



## **SEPI XXXIII ANNUAL MEETING**

Denver, Colorado, USA • May 18 - 21, 2017

### **Clinical Decisions at Work** Navigating the Psychotherapy Integration Maze

**Friday, May 19 - Sunday, May 21**  
**with pre-conference workshops on Thursday, May 18**

### **CALL FOR SUBMISSIONS**

The Society for the Exploration of Psychotherapy Integration (SEPI) invites submissions for the 33rd Annual Conference to be held in Denver, Colorado USA (with preconference workshops on May 18th). The conference site will be the Sheraton Denver Downtown. Please view the Sheraton's website at: <https://www.starwoodmeeting.com/Book/sepi2017> for more information about the hotel, downtown Denver, or to make room reservations.

SEPI is an international, interdisciplinary organization of practitioners and scholars exploring the limitations of a single-school perspective and promoting alternative ways of meeting the needs of our clients. SEPI also advances the integration of practice and research.

### **DEADLINE FOR SUBMISSIONS**

**The submission deadline is December 18, 2016.** Submit online through the SEPI Conference submission portal at <http://www.mymeetingsavvy.com/SEPI>. Submission guidelines can also be found there. The program committee will send notices of acceptance by **February 10, 2017**. Simultaneous translation will not be available at this conference; the conference language is English.

## CONFERENCE THEME

# Clinical Decisions at Work

## Navigating the Psychotherapy Integration Maze

Continuing SEPI's goal to promote psychotherapy integration in new frontiers, the theme for our 2017 meeting is ***Clinical Decisions at Work***. Clinical judgment is what all clinicians face and may well be the ultimate practice-relevant research.

Clinical judgments refer to decisions made by the therapist about the client and the case during the therapy process. Errors in clinical judgment are rarely shared or discussed. Research could thus focus on the processes through which judgments are made, the impact of these judgments on subsequent therapist behaviors, and ultimately client outcomes.

Despite the centrality of clinical judgment, psychotherapists are less likely than other health care professionals to explicitly frame their work, training, and research in terms of decisions. Emphasizing clinical decision-making encourages a deliberate, reflective stance toward psychotherapy integration. SEPI will continue exploring different clinical approaches, how these are similar and different, and how can they be integrated.

This conference will focus on decision research in general, and clinical decisions in particular. We expect to have practitioners and researchers involved in critical dialogues, in addition to videotaped examples, case formulations, assessment instruments, research scales, and decision-making tools.

To stimulate your participation, we put forward a set of 10 ***theory, practice, training, and research*** questions that emerge from the interesting intersection of decisions and integration:

1. Navigation systems or frameworks for the practitioner are of tremendous importance in clinical decision-making. Which integrative metatheoretical frameworks blend key insights from the major paradigms?
2. How do patients influence clinical decisions? Integrating different ways of using client's voice and feedback in co-creating clinical decisions.
3. What are the distinctive markers or patient characteristics of psychotherapy models? What are the distinctive tasks or interventions of an approach? How transdiagnostic or transtheoretical are these?
4. What clinical support tools can aid the therapist or the supervisor in decision-making? Heuristic strategies, set of principles or rules or visual tools like maps, figures, tables, graphs, diagrams, flowcharts... where have all the tools gone?
5. When facing difficult moments or several markers or choice-points, how does a therapist decide? What is similar and different in decision-making in different therapeutic approaches or career phases?
6. What training enable trainees to build self-reflective awareness regarding their own clinical decisions? What biases and traps do they typically fall into?
7. How do psychotherapy research methods apply to training and supervision research?
8. How can integrative decision making be strengthened at another level of training of an integrative approach?
9. How does technology (audio/video/web) influence decision-making in session and in training?
10. What can decision science learn from clinicians and vice versa? What cognitive, emotional, contextual, and motivational conditions lead therapists to base their judgments?

The goal of the conference is to help clinicians and researchers attend to and improve their clinical decisions. Clinical decision-making can be approached from many angles. Although we encourage submissions that speak especially to this theme, we will accept other submissions that will broaden our knowledge of psychotherapy integration.

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## **PROGRAM FORMAT**

We encourage the participation of practitioners and scholars from all psychotherapy traditions and disciplines to attend our 2017 conference. While some may not necessarily identify themselves as *integrative*, we welcome the participation of all intrigued by the discussion of psychotherapy integration, pro or con.

The program will consist of **symposia/panels, discussion groups, mini-workshops, individual papers, and posters** that address themes related to psychotherapy integration. There will be keynote speakers and plenary panels featuring invited participants.

We wish to underscore that:

- SEPI is particularly devoted to facilitating dialogue among participants. As such, all presentations should allocate ample time for audience participation and discussion.
- We encourage the use of videotaped sessions, verbatim transcriptions, demonstrations, case presentations, or other methods that ground the dialogue, clarify practical considerations, and demonstrate clinical application. (Please be sure to secure client's informed consent for the ethical use of session material.)

## **TYPES OF PRESENTATIONS**

### **POSTERS**

Posters are graphic representations of the results of studies or tools to help in decision-making. Interested attendees have one-on-one discussions with the presenter whose work is displayed. Poster dimensions should approximate 91 x 122 cm (or 36 x 48 inches). Many attendees appreciate receiving a handout that summarizes a poster's findings. Poster Awards are presented in recognition of outstanding poster presentations at the meeting.

### **SYMPOSIA/DISCUSSION GROUPS (90 minutes)**

A panel/symposium is a formal presentation that includes 2–5 presenters, including discussant. Each panel must have a chairperson who will introduce the presenters and topics, monitor time allotments, and guide audience participation. A link in the submission portal provides an example and instructions on how to group papers together in a panel/symposium submission.

Alternatively a discussion group may be scheduled. Please note that the chairperson of a discussion group is responsible for confirming at least two other individuals' participation and for organizing all aspects of the presentation. Film, videotape, music, artwork, or other forms of media can also be used to stimulate discussion.

### **MINI-WORKSHOPS (90 minutes)**

Mini-workshops are designed primarily for practitioner audiences and focus on skill development or experiential involvement. A workshop "summary sheet" (overview of the topic) and handouts (if applicable) should be available to participants. Only a limited number of mini-workshops will be possible during the conference. Due to the short nature of these workshops, a pointed focus is desirable.

### **INDIVIDUAL PAPERS (15-20 minutes)**

Research, theoretical, and clinical papers are formal oral presentations. A paper may or may not be part of a panel. Papers that are not part of a panel will be assigned a specific slot by the program committee. We recommend that instead of submitting brief papers you try to create panels. Creating a cohesive panel, recruiting a discussant, and submitting for CE credits can prove fun and improve the quality of a panel. You can use the SEPI listserv or Facebook to find other people doing similar work.

### ***CONTINUING EDUCATION***

There will be continuing education for psychologists offered at the Denver meeting through the Society for the Advancement of Psychotherapy (Division 29 of the American Psychological Association/APA). The Society for the Advancement of Psychotherapy is approved by the APA to offer continuing education for psychologists, but the Society maintains responsibility for the program.

We strongly encourage all presenters (except those submitting posters or individual papers) to apply for CE approval. To make your session CE eligible, follow the APA CE guidelines: provide complete CVs for all first authors and provide learning objectives (at least one per submission, or at least one per hour if any single submission is longer than one hour). You will do this through the submission portal when you submit your conference proposal. For information about CE and writing learning objectives, please visit here: <http://www.sepiweb.org/?page=ConvCE>

### ***CONFERENCE LANGUAGE***

Please note that presentations must be given in English. Please rest assured, however, that perfect grammatical English is NOT a requirement, but being understandable to English speakers is required for presentations. No translation services will be available.

### ***SUBMISSION GUIDELINES***

Follow the instructions at the SEPI website posted at [www.sepiweb.org](http://www.sepiweb.org)

### ***REVIEW CRITERIA***

All submissions are rated for importance, rigor (scientific, clinical or theoretical), scope of coverage, relevance to psychotherapy integration, and consistency with the meeting theme. Mini-workshops are additionally rated for presenter qualifications and usefulness of the training objectives. Proposals must be sufficiently detailed to allow evaluation of these criteria.

### ***STUDENT STIPENDS AND SEPI MEMBERSHIP***

A limited number of stipends are available to defray costs for students presenting at the conference. To qualify for a stipend, students must be the first author and presenter of a paper/poster and must be SEPI members. If you or a member of your panel wishes to be considered for such a stipend, contact SEPI Treasurer Dr. Steve Sobelman at [steve@drstevesobelman.com](mailto:steve@drstevesobelman.com). For membership information, go online or contact Membership Committee Chair Dr. Paul Wachtel. [paul.wachtel@gmail.com](mailto:paul.wachtel@gmail.com)

### ***LIMITS ON FIRST AUTHORSHIPS***

There is a **limit of two first- authorship presentations at the conference**; however, there is no limit on other forms of participation, such as discussant, chair/moderator or second authorship. All presenters will be subject to the usual registration fee for the conference.

### ***PROGRAM COMMITTEE***



**Nuno Conceição, PhD**  
**Program Chair, 2017 Conference**

**Tracey Martin, Conference Coordinator and Administrative Officer**

Beatriz Gómez, PhD, Past Program Chair

Stanley Messer, PhD, 2017 President-Elect

Daniel Fishman, PhD, Future Program Chair

Marvin Goldfried, PhD, Chair of Communications & Publications Committee

Shigeru Iwakabe, PhD, Member of Education and Training Committee

Antonio Vasco, PhD, Member of Research Committee

Ken Critchfield, PhD, Member of Executive Committee

### ***LOCAL ORGANIZING COMMITTEE***



Lynett Henderson Metzger, PsyD  
University of Denver



Lavita Nadkarni, PhD  
University of Denver