapeutic process with patients of different age: 1) Adolescents’ experiences of assessment processes in psychotherapy 2) Metaphors for moving toward the end in psychotherapy, and 3) Skilled therapists’ experiences of what constitutes the curative factor in psychotherapy. The panel we will discuss how these studies can inform each other in developing hypotheses about important phenomena that facilitate and challenge change and growth processes in psychotherapy.

Unique beings undergoing standard evaluations – a qualitative study of adolescent’s experiences of assessment processes in psychotherapy
Per-Einar Binder - Department of Clinical Psychology, Bergen, Norway, Christian Moltu, Didrik Hummelsund, Solfrid Sagen, Helge Holgersen

Aim: How do adolescent clients experience the assessment process in psychotherapy? Adolescents entering psychotherapy can feel vulnerable and highly sensitive about the relationship to the therapist. Assessment and the use of assessment tools is both dependent upon a collaborative relationship, and is also something that creates new types of interaction between client and therapist. Here we will explore how adolescents experience the types and qualities of interaction that the assessment process creates. Data: Semi-structured qualitative in-depth interviews were conducted with fourteen adolescent patients in psychotherapy, recruited through two outpatient clinics in Norway. Method and analysis: A systematic exploratory and reflexive phenomenological approach was used to analyse the interview transcripts, technically carried out with the assistance of Nvivo 9 software. Findings and discussion: The following themes were found to be especially important and discussed in context of the organisation of mental health care services for adolescents: Assessment and diagnosis as a 1) possible threat to being seen as unique, 2) Pressure from a health system acting upon the therapeutic dyad, 3) A source of hope for a structure and productive working relationship.

We have traveled a long distance and sorted out the mess in the drawers: Metaphors for moving toward the end in psychotherapy
Marit Råbu - Department of Psychology, Oslo, Norway, Hanne Haavind and Per-Einar Binder

Aim: To explore the process of ending in psychotherapy, in particular how clients and therapists are drawing on their notions of improvements for the client and are preparing for the upcoming separation. Data: The data comes from an intensive process-outcome study at the University of Oslo, Norway. The study includes audio-recording from all sessions and separate post-therapy interviews with clients and therapists. Twelve psychotherapy dyads were selected because they had reached a “good enough” ending. Therapy duration ranged from 7 to 43 months. The number of sessions ranged from 10 to 67. Method and analysis: A hermeneutical-phenomenological approach analyzed and combined the observational and reflexive data. The analysis was carried out with the use of a method for systematic text condensation and through reflexive dialogues with the material and between the researchers. Findings and discussion: The language of improvement toward the end of treatment seems to be packed with metaphors conveying both growth in affective and relational management. Metaphors based on travel (how they have moved), clearing (how they have cleaned up and sorted out things), sensing (how the clients have grown stronger, got their heads above water and see things differently), and the clients’ feeling of having received something (gifts or tools) are widely used. Such metaphors are created in the interaction with a mutual sensitivity to their capacity to confirm and regulate affects toward the end. In this sense, the metaphors celebrate accomplishments in a way that exceeds therapy, and the client can keep them to use afterward.

“What I think I did that helped was this” - Skilled therapists’ experiences of

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what constitutes the curative factor in psychotherapy across theoretical affiliations

Christian Moltu - Division of Psychiatry, Helse Førde, Norway, Per-Einar Binder

Aim: Psychotherapy research shows that therapists from radically different theoretical perspectives can achieve equally constructive change processes with their patients, while therapists from within any one theoretical affiliation can differ substantially with regard to therapeutic success. What actually brings change in therapy is not fully understood, and qualitative inquiry into these issues might contribute with fruitful hypotheses for an integrative understanding. Data: We interviewed 12 skilled therapists, from various theoretical affiliations, in depth about their experiences with one specific therapeutic process that they judged to be difficult but constructive for the patient. The participants were senior clinicians from the major psychotherapy training institutes in Norway, and we carried out the interviews in a concrete, non-theoretical language. Method and analysis: We transcribed the interviews verbatim for a systematic exploratory and reflexive phenomenological analysis, carried out with the assistance of Nvivo8 data software. Findings and discussion: The metaphor of “providing relational space for growth” reflects participants across theoretical perspectives’ experiences of what they did that helped the patient. This space was allowed through the therapists’ continual attention to three poles in meeting with the patient: 1) Getting emotionally close enough, while 2) maintaining the theoretical meaning-making perspective, supported by 3) holding the temporality of the here-and-now in mind.

Panel Emotion 
Moderator Alberta Pos - York University, Toronto, Canada

Self compassion, self-criticism and expressed empathy: impacts on emotional processing, wellbeing and depression.

This panel will explore the impact of self-compassion and self-criticism on emotional processes and measures of well-being in both non-clinical and depressed individuals. In the first paper Colosimo will discuss research that explores how self-compassion contributes to the positive relationship between mindfulness and wellbeing as well as how self-acceptance is related to psychological resilience and trait emotion. In the second paper Choi will present how two self-critical depressed clients undergoing experiential treatment (one good and one poor outcome) changed views of self across therapy. Finally in the third paper Spigelman reports on a study examining variance in therapists’ expressions of empathy across first sessions, and how quickly the expression of empathy impacts clients’ engagement in other experiential processes such as the early alliance and later emotional processing.

The importance of self-compassion to optimizing the mindfulness–wellbeing relationship, resilience, and reports of trait emotion.

Ken Colosimo - York University, Toronto, Canada

This study examined relationships between mindfulness and indices of happiness in a non-clinical population of undergraduate students at a Canadian University. Previous research has shown that several facets of mindfulness predict psychological well-being (PWB) in meditating and non-meditating individuals. The current study tested the hypothesis that self-compassion both directly strengthens as well as mediates the relationship between mindfulness and psychological well being. Participants were 27 men and 96 women (mean age = 20.9 years). All completed self-report measures of mindfulness, psychological well-being (Ryff’s PWB Scale, the positive and negative affect schedule (PANAS); the Brief Strengths Test; and self-compassion. Results show that self-compassion is a crucial attitudinal factor in the mindfulness–happiness relationship. Findings are interpreted from the humanistic perspective of a healthy personality as well as the ramifications of these results for clients capacity to engage in experiential therapy processes.
Self acceptance: Antidote to self-critical depression?
Bryan Choi - York University, Toronto, Canada, Alberta Pos

Self-criticism is an important maladaptive process identified in depressed clients. Self-critical depressed individuals fear criticism and failure, and often experience feelings of guilt, worthlessness, and hopelessness in situations where they fail to live up to expectations and standards (Blatt, 2004). Self-critical depression is theorized to be resolved when individuals form more adaptive representations of self and others. The current study is an early stage investigation of emotional change across therapy for self-critical depressed clients undergoing experiential treatment. Shifts in positive views of self and others during emotional processing across therapy in one early, two working phase and two termination phase sessions was exhaustively examined for two self-critical depressed clients from the York II Depression study (Goldman et al., 2006). All narrative segments of these therapy transcripts (emotion episodes) were coded for their valence (positive or negative) and the object of the emotion episode (self or other). Results indicate that increases in positive views of self, but not other, occurred across therapy in the good versus poor outcome client. The results offer some early support for the importance of change in self-focus for clients suffering self-critical depression during experiential therapy. Implication for case conceptualization and treatment planning of self-critical depressed clients undergoing experiential treatment will be discussed.

How early in first sessions does therapist empathy impact other change processes during experiential therapy for depression
Ashley Spigelman - York University, Toronto, Canada, A. Pos

The working alliance and client emotional processing are two change processes that predict outcome in experiential therapy for depression (Pos et al., 2009). Experiential theory assumes that beginning in first sessions, therapist empathy is essential for facilitating these processes. This assumption was supported by Spigelman and Pos (2011), who found that therapist empathy predicted clients’ post session one alliance reports and working phase emotional processing. They also found that empathy indirectly predicted outcome through its indirect effects on both processes. The current study examines the importance of therapist expressed empathy in even early moments of first sessions to client’s post session alliance reports and later emotional processing, and whether therapist expressed empathy within therapists varies across first session segments (i.e. beginning, middle or end) or remains constant (i.e. may be a therapist characteristic). Therapist empathy was rated using a new observer-rated empathy measure: The Measure of Expressed Empathy (MEE; Watson & Prosser, 2002) for 30 first sessions of psychotherapy (N = 30). Ratings were compared to clients’ post session one alliance reports on the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986, 1989) and emotional processing scores, as rated by the Experiencing Scale (EXP; Klein et al., 1969). First session psychotherapy videos were segmented into time intervals using The Observer XT (Observer; Noldus Information Technology, 2008), an advanced behavioural coding and analysis software system. Hierarchical linear modeling and path analysis were employed. Preliminary results will be presented.

The Case of Flora and Her Infant: An Experience Using the Checklists of Mother-Infant Risks and Strengths (C-MIRS)

Threats to the well-being of a mother-infant dyad are not always obvious; the need for mental health or medical intervention can be overlooked even when that need is urgent. The Checklists of Mother-Infant Strengths and Weaknesses (C-MIRS) provides a training tool to help clinicians learn to identify strengths and problems when working with mother-infant pairs. It also offers a scaffold to guide clinicians as they methodically assess and manage strengths and risks, plan treatment, and evaluate results. Additionally, a therapist can use it to prepare for supervision, or a supervisor can scan it for a time-efficient review. The C-MIRS is comprised of ten checklists made up of observable factors drawn primarily from developmental, bio-ecological,
and attachment theories, and integrated with filicide and child abuse analyses. This includes work by Ainsworth, Bowlby, Bronfenbrenner, Buber, Feldman, Fonagy, Forman, Gottman, Kagan, Kinniburgh, Leibenluft, Lizardi and Klein, Sameroff, Stern, and Winnicott. The checklist factors contribute to the well-being of the mother-infant dyad, defined as the mental health of the individuals and their relationships. Each checklist contains multiple factors that can be assessed as "Strength," "Weakness," or "Unknown." Broadly, the domains range from risk; context; family history and relational history; to individual history and current functioning of the mother; individual characteristics of the baby; relational characteristics between the dyad; and clinician countertransference. The goal of this panel is to present a case in which the clinician used the C-MIRS, and to demonstrate its use in supervision. The patients are a high-risk mother and infant pair. The mother is a postpartum, 22-year-old, separated, African-American woman. The infant first presented within two weeks of birth, and the mother’s three other daughters were one-, three-, and four-years-old at the start of treatment. The dyad was demonstrating attachment problems and was at risk of danger, and the checklists were helpful in making informed decisions, managing clinician anxiety, and tracking the progress of family well-being.

The Case of Flora and Her New Infant
Jennifer Sermoneta - Child Center and Adult Services & Private Practice, Bethesda, USA

The story of the patients will be given, along with process comments and examples of how C-MIRS factors came into play. Overall, the C-MIRS was useful in this case for two reasons: First, the patients (mother and children) presented with quite a few physical, emotional, and situational problems and risks. The C-MIRS helped organize and manage them. Second, the mother and infant had certain strengths that facilitated their treatment. While perinatal screening tools typically look only at concerns, C-MIRS emphasizes strengths, as well. In this case the mother was strongly invested in therapy and getting better, and was very intelligent and resourceful. C-MIRS helped identify and document these factors. Applied perinatal work often focuses on either a medical, problem-focused, or cognitive-behavioral approach or on the attachment. C-MIRS, by comparison, unites emphases on relationship, ecological, behavioral, and dynamic elements, helping the therapist formulate a broader understanding and provide an effective treatment path.

Case Commentary and Supervision
George Stricker - American School of Professional Psychology, Argosy, DC, Arlington, USA

George Stricker, PhD, will provide case commentary and supervision primarily from the standpoint of the mother’s welfare. He may also comment on integrative processes or elements of the case. Dr. Stricker is a preeminent expert on psychotherapy integration, as well as being a seasoned supervisor and therapist treating adults. Dr. Stricker is a founding member of SEPI. He has also been president of the Division of Clinical Psychology of APA, the Society for Personality Assessment, the New York State Psychological Association, and the National Council of Schools of Professional Psychology. He was on the board of directors of the Council for the National Register of Health Care Providers and has served on several APA boards and committees, including the Board of Educational Affairs and the Board of Educational Affairs Advisory Council on Accreditation. He also served as chair of the APA Ethics Committee. Dr. Stricker is the author or editor of about 20 books, about 30 book chapters, and more than 100 journal articles. His most recent books are A Casebook of Psychotherapy Integration (with Jerry Gold), and The Scientific Practice of Professional Psychology (with Steven Trierweiler). His principal interests are psychotherapy integration, clinical training, ethics, and research in grandparenting.

Case Commentary and Supervision
Marina Eovaldi - The Family Institute at Northwestern University, Evanston, USA

Marina Eovaldi, PhD, LMFT, will comment and provide supervision oriented primarily toward the infant’s welfare. Dr. Eovaldi is an expert in family and child treatment and,
due to her span of experience and expertise, is particularly qualified to comment on the case from the perspective of the infant’s well-being. Dr. Eovaldi is a licensed clinical psychologist and licensed marriage and family therapist at The Family Institute at Northwestern University. She is a clinical lecturer in Northwestern University’s Master of Science in Marriage and Family Therapy Program. In addition, she supervises the second-year post-graduate fellows.

The Relevance of Davanloo’s ISTDP to Integrative Practice and Change Process Research

*Discussant: Stanley Messer - Rutgers Graduate School of Applied and Professional Psychology, Piscataway, USA*

Although many discrete, disorder specific psychotherapy manuals have been developed, widespread dissemination of evidence-based psychological treatments has been hampered by, among other things, the burden the number of these approaches place on clinicians. This has led to an interest in therapeutic approaches that focus on common underlying factors which reflect scientific advances and point to a more dimensional approach to psychopathology. Therapeutic alliance, therapeutic structure and client and therapist factors have increasingly been shown to account for a good deal of patient improvement (Wampold, 2010). New approaches, such as the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP) (Barlow, et al. 2008), emphasize the adaptive, functional nature of emotions, facilitate greater tolerance and awareness of emotion, including interoceptive and situationally based emotion exposure to facilitate extinction of internally and situationally cued anxiety, and focus on prevention of emotion avoidance and improved emotion-regulation skills. This focus side steps issues of co-morbidity, NOS and subthreshold presentations and allows for more focused and simplified treatment planning. The goal of this panel will be to present papers that address the relevance of Davanloo’s ISTDP, a psychodynamic therapy, and his empirically derived conceptualizations to integrative approaches and research. IS-TDP grew out of Davanloo’s innovative research, begun in the early 1960’s while he was a clinical investigator at McGill University. His methodology involved analyzing audiovisual recordings of psychotherapy sessions to identify change process factors and feed these finding back into new research questions and further analysis. The first paper will provide a didactic and audiovisual presentation of the application Davanloo’s IS-TDP to the development of the therapeutic alliance. The second paper will delineate inherent integrative aspects of ISTDP and draw comparisons to integrative practice, research and theory (e.g., DBT, Emotion Processing Theory) as well as suggest future change process research initiatives.

On Davanloo, Alliance, and Complex Forms of Head-On-Collision

*John Hans Rathauser - Private Practice, Kendall Park, NJ, USA, Linda Smoling Moore*

Research underscores how the early formation of an alliance between therapist and patient are good predictors of therapeutic outcome (Messer). In their meta-analysis of 125 studies on psychotherapy dropout, Wierzbicki and Pekark (1993) found a mean dropout rate of 46.86%. The Harvard Review of Psychiatry concludes that the critical feature of successful psychotherapy is a strong relationship between the patient and the therapist. Davanloo has developed a powerful system of interventions that serve to enhance awareness of the destructiveness of the resistances and to mobilize the therapeutic alliance in the effort to remove these destructive characterological elements. An audio-video vignette will demonstrate the use of the composite form of head-on-collision, and will show how these interventions tangibly increase the determination of the patient to engage in the struggle to change destructive elements of his personality.

IS-TDP as an Integrative Dynamic Psychotherapy

*Linda Smoling Moore - Private Practice, Bethesda, MD, USA, John Hans Rathauser*

Psychotherapy that offers transformative change and the acquisition of inner capacities to live life with greater freedom and actualize potential, rather than mere
symptom reduction has been the desire of many patients and clinicians and has contributed to enduring interest in psychodynamic therapies. Historically, psychodynamic practitioners have been adverse to rigorous research, while findings from non-dynamic scientific communities have increasingly confirmed the relationship of core psychodynamic factors to outcome (Castonquay, 2011). This has led to the inclusion of psychodynamic interventions in integrative approaches and a call for change process-outcome research that emphasizes what works in psychotherapy free from the specificity-common factors debate (Wampold, 2010). This paper will posit that revisiting the pioneering psychodynamic research of Davanloo can advance this initiative and improve the efficacy of psychotherapeutic interventions. Davanloo tackled the most complex emotional experiences born out of painful attachment interactions. He found that habitual avoidance of these emotional experiences led to entrenched maladaptive patterns that undermine successful life and relational adaption. Davanloo’s pioneering work bears resemblance to today’s change process and outcome research and core principles found in E/RP methodologies. Applied to intra and interpersonal emotion avoidance, this work allowed Davanloo to systematically identify variables that many have considered outside the realm of rigorous scientific investigation. In addition to the development of powerful therapeutic techniques, his investigations provided a systematic illumination of feelings core to early attachment and a road map to guide therapeutic activity and achieve maximal symptom reduction, relational functioning and inner resource development. This paper will discuss similarities and differences between ISTDP and well known EBT’s (e.g., DBT, PE, EFT), including attention to therapeutic alliance, patient motivation and the role of emotion exposure and response prevention in achieving transformative, lasting change. Implications for future research to elaborate this seminal work will be explored.

Panel
Therapist
Terry Northcut - Loyola University of Chicago, USA

Panel
Moderator
Terry Northcut - Loyola University of Chicago, USA

Therapists’ Theoretical Orientations and Treatment Goals

Discussant: David Orlinsky - University of Chicago, USA

The study of psychotherapists’ theoretical orientations, their implications for practice, and their prospects for integration, have been central purposes of SEPI since its foundation. This panel presents three relevant and topically linked empirical studies that examine patterns of orientation and integration, and their relation to typical treatment goals, among therapists in many countries. The studies all used scales from the Development of Psychotherapists Common Core Questionnaire (DPCCQ) to assess dimensions and patterns of theoretical orientation and the main treatment goals of therapists. One study by Fraley, Orlinsky and Schofield compared orientations and goals of Transcendental and non-transcendental in the United States and Australia. A second study of psychotherapists in India by Kumaria, Bhola and Orlinsky explored their theoretical commitments in relation to their goals in practice. In the third study, Heinonen and Orlinsky drew on the extensive DPCCQ database, collected by members of the SPR Collaborative Research Network in many countries (N = 10,500), to examine the varied orientation patterns of Integrative/Eclectic therapists. Similarities and differences among the studies will be discussed with the panelists regarding the implications for treatment and future research.

Theoretical Orientations and Treatment Goals of Transpersonal Psychotherapists

Meghan Fraley - Institute of Transpersonal Psychology, Palo Alto, USA, David Orlinsky, Margot Schofield

Aim: Within the field of transpersonal psychotherapy, there is an ongoing process of defining its unique approach. Theoretically, transpersonal psychotherapy incorporates multiple developmental levels, including the “transpersonal” level. There has been a paucity of empirical research on the practices and goals of transpersonal psychotherapists. As part of the Collaborative Research Network: International Study of the Development of Psychotherapists (CRN:ISDP), this paper examines the patterns of theoretical orientations and important treatment goals reported by transpersonal psychotherapists. Methods: 124 transpersonal psychotherapists in the
United States, and 556 transpersonal and non-transpersonal psychotherapists in Australia, completed the Development of Psychotherapists Common Core Questionnaire. In one section of the survey, therapists rated items indicating the level of influence of different theoretical orientations on their current therapeutic practice, as well as the extent to which they considered themselves integrative or eclectic. They also selected their four most important from a list of 15 suggested treatment goals.

Results: The results indicated that transpersonal therapists are largely integrative in the theoretical orientations they rely on in practice, and that many also endorse the idea of integrating personal and spiritual identities as an important treatment goal. They differed from a group of strictly non-transpersonal therapists by more frequently endorsing the goal of helping clients to experience their feelings fully, and by less frequently endorsing the goal of modifying problematic behaviors. Discussion: Findings will be discussed with respect to conceptualizing transpersonal psychotherapy, and its implications for therapeutic practice.

Theoretical Orientations and Treatment Goals of Psychotherapists in India
Shveta Kumaria - Loyola University of Chicago, USA, Poornima Bhola, David Orlinsky

Aim: Therapists’ responses to questions about their therapeutic orientation can be complex. While some therapists may adhere firmly to one salient orientation, others can draw on several orientations as guides in practice. Training contexts, cultural values or client expectations likely also influence the theoretical orientations of practitioners from different countries. Similarly, a question arises about whether important therapeutic goals endorsed by therapists are universal or culture-specific. As part of the Collaborative Research Network: International Study of the Development of Psychotherapists (CRN:ISDP), this paper examines the patterns of theoretical orientations and important treatment goals reported by psychotherapists in India. It also explores the relationship between the adherence to specific theoretical orientations and treatment goals. Methods: 250 psychotherapists from varied professional backgrounds and career levels in India completed the Development of Psychotherapists Common Core Questionnaire-India version (Bhola, Kumaria & Orlinsky, 2008). A section of items focused on the influence of different theoretical orientations on their current therapeutic practice. It also included a specific question on the extent to which they viewed their orientation as eclectic or integrative. Another section of 15 items tapped therapists’ perceptions of the four most important therapeutic goals for clients. Results: The results highlight the differences in patterns of theoretical orientations endorsed by psychotherapists in India when compared with a group of therapists from Western countries including US, UK, Germany and Norway. The results report on the four most important goals in therapeutic work endorsed by psychotherapists in India and significant associations with the conceptual frameworks they are anchored in. Discussion: Findings will be discussed in the context of therapeutic practice in the Indian socio-cultural milieu.

Theoretical Orientation Patterns and Treatment Goals of Integrative Therapists
Erkki Heinonen - National Institute for Health and Welfare, Finland, Helsinki, David Orlinsky

Aim: Therapists espousing more than one theoretical orientation have been identified in surveys for several decades (Garfield & Kurtz, 1977; Norcross & Prochaska, 1988; Jensen, Bergin & Greaves, 1990; Norcross, Karpak & Lister, 2005). However, specific patterns of orientations held by integrative/eclectic (IE) therapists, and their association with treatment goals, have rarely been explored in a large and diverse population. Methods: A sample of 10,500 in the database of the SPR Collaborative Research Network international study of the development of psychotherapists were studied. Using the Development of Psychotherapists Common Core Questionnaire (DPCCQ), therapists were asked to rate the extent to which different orientations influenced their practice on six 6-point scales (0=not at all to 5=very much), with endorsement of multiple orientations possible. Ratings of 4 (‘much’) or 5 (‘very much’) indicated a ‘salient’ orientation, and number of salient orientations was used as an index of theoretical breadth. The DPCCQ also included a list of 15 typical treatment
goals from which therapists were asked to select the four that were most important in their practice. Results: Overall, 45% of the sample were classified as I/E therapists: 29% had 2 salient orientations, 12% had 3 salient orientations, and 4% had 4 or more salient orientations. Highly diverse combinations of theoretical orientations were espoused: a humanistic approach was the most compatible with other orientations; integrative patterns based on psychodynamic orientations or on CBT were largely antithetical to each other. Significant differences were noted in treatment goals of psychodynamically and cognitive-behaviorally informed integrationists. Discussion: Differences among orientation patterns challenge the use of a single label to describe integrative practitioners.

Panel
Integration
Moderator
Paul Wachtel - City College of NY and CUNY Graduate Center, New York, USA

Through the Eyes of the Other: How Therapists of Each Major Orientation View the Others, and What That Implies for the Possibilities of Integration

Paul Wachtel - City College of NY and CUNY Graduate Center, New York, USA, Leslie Greenberg - York University, Toronto, Canada and Rick Zinbarg and William Pinsof - The Family Institute at Northwestern University, Evanston, USA

Discussants: Leslie Greenberg - York University, Toronto, Canada and Rick Zinbarg and William Pinsof - The Family Institute at Northwestern University, Evanston, USA, Leslie Greenberg - York University, Toronto, Canada and Rick Zinbarg and William Pinsof - The Family Institute at Northwestern University, Evanston, USA

We at SEPI are – appropriately and productively – concerned with approaching each other openly and respectfully, and seeing where the ideas of other orientations are both sensible and compatible with our core assumptions and values. I certainly do not want to question or challenge this approach as an overall framework for dialogue. But for this panel I want to try something different. I am proposing that a representative of each of the 4 major theoretical streams in psychotherapy – psychodynamic, cognitive-behavioral, experiential, and systemic – look critically at the other three, look at how they differ in their assumptions, at where they start from different assumptions about human behavior or human nature. The aim includes the following: (1) in spelling out how they see the other (and we will have three versions for each approach of what an “other” thinks is their core assumptions, each will be forced thereby to think more clearly and probingly about the other (and, implicitly, because this is about contrast, about their own assumptions; (2) in the same process, each representative will be able to hear how others construe their assumptions and to (a) consider more deeply what their assumptions actually are and (b) refute or clarify where the assumptions of others seem to be off. (3) Thereby, to promote a deeper, more productive dialogue; (4) Finally, on the basis of whatever degree of consensus is reached or, idiosyncratically, as each panelist sees the fruits of the dialogue, to consider and generate newer, more sophisticated and probing ideas for and forms of integration based on this more “realistic” view of each other’s ideas. Given that this context is SEPI, the panelists are unlikely to be “pure” or “fierce” proponents of any particular point of view, but rather themselves integrative to varying degrees. Nonetheless, as Messer has pointed out, almost all of us do have a home base from which our integration proceeds “assimilatively,” and so we are in a position both to speak from the vantage point of our original orientation and to examine openly both convergences and divergences. None of us, of course, can represent “the” position of our home orientation, but in this process, I think a very valuable and, in fact, quintessentially “SEPIsh” event can occur.

Panel
Change
Moderator
Paul Wachtel - City College of New York and CUNY Graduate Center, New York, NY, USA

Validation as an Integrating Concept Across Treatment Modalities

From the beginning, the concept of validation, was a central element in DBT. Until recently, however, it has not been as clearly evident in psychoanalytic ways of thinking or working. In certain respects, as we will discuss, it was always implicit in psychoanalytic therapy as well, reflected in ideas such as entering into the patient’s subjective experience or empathic immersion in the patient’s inner world, but it was usually secondary to a focus on interpreting the patient’s unacknowledged aims and thoughts, which could be almost the opposite of validating. In recent years, however,
the emergence of the relational point of view in psychoanalysis has brought with it a more validating approach to the patient’s experience. More explicitly, Mark Schechter has directly employed DBT’s approach to validation to reexamine the sources of therapeutic change in psychoanalytic therapy. Schechter will present his latest thoughts on validation and the relation between psychoanalytic ideas of therapeutic change and those of DBT, illustrating them with clinical examples. Lisa Lyons, trained in both psychoanalysis and DBT, has been another pioneer in exploring the intersections and overlaps – as well as the differences – between the two approaches. She will present her own case material and her latest thinking on the intersections between these two approaches in the context also of responding to Dr. Schechter’s paper. Paul Wachtel, the third participant, has also emphasized validation of the patient’s experience as a central element both in good therapeutic work in general and in constructing a coherent integrative approach that draws on the best elements of each therapeutic tradition. He will respond to the presentations by Schechter and by Lyons in the context of presenting some of his own recent thinking on the importance of validation and the nature of the dialectical relationship between validating and promoting change.

Validation in psychoanalysis and DBT
Mark Schechter - North Shore Medical Center, Salem, MA, USA

Validation of the patient’s experience is a psychotherapeutic concept that has been under-appreciated in traditional thinking about psychoanalysis and psychoanalytically oriented psychotherapy. While it is not a new idea in psychoanalysis, and can be traced throughout the literature, the use of different terms to describe the concept has obscured the fact that many psychoanalytic authors have repeatedly emphasized its importance. In addition, validation is often thought of as a “supportive” intervention, and supportive interventions have traditionally been thought of as secondary in importance to interpretation in promoting change in psychoanalysis. This paper takes issue with traditional psychoanalytic thinking, and uses Marsha Linehan’s framework for the role of validation in Dialectical Behavioral Therapy to facilitate a more extensive consideration of validation in the psychoanalytic process. The role of validation is seen as essential to this process, and it is argued validation often serves to open up, rather than to foreclose, the analysis of transference. Two clinical examples will be presented, one from the author’s psychoanalytic practice and one from his own analysis. Both examples are meant to illustrate the central importance of validation of the patient’s experience in the psychoanalytic process.

Analytic Knowing and Dialectical Behavior Therapy:
Lisa Lyons - Postdoctoral Program in Psychoanalysis and Psychotherapy, New York University, New York, NY, USA

The call for papers poses questions concerning what sorts of relationships we need to form with our clients to promote change, what can help or hinder the change process, the role of the therapist in promoting change and how we work with debilitating trauma. In this paper I explore a theoretical framework for understanding the DBT construct of validation as it operates implicitly in Relational psychoanalysis, and argue for the unique contribution of psychoanalytic thinking to promoting change in a DBT-informed treatment. I use this case-based discussion as a springboard for comments on Dr. Schecter’s paper. While I have written and presented often on overlaps and integration of psychoanalysis and (DBT), in this paper I will focus explicitly on analytic ways of knowing used in conjunction with DBT-informed interventions. I explore work with a patient whose periods of self-injury, chaotic behaviors and frightening suicidal fantasy and action often precluded exploration of meaning and shifted us to more problem-focused work. Concurrently, in work with this patient, the unfolding of her traumatic history and it’s ongoing repetition created and co-created a level of horror in the therapist that interfered with deep and resonant recognition and validation of the patient’s experience. This paper explores how shifts in the therapist’s internal world as she worked through the co-created horror allowed for genuine validation of the patient’s experience and deeply influenced the patient’s explicit behavior change. I explore the use of implicit and explicit validation, from both a psychoanalytic and DBT
In the treatment described I argue that psychoanalytic thinking as we worked more behaviorally shaped the success of the treatment – measured in helping her alter dangerous behaviors and in creating internal shifts that expanded her internal and external worlds, deepened relatedness, and helped to decrease her self-loathing.

**Panel**

**Emotion**

**Moderator**

Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan

**Working with emotion in AEDP and EFT: Commonalities and differences.**

**Part I: The relationship and experiential work**

*Presenters: Diana Fosha - The AEDP Institute, New York, USA and Leslie Greenberg - York University, Toronto, Canada*

Major orientations to psychotherapy have historically held divergent views on the role of emotions in psychological health as well as in therapeutic process. However, given recent developments in affective neuroscience as well as scientific studies of emotions, different theoretical orientations have been converging on similar viewpoints as to the central role of emotions both in adaptive psychological functioning and in treating a variety of psychological disorders and problems. Accelerated Experiential Dynamic Psychotherapy (AEDP: Fosha, 2000) and Emotion-Focused Therapy (Greenberg, 2002) are state-of-the-art, affect-focused integrative approaches that delineate specific affect change process as well as the moment-to-moment process of interventions specifically targeting problems related to emotional processing such as emotion dysregulation and avoidance. Although AEDP and EFT are both experientially oriented and draw similar research evidence in understanding the role of emotions in psychological well-being and change, they do have important differences in therapeutic foci. The goal of this two-part series is to make a direct and systematic comparison of these two affect-focused integrative therapies in order to identify core principles common to both, as well as to highlight conceptualizations specific to each of them. The founders of the two approaches, Diana Fosha representing AEDP, and Leslie Greenberg representing EFT, will discuss the following core concepts: (a) conceptualizations of adaptive and maladaptive emotional functioning, (b) therapist’s relational stance (particularly of moment-to-moment tracking of client emotional processes), (c) working with secondary, defensive, and avoidant emotions (d) promoting affective change process (e) recent developments in its theory and practice. In Part 1 of the series, focused on relationship and emotion assessment, the presenters will focus on (a) and (b). Each presenter will extensively demonstrate concepts with videos of actual therapy sessions to illustrate the process of moment-to-moment interventions and their resultant change processes. This will allow our discussion to have a firm grounding in the actual therapy process, allowing participants to connect theoretical ideas with specific therapist and client in-session behaviors.

What’s love got to do with it? Going beyond empathy to experiential work with relational experience

*Diana Fosha - AEDP Institute, New York, NY, USA*

Accelerated Experiential Dynamic Psychotherapy (AEDP) is an integrative approach to psychotherapy with attachment- and emotion-based metapsychology (Russell & Fosha, 2008). It integrates experiential and relational work within a psychodynamic framework while incorporating the findings from affective neuroscience as well as developmental psychology. AEDP therapists take an explicitly empathic, affirming, and emotionally engaged stance to facilitate the dyadic regulation of intense emotional experiences (Fosha, 2000; 2001). There are seven affective change processes identified in AEDP: The experience and expression of categorical emotions, the experience of the dyadic coordination of affective states, shedding defense, the empathic reflection of the self and the experience of recognition, intra-relational work with ego states, somatic focusing and experiencing, and focusing on and affirming the experience of the transformation of the self. What is particularly unique to AEDP is its process of working through emotional experience. The full experience of categorical emotions is followed by meta-therapeutic processing of transformational experience (mastery affects, the mourning-the-self affects, the healing affects, the healing vortex of sensations), leading to core state and the truth sense (Openness, compassion,
generosity, etc.). In this presentation, this three state transformation model will be presented along with audio-visual materials illustrating therapist’s relational stance as well as specific interventions. The most recent developments in the theory and practice of AEDP will be presented.

Presence, Empathy and Compassion: The Elements of Bonding
Leslie Greenberg - York University, Toronto, Canada

Emotion-Focused Therapy (EFT) is an integrative approach to psychotherapy, designed to foster clients’ emotional processing skills and emotional literacy. This helps people better utilize and regulate their affect and thereby enhance their well-being (Greenberg, 2002; Greenberg & Paivio, 1997; Greenberg, Rice, & Elliott, 1993; Greenberg & Watson, 2006). EFT has been shown to be effective in the treatment of depression (Goldberg, Greenberg & Angus, 2006; Greenberg & Watson, 1998; Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003), trauma, interpersonal injuries (Paivio, 2001), and couples’ distress (Johnson, Hunsley, Greenberg & Schindler, 1999; Greenberg & Goldman, 2008). EFT emphasizes the central role of emotions in both adaptive and maladaptive psychological functioning. At the most basic level, emotions are seen as an adaptive form of information processing that orient people to their environment and provide action readiness. In EFT the lives of human beings are viewed as profoundly shaped and organized by emotional experiences. Six change principles of emotional change are set forth in EFT. They are: emotional awareness, emotional expression, regulation, reflection, transformation, and corrective emotional experience. Furthermore, six major change tasks have been identified in individual therapy (Greenberg, Rice, & Elliott, 1993), each dealing with a specific affective-cognitive problem, such as self-criticisms, self-interruption of emotional experience, and unfinished business. In this presentation, audio-visual materials will be presented to illustrate how these change principles are implemented through major change tasks to transforming maladaptive emotions and work through secondary or defensive emotions.

Working with Pervasive Developmental Disorders

Understanding Autism: How family therapists can support parents of children with Autism Spectrum Disorders
Alexandra Solomon - The Family Institute at Northwestern University, Evanston, IL, USA

The number of children diagnosed with an Autism Spectrum Disorder (ASD) has increased dramatically in the last twenty years. Parents of children with autism experience a variety of chronic and acute stressors that can erode marital satisfaction and family functioning. Family therapists are well-suited to help parents stay connected to each other as they create a “new normal.” However, family therapists need updated information about autism, and they need to understand how family therapy can help parents of children with autism. Because having a child with autism affects multiple domains of family life, this mini-workshop explores how family therapists can utilize an integrative approach with parents, enabling them to flexibly work with the domains of action, meaning, and emotion.

The Role of the Psychologist in a Multi-disciplinary Approach to the Treatment of Pervasive Developmental Disorders
Peter Dodzik - North Shore Pediatric Therapy, Highland Park, USA

The number of children diagnosed with an Autism Spectrum Disorder (ASD) has increased dramatically in the last twenty years. In addition, the number of treatment options available to families have also increased. However, many treatment options lack rigorous scientific validation and families are frequently unable to determine the best treatment options. In addition, many parents experience stressors related to managing their child’s condition that can erode their relationship and add to the complications already experienced. Clinicians experience an ever increasing need to provide support within and outside of the family nucleus. This workshop combines
research and recommendations to psychologist on best practices for establishing and monitoring treatment plans for the child and family-based interventions to support the family structure. Attendees will gain a better understanding of integrative approaches to family therapy as well as the evolving role of the psychologist in a multi-disciplinary treatment program.
Paper

Development

A qualitative study on therapists working at the edge of experience: their change processes and development.

Nuno Conceicao - University of Lisbon, Portugal, Shigeru Iwakabe (Ochanomizu University, Japan), Antonio Pascual-Leone (University of Windsor, Canada)

One of the ways in which therapists grow professionally and attain satisfaction from their work is to be willing to go through with moments of plain presence with their clients, while working with emotions or self-states as they emerge in session. Practicing psychotherapy in this way reflects both a relational and experiential quality and a close collaborative stance. In search of authentic relatedness, therapists closely help the client to articulate the moment-by-moment experience that seems to be related to some personal issue and shares their own experiencing with the client in an congruent way. What are the learning experiences or change events that are associated with therapists’ ability to choose to work in this way? This study examines therapists’ experience of their own change processes, both in their own way of working experientially close to their clients’ experience, and their professional and personal learning process in becoming more proficient in doing so. We invited therapists to disclose, a) what they find significant in their own way of working experientially with their clients and b) the helping and hindering factors to their capacity to work in that manner. The interview schedule is to be applied to therapists from different approaches, however we only present preliminary results from a qualitative analysis on therapists’ interviews trained in AEDP - Accelerated Experiential-Dynamic Psychotherapy. Therapist development can be considered as one common factor in psychotherapy, but little is known about the therapists’ struggling or change events and associated change processes feeding that development (or lack of thereof), other than general stages and time-lines. Psychotherapy can be a deeply transformative experience for both clients and therapists. Understanding therapists’ own change processes may shed light on the other side of coin, clients’ change processes and vice-versa, another way of supporting the integration of research and practice.

Paper

ACT and Existential Approaches to Self

Elizabeth Aram - Clinical Psychology, The Chicago School of Professional Psychology, Chicago, IL, USA, Aaron Mishara, Ph.D., Psy.D.

While there has been recent interest expressed in the possible relationship between existential-phenomenological and ACT approaches to psychotherapy, the possible conceptual overlap is not well defined especially with regard to the existential concept of self as an ongoing process of self-transcendence or embodied being in the world. Both therapeutic models emphasize acceptance and the contextual elements of the individual’s experience. Further research is needed to evaluate the role of existential principles within the therapeutic process of ACT. There is currently no good overarching model which integrates the human search for meaning and value, the existential self and the insights from ACT. Recently, it has been pointed out that the neuroimaging findings regarding mindfulness and related meditation techniques support an existential theory of self (Mishara and Schwartz, 2010). However, the implications of these neuroimaging findings have not been examined in its possible contribution to the integration of existential approaches with ACT. We provide a model which integrates the neuroimaging findings with the existential-phenomenological theory of self and ACT. References Davidson, R.J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, D.M., Santorelli, S.F., Urbanowski, F., Harrington, A., Bonus, K & Sheridan, J.F. (2003). Alterations in brain and immune function produced by mindfulness meditation. Psychosomatic Medicine 65, 564–570. Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). Acceptance and commitment therapy: An experiential approach to behavior change. New York: Guilford Press. Hayes, S. C., Luoma, J. B., Bond, F.W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. Behavior Research and Therapy, 44, 1–25. Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., & Fletcher, L. (2011, October 31). Slow and Steady Wins the Race: A Randomized Clinical Trial of

**Paper**

**Assimilative Integration of Mindfulness and Cognitive-Behavioral Therapy**

J.H. Little - Argosy University/Washington DC, USA

Over the past several decades there has been a vast proliferation of literature on the use of mindfulness and Buddhist related concepts in cognitive-behavioral therapy (CBT). The development of therapies, such as mindfulness-based cognitive therapy (MBCT), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT), has created controversy regarding whether mindfulness and acceptance can be logically and theoretically integrated into CBT. An assimilative integration approach to including mindfulness into CBT provides a viable solution for how to address theoretical discrepancies and forms a theoretical foundation for current change process research. During this 20-minute paper presentation, a brief outline of the theoretical, philosophical, and empirical compatibility of mindfulness and CBT will be introduced. The main areas of controversy and contention will be identified and the specific components of mindfulness that facilitate an assimilative integration of mindfulness into CBT will be defined. The integration of research and practice can begin at the theoretical level and if an assimilative integration of mindfulness into CBT can be created, then it becomes incredibly important to define what the word mindfulness means. Some research is already identifying how mindfulness practices influence the components of mindfulness, such as attention and awareness. However, research often fails to clearly identify how mindfulness is defined, used, and taught. This presentation will briefly introduce current research on each component of mindfulness and discuss how these components contribute to a unique definition of mindfulness that lends itself to the empirical research necessary to demonstrate the potential efficacy of mindfulness practice. The paper presentation will conclude with ways in which a more precise definition of mindfulness and an assimilative integration approach provides a unique perspective for research on the process of change in an integrative practice.

**Paper**

**Barriers to Forgiveness in Emotion-focused Couples Therapy**

Catalina Woldarsky Meneses - York University, Toronto, Canada, Leslie S. Greenberg

This paper explores the barriers to interpersonal forgiveness in the context Emotion-focused couples therapy (EFT-C). We outline how the injuring partner’s invalidation and general unresponsiveness to the injured partner’s pain can emerge in therapy and impair the forgiveness process. Based upon previous empirical research that involved close observation of the processes and patterns that seemed to distinguish couples who successfully resolved their emotional injuries via forgiveness versus those who did not, we constructed the Couples Forgiveness Model (Woldarsky Meneses & Greenberg, 2011). Five components from this model (i.e., sub-steps in the forgiveness process) were found to distinguish the two groups and were studied in two hundred and five video-taped segments selected from 33 couples’ therapy sessions (Woldarsky Meneses & Greenberg, in press). Using regression analyses three of the five components (the injurer’s “expression of shame”; the injured partner’s “accepting response” to the shame and “in-session expression of forgiveness”), significantly predicted outcome and accounted for 50% of the outcome variance on the Enright Forgiveness Inventory (EFI). Two other components have also been studied in-depth (the injurer’s “pressure to forgive” and “competition of hurts”) and found to be
exclusive to couples who do not forgive. These components are obstacles to forgiveness and are discussed here in light of the existing research in forgiveness using case illustrations.

**Paper**

**Personal**

**Beyond the identified patient: the challenge of combining individual and family therapy in the treatment of eating disorders**

*Maria del Carmen Salgueiro - Fundacion Aigle, Buenos Aires, Argentina, Diana Kirszman*

Eating disorders have high rates of prevalence, are associated with significant morbidity and mortality figures and produce a great impact on the quality of life of those who suffer them and also their relational context. The treatment of patients with eating disorders is presented within the framework of multi-determinate clinical situations, and therefore involving the task of the integration of a multidisciplinary team as the first therapeutic endeavor. The work presents and describes the different levels of integration comprised in an Unified Program for Eating Disorders developed at Aiglé Foundation in Buenos Aires, Argentina, its challenges, goals, scope and limitations and focuses specifically on the articulation of individual and family psychotherapy, outlining the principles that guide the intervention through the different stages of treatment, highlighting the weight of the interpersonal factors as agents of maintenance and illustrating through clinical vignettes.

**Paper**

**Change**

**Change Process Research on negative developments and clinical practice**

*Franz Caspar - University of Bern, Switzerland*

Treatment failures and negative developments have been a taboo for many researchers. For a long time, there was an over emphasis on how good we and our treatments are. A maturing field should deal with the fact that in 10% and more of patients negative developments are found. There are treatment failures and even iatrogenic deteriorations. In successful treatments there may also be partial negative developments and suboptimal results. Main reasons, difficulties for practitioners as well as researchers to explore failures and negative developments, as well as consequences for research (more practitioner oriented, qualitative research is needed) and clinical practice will be discussed and illustrated with examples.

**Paper**

**Trauma**

**Dialogic exposure in an integrative trauma therapy – First results from an RCT study**

*Willi Butollo - Chair for Clinical Psychology, Munich/Muenchen, Germany, Regina Karl, Julia Koenig, Rita Rosner*

Traumatic experiences not only lead to posttraumatic symptoms according DSM criteria, but also change a person’s self and self processes. Among many competing approaches for treatment of trauma-induced disorders the ability for intrapsychic dialogue is often not sufficiently attended to. However, we assume that this ability is a necessary condition to cure lasting decay of relationships and quality of contact caused by trauma. A process oriented trauma therapy investigated here integrates a Gestalt therapeutic framework with elements from Behaviour Therapy. The concept stresses interaction and dialogue in order to identify and dissolve the disruptions of contact so that continuity in the client’s experience becomes possible again: rebuild “self-response-ability”. In the form of “dialogic exposure” the dialogic nature of self processes is applied to four phases of the therapy. This facilitates establishing contact with and working in a relationship-oriented way with different (traumatized, non-traumatized, pre-traumatic) parts of the self. A RCT study using pre-post comparison and follow up measures using 110 patients with PTSD – two groups: integrative therapy and CBT - shows the efficacy of both therapies with respect to symptoms as well as relationship, conflict, and resource orientation in the treatment of PTSD.
Emotion-focused therapy group for anxiety and depression: A single-case study
Elizabeth Emptage McCague - Laurentian University, Sudbury, Canada, Adele Lafrance Robinson, Cynthia Whissell

Individual-based EFT has been identified as an evidence-based treatment for depression and couple distress by the American Psychological Association as well as shown much promise for anxiety, eating disorders, anxiety disorders and interpersonal problems. To date, minimal research exists which investigates the outcomes of EFT in a group setting despite the fact that group therapy can add unique components to a therapeutic environment that cannot be attained with other modalities. The present research is a case study of an adult participant from an EFT group for depression and anxiety disorders. Emotion-focused therapy (EFT) enables clients to integrate cognition and emotion and to transform maladaptive primary emotions into adaptive ones. EFT has been identified as an evidence-based treatment for depression, trauma, and couple distress by the American Psychological Association as well as shown much promise for anxiety, eating disorders, anxiety disorders and interpersonal problems. Group therapy adds fundamental components to a therapeutic environment that cannot be attained in individual or even couple therapy. To date, minimal research exists which investigates the outcomes of EFT in a group setting. The present research sought to quantitatively and qualitatively explore the outcome of one individual from an adult EFT group for depression and anxiety disorders. Nine EFT sessions were delivered over nine weeks. Weekly measures of session-feelings evaluations were collected. Follow-up measures, including a qualitative interview, were administered one-year post-treatment. Pre-, post-, and follow-up measures included depression, anxiety, and emotional regulation. Results showed clinically significant improvements in anxiety, depression, and emotional regulation over time. Indirect and direct evidence of client change were detected. Five super-ordinate themes emerged with sub-themes emerged from the qualitative analysis. This single-case study is the first investigation into the outcome of group processes and EFT for depression and anxiety integration. Results greatly benefit the emotion-focused therapeutic community and provide a framework upon which future research involving group-based EFT may be conducted. Keywords: Emotion-focused therapy, anxiety intervention, depression intervention, group therapy

Emotional changes across Treatment Perspectives: an Expressive Writing Manipulation of Change Processes
Antonio Pascual-Leone - University of Windsor, Canada, Samantha Metler, Shawn Harrington, Nikita Yeryomenko, Orrin-Porter Morrison, Terence Singh, Martin Crozier, Fuschia Sirois, & Lisa Porter

AIM: Pascual-Leone and Greenberg’s (2007) model showed that in therapeutic outcomes, key phases of emotion were likely to emerge in a sequential pattern. One question that followed was whether productive vs. unproductive emotions were the product of therapist interventions or if they reflected the inherent nature of certain states as facilitative of change. This study experimentally examines a key process in EFT by removing the influence of the therapist as a collaborative meaning-maker. METHODS: The study follows seminal research of Pennebaker and Beall (1986) on expressive writing, but uses priming and process instructions to manipulate the specific types of emotions being expressed over 3 writing sessions. 120 participants who reported recently suffering from traumatic personal events were randomly assigned to 4 different conditions that facilitated: (a) productive (primary adaptive) emotion; (b) unproductive (secondary, primary maladaptive); (c) a sequence of unproductive followed by productive emotion (secondary, then maladaptive, then adaptive); or (d) a control. Saliva cortisol samples were taken as in-session measures of arousal. Intervention outcome was measured by symptom changes 2 and 4 weeks post intervention. RESULTS: Interim analyses comment on: (1) the degree to which productive vs. unproductive emotion could be facilitated in the absence of a therapist (through priming and instruction); (2) in-session arousal as measured by saliva cortisol;
Exploring the effects of psychotherapy training on the professional and personal development of first year graduate students in comparison to fourth year undergraduate students.

Beatriz Rodriguez-Rubio - University of Windsor, Canada, Samantha Metler, Antonio Pascual-Leone

Objectives: This study aims to qualitatively explore the effect of psychotherapy training on the professional and personal development of first year graduate students as compared to undergraduate students who participated in a similar training course.

Methods: The participants were twenty-one first year graduate psychology students who registered in a counselling skills training course and volunteered to participate in the current study. After completing the course, the trainees wrote a self reflection journal where they were encouraged to consider: (a) newly acquired skills, (b) newly developed strengths, (c) areas of difficulty, and (d) the effects of the course on their personal lives. This data was analyzed using Rennie’s (2000) adaptation of grounded theory.

Results: The two major themes where undergraduate students perceived changes -Professional development and Self development-, remained the same in the graduate student population; however, the graduate trainees’ reflections focused more on the professional sphere. There were various differences between the graduate and undergraduate populations. For instance, graduate trainees linked some aspects of their personal growth to their professional development, which gave rise to a new major theme entitled Development of therapeutic presence. The trainees that endorsed this category mentioned the importance of present moment awareness and strategies for self management. Additionally, they experienced an increased awareness of their personal impact on the client and recognized directions for improvement. Also exclusive to graduate students was the perception of their personal style as an obstacle in their role as therapists. Some of the difficulties they mentioned in this area included feeling a need to control the client, lack of interpersonal confidence, not wanting to be intrusive, hyperawareness of themselves while being with the client, and feeling emotionally drained.

Discussion: The implications of psychotherapy training and its impact both on the professional and personal development of the trainees will be discussed.

Healing the Split between the Researcher and the Practitioner: Let’s Start with Me.

Barry Wolfe - Private Practice, Rockville, Maryland, USA

This paper highlights many of the major issues that separate the clinical researcher from the clinical practitioner and then suggests some possible solutions for bridging their gap. The format involves an enacted two-chair dialogue between my researcher side and my therapist side. The dialogue involves three phases. Phase 1 involves each side presenting a straw man of the other’s position. In Phase 2, the two sides engage in a creative dialogue regarding the issues that divide them. Phase 3 results in a series of synthetic solutions that honors the concerns and the core values of each side. The two sides find common ground, for example, by agreeing to a broadened definition of research necessary to establish empirical support for a particular form of psychotherapy.

Illness Perceptions in Anorexia Nervosa

John Fox - University of Manchester, UK, Laurie Higbed

Anorexia nervosa (AN) is an eating disorder characterized by the egosyntonic nature of symptoms, denial of illness, and ambivalence about treatment engagement. Within the physical health literature, people’s beliefs about their illness have been found to
impact upon coping and treatment outcomes and this has largely been explored using the self-regulation model. This model has also been applied to mental health and more recently to AN, with beliefs about the disorder being associated with readiness to change. However, qualitative investigations have indicated that physical health models have limited applicability for assessing people’s beliefs about mental illness. This may be particularly pertinent to AN, given the complexity of the disorder. Therefore, this study explored illness perceptions in AN using a qualitative design which was not restricted by a physical illness model but focused on personal models of AN from the perspective of those experiencing the disorder. Semi-structured interviews were conducted with thirteen participants who were currently in treatment for AN. Interview transcripts were analysed using grounded theory methodology. An interpretative theory of illness perceptions in AN was developed and comprised four related categories: ‘making sense of AN’, ‘the relationship between AN and the self’, ‘the recovery struggle’, and ‘coping with treatment’. Patient’s accounts transcended the dimensions offered by physical illness models, with the implication that methods for assessing illness beliefs in AN require adaptation for a full understanding to be gained and the complexity of perceptions to be captured.

**Paper**

**Implications of Psychotherapy Research for Psychotherapy Integration: A Review of Programmatic Studies**

*Luis Botella - FPCEE Blanquerna, Barcelona, Spain, Berta Vall*

In this paper, a total of more than 20 programmatic studies from the Constructivism and Discourse Processes Research Group from Ramon Llull University in Barcelona, were reviewed so as to highlight their implications for psychotherapy integration both along the lines of (a) common factors and (b) metatheoretical integration. Results will be presented emphasizing the coherence among the studies analyzed and the validity of their results in terms of advancing a more integrative empirical framework. Such a basis might foster a more profound exploration of psychotherapy integration. Our presentation will discuss these results from the perspective of an integrative cognitive-constructivist and relational approach.

**Paper**

**Integral Psychotherapy in Practice: Results from a Discovery-Oriented Process Study**

*Andre Marquis - University of Rochester, USA*

Empirically studying metatheoretical, unified approaches to psychotherapy presents numerous challengers to researchers, and this presentation will both discuss some of the challenges of process research with metatheoretical, unified therapies as well as results of the Integral Psychotherapy in Practice (IPP) study. I will begin with a brief introduction to Integral psychotherapy and the design and methodology of the study, and then proceed to the results of the study. The IPP study was designed to systematically examine how Integral psychotherapy is actually implemented in practice. For a meta-theoretical approach such as Integral that attempts to be comprehensively integrative (integrating not only intrapsychic, interpersonal, and behavioral approaches, but also neurobiological, cultural, and systems perspectives as well), it is difficult, if not impossible, to do in practice everything that the theory suggests. As I have stated in previously published works, most courses of Integral therapy with a given client do not attend to every Integral theory construct; however, any one of those constructs may be central to a specific client’s struggles and positive change. Thus, one of the goals of the IPP study was to ascertain the essential, core components of Integral psychotherapy as it is actually practiced in real world settings. The IPP study utilized an intensive single-subject design with each therapist-participant providing treatment to a client-participant for approximately 50 sessions (all sessions were filmed). A rich set of data from both the client-participants and the therapist-participants were analyzed with both quantitative and qualitative analytic-inductive methods to address the following primary research question: How does Integral theory actually (i.e., concretely in terms of how they intervene with clients) inform the work of Integrally-informed psychotherapists? This study revealed a
number of limitations and oversimplifications of Integral psychotherapy, which has resulted in revisions to Integral psychotherapy.

**Paper Development**

**Integrating an Adult Development Perspective into Clinical Practice**

*Carolyn Gralewski - Illinois School of Professional Development at Argosy University, Schaumburg, USA*

This presentation emphasizes the benefits of integrating a developmental perspective into treatment of adults. An adult development framework is not a substitute for the clinician’s usual model of intervention but rather a way to enhance effectiveness of treatment with adult clients. While the therapeutic strategies are based on the therapist’s model of intervention, adult development concepts provide a basis for conceptualizing the current functioning of the client and providing education to clients regarding the developmental nature of their issues. By utilizing a developmental perspective, the clinician helps to normalize many issues presented by the adult client, and provides an optimistic framework in which to understand the adult client. A developmental framework provides an alternative to a pathology-based model of understanding symptoms and functioning. Using a non-pathological model normalizes the struggle the client may be encountering. When the client sees his or her problems as normal for his or her age or developmental phase, the client experiences greater relief, optimism, and motivation for change. If the issues are not pathological, but rather normative, the client may be more open to the therapist’s ideas and to the therapeutic process itself. Thus, a developmental framework can have positive effects on the therapeutic relationship. A developmental perspective is especially helpful for young clinicians who often remark that they sense an older client may question their credibility and ability to understand the perspective of the older client. This presentation will highlight several key adult development concepts that can be integrated into clinical practice including: developmental transition, cohorts and developmental status, and developmental perspectives on relationships and work.

**Paper Culture**

**Integrating process-outcome and cultural competency research in complex trauma treatment for Latino populations**

*Daniel Gaztambide - Graduate School of Applied & Professional Psychology- Rutgers University, Piscataway, USA*

Complex trauma is increasingly recognized as a more prevalent condition than single-event PTSD, particularly with marginalized and immigrant Latino populations in the United States. Including but going beyond the DSM-IV criteria for PTSD, complex trauma refers to the relational, self, and affective disturbances which result from early developmental and chronic exposure to traumatic events. In order to address these identity deficits and relational difficulties, complex trauma scholars and researchers have called for greater integration of process-outcome research on therapeutic alliance and rupture-repair processes with evidence-based trauma-focused cognitive-behavioral therapies. Parallel to this complex trauma discourse, cultural competency theorists have drawn attention to the problem of cross-cultural therapeutic alliances being corroded by therapist cultural biases, leading to higher drop-out rates for ethnic minorities. Researchers conducting process-outcome research on cultural competency have found a link between the quality of cultural exchange in the therapeutic alliance, the therapist’s ability to repair cultural ruptures or address misunderstandings, and treatment outcome. Specific to the needs of Latino clients and families, a broad clinical literature has noted the importance of maintaining an ecological perspective on issues related to immigration experience, level of acculturation, and specific cultural values such as personalismo, familismo, and simpatia. Addressing the multifaceted needs of Latino clients and families who have endured traumatic experiences then requires an integration of relational, cognitive-behavioral, and ecological elements within a culturally responsive milieu. In order to illustrate the integration of process-outcome research on therapeutic alliance and cultural competency with evidence-based practice and ecological intervention, this
paper will present the theoretical underpinnings and treatment components of the Bilingual Integrative Trauma Treatment (B-ITT). Based on a Latino-specific cultural adaptation of John Briere’s Integrative Treatment for Complex Trauma (ITCT), this framework balances symptom-focused technical intervention with cultural and interpersonal responsiveness, creating an integrative dance between technique, culture, context, and relationship. Special attention will be given to the challenges of negotiating and repairing cultural and interpersonal ruptures, implementing trauma-focused cognitive-behavioral interventions in a culturally competent manner, and navigating the systems Latino clients and families may be involved with. A clinical vignette with pre and post-treatment data will be presented in order to illustrate the integration of process-outcome, multicultural, and evidence-based components.

**Paper**

**Integrative perspective of couples with addiction review**

*Alberto Murguia - Instituto de Formación y Atención en Psicología IFAPS, Mexico City, Mexico*

One of the several reasons that couples consider as a factor for the fracture of their relationship is the substance abuse or quichemical dependence of one or both marital members. It’s proved that the relation among the substance abuse and marital distress could get worse in areas like: marital interaction and satisfaction, this also increases couple violence. The consume is conceived as a cronical stressor for the couple, this contributes to form a vicious circle instead of helping the couple. However there are a few addicts which maintain an stable couple relationship, that’s means consume has become an important part of the relationship. The same consume habit get them together and closer to one each other. For a better understanding, is very important to review the couple dynamic from an integrative perspective. Additionally the active involvement in addiction couple treatment improves the marital quality and decreases conflicts in vital couples areas, this also could decrease issues related of consume and allows an important intervention to prevent relapse and promote partner caring.

**Paper**

**Intersection in transition from individual therapy to social life: Integrative Group Psychotherapy Approach**

*Tahir Ozakkas - Psikoterapi Enstitüsü, Kocaeli, Turkey, ozakkas@psikoterapi.com*

Integrative Group Psychotherapy is practiced on the basis of Integrative Psychotherapy Approach. Groups are open-ended with no age/gender limitation, held in two sessions of 90 minutes each, with minimum 4, maximum 16 people. Group of 8-12 people is ideal. Exclusive criteria: Psychotic disorders, Uncontrolled Manic Positions, Severe Depressive Disorders, Organic Brain Syndromes, Mentally Retarded, Children or Elderly, Manipulatives. Stages: Part I: Introduction, Determining the Agenda Together, Education for Discussion Topic, Discussion; Part II: Summarizing part I, Picking up and interpreting maladaptive cycles of group members, Formation and Activation of Individual and Group Observing Ego, Assessment of Session, Summary, Closing. What Happens in Group?: Behavioral Learning, Cognitive Education and Awareness, Picking up and Interpretation of dynamic characteristics here and now, Noticing links between past and present, Achieving Experiential Change through emotional experiences. Group therapist should observe each group member during session, have responsibility for the frame to be able to prevent deviations, encourage all group members for participation, have a behavioral model as well as ability to be emotionally involved sometimes, be able to control his/her countertransference when the dynamic pathological cycles turn to him/her, make group members aware when they become cruel to each other, prevent process ruptures. Why do we need a group? Clients are engaged in a risk-free, safe, relatively comfortable relationship with therapist in individual therapy. Session room is not similar to outside world, however the client lives in outside world. An interim station is needed to carry the gains of therapy to outside world. This interim station is group therapy environment which is more uncontrolled. It is more probable for individuals who can face and deal with their problems in group therapy and act
realistically to hold onto social life and activate themselves. Group therapy acts as a bridge in transition to real life.

**Paper Training**  
Longitudinal development of Multicultural Counselling Competencies in Graduate Trainees through a Multicultural Therapy Practicum  
Beatriz Rodriguez-Rubio - University of Windsor, Canada, Ben C. H. Kuo, Batoul Berri

Objectives: This study aims to qualitatively explore the longitudinal development of Multicultural Counseling Competencies (MCC) in graduate students participating in a practicum training with refugee clients. Methods: The participants were fifteen advanced graduate students (therapist trainees) participating in a supervised practicum training where they provide therapy for refugee clients. After each therapy session, the graduate students wrote a critical incident journal where they were asked to respond to the following questions: (a) What has been the most critical or impactful event for you in this week’s session with your client? (b) How would you describe your cognitive, affective, behavioural, and interpersonal reactions to this incident/experience? (c) In what ways might this incident or experience have affected you in terms of your cultural awareness, knowledge, skills, and relationship with your client?, and (d) how has this incident/experience prompted you in making changes or adjustment in yourself and/or in your counselling work with the client in subsequent sessions? This data was analyzed using Rennie’s (2000) adaptation of grounded theory. Preliminary Results: Three main themes emerged from the data: (a) therapist change in their usual way of working in order to better accommodate their clients, (b) acute awareness of the cultural differences between themselves and their clients, and (c) positive perceptions of the training and supervision models. The findings of this study will contribute toward the development of ‘best-practice’ models of multicultural training for future psychologists and counselors.

**Paper Change**  
Looking at Personality Change through a Neurological Lens  
Zoltan Gross - NN, Van Nuys, USA

If one brushes aside the theoretical differences of psychotherapies, they all deserve a Dodo Bird’s prize, because therapists behave in pretty much the same way with their clients. They want their clients to feel better and/or behave more adaptively. They treat their clients with “unconditional positive regard.” And they engage in repetitive behaviors. These conditions, to some extent, change behavior and self experience. Personality structures emerge in behavior and experience from neurological systems. Invariant repetition creates stable, change resistant neurological systems which are displayed in awareness as psychological structures. Piaget defined psychological structures as “self-perpetuating wholenesses.” Gordon Allport recognized them as becoming “functionally” autonomous. These descriptions of psychological structures can be seen as psychological habits. Neither exhortations nor explanations change habits. Habits can be modified when the automaticity of their operations is interrupted. Repeated practice with others in childhood creates personality structures that people seek to change in psychotherapy. Much of what happens therapeutically in psychotherapy is the interruption of habituated psychological structures. In different ways, effective therapists of all varieties interrupt the automaticities of their client’s behavior and experience. The psychotherapeutic relationship is different from all other conventional relationships. This difference contributes to the interruption of some psychological habits. While different psychotherapies have different practices, the interruption of automaticity underlies their work. Cognitive behaviorists actively and consciously interrupt habitual automaticity with their desensitization schedules. Dynamic therapists do essentially the same thing when they “work through” insights and facilitate the occurrence of corrective emotional experiences. Habits operate in behavior or experience nonconsciously. Making clients aware of nonconscious habits and emotional practice in the therapeutic relationship interrupts their automaticity and weakens their habit strength. Psychotherapy integration can be facilitated by recognizing the homeostatic underpinnings of behavior and experience.
Psychotherapy Process-Outcome Research: Methodological Issues and A Review of the Literature
Paul Crits-Christoph - University of Pennsylvania, Center for Psychotherapy Research, Philadelphia, USA, Mary Beth Connolly Gibbons, Dahlia Mukherjee, Jaclyn Sara Sadicario, Tessa Katherine Mooney

Aims. To present the major results that emerged from a comprehensive review of psychotherapy process-outcome research conducted for the next edition of the Handbook of Psychotherapy and Behavior Change. Methods. Empirical investigations of the relationship of process variables to therapy outcome were systematically reviewed. To distinguish this review from previous comprehensive reviews, we emphasized (1) specific methodological issues that impact process-outcome relationships, and (2) the testing of theoretical models that link process to outcome. Methodological issues examined included causal direction of influences, dependability of measurement, responsiveness, the multilevel nature of psychotherapy process data (i.e., patient-level and therapist-level), and specificity of effects (or lack thereof) to particular models of therapy. Results. The results of process-outcome research on the following domains will be presented: (1) alliance, (2) behavioral treatments for anxiety disorders, (3) cognitive therapy techniques, (4) psychodynamic therapy techniques, and (5) experiential therapy techniques. Discussion. The discussion will focus on (1) areas of research for which clinical recommendations can be made, and (2) suggestions for future research to address limitations of existing studies.

Putting Neuroscience Research into Clinical Practice
Jacqueline A. Carleton PhD - National Institute for the Psychotherapies, New York, USA, Alyssa Mayhew

Allan Schore (2008), sometimes referred to as “America’s Bowlby” has done extensive research in the area of neuroscience and attachment theory. In Schore’s work, he has emphasized the therapist’s role in helping an individual with a secondary attachment style (i.e., anxious, avoidant or disorganized) to heal through the therapeutic alliance. This presentation reviews Schore’s work on attachment theory and offers an organized outline of ideas of ways in which a therapist may help an individual in their practice who suffers from the relational implications of a secondary attachment style. Similar research is reviewed and analyzed throughout with a detailed discussion of its potential for utilization in the therapeutic setting.

Research and Discussion based on the 10-Year socio-economic data regarding the patients who applied for psychotherapy in Turkey
Tahir Ozakkas - Psikoterapi Enstitusu, Kocaeli, Turkey, Sukriye Karahan, Muge Kiremitci, Samet Onder

Data collected from 1.451 patients who applied to the Psychotherapy Institute in Turkey between 2000-2010 have been analyzed in terms of socio-demographic characteristics, including gender, age, birth place, location, education, civil status, number of children, profession, substance use, past illnesses, previous psychiatric treatment, family’s psychiatric history, accompanying person in therapy, contact person, parents’ civil status, number of siblings, whether patient has younger or older siblings, diagnosis. These data have been analyzed by using SPSS 13 program. Results of data analysis have been compared with similar findings in literature and discussed with respect to hypothesized reasons for the current clinical picture, cultural elements, and implications on psychotherapy practice in Turkey. According to data analyses, it is found that 72.8% of applicants were between the ages of 21-45. It is hypothesized that beginning of challenges in business and social life leads to crisis between ages of 21-45, and the number of people who apply for psychotherapy increases along with newly-gained economic independence at 30s. Gender analysis shows a comparable number of applicants for men and women, 49.3% and 50.7%, respectively. In the literature, researches indicate that women apply for psychotherapy more than men. It is observed that the number of children of the applicants is rarely taken into consideration in literature. Our research data have indicated that 62.7% of
the applicants do not have children. Our analysis of the number of siblings shows that nearly half of the applicants are the first child in their families, which leads to the suggestion that parents may have difficulty establishing healthy object relationships in their first parenting experience. It is suggested that there are not sufficient data in the literature regarding the impacts of being the first child in the family, and this area is promising in terms of future research.

**Paper**

**Change**

**Specific and Non-Specific Therapeutic Factors in Short-term versus Long-term Psychotherapy**

*Sjoerd Colijn - Centre for Personality Disorders, Oegstgeest, Netherlands*

In recent years, one of the paramount discussions in the field of psychotherapy has been the relative contribution of specific, method-based factors versus non-specific (i.e. universal, common), patient-therapist relationship-based factors in psychotherapy. Whichever one’s position is in this discussion, clinical wisdom has it that in short-term psychotherapy specific factors are relatively more important and non-specific factors are more of a necessary precondition, whilst the longer the intended duration of a psychotherapy, the greater the importance of non-specific factors like the therapeutic relationship. This paper presents a review of the research literature on specific versus non-specific therapeutic factors, differentiating between short-term and long-term psychotherapy models. The differences found in the literature are summarized, and confronted with common clinical wisdom. Finally, the implications of these findings for future research and clinical practice are outlined.

**Paper**

**Alliance**

**The Case of Ms. B: An Integration of Experiential Techniques, Relational Factors, and Evidence-based Practices to Facilitate Change Processes**

*Saloomeh Nazari - American School of Professional Psychology at Argosy University, Washington, USA*

The case of Ms. B, an adult female with generalized anxiety disorder, will be examined to elucidate upon factors involved in her change processes. A discussion of incorporated therapeutic techniques, such as experiential interventions and cognitive-behavioral treatment tasks, within the framework of an empirically supported therapeutic relationship provides information about how changes are elicited in such an integrative approach. Analyses of Ms. B’s treatment offers insight into the role of each integrated variable in her treatment gains. Furthermore, the interactional component of these variables will also be explored to examine its role in this change process. Recommended treatment guidelines will be provided for utilizing this integrative approach to psychotherapy.

**Paper**

**Change**

**The Client’s Contribution to Change: Learnings From Doing the Chapter on the Client for the Next Edition of the Lambert/Bergin & Garfield Handbook**

*Arthur Bohart - California State University Dominguez Hills, Carson, CA, USA, Amy Wade*

In this presentation we outline what has been learned about the client’s contribution to the therapy process from doing the chapter on the client for the next edition of Lambert/Bergin & Garfield Handbook of Psychotherapy and Behavior Change. We briefly discuss the value of looking at “static” client variables such as ethnicity, gender, or age. We conclude that construing client variables as dynamically interactive with the therapy context is more profitable. With that in mind we look at what we know about how clients contribute to how they interface with therapy. We focus on two inter-related groups of processes: those that consist of how they involve themselves (e.g., their motivation, their contributions to the therapeutic alliance) and how they interactively learn and process information. We particularly focus on clients’ views of “change mechanisms.” We discuss how therapists’ understanding of these variables can contribute to change and help practice regardless of theoretical perspective.
**Paper**

**Change**

**The experience of change: the consultees voice**

*Tania Zohn-Muldoon - ITESO University, Guadalajara, Mexico*

Many studies about change in psychotherapy are conducted from the psychotherapists or theories point of view; that leaves out the consultees experience about the change process, its meanings and impact on his life. This is what we want to highlight, to understand how consultees experience and integrate changes derived from psychotherapeutic process. We will present the process and results of a qualitative research conducted in our Psychotherapy training program, with the consultees that are attended by the students. These findings are useful for both psychotherapy practitioners and psychotherapy teachers and supervisors, as they focus on the experience dimension, and can broaden the way we explain change in psychotherapy.

**Paper**

**Therapist**

**The Integrative Sex Therapist or Jack-of-all-Trades?**

*Nia Pryde - Hong Kong Institute for the Humanities and Social Sciences, University of Hong Kong*

In the modern world of sex therapy, nothing is simple. Sexual dysfunctions seldom present as single, discrete symptoms. More commonly, the dysfunction is part of a complex array of conditions and characteristics that are mutually influential. For the integrative sex therapist, the pathway to the goal of improved sexual functioning may involve negotiating not only the roles of gender and culture but also the presence of other clinical or personality disorders, the effects of medical conditions and interventions, the often defining experiences of childhood abuse and conditioning, and the obstinate grip of compulsive habits and addictive pursuits. In the over-arching context of the relationship, dysfunctionality is commonly observed, highlighted by sustained conflict and negativity, unresolved hurts and resentments, and extracurricular liaisons of various kinds. The integrative sex therapist is challenged, first, to understand and conceptualize the problem in its context; second, to engage meaningfully with the individuals and with their relationship; third, to manage the therapeutic process, maintaining the dual focus of accommodating the clients’ unique characteristics while progressing towards an achievable goal.

**Paper**

**Interviewing**

**The Well Being Interview**

*Gregg Henriques - James Madison University, Harrisonburg, VA, USA, Craig Asselin*

Although well-being has always been a central construct in psychotherapy, its assessment and measurement has been lacking. Consider, for example, that virtually all measures of well-being are self-report and that, to date, there is not a clinician administered interview that assesses the relevant domains in a coherent and comprehensive fashion. To fill this gap, The Well-Being Interview was developed. Taking approximately thirty minutes to complete by a trained administrator, the WBI assesses ten different domains of well-being divided into three sections. The first is overall well-being and includes three general domains (life satisfaction, life engagement, life purpose). The second assess five domains of adaptation (habits and life style, emotions, relationships, defenses and coping, and narrative identity). The third domain assesses stressors and affordances, as well as direction and growth. The WBI was given to 97 college students, who also took a number of self-report measures, including the Keyes Well-being Short Form, Carol Ryff’s Psychological Well-being Scales, and Deiner’s Satisfaction with Life Scale. Data will be presented on the validity of the measure, including correlations with self-report and within the domains, as well as work being done on scoring the qualitative elements of the responses. Implications for assessing outcome in psychotherapy and other domains will be discussed and the WBI will be made available to interested parties.
Therapeutic model for couples with addiction: efficacy evidence.
Alberto Murguia - Instituto de Formación y Atención en Psicología IFAPS, Mexico City, Mexico

The present research is based for evaluating the therapy model for couples with addiction MOTEPA and it's efficacy as a promoter for healthy relationships in couples with addiction. This model was created based on integrative psychology, moreover technical integration was used to create this treatment which includes techniques from Logotherapy, Family Therapy, Behavioral-Cognitive Therapy and Focus Solution Therapy. This model application pretends: to decrease and interrupt consume of addictive substances; the promotion of the couple involvement in the recovery process, enhance care among the marital members in front of a possible relapse. This model looks for the improvement in the marital relationship quality, at the same time encourage communication, respect, intimacy and establish concrete reasonable goals with the consequent decrease of violence and marital stress. The study was longitudinal with quantitative methodology. The sample was no probabilistic and with intentional task, it was integrated by ten couples in the experimental group and ten couples in the control group. The research used the following instruments: Marital Satisfaction Questionary by Fincham & Linfield, Marital Satisfaction Inventory Revised. The treatment includes 10 week structure sessions where couples learned to identify, to confront and resolve conflicts from substance abuse. The results showed that the control group maintained the same marital conflicts and even increased in other areas. Meanwhile, the experimental group improved their marital quality, decline general anxiety and also negative feelings between the couple. Communication skills improved obtaining common objectives together, also intimacy, respect and time together, but the verbal offense increased. Such research proved efficacy of MOTEPA model in the Mexican population.

Unresolved attachment organization predicts treatment alliance in patients with Borderline Personality Disorder: Implications for treatment recommendations
Tracy L. Clouthier - Pennsylvania State University, University Park, PA, USA, Kenneth N. Levy, Rachel H. Wasserman, Joseph E. Beeney, John F. Clarkin

Therapeutic alliance is an important predictor of outcome in psychotherapy (Martin et al., 2000). However, client differences in capacity to form an alliance likely influence this relationship (Clarkin & Levy, 2004). Levy and colleagues (2010) found that attachment style is related to outcome. In a follow-up meta-analysis, consistent with other findings (e.g., Diener & Monroe, 2011), they found that self reported insecure attachment predicted lower alliance. In the present study we examine how unresolved attachment impacts early alliance in three treatments for BPD. Sixty patients from an RCT comparing transference-focused psychotherapy (TFP), dialectical behavior therapy (DBT), and supportive psychotherapy (SPT) (Clarkin et al., 2007) were assessed for attachment organization and unresolved status using the Adult Attachment Interview. For each patient, two early sessions were coded for alliance with the Working Alliance Inventory (WAI), A two-way MANOVA showed an interaction effect between unresolved status and treatment group. Compared with patients without unresolved status, unresolved patients in TFP had lower scores on bond, task, and goal subscales of the WAI in the first session and on goal in the second session, and those in DBT had lower scores on bond, task, and goal in the second session. There was also a trend towards unresolved patients in SPT having higher bond, task, and goal scores at the second session than unresolved patients in other treatments. These findings have both prognostic implications regarding the risk presented by unresolved attachment and prescriptive value for patient-treatment matching to enhance alliance for those with unresolved trauma or loss.
What did we learn from the Change Process inside and outside Psychotherapy of 15 patients suffering from Borderline Personality Disorder?

Jean-Michel THURIN - National Institute for Health and Medical Research, Paris, France, Monique Thurin, Tiba Baroukh, Bruno Falissard

Aims: Many studies showed the effectiveness of the principal psychotherapy approaches on the borderline personality disorder. However, the study of the changes in various dimensions of psychological, psychosocial and intra psychic functioning remains little explored, as well as the comprehension of why and how psychotherapy works (mediators and moderators of the therapeutic action). The aim of this research is to improve knowledge and practices in these areas. Method: Clinical data from 15 pragmatic case studies were collected at 4 stages of the psychotherapy process (0, 2, 6 and 12 months). They were submitted to 1) an initial and final qualitative analysis (case formulation); 2) a quantitative analysis of outcome starting from three instruments evaluating indicators of borderline global, psychodynamic and intra subject functioning (HSRS, PFS, PQS) ; 3) a quantitative analysis of psychotherapy process (PQS); 4) a correlational analysis between process, mediators (which were listed and quantified) and outcome. Three levels of analysis were carried out: that of each case, that of aggregated cases, and that of paired cases. Results: Outcome can be observed at different times and in different dimensions: gravity of symptoms and distress, interpersonal relationships, autonomy, emotional tolerance and expression, insight, self image, relation with external and internal reality. A profile of the dynamic of change can be modeled; analogies can be observed and differences analyzed. Psychotherapy is essentially interpersonal, with a moving to more psychodynamic approach. The discussed main topics and the patient-psychotherapist relation are changing during the psychotherapy process. Discussion: The questions of 1) homogeneity of cases; 2) internalization of the relation to reality during the psychotherapy process and 3) differentiation between functional and structural changes along the psychotherapy process are discussed.
Baseline Level of Anxiety as a Predictor of Rate of Change Across Diverse Psychotherapies for Different Disorders
Jaclyn Sara Sadicario - University of Pennsylvania, Center for Psychotherapy Research, Philadelphia, USA, Tessa Katherine Mooney, Mary Beth Connolly Gibbons, Sarah Ring-Kurtz, Robert Gallop, and Paul Crits-Christoph

Aims. Recent studies have shown that baseline level of anxiety is associated with a faster rate of change, but a higher rate of relapse, in the context of cognitive therapy and medication treatments for major depressive disorder. The current investigation examined the generalizability of this effect across a range of treatments and disorders. Methods. Data from the UPENN Center for Psychotherapy Research database that includes studies evaluating the efficacy of cognitive and psychodynamic therapies for a variety of disorders was used. Disorders included major depressive disorder (N=45), generalized anxiety disorder (GAD) (N=46), panic disorder (N=38), borderline personality disorder (BPD) (N=34), and adolescent anxiety disorders (N=20). Hamilton Anxiety Rating Scale total scores (HAM-A) at baseline were used to predict the rate of change in Beck Depression Inventory (BDI) scores administered weekly for up to 24 weeks of treatment. Results. At baseline, there was no significant difference across the disorder samples on the HAM-A. Pooling all of the studies, HAM-A total scores did not significantly predict BDI rate of change. However, there was a significant interaction of this relationship with disorder (p=.036). For major depressive disorder and adolescent anxiety disorder studies, patients with higher levels of baseline anxiety experienced a more rapid rate of reduction in depressive symptoms compared to those with lower levels of baseline anxiety. For the BPD, Panic, and GAD studies, the effect of baseline anxiety is reversed, where those with higher levels of baseline anxiety, on-average, have slower rates of reduction compared to those individuals with lower levels of baseline anxiety. Discussion. In our depression sample, we replicated previous findings that showed baseline anxiety symptoms predicting a faster rate of change in depressive symptoms. However, with other disorders, the reverse was found. Possible explanations for these effects are offered.

Case Study of an Adolescent with Anti-Social Personality Features: An Integrative Analysis and Adaptation of the Two Chair Task
Nicole Massey-Hastings - Illinois School of Professional Psychology at Argosy University, Schaumburg, USA, Catharine Devlin, Angela Ceisel

A case study of an adolescent male with anti-social personality features is presented. An integration of intra-personal and inter-personal theoretical orientations is utilized to conceptualize the psychopathological and process diagnoses of the client. Methodology of family formation (adoption in response to infertility) and consequent micro-culture, developmental history, familial structure and processes, and larger systemic issues are explored in depth. The aforementioned historical and systemic pieces serve as a critical foundation to understanding the emotive, cognitive, and behavioral symptoms present which necessitated therapeutic day school placement for this adolescent. Emotion Focused Therapy, an experiential therapy, and specifically the adaptation of the Two-Chair Task will be analyzed as a critical component of change in treatment.

Criteria for Child Psychotherapy Progress in the Evaluation of Psychotherapists
Lilian Guimarães - Pontíficia Universidade Católica de Campinas, Campinas-SP, Brazil, Elisa Medici Pizão Yoshida

Objective: To investigate which criteria are used by psychotherapists as indicators of progress in psychotherapy of children. Method: Participants: 364 psychologists and psychiatrists, 90.0% female, 3 to 30 years of practice in child psychotherapy. Instrument: online survey, with responses in Likert scale, composed by statements about behaviors and attitudes usually associated in the literature with the progress of children who are in psychotherapy. Results: Criteria of progress most often used: the child gives demonstrations of trust in the therapist (72.5%), demonstrates their
Conflicts through the toy (75%) or through speech (60%), takes the initiative in games (57.5%); tolerate losing in games (57.5%) and does not leave the game when something goes wrong (57.5%). In situations outside the sessions 87.5% pointed improvement in relationships with family (parents, siblings, grandparents).

Conclusions: The criteria identified as indicators of progress coincide with the literature. It is believed that they can be useful for a better systematization of techniques of child psychotherapy, and boost research in this area.

Examining the Mechanisms of Spontaneously Recovered Memories of Childhood Sexual Abuse: An Overview, Clinical Implications, and the Case of Rachel
Salomeh Nazari - American School of Professional Psychology at Argosy University, Washington, D.C., USA

Within the clinical practice of trauma, many accounts of individuals reporting the spontaneous recovery of long-forgotten memories of childhood sexual abuse that are recollected following a trigger abound. Among individuals with these experiences, a greater likelihood of forgetting prior recollections of their childhood sexual abuse has also been observed. In spite of the numerous and corroborated reports, the mechanisms of these processes remained uncertain, leading to a great need for exploration of factors associated with these change processes. One hypothesized cognitive mechanism involved in these processes, the "forgot it all along" phenomenon (FIA) suggests that individuals have, rather than forgotten the abuse events, not thought about the abuse incidents prior to a retrieval cue. It is important to note, however, that the lack of cognition about something previously or for a long duration of time is not synonymous with retrieval failure. The process of thought suppression has been linked with these processes wherein these individuals with spontaneously recovered memories have also been found to have a more enhanced ability to suppress unwanted thoughts. Specifically, this correlation has been most prevalent with thoughts surrounding negative autobiographical thoughts. As a result, these individuals fail to think about their anxiety-evoking abuse until they encounter an adequate retrieval cue. Thus, it is critical for clinicians to examine the context and potential cognitive mechanisms underlying these reports of recovered memories so as to facilitate the most efficacious therapeutic interventions for clients experiencing recovered memories of abuse.

How Clients Decide whether They Stay or Leave Their Therapy? : A Qualitative Study on Client’s Perspective
Yuuki YOKOTA - Ochanomizu University, Bunkyo-ku, Japan

The purpose of this study was to examine how client decided whether they stayed or left their therapy in the first few sessions and their perception of related therapist’s behaviors between continuing cases and drop-out cases. A total of 11 past clients participated in this study. 10 drop-out cases and 13 continuing cases were obtained. Grounded theory analysis generated four major categories. When therapist "just sat there and listen to" their talk with a blank look, client felt "It is not comfortable to me" "Their behavior like a routine business", finally they withdrawal from therapist mentally and decided dropout. The results indicated that therapist’s nonverbal communication including facial expression, vocal tone and nodding makes "warm" and "eagerness" to client, the lack of these leads their dropout. Furthermore, these findings suggested that client’s withdrawal of emotion and not saying their internal concern was the one of predictor of dropout. This study has several clinical implications and it is useful to a novice therapist who has little experience and confidence as professional person. Further study and research are needed to add sample and to consider the other factor including matching between client and therapist and types of psychotherapy. A practical model about psychotherapeutic failure will be elaborated in future.
How the arts model empathic interactive processes in students preparing to be clinical psychologists

Kelsey Clews - The Chicago School of Professional Psychology, Chicago, IL, USA, Shirah Cohen, Carly Bueltel, Sarah Shipley, Dr. Aaron Mishara

Despite considerable research on empathy in individuals with various professions, including psychotherapists, as well as in individuals with various mental disorders, the cognitive-affective processes which contribute to empathy are not well understood. In fact, even with the current wave of research with regards to psychotherapy, we do not have a good working definition of what empathy is, how it functions, or what its components may be. The qualitative, phenomenological research can be used in conjunction with quantitative methods (or so-called mixed methods research). It discloses the general structural characteristics of the phenomenon under study and, in this case, the experience of giving or receiving empathy in social interactions through rigorous methodical analysis of self-reports. The purpose of this study is to explore the social interactive processes that lead people to feel they understand or are understood by others, (i.e., empathy) and whether studying these processes in the creative arts population may be transferable in the training of professional psychology students in psychotherapy and in those with severe mental illness. We are conducting this study in phases: the first involving working with students participating in a community project to collect stories of individuals experiencing a wide range of psychological distress. The following studies will include interviewing actors, dancers, and fiction readers and writers about the processes they go through to embody a character role and understand their story. We hope the information learned in this study may benefit society in understanding certain mental health issues and how our attempts to understand others may be affected by the adoption of empathically–based interpersonal skills. It is also hoped that such participation will throw light on a still not well understood topic of vital importance to clinical training, namely the social interactive processes that lead to optimal experiences of understanding or feeling understood by another (namely empathy).

How The Arts Model Empathy in Clinical Interactions for Professional Students in Training


Background Despite the recent upsurge in empathy research, including its role in psychotherapy and how it may be disrupted in some mental disorders, the cognitive-affective processes which contribute to empathy are not well understood. Empathy is a fashionable topic in cognitive neuroscience, yet many assumptions about the phenomenology of empathy persist because the phenomenology has not been directly studied. We still do not have a good operational definition of empathy, how it functions in clinical interactions, its components, and the implications for psychotherapeutic practice. The current study provides a phenomenology of empathy and its components. Methods We use a phenomenological approach in two ways: 1) to disclose the general structural features of empathy as the experience of sending or receiving the feeling of being understood in social interactions. 2) We examine the reports of students in clinical training and in individuals who create or experience the arts to yield a common phenomenological structure of empathy. We then employ phenomenological analysis to isolate the components that lead people to feel they understand or are understood by others, (i.e., empathy) and examine whether studying these processes in the creative arts population may be transferable to the training of professional psychology students and in the treatment of individuals with severe mental illness. Results We examine the narrative responses of students participating in a community project to collect stories of individuals experiencing a wide range of psychological distress. We also examine the reports of actors, dancers, and fiction readers and writers about the processes they go through to embody a
character role or experience a fictional character. We hypothesize in this ongoing project that this requires the participant to understand the story teller or fictional character in terms of the character’s own experience of context which requires an engaged, embodied process of lending self to otherness. We propose a common phenomenological structure of constructing otherness in self with discrete components that can be replicated. Conclusions This study attempts to phenomenologically isolate the core components of dynamic interactive processes which lead to the experience of empathy in both the sender and receiver of empathy. In our interim results, we find the core processes to differ from those assumed to be present by the currently prevailing cognitive neuroscience models: 1) emotional contagion, 2) deliberate perspective taking and 3) emotion regulation. In our view, perspective taking need only initially be deliberate and becomes automatic in training over time in both the students and artists, thus demonstrating that empathy can be “trained.” We hope to clarify a still not well understood topic vital to clinical training and psychotherapeutic healing, namely, the component social interactive processes that lead individuals to think they understand or are understood by others.

**Poster**

**Patient Baseline Predictors of Treatment Credibility Ratings Across Therapies and Diagnostic Groups**

*Tessa Mooney - University of Pennsylvania, Center for Psychotherapy Research, Philadelphia, USA, Mary Beth Connolly Gibbons, Jaclyn Sadicario, Lindsay Schauble, Kelli Scott, Sarah Ring-Kurtz, Robert Gallop, and Paul Crits-Christoph*

Aims. Credibility ratings have been designed to assess patients’ opinions about treatment following a brief exposure to treatment. However, a patient’s feelings about treatment may be based more on patient characteristics than on the patient’s treatment experiences. Research has demonstrated that cultural identity influences a patient’s beliefs about credibility (Wong, 2003). The current investigation examined baseline characteristics that predict credibility ratings for adult psychotherapies.

Methods. Data from the University of Pennsylvania Center for Psychotherapy Research database that includes studies from 1995 to 2002 evaluating the efficacy of cognitive and psychodynamic therapies for a variety of disorders was used. The Opinions about Treatment (OAT) questionnaire was administered at Session 2. A total score was derived from the first three items of the measure (OAT-Total). Demographic characteristics, clinical measures, and self-report measures were used to predict OAT-Total at Session 2.

Results. The results indicated that age was significantly correlated with OAT-Total (p=.0197), with higher ages predictive of less optimistic opinions about treatment. Similarly, BDI was significantly correlated with OAT-Total (p=.0288), with higher levels of depression predictive of less positive views of treatment credibility. Additionally, college graduates, on-average, had significantly lower scores on the Opinions about Treatment (p=.0019), compared to non-college graduates. When these three terms were modeled in a combined multiple regression model, each term was found to be significantly predictive with a medium-large effect size. Discussion. These findings suggest that higher ages, higher levels of education, and higher levels of depression at treatment baseline predict lower credibility ratings at session 2.

**Poster**

**The Big Five of Characteristic Adaptations**

*Gregg Henriques - James Madison University, Harrisonburg, VA, USA*

Modern personality researchers characterize characteristic adaptations as mid-level personality dimensions that refer to the goals, feelings, behavioral repertoires, and beliefs that are activated in particular situations and contexts. Characteristic adaptations are “mid-level” in the sense that they are conceived as less basic and more context dependent than are traits, but are nonetheless central to the person and vary from person to person. It can be argued that psychotherapy impacts the personality at the level of characteristic adaptations. Moreover, grounded in a new unified theory of psychology (Henriques, 2011), it has been argued that there are five broad systems of adaptation that parallel what have been the primary of major...
approaches to adult individual psychotherapy. The five systems of adaptation and the schools of thought they parallel are: 1) Habit System (Behavioral); 2) Feeling System (Experiential-Humanistic); 3) Relationship Systems (Psychodynamic); 4) Defense System (Psychodynamic); 5) Justification System (Cognitive). This poster will display how to develop an effective holistic conceptualization of individuals in psychotherapy using the five domains of adaptation, and how this conception can effectively ground treatment and set effective outcome goals.

**Poster**

**The Dread to Repeat: An Integrative Approach to PTSD**

*Donna Mahoney - Argosy University, Schaumburg, USA, Brandon Markel, LCPC*

Post-traumatic stress disorder (PTSD) is often seen as a condition that needs to be viewed and treated using a cognitive-behavioral approach. While numerous studies attest to its efficacy (Foa, Hembree, & Rothbaum, 2007) and specifically to the efficacy of prolonged exposure therapy, there are several limitations of a single-model view. One such limitation relates to conceptualizing and treating complex trauma, which involves repeated and prolonged trauma (Herman, 1997). Additionally, one of the cardinal symptoms, intrusive reexperiencing, may persist once treatment ends, particularly when the traumatized individual remains in situations that fail to empathically respond to the depth of pain often associated with PTSD. Exposure-based treatments, based on the contention that habituation occurs when clients are exposed to the feared object, may in fact retraumatize the client by subjecting him/her to “a powerless position about to be humiliated or badly harmed by the feared object” (Wolfe in Norcross & Goldfried, 2003, p. 374). This research asserts that an integrative approach is needed that synthesizes the most effective elements of cognitive-behavioral therapy (CBT), while also blending a self psychological approach (Ullman, R. & Brothers, 1987). A self psychological model was chosen to address the sense of danger to the self and empathic failures that are presumed, by these authors, to underlie PTSD symptoms. Qualitative data derived from semi-structured interviews will be used to construct a theoretical narrative that is integrative in nature, with treatment considerations outlining ways to provide both symptom relief and address issues associated with the fragmented self.

**Poster**

**The Effect of Emotional Contagion and Flooding On Adjustment Outcome of Children Exposed to Domestic Violence**

*Catherine Hiltz - Fielding Graduate University, Santa Barbara, USA, Sherry L. Hatcher, Sandra Graham-Bermann*

Aim: Children exposed to domestic violence (DV) have been shown to achieve improved adjustment through participation in The Kids’ Club—an integrative group therapy (Graham-Bermann, Lynch, Banyard, Devoe, & Halabu, 2007) grounded in family systems, social-cognitive, social learning, and trauma theory. Clinical models of psychopathology and therapeutic efficacy assert that emotionally charged experiences play a vital role in “the etiology of maladjustment and in therapeutic change,” and that “awareness and flexible control of emotion states” are markers of adjustment and treatment success (Cole, Michel, & Teti, 1995, p. 74). Emotional contagion and flooding (ECF) processes—the automatic unconscious mimicry of others (Hatfield, Cacioppo, & Rapson, 1994) and the physiological phenomenon of becoming overwhelmed by intense feelings (Gottman, 1995), respectively—provide information about how the group and individuals in the group are doing (Frijda, 1988). Hiltz-Hymes, Hatcher, and Graham-Bermann (2001) found that treatment sessions were successful in achieving stated goals and objectives when children in the group influenced one another, particularly with their negative emotions. When child characteristics were controlled, group variables were stronger predictors in moderating group success with session goals than child characteristics (e.g., age, gender, ethnicity, violence exposure). This study examines if group-level processes of ECF show a positive relationship with regard to children’s adjustment outcomes.

Method: Participants were 123 children (ages 6-12) of women battered by a male partner who participated in The Kids’ Club. The ethnicity and socioeconomic
background of the children was diverse. Information was collected from the mothers at three time-points about the children’s adjustment. Narrative responses were also collected after each session from the group therapists about group process. Results: ECF explained 1% of the variance in child adjustment outcome as measured by the Child Behavioral Checklist—Externalizing (CBCL-E) score. After the pre-intervention CBCL-E score variable was included, the pretest score accounted for 74% of the variance in child adjustment outcome as measured by the CBCL-E at post-intervention. Statistical significance was reached, and the ANOVA table indicated that the model as a whole is significant. Discussion: This study further demonstrates that an integrative group intervention design can have multiple positive benefits that foster more favorable adjustment of children exposed to DV.

The Other Side of Purity: Integration in Manualized Treatment for Depression
Victoria Franz - The Catholic University of America, Washington, DC, USA, Diane B. Arkoff, Carol R. Glass, Irene Elkin

The psychotherapies studied in the National Institute of Mental Health Treatment of Depression Collaborative Research Program were cognitive-behavior therapy (CBT) and interpersonal therapy (IPT). Although these were manualized treatments, the extent to which therapists were integrative and the predictors and effects of such psychotherapy integration have not been explored. In the present study, participants were 94 patients who received either CBT (n = 46) or IPT (n = 48) and for whom there were treatment adherence ratings for four specific sessions. Using these ratings, integration was defined as the ratio of the therapist’s score for the other therapy (i.e., CBT for those receiving IPT, and IPT for those receiving CBT), divided by the total score for both therapies. Results showed that therapists adhered to their respective treatments to a great degree, but also used techniques from the other approach. We found an average prevalence of integration ranging from 15% to 48% over four psychotherapy sessions. The stage of therapy had some effect on amount of integration, with less integration in session 4 compared to sessions 1, 7 or 8, or 14 or 15. Patients treated with CBT received significantly more integrative treatment than did patients treated with IPT. Pre-treatment patient expectations, social adjustment, and personality disturbance as well as therapist attitudes were found to be predictors of integration. For example, the more CBT patients rated the IPT technique of “learning how to resolve my family conflicts” as potentially helpful, the more integration was evident in their treatment. Although integration was not related to symptomatic improvement, it was related to personality disturbance and patients’ perception of the therapeutic relationship at the end of treatment. Across treatments, controlling for pre-treatment scores, more integrative treatment was significantly related to a lesser presence of dramatic personality disorder characteristics and fewer borderline features at post-treatment.

Therapist’s Experience of becoming a Mother: Influences of therapist’s own early parenting experience on clinical practice
Keiko Yamaguchi - Ochanomizu University, Tokyo, Japan, Shigeru Iwakabe

The meta-analyses of psychotherapy outcome-research have documented the contribution of therapist as common factors across different therapy approaches. Therefore it is essential to understand the importance of not only technical skills but also the influence of therapist’s personal life experiences on clinical practice. This study investigated how the experience of becoming a mother influenced a sense of professional self and their practice of psychotherapy: how the way they work particularly with clients whose issues intersect gender issues changed after they had their own experience of being a parent. The first author conducted semi-structured interviews with 6 female clinical psychologists (average age = 33.5, SD = 2.5; clinical experience – Mean = 4.8, SD = 1.6) who have pre-school child (mean age = 1.7, SD = 0.8). A qualitative analysis revealed that the experience of child rearing facilitated recognition of their own limitations and vulnerabilities. Experience of becoming a
mother had them reconsider their previous way of relating to clients and some of them were bewildered with the internal shift that took place implicitly. The main characteristic of therapists who felt a sense of growth was that they pursued and explored their own personal style of practice. In contrast, therapists who felt strong anxiety about going back to work disclosed a lost sense of self-worth as a therapist as well as feeling of professional and personal stagnation. It is suggested that a shift in a sense of self following early parenting experience was influential to their clinical practice. Becoming a parent can be a growth-facilitating factor or a hindering obstacle to professional development depending on how therapists incorporate this experience within themselves. Implication for psychotherapy training and psychotherapy integration will be discussed on therapist’s personal experience and nurturing role which they play in their personal life.

Therapy Attrition Patterns and Predictors of treatment dropout in treatments for depression in the community mental health system

Mary Beth Connolly Gibbons - University of Pennsylvania Center for Psychotherapy Research, Philadelphia, USA, Tessa Mooney, Lindsay Schauble, Kelli Scott, Jaclyn S. Sadicario, Sarah Ring-Kurtz, and Paul Crits-Christoph

Aims: Early withdrawal from treatment is estimated to include 47% of adult patients seeking outpatient services (Wierzbicki & Pekarik, 1993). The goal of the current study is to examine patterns of treatment dropout in a large community mental health center. We will further examine the baseline patient characteristics that predict patterns of treatment attendance. Method: Patients include all training and randomized cases participating in a comparative effectiveness trial of Supportive-Expressive Psychotherapy and Cognitive Therapy for major depressive disorder in the community mental health system. All patients are recruited from those seeking treatment at the center for moderate to severe depression. Patients receive all services and assessments at the community mental health center. We will further examine predictors of both number of sessions attended and number of weeks in treatment. Results: There was wide variation in treatment attendance with patients receiving between 0 and 16 sessions of treatment with a mean of 5.70 sessions completed (sd = 5.70). Patients received services across 1 to 37 weeks with an average of 11 weeks in treatment (sd = 10.07). We will examine a variety of patient baseline characteristics (demographics, symptom severity, expectations) as well as early treatment processes such as the alliance as predictors of the number of sessions attended and the number of weeks receiving services. Discussion: The high attrition from services in the community mental health system likely contributes to higher costs and decreased staff and therapist morale. An examination of treatment attrition patterns and predictors of treatment dropout may help to elucidate improvements that can be implemented to enhance treatment retention in the community.
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