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## **XXVI SEPI Conference**

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## **Introduction to the conference**

### **Paul Wachtel & Tullio Carere Comes**

#### **What do we mean by science of the mind?**

##### **Paul Wachtel**

There has been much controversy about what constitutes “evidence-based” practice in psychotherapy. Many problematic assumptions are made by what one might call the “left” and the “right” in this debate. This presentation will examine those assumptions, critically examining, on the one hand, hermeneutic approaches and claims that “natural science” methodologies are inappropriate in the realm of human behavior and experience and, on the other hand, the severely biased and scientifically inadequate contentions of the “empirically supported treatments” movement. An integrative approach will be proposed that unites attention to subjective experience, clinical process, and Polanyi’s concept of tacit understanding with a need for methodological rigor and controlled research that derives (perhaps surprisingly to some) from the very premises of psychoanalytic thought and its insight on our capacity for self-deception and seeing what we wish to see.

##### **Tullio Carere Comes**

The great divide in psychotherapy can be described as one between procedure-oriented therapists on one side, and process-oriented on the other. However, there cannot exist a therapeutic process without procedures, any more than a set of procedures without a process. Hence, the necessity of integration. But what sort of integration? In most cases it appears to be a sort of hybridization, a bit of this and a bit of that. A more genuine integration happens in a gestalt frame: either procedure is figure and process is ground, or viceversa. The relevant evidence is empirical in the first case, eidetic (phenomenological) in the latter.

#### *Che cosa intendiamo per scienza della mente?*

*La grande spaccatura del campo psicoterapeutico può essere descritta come quella che separa i terapeuti di orientamento procedurale da quelli di orientamento processuale. Tuttavia non può esistere un processo senza procedura, né una procedura senza processo: di qui la necessità dell'integrazione. Ma di che tipo? In molti casi sembra trattarsi di niente di più che un'ibridazione: un po' di questo e un po' di quello. Un'integrazione genuina ha luogo invece in una cornice gestaltica, in cui la procedura fa da figura e il processo da sfondo, o viceversa. L'evidenza rilevante è empirica nel primo caso, eidetica (fenomenologica) nel secondo.*

## Keynote Address

**John Norcross**

### **Psychotherapy Relationships that Work II: Evidence-Based Practice and Practice-Based Evidence**

Clinical experience and controlled research consistently document that the therapy relationship accounts for as much outcome as the treatment method. This plenary address will review the meta-analytic research compiled by the recent task force on evidence-based relationships on (1) effective elements of the therapy relationship, (2) effective means of tailoring that relationship to individual patients, and (3) discredited relationship behaviors. This address integrates two of the most crucial developments in our field: EBPs and the therapy relationship.

*Relazioni psicoterapeutiche che funzionano II: La pratica basata sull'evidenza e l'evidenza basata sulla pratica*

*L'esperienza clinica e la ricerca controllata documentano in modo sistematico che la relazione terapeutica spiega il risultato non meno del metodo di trattamento. Questa presentazione plenaria proporrà una rassegna della ricerca meta-analitica compilata dalla recente task force sulle relazioni basate sull'evidenza per quanto riguarda (1) i fattori efficaci delle relazioni terapeutiche, (2) i mezzi efficaci per costruire relazioni su misura per i singoli pazienti, e (3) i comportamenti relazionali screditati. Questa relazione integra due degli sviluppi più significativi nel nostro campo: le EBP e la relazione terapeutica.*

## Keynote address

**Gianfranco Basti**

### **The threefold expression of a scientific psychology: eidetic, empirical, ontological**

My contribution about the scientific status of psychology, in the contemporary realm of science logic and epistemology, is in many senses related to the number “three”. I will illustrate indeed three “triangulations” – logical, epistemological, ontological – of the data in the scientific psychology. I will start from the illustration of the general threefold distinction, in the logic of the scientific languages, introduced last century by David Hilbert in the realm of logical and mathematical sciences, but with a wider application to the logic of any scientific, formalized language, also of natural sciences. Such a logical distinction is among three expressions and development stages of a scientific theory, namely: 1) the intuitive one (or naïf); 2) the formal one (i.e., expressed in a symbolic and possibly axiomatic language); and 3) the critical one (i.e., proved in a suitable axiomatic meta-language). The second threefold distinction that I will illustrate is the famous epistemological distinction as to scientific psychology, introduced in the late 60’s by Herbert Feigl, in the context of the neo-positivistic analysis of the languages of the different psychological theories. Feigl’s analysis starts from the undoubted evidence, stressed by the phenomenology school, that, as far as psychology has to do with consciousness and consciousness states, they as such are exclusively accessible to the subject himself who “feels”, who “experiences” this states. So, according to Feigl, the epistemology of psychological sciences is related to a “triangulation” among three main types of psychology theories and relative languages : 1) The “I-talk” of “first person” narrative languages of the human subjects, expressing their own, private conscious states; and two possible, correlated “O-talks” of “third person” empirical descriptions of objective events, associated with the introspective experiences of a given conscious subject, and as such accessible only to the external observers. Namely, 2) the “O-talk<sub>1</sub>” of the neurophysiologist descriptions of the brain states associated with a given subjective experience; and 3) the “O-talk<sub>2</sub>” of the descriptions of the behavioral states associated with a given subjective experience. More recently, with the eclipse of the old behaviorist psychological school, this third empirical evidence, accessible to the external observer and associated with a given subjective conscious state, became: 3a) the “O-talk<sub>2a</sub>” of the cognitive neuroscientists, describing the logical computations executed by the brain process related with a given subjective conscious state. The most recent developments of the newborn scientific discipline of the “formal ontology”, offer, however, the possibility of a further “triangulation” between the two opposite ontologies related, respectively, to the phenomenological analyses of the “I-talk” of the conscious subjects and of their inner world(s), and, on the

other side, to the empiricist analyses of the “O-talk” of the external observer , i.e., the cognitive neuroscientist. Generally, the ontological analyses are distinct from the logical analyses of a given language because they consider any language as an implicit ontology. I.e., as a coherent framework of concepts and related linguistic expressions able to allow an effective interaction among the members of a given linguistic community, and between them and the typical world of entities and/or of states of affairs to which this community and its language are referring. The ontological “triangulation” is thus among: 1) the “eidetic” ontology studied by phenomenologists, and referring to the subjective and intersubjective world of introspective experiences studied also by the clinic psychologists; 2) the “empiricist” ontology of the objective world of brain and computational states, and of the related “brain societies”, studied by the cognitive neuroscientists; 3) the “formalization” of the two preceding ontologies and of their, respectively “intensional” and “extensional”, logics with their relations. This has been made possible by the contemporary “formal(ised) ontology”, as the proper axiomatic meta-language of both the I-talk and the O-talk, their respective logics and ontologies. In fact, the contemporary formal ontology is able to extend the symbolic and axiomatic method, typical of the extensional approach to meaning proper of the mathematical logic of the empiricist sciences, also to the intensional (with –s) approach to meaning, proper of the intentional (with –t) states and actions, till now studied only by the eidetic logic of the phenomenological sciences, using a language not easily accessible to other scientists.

### *La triplice espressione di una psicologia scientifica: eidetica, empirica, ontologica*

*Il mio contributo sullo stato scientifico della psicologia, nel contesto contemporaneo della logica e della epistemologia delle scienze, sarà correlato in molti sensi al numero “tre”. Illustrerò infatti tre tipi di “triangolazione” dei dati - logica, epistemologica e ontologica -, che caratterizzano le scienze psicologiche. Comincerò dall’illustrazione della triplice distinzione, generale nella logica dei linguaggi scientifici, introdotta il secolo scorso da David Hilbert, nel contesto delle scienze logiche e matematiche, ma con una più ampia applicazione alla logica di qualsiasi linguaggio scientifico formalizzato, anche delle scienze naturali. Questa distinzione logica è fra tre forme di espressione, ed insieme stadi di sviluppo, di una teoria scientifica e cioè: 1) Lo stadio intuitivo (o naïf); 2) Lo stadio formale (cioè, l’espressione della teoria in un appropriato linguaggio simbolico e possibilmente assiomatico); 3) Lo stadio critico (cioè, la prova della teoria mediante un appropriato meta-linguaggio). La seconda, triplice distinzione che illustrerò è quella introdotta alla fine degli anni ’60 dello scorso secolo da Herbert Feigl, nel contesto delle analisi neopositiviste dei linguaggi delle diverse teorie psicologiche. L’analisi di Feigl comincia dall’evidenza indubitabile, molto sottolineata dalla scuola fenomenologica, che, nella misura in cui la psicologia ha a che fare con la coscienza e gli stati di coscienza, essi, come tali, sono accessibili esclusivamente al soggetto stesso che “sente” o “fa esperienza” di quegli stati. Così, secondo Feigl, l’epistemologia delle scienze psicologiche ha a che fare con una “triangolazione” fra tre tipi principali di teorie psicologiche con i relativi linguaggi: 1) L’ “Io-dico” dei linguaggi narrativi “in prima persona” dei soggetti umani che esprimono i loro propri, privati, stati di coscienza; e due tipi di correlati “Si-dice”, ovvero di descrizioni empiriche “in terza persona” di eventi oggettivi associati alle esperienze introspettive di dati soggetti coscienti e, come tali, accessibili soltanto ad osservatori esterni. E cioè: 2) il “Si-dice<sub>1</sub>” delle descrizioni neurofisiologiche degli stati cerebrali associati con una data esperienza soggettiva; 3) Il “Si-dice<sub>2</sub>” della descrizione di uno stato comportamentale associato con una data esperienza soggettiva. Più recentemente, con l’eclissarsi della vecchia scuola psicologica comportamentista, questa terza evidenza empirica, accessibile solo all’osservatore esterno e associata con un dato stato cosciente soggettivo, è divenuta: 3a) Il “Si-dice<sub>2a</sub>” del neuroscienziato cognitivo, che descrive il calcolo logico eseguito dai processi cerebrali, correlati a un dato stato soggettivo di coscienza. I più recenti sviluppi della neonata disciplina della “ontologia formale” offrono però la possibilità di un’ulteriore “triangolazione” fra le due opposte ontologie, correlate rispettivamente, alle analisi fenomenologiche dell’ “Io-dico” dei soggetti coscienti, e, dall’altro lato, alle analisi empiriche del “Si-dice” dell’osservatore esterno, cioè del neuroscienziato cognitivo. Generalmente, le analisi ontologiche di un dato linguaggio si distinguono da quelle logiche del medesimo perché le prime considerano ogni linguaggio come un’ontologia implicita. Ovvero, come una struttura coerente di concetti, e di correlate espressioni linguistiche, capaci di permettere un’effettiva interazione fra i membri di una data comunità linguistica, e fra di loro e il tipico mondo di entità e/o di stati-di-cose alla quale quella comunità e il suo linguaggio si riferiscono. La triangolazione “ontologica” è così quella fra: 1) L’ontologia “eidetica” studiata dai fenomenologi e che si riferisce al mondo soggettivo e intersoggettivo di esperienze introspettive studiate dagli psicologi clinici; 2) L’ontologia “empirica” del mondo oggettivo di processi cerebrali e computazionali, e delle relative “società di cervelli” che così si formano, studiata dai neuroscienziati cognitivi; 3) La formalizzazione delle due precedenti ontologie e delle loro logiche, rispettivamente “intensionali” ed “estensionali”, con le loro relazioni. Tutto ciò è stato reso possibile dalla “ontologia formale(-izzata)” contemporanea, in quanto meta-linguaggio appropriato, sia dell’ “Io-dico” che del “Si-dice” e delle loro rispettive logiche ed ontologie. In effetti, l’ontologia formale contemporanea è capace di estendere il metodo simbolico ed assiomatico - tipico finora del solo approccio estensionale al significato proprio della logica matematica delle scienze empiriche - anche all’approccio intensionale al*

*significato, proprio degli stati e delle azioni intenzionali, finora studiati solo dalla logica eidetica delle scienze fenomenologiche, usando un linguaggio da iniziati, non facilmente accessibile agli altri scienziati.*

## Individual Paper

**Giorgio G. Alberti**

### **Clinical wisdom and scientific knowledge in psychotherapy: a necessary interaction**

No essential discrepancy separates clinical wisdom and scientific knowledge of psychotherapy. Both: 1. start with observations about patient, therapist, and their interactions, 2. formulate hypotheses about non-observable processes in the patient and in his interpersonal field, regarding pathogenesis and therapeutic change, and connecting previous observations, 3. test those hypotheses on the basis of further observations. Though, these two ways of knowing have different application spheres. A main difference between them pertains to the corroboration level their statements can reach. Clinical statements are more easily true if pertaining to the single case or to the therapist's direct experience, and less easily true if they refer to the generality of patients. Unlike clinical activity, to attain true or probable assertions empirical research adopts more effective methods grounded on rigorous definitions, on simplification of the observation field through abstraction and isolation of relevant aspects of reality (methodological reductionism), and on defining their connections by precise quantitative elaborations.

*Nessuna differenza essenziale separa la saggezza clinica dalla conoscenza scientifica in psicoterapia. Entrambe: 1. iniziano con l'osservazione del paziente, del terapeuta e della loro interazione; 2. formulano ipotesi sui processi non osservabili; 3. testano queste ipotesi sulla base di ulteriori osservazioni. Tuttavia, questi due modi di conoscenza hanno due differenti sfere di applicazione.*

## Individual Paper

**Mauro Fornaro**

### **Intuition in psychotherapeutic clinic: Whether and how it can constitute a common ground beyond the different school persuasions.**

Intuition certainly plays a central role in clinical practice, to the aim of grasping the relational and emotional patterns motivating the behaviour of the subject. But can intuition generate true thoughts and suitable explanations in its own right? To answer this question, it is necessary to examine the concepts of intuition, evidence and truth, which philosophy has been dealing with for millennia. In general, the results of intuition intertwine with a variety of validation criteria, depending on the type of intuition considered and the characteristics of the context: furthermore, the Author states that the more intuition is obtained through the "unipathic" identification, the more it can produce truthful results. This therapist's mainly receptive, pre-symbolic and functionally regressive attitude constitutes an equipment that belongs more to nature than to culture. If the "immersion", i.e. the surrendering of the therapist to the intuitive-unipathic experience, is also epistemologically tenable, it can constitute a common ground beyond the different theoretical school persuasions.

*L'intuizione in clinica psicoterapica: Se e come può costituire un common ground al di là delle teorie di scuola*

*È certo che l'intuizione abbia un ruolo centrale nella prassi clinica al fine di cogliere lo schema relazionale ed emozionale che motiva il comportamento del soggetto. Ma l'intuizione consente di per sé di pervenire a pensieri veri e a spiegazioni adeguate? Per rispondere al quesito occorre intendersi sulle nozioni di intuizione, di evidenza e di verità – per altro già percorse da millenni di filosofia. In generale i risultati delle intuizioni debbono intrecciarsi con una molteplicità di criteri di convalida, a seconda del tipo di intuizione e delle possibilità offerte dal contesto: di più, l'Autore ritiene che l'intuizione possa produrre risultati tanto più veritieri quanto più è guadagnata nell'immedesimazione "unipatica". Questa disposizione del terapeuta, eminentemente recettiva, presimbolica e funzionalmente regressiva costituisce una dotazione naturale, prima che culturale. Se la "immersione", ovvero il lasciarsi andare del terapeuta nella dimensione intuitivo-unipatica risulta anche epistemologicamente difendibile, allora può costituire un common ground al di là delle differenti concezioni teoretiche di scuola*

## Individual paper

**Alberto Zucconi**

### **Psychotherapy in Italy: the present situation and future scenarios**

The social relevance of psychotherapy. Is psychotherapy an expense or an investment in the maintenance of precious human resources? Is psychotherapy in Italy a commodity for the affluent population or the constitutional right of health protection and promotion of the citizens? A brief panorama of the history of psychotherapy in Italy and the other helping professions in Italy will be presented in order to better grasp and compare the Italian situation with other European and international realities. The social construction of the professional profiles of psychotherapists in Italy before and after the law regulating public and private training of psychotherapists. The history and present situation of the relationship between psychotherapy and counselling and other helping professions. Similarities and differences in Europe. Is managed care going to undermine psychotherapy in Europe and in Italy as it is doing in the USA? Ethical and deontological issues in public and private settings. Future scenarios for Italy and Europe.

*La psicoterapia in Italia: situazione presente e scenari futuri*

*Rilevanza sociale della psicoterapia. La psicoterapia in Italia è un privilegio per la popolazione benestante o un diritto costituzionale per la protezione della salute e la promozione dei cittadini? Sarà presentato un breve panorama della storia della psicoterapia e di altre professioni di aiuto in Italia, per un confronto con altre realtà europee e internazionali. La costruzione sociale dei profili professionali degli psicoterapisti in Italia prima e dopo la legge che regola la formazione pubblica e privata degli psicoterapeuti. La storia e la situazione presente della relazione tra psicoterapia e counseling e altre professioni di aiuto. Somiglianze e differenze in Europa. Managed care: comprometterà la psicoterapia in Europa e in Italia come ha fatto negli USA? Problemi etici e deontologici nei setting pubblici e privati. Scenari futuri per l'Italia e l'Europa.*

## Individual Paper

**Paolo Migone**

### **The problem of “integration” of aspects of oriental philosophies into western psychotherapy.**

Western psychotherapies often include aspects of oriental philosophies. There are at least two ways to approach this problem. One way is to acknowledge that oriental philosophies are a “world apart”, with totally different world views, and to introduce some of their practices for therapeutic use; in this case we may talk of integration or, better, eclecticism, with all the controversial meanings of these terms. Another way is to take only one perspective, namely western psychotherapy (i.e., the “scientific” or psychological perspective tout court), and try to study oriental practices in order to understand their mechanisms of action in the light of a given psychotherapeutic approach. This paper pursues the latter goal, and psychoanalytic theory is used to discuss problems such as relaxation, Schultz’s autogenic training (a western version of yoga), meditation, mindfulness, and other “exercises” to change mental states. Also aspects of western psychotherapies are discussed, such as phenomenological epoché, Freud’s “free association” and “free floating attention”, Stern’s “present moment”, the “third wave” of cognitive-behavior therapy movement, and so on.

*Le psicoterapie occidentali includono spesso aspetti delle filosofie orientali. Ci sono almeno due modi di affrontare questo problema. Il primo consiste nel considerare le filosofie orientali come un mondo a parte, con visioni del mondo completamente differenti, e di utilizzare terapeuticamente alcune delle loro pratiche: in questo caso potremo parlare di integrazione, o meglio eclettismo. Un altro modo consiste nel tentativo di studiare le pratiche orientali per capire il loro meccanismo di azione alla luce di un dato approccio psicoterapeutico. Questa presentazione si colloca in questa seconda prospettiva, in quanto la teoria psicoanalitica è utilizzata per discutere una serie di pratiche di derivazione orientale.*

## **Individual paper**

**Adam O. Horvath**

### **True Confessions of “The Alliance”**

In 1975 two major contributors to the psychotherapy integration movement made the brilliant suggestion that the psychodynamic concept of the alliance could be taken out of its original theoretical framework and made to serve the whole of the therapy community. In essence, the alliance construct was re-invented and emerged without any of its links to transferences, ego psychology or the unconscious. While its exact “dimensions” or limits were a little difficult to pin down, the notion of the alliance became immensely popular with both researchers and clinicians of all stripes.

The “career” of the alliance as an integrative concept is an example of the “common language” approach to psychotherapy integration. We now have 35 years of history of this approach of finding common denominators across different theories of psychotherapy. In this paper I will briefly review the evolution of the alliance concept (1975-2010), highlight some of the “good, bad, and the unintended,” and explore the question: Does the history of the alliance provide some credible and useful evidence with respect to the roads to psychotherapy integration?

## **Individual Paper**

**Raquel Mesquita**

### **The Therapists’ Experience of Therapy Termination**

The interest on therapy termination has grown considerably in the past few years, although therapists’ experience has been traditionally less addressed comparing to clients’ one. The questions orienting the study are: How do therapists construct the therapeutic process and its ending? What emotions/ feelings/ thoughts they talk about after terminating the process? Participants are 8 therapists (2/3 terminations per therapist). After the last therapy session participants are asked to write a letter as if they are writing to their client, talking about their experience of terminating therapy. Afterwards, we interview them, with open questions about therapy and how they have experienced its last phase, and its ending. Letters and interviews are analysed using Consensual Qualitative Research. We present results of the emergent theory from the analysis of letters and of interviews. We aim to discuss results to contribute to understanding how therapists, made sense of the processes and their ending.

## **Individual Paper**

**Laura Grignola**

### **Integrating without excess. Epistemological contribution for a “psychotherapy of future”.**

It is said that Janus, the King of Rome who was made a God, weighed up the pros and cons of everything that he saw, from one side to the other, to the left and to the right, ahead and behind. He saw an opening and on the other hand a dead end. This skill –or this way of thinking- enabled him to steer clear of many a trap and to rule wisely. In the world of psychotherapy, it is important to move in the same way, being open to the various current theories, while keeping a tight rein on the therapy in use. From this point of view, we will examine the research carried out by the SPC Group from Genoa Italy, concerned with therapy for couples that starting from a psychoanalytical perspective then incorporates and integrates ideas and thinking from other different therapeutic models.

*Integrare senza eccessi. Apporto epistemologico per una “psicoterapia del futuro”.*

*Si dice di Giano, re di Roma poi divinizzato, che soppesasse il pro e il contro di ogni cosa, che guardasse da una parte e dall'altra, a destra e a sinistra, davanti e dietro. Vedeva l'apertura e, all'inverso, vedeva anche la chiusura. Questa abilità –o questo principio di pensiero- gli servì ad evitare più di una trappola e a governare saggiamente. Allo stesso modo è importante muoversi nel mondo delle psicoterapie aprendosi agli apporti delle varie teorie attuali, mantenendo però un profilo forte che sorvegli l'azione terapeutica. In quest'ottica verrà esaminato il lavoro di ricerca del Gruppo SPC-Genova relativo in particolare alla terapia di coppia che, partendo da un impianto psicoanalitico, integra apporti provenienti da modelli terapeutici diversi.*

## **Individual paper**

**Piero Petrini**

### **Science and Psychotherapy between Models and Culture**

*Scienza e Psicoterapia tra modelli e cultura*

*“C'è un genere di medici, i medici della mente, che ritengono di aver scoperto una nuova malattia ogni volta che escogitano un nome nuovo” (E.Kant)*

*Il rapporto tra scienza e psicoterapia si presenta tutt'oggi nei dibattiti e nelle procedure terapeutiche, e coinvolge la stessa credibilità sociale della psicoterapia come tecnica di cura. Una scienza è valida nel momento in cui i modelli proposti possono essere riprodotti con una dimostrazione scientifica ( statistica, organica, ecc...) od empirica. Per questo motivo la dimostrazione di cambiamenti neuro fisiologici evidenziabili con le moderne tecniche di neuro-imaging o le statistiche di casi clinici risolti con metodi più disparati rappresentano sforzi patetici e speranze segrete di ogni modello e di ogni caposcuola. Come dice P.F. Galli, “questo fenomeno appartiene alla sociologia della cultura e non certo alla cultura [della psicoterapia come scienza], anzi è espressione specifica di non cultura”.*

*La ricerca di questo rapporto scienza – psicoterapia deve essere cercato nell'essenza stessa dell'origine della psicoterapia, come punto di incontro, fusione e scontro tra il sapere medico-scientifico e le conoscenze psicologiche anche esse scientifiche, evitando di confondere la presunzione del metodo come dimostrazione di scientificità. Per esempio, «Dopo lo squarcio iniziale, la psicanalisi ha finito per basarsi sul presupposto di una necessità: quella di difendersi, controllare, stare attenti, allontanare... Ma certo, questo è il suo limite: ( diffondendo)l'idea di un uomo che sempre deve difendersi, sin dalla nascita, e forse anche prima, da un pericolo interno. (E. Fachinelli, La mente estatica, Milano, Adelphi, 1989.)*

*Il modello IPOTESI => DEDUZIONE => OSSERVAZIONE è quello applicabile alla nostra scienza, dove lo studio e la cura della personalità e la sua validità passano per uno studio continuativo, cura e messa in discussione del modello e dei terapeuti . In questo lavoro proporremo che la psicoterapia è scienza quando lo scienziato ( il terapeuta ) sottopone il suo metodo e la sua clinica a verifiche continue, al confronto con altri modelli, a discussioni e critiche, al riconoscimento degli errori. Essere umili artigiani di un modello ( e non “depositari del modello”) potrebbe farci scoprire che la nostra dimostrazione scientifica è “l'evidente”, spesso “invisibile davanti ai nostri occhi”: e l'evidente è il paziente cambiato ed il suo testimoniare della sua guarita sofferenza.*

## Individual Paper

**Maria Clotilde Gislon**

### **Indications and Contra-indications to Short-term Integrated Psychotherapy**

*Verrà discusso il problema delle indicazioni e controindicazioni oggetto di una ricerca all'interno della Scuola di specializzazione in Psicoterapia Breve Integrata (Miur 12.06.01), che utilizza il modello evolutivo, psicoanalitico, cognitivo comportamentale. Campo di indagine specifico, evidenziato come uno degli indici più importanti nel determinare la scelta corretta dell'intervento, quindi la sua efficacia, è quello delle resistenze al cambiamento. Oggetto di indagine sono tre aree principali:*

- le resistenze che derivano dalle caratteristiche dell'utente,
- resistenze che derivano dal tipo di disturbo
- resistenze nel terapeuta ad un ascolto neutrale del paziente, in quanto influenzato da propri valori e finalità

*Verrà poi presentato il metodo utilizzato per la valutazione dell'efficacia dell'intervento:*

*Clinical Outcome Routine Evaluation – Outcome Measure (CORE – OM) di Chris Evans, Michael Barkham & Frank Margison. Traduzione ed adattamento italiano: SIPSOT, Rete per la Ricerca sulla Pratica Psicologica “Valutazione Routinaria dell’Esito Clinico” responsabile scientifico dott. Francesco Reitano.*

## Individual Paper

**Franz Caspar**

### **How much complementarity and how much confrontation makes a good therapy? What evidence do we have?**

Evidence points in two directions: It is crucial for therapy to establish a good, complementary therapeutic relationship. On the other hand, it seems important to challenge patients if s/he is not only to feel well in therapy but also to develop in an adaptive direction. An empirically supported balance model is presented according to which both, complementarity/maintaining security as well as confrontation/challenge has its place. Hints are given, how both can be achieved from a perspective of psychotherapy integration.

*L'evidenza punta in due direzioni. Da un lato è cruciale per la terapia lo stabilirsi di una buona relazione terapeutica complementare. Dall'altro, sembra importante sfidare i pazienti, se questi non debbono solo sentirsi bene nella terapia, ma anche modificarsi in direzione adattiva. Viene presentato un modello di equilibrio empiricamente supportato nel quale trovano posto tanto la complementarità-mantenimento della sicurezza, quanto il confronto-sfida. Si danno dei cenni su come entrambi questi obiettivi possono essere raggiunti in una prospettiva di integrazione psicoterapeutica.*

## Individual paper

**Glass, C. R., Constantino, M. J., Arnkoff, D. B., & Ametrano, R. M.**

### **A meta-analysis of the relationship between clients' psychotherapy outcome expectations and posttreatment outcomes: Implications for psychotherapy integration**

Clients' positive expectations for psychotherapy outcome, that therapy will lead to change, have long been regarded as a variable common to most psychotherapy systems. Our previous box score and narrative reviews of the empirical literature suggest that outcome expectations are consistently related to positive

psychotherapy outcomes, yet the magnitude of the effect size remains unknown. This paper will present the results of the first meta-analysis of the relationship between clients' early outcome expectations at baseline or session 1 and a posttreatment psychological outcome or engagement variable, examining data from relevant research 1954-2009. In addition to the weighted  $r$  effect size, potential moderating variables will be examined, including client demographics, diagnosis, therapy type, modality, and expectancy measure employed. Results will be discussed in light of study limitations, as well as with respect to their empirical and clinical implications for psychotherapy integration.

*Una meta-analisi della relazione tra le aspettative dei clienti sull'esito della psicoterapia e i risultati post-terapeutici: Implicazioni per l'integrazione psicoterapeutica*

*Le aspettative positive dei clienti sull'esito della psicoterapia sono state a lungo considerate come una variabile comune alla maggior parte dei sistemi psicoterapeutici. La letteratura empirica suggerisce che le aspettative sull'esito sono correlate in modo consistente all'esito positivo della psicoterapia, anche se l'ampiezza dell'effect size rimane sconosciuta. Questo lavoro presenterà i risultati della prima meta-analisi delle relazioni tra le prime aspettative di esito dei clienti all'inizio della terapia e il risultato psicologico alla fine della terapia (engagement variable), esaminando dati di ricerche rilevanti tra il 1954 e il 2009. In aggiunta alla valutazione dell'effect size  $r$ , saranno esaminate variabili potenziali di moderazione, che includono fattori demografici, diagnosi, tipo di terapia, modalità e misura di aspettativa impiegata.*

### **Individual Paper**

**Mary Joan Gerson**

#### **Cyberspace betrayal: electronic evidence and intimate experience**

Psychological experience is increasingly organized and penetrated by cyberspace technology. Who we are, how we relate and how we know the world is deeply affected by virtual as well as palpable data and experience. This paper focuses on one aspect of lived experience: betrayal between intimates. Evidence of interpersonal engagement, of trustworthiness and of reliability are being reconfigured in cyberspace. I will explore awareness and reflectiveness, as influenced by cyberspace, in the context of a relational theory of self and other, contemporary attachment theory, and cultural premises regarding intimacy.

### **Individual Paper**

**Alla Gordon**

#### **A comparison of the dependent variables in psychotherapy outcome research: towards measuring symptom states, personality traits and mental capacities**

How does the theoretical orientation of the researcher effect the type of measurements used in outcome research? A total of 230 primary pre-post psychotherapy outcome studies (75 psychodynamic and 155 cognitive behavioral [CBT]) were selected from the PsychINFO database for the years 1998-2007 and compared in regard to their use of dependent measures in four types of outcome domains: symptom states, personality traits, capacities of mental functioning, and global assessment of functioning/levels of adjustment.

Results showed that theoretical orientation significantly influenced choice of assessed outcome domains and measures of outcome. CBT researchers were 10.4 times more likely to choose measures of symptoms than psychodynamic researchers; while psychodynamic researchers were 3.85 times more likely to use measures of personality traits, 68 times more likely to use measures of mental capacities, and 2 times more likely to use measures of global functioning/level of adjustment in comparison to CBT studies.

## **Individual Paper**

**Bruce Hubbard**

### **Integrative Evidence-Based Psychotherapy: Embracing All Relevant Data**

The move toward evidence based accountability in psychotherapy is understandable. Yet, despite the hype, evidence shows that CBT, the de facto face of evidence-based psychotherapy, does not work for the majority of patients. This may be because cognitive-behavioral researchers have largely ignored reliable findings regarding variables considered meaningful to most clinicians and patients. A truly comprehensive evidence-based psychotherapy will incorporate all relevant data: person/relational/experiential processes that enhance problem awareness and motivation for change and practical strategies offered by CBT and other ESTs to help complete that change. It is reasonable to believe that an all-inclusive evidence-based approach would better resonate with the majority of therapists and patients, and may therefore succeed where CBT alone has failed. Contemporary evidence-based approaches that reflect this integrative trend will be reviewed and a general model of integrative evidence-based psychotherapy will be described.

## **Individual paper**

**Fernando Oliveira**

### **Making Evidence Happen: Exploring the relevance of accessibility and restrictions to self information in psychotherapy integration**

In this study we started researching the relevance of restrictions to access information about the self and experience in psychotherapy. We began with evidence generated by clinical cases. We moved from ideographic to nomothetic evidence. And we methodologically plan to close the cycle by making the opposite movement, trying to validate the more abstract findings with casuistic evidence within psychotherapeutic cases.

We created a new measure of Need of Self Consistency (NSC) and operationalized restrictions in information accessibility as a frequency of psychological dissociation experiences (FPD). We proceeded by analyzing the relationship between the variables. We found that both have the statistical features of differential psychological variables. The indices of Subjective Self Consistency and NSC were the main predictors of FPD. Statistic regression analysis enables us to construct a path analysis model to account for the relationship among several differential indices in the study. More results will be discussed within the framework of psychotherapy integration.

## **Individual paper**

**Batista, J., Gonçalves, M.**

### **The novelties of change in different therapeutic settings**

The concept of innovative moment (or i-moment) has consistently being used to track the development of change in psychotherapy. Inspired in a narrative framework, namely the concept of unique outcome (White & Epston, 1990), i-moments are considered exceptions to the problematic narrative, the elements of the ongoing change process. Gonçalves, Santos & Matos (2006) propose 5 categories of i-moments, each associated with different types of novelty, methodologically organized in the Innovative Moments Coding System (IMCS). This study intended to show that this system of analysis can be used with a variety of psychotherapy models, and not just with Narrative Therapy. Thus, the IMCS was applied to one single session of 8 different models of psychotherapy. The results show that it's not only possible to use the IMCS in different clinical frameworks but also that it can inform us about the kind of therapeutic novelties being produced in each therapeutic context.

## Individual Paper

**Binder, Per-Einar, Helge, Holgersen**

### **Changes and outcomes? A phenomenological exploration of former patients' view on the psychotherapy process**

How do patients themselves, give meaning to what they felt most important for their realization of change, after having completed treatment which they described as successful? And how will they characterize "good outcomes"? Semi-structured qualitative depth interviews were conducted with ten former psychotherapy patients analysed through a hermeneutical-phenomenological approach. The ways the participants gave meaning to change and outcome clustered around the following themes: 1) A relationship with a wise, warm, and competent professional. 2) A relationship with continuity when suffering from feelings of inner discontinuity. 3) Having assumptions and beliefs about oneself and one's relational world corrected. 4) Creating new meaning and seeing new connections in one's life patterns. Their descriptions of what constituted good outcome clustered around the following themes: 1) Establishing new ways of relating to others, 2) Reduced symptomatic distress, or changes in behavioural patterns contributing to suffering, 3) Self-understanding, and 4) accepting and valuing oneself.

## Individual Paper

**Luigi Longhin**

### **Countertransference : the principal instrument of psychotherapy**

The psychotherapeutic "laboratory" is very complex because it is made up of many instruments, rules and strategies. It is suggested that the most specific instrument is countertransference. The history of countertransference is an example of the concrete procedure of scientific knowledge: from the choice of the operational means to the modification of the referent and finally to the definition of a new model of the psychotherapeutic process. There has been a shift from countertransference viewed as useless, if not dangerous, to the countertransference viewed as the principal instrument of psychotherapy.

*Il controtransfert: strumento principe della psicoterapia*

*Il "laboratorio" psicoterapeutico è quanto mai complesso perché composto da diversi strumenti, regole, strategie, mezzi, soprattutto dallo strumento specifico che è il controtransfert. La storia del controtransfert è stata un esempio del procedere concreto del sapere scientifico da diversi punti di vista: dalla scelta del predicato operativo alla conseguente modificazione del referente, fino alla richiesta di un nuovo modello dello stesso processo psicoterapeutico. Prenderemo in esame le condizioni della "svolta" che hanno consentito al controtransfert di passare da strumento inutile se non "pericoloso" a strumento "principe" della psicoterapia, strumento operativo qualificante ed indispensabile per il processo psicoterapeutico e pagina "esemplare" della storia della scienza.*

## Individual paper

**Schore, K. & Bae, S.**

### **A Cross-Cultural Experiential Parent Training (A.C.C.E.P.T.)**

A Cross-Cultural Experiential Parent Training (A.C.C.E.P.T.) is a proposed intervention and prevention program designed to address the needs of parents and children involved in cross-cultural adoptions. The program integrates theory and interventions from attachment theory, research on racial identity development and skills from group therapy, and integrative therapeutic models including person centered, dynamic, and cognitive-behavioral approaches. There has been a sea of controversy surrounding the practice of cross-cultural adoptions. Nevertheless, they are occurring with increasing frequency, with only

limited support being offered to those undertaking the task. The current program is based on an integrative theoretical model that focuses on building rapport, understanding and gaining insight, and bringing positive changes. A.C.C.E.P.T. will help prepare parents to educate their children about the realities of living in a race-conscious society and to validate their children's experiences.

### **Individual Paper**

**Gregg Henriques**

#### **TEST-RePP: A New Framework for Evidence Based Practice**

This talk will offer a potentially constructive framework that integrates the various lines of debate regarding the EST movement, called TEST-RePP. TEST-RePP stands for Theoretically and Empirically Supported Treatment and Relationship Principles and Processes. The talk will review the debates regarding the promotion of ESTs, and will explain why the TEST-RePP overcomes previous weaknesses and can address major issues such as: a) the nature of psychotherapy as a treatment provided by a health professional and a human relational process; b) the confound associated with ESTs and its promoters' allegiance to cognitive and behavioral treatments as opposed to psychodynamic and humanistic approaches; and c) the need to operate on scientifically informed treatment principles (such as assessing outcome and incorporating exposure when treating anxiety disorders) rather than manualized treatment protocols.

### **Individual Paper**

**Angela Brandao**

#### **Therapy through videoconference: challenges, potentialities and limitations**

In this paper are explored the challenges, potentialities and limitations of therapy through video-conference, approaching this experience in two ways. First a preliminary research direct with patients examining both the therapeutic alliance (WAI) and their own view of the experience, using an inventory designed for the purpose. In a second part the therapist own view of the therapeutic process through video-conference it's discussed. A description of specific procedures defined for this type of therapeutic relation will be presented, as well as the challenges linked to it. Also anecdotal episodes will be presented to illustrate particular potentialities and limitations.

### **Individual Paper**

**Lisa Cross**

#### **An Integrative Therapeutic Approach to Narcissistic Personality Disorders**

This presentation will outline an integrative approach to narcissistic personality disorders. I will argue throughout that only a multifaceted approach, that incorporates behavioral, mentalization-based, values-based, cognitive, and psychodynamic techniques, can address the central difficulty with these patients of forging a therapeutic alliance. Such an approach sidesteps a good deal of these patients' vulnerabilities in self-esteem, and brings them to more substantial self-respect, almost despite themselves. An integrative technique with narcissistic personality disorders also aids therapists with the difficulty of empathizing with and caring about such patients, who at times treat the therapist as if he or she was not present in the room. The theories of Kohut, Kernberg, Millon, Benjamin, Fonagy, Beck, Young, Roemer, and Wachtel will be discussed, in their application to narcissistic personality disorder treatment. I shall also discuss how these approaches should be sequenced and interwoven. It is, of course, not enough to say that different approaches should be integrated in therapy with a specific type of patient. I would like to address, therefore, the specific decision trees, timing and transitions involved in moving from one therapeutic approach to another.

## **Individual Paper**

**Deborah Donati, Alessandro Ubbiali, Carlo Chiorri**

### **Psychology and medicine: joining forces between experts from different backgrounds aiming at integrating psychotherapy into a holistic approach to the patient's needs**

The cooperation of psychotherapists and psychiatrists with experts from other medical areas, is usual for patients with psychiatric/psychological diagnoses.

Otherwise, it seems evident the absolute need as well as its related complexity, to propose ab origin a multi-disciplinary integrated approach to the patient as a 'person' to avoid the risks to be 'contended' among the experts dealing with his/her different diagnoses rather than to be welcomed as person with different diagnoses.

The Psyche-dendron Association, focuses on psychotherapy research and offers the patients, since their first touch a scientific and clinical multi-disciplinary holistic approach.

## **Individual Paper**

**Rodrigo Teixeira Lopes & Ribeiro, E.; Gonçalves, M.**

### **What better predicts outcome in psychotherapy for depression: working alliance in early sessions or the psychotherapeutic model?**

A prominent approach of psychotherapy integration is the one that favors the understanding of the interpersonal factors present in all kinds of psychotherapy – usually called non-specific or common factors. The debate around the role of the specific and non-specific factors is controversial and mostly inconclusive. Probably, the most studied of these common factors is the relationship developed between therapist and client along psychotherapy. In our study we prefer to call this relationship “working alliance”, as theorized by Bordin (1979) and later operationalized by Hovarth & Greenberg (1989). According to this conceptual frame, a working alliance is the process derived from three aspects of psychotherapy: (a) the agreement between client and therapist regarding the goal of the therapy, (b) the agreement on the tasks that should be implemented to achieve this goal and (c) the relational bond developed between client and therapist. Many studies show that alliance is significantly related to outcome in a variety of forms of psychotherapy. Of those, some have focused on the predictive relationship between alliance in early stages of psychotherapy and therapy outcome at the end of the process. Martin et al. (2000), for instance, in a meta-analysis study, found an average effect size of .24 for this relationship.

## **Individual Paper**

**Samuela Vercelli & Franco Paparo**

### **“Who are you?” Considerations about the importance, for the psychotherapist, of being “real” for being effective**

For a long time, particularly in the psychoanalytic context, a psychotherapist has been considered to be ideally “neutral”. To strengthen this position, competence, as the ability to use a certain technique in the relationship, has been considered the main basis for a successful therapeutic relationship. This has produced, in some cases, a grey zone in the psychotherapists' inner world since the effort to be neutral and not to take position could become confusing, when it became necessary to make therapeutic choices that implied values and/or shared meanings. With this contribute we would like to highlight, not only the value of the therapist being “real” rather than “neutral”, but particularly how, in this perspective, recent developments from a pragmatic approach such as that of Non Violent Communication, created by Marshall Rosenberg, can be usefully integrated with an advanced psychoanalytic approach such as that of Kohut's Self Psychology.

### **Individual Paper**

**Zbynek Vybiral, Roubal, J., Danelova, E., Plchova, R.**

#### **Integrative Perspectives as a Ground for Graduate Education, Therapeutic Training and Research**

The Psychotherapy Studies Master's degree program at the Department of Psychology FSS MU in Brno integrates a number of perspectives psychotherapy can be taught from. Among the fundamental ones are: theory, history, research, familiarizing the students with practice of professionals, skills exercise and training. However, the students are also introduced to points of view of economy, psychiatry or well-being conception. Concerning psychotherapeutic approaches, the teachers (and study courses) represent psychodynamic, gestalt, humanistic, existential, systemic, psychoanalytic, CBT, Adlerian and Jungian orientations. The study program is followed by an option of training in psychotherapy integration consisting of self-experience and practical skills exercise. The training is based on the common factors model in psychotherapy integration, and it allows the participants to adopt an integrative perspective and create their own therapy style. The goal of research aimed on the process of integrative perspective adoption is to give feedback to the lecture team of the training and to widen knowledge base in the field of training in psychotherapy integration.

### **Individual Paper**

**Wade, S., Bergstrom, B., Bliesner, A., Randall, J., Carrier, A., Rosqvist, J.**

#### **The ethics of evidence: Integrative approaches to empiricism**

Today, there are over 56 different subdivisions of psychological theory and practice. With this vast diversity, there exists a plethora of beliefs and theories on how to define, measure, and treat psychological ailments. Within all of these fields exists many differences surrounding the beliefs on what constitutes data and evidence. How one defines "evidence" will determine how one measures and treats the client needs. Throughout history, philosophical discussions have often orbited around competing dualisms, which most commonly come to rest upon a compromised synthesis of both perspectives. This dichotomization of the evidence versus context debates has prevented the field from developing a more articulate synthesis of both empirical and context specific definitions of data, evidence, and psychological knowledge at large. The utilization and promotion of evidence based practices is one aspect of ethical adherence to guidelines of beneficence and non-maleficence, as is culturally normed care.

### **Individual Paper**

**Heward Wilkinson**

#### **Occam's Razor or Plato's Beard? Why Psychotherapy Evidence is Philosophical – not Scientific-Empirical**

This talk presentation will explore the thesis that the true primary paradigm for psychotherapy, and by extension integrative psychotherapy, is philosophical not empirical and therefore that our concept of 'evidence-basis' needs to be radically re-envisioned. Narrative-dramatic process in the human world, of which psychotherapy is an epitome, is inherently idiosyncratic and enactive, and only secondarily are elements of it generalisable. But the idiosyncrasy is iterable, a Platonic universal, and this is why its evidential basis is a priori, not empirical. Because of this ungeneralisable idiosyncrasy, psychotherapy naturally gravitates to an integrative paradigm, because, therefore, there can be no grounds for a principled restriction of either methodology or theoretical vision. Such a vision also makes integrative psychotherapy inherently multidisciplinary, because it connects with the human world as a whole, the whole historical world order, and as such it offsets the seriously unreal quality which besets so much diagnosis-linked psychotherapy.

### **Individual paper**

**Albert Sheldon (Beatriz Winstanley, Discussant)**

#### **Utilizing the Evidence of Psychophysiology in Psychotherapy**

Since most of the information and energy processed by the brain is done implicitly, gathering evidence of non-conscious phenomena [psychophysiology] is an important opportunity in psychotherapy. Psychophysiology refers to the observable levels of arousal, anxiety, emotion, engagement, etc. that reflect non-conscious processing of the patient's nervous system. We can learn how to observe this psychophysiological evidence, and use it to inform our hypotheses, give us feedback on our interventions, and direct the therapeutic process to provide an implicit as well as explicit learning experience for our patients. Teaching methods: Didactic, demonstration with audiovisual recordings, role play and discussion.

### **Individual Paper**

**Margaret Smith**

#### **Using the Transtheoretical Model for Changing Aggressive Behaviour: A Case Study**

The Transtheoretical Model (Prochaska and Norcross 2006) provides a useful framework that facilitates practitioners in identifying the stages of clients' motivation to change; depth of clients' problems ranging from symptom /systematic to intrapsychic; and 10 processes of change. Integrative therapeutic interventions can be developed according to the stage and level of the client's problem and developing integrative interventions that promote the process of change. This paper explores the use of this approach in a case study of a perpetrator of domestic abuse who comes to therapy seeking to stop his aggressive behaviour.

### **Individual Paper**

**Laura Stelatelli & Marco Fiorini**

#### **Metaphors: linguistic evidence in the dialogue between patient and psychotherapist**

For centuries, starting from Aristotle, the metaphor was considered only a figure of speech; since the 1980s cognitive linguistics has revolutionized this concept and has shown that the metaphor is a fundamental mode of cognition: most of our usual conceptual system is metaphoric. As communication is based on the same conceptual system that guides our thought and action, the linguistic evidence of metaphor is a very important tool to know this system. Clinically we can discern between structural metaphor of language spoken by the patient and his/her personal metaphors: the study of development and change of both kinds of metaphors can give linguistic evidence of unconscious mental patient's processes and their changes.

### **Individual Paper**

**Kelly Stelmaszczyk, Baucom, D., Henry, M., & Drapeau, M.**

#### **A process study of longterm psychoanalytic treatment: Comparing a successful and a not so successful outcome**

This study examined changes across sessions in two key patient variables: experiencing and defenses in the successful and unsuccessful long-term psychoanalytic treatments of two male patients (N=2), as well as therapist interventions over the course of treatment. Method: Treatments totaled 811 and 702 sessions. Data

from two consecutive sessions every 6 months was analyzed for each patient. Experiencing was assessed using the EXP scale (Klein et al., 1986). Defenses were assessed using the Defense Mechanism Rating Scale (DMRS; Perry, 1990). Therapist interventions were assessed using the Psychodynamic Intervention Rating Scale (PIRS; Cooper & Bond, 2002). Both treatments were compared through between and within-session analysis. Lag sequential analysis was used to determine the impact of defensive functioning and experiencing on therapist interventions, and the effect of therapist interventions on the two patient variables. Results: The unsuccessful case exhibited mostly obsessional defenses across sessions with a low level of experiencing. The successful case exhibited narcissistic defenses with a higher level of experiencing. Predictable patterns of behaviors were also found as they relate to the types of interventions used by the analysts. Discussion: This study parts from previous research by emphasizing the dynamic nature of the therapist and patient and redefining the importance of therapeutic interventions. The relationship between key dynamically-based constructs in the analyses and how they relate overall to therapist interventions and outcome of treatment will be discussed.

### **Individual Paper**

**Kari Ravnanger & Ingrid Dundas**

#### **Integrating mindfulness in a treatment for benzodiazepine dependence**

We describe serial case study that explores the feasibility of integrating mindfulness in an ongoing treatment of three clients with severe benzodiazepine addiction. We measure anxiety, pain, therapeutic alliance etc., at several time points during the study. We also interview clients after completion of the mindfulness part of their intervention, and by phone one year after. Sessions are recorded. We use a modified grounded theory method to select and analyze relevant sessions and to analyze post-intervention interviews. At the time of the conference, we will not be able to present results of the study. Instead, our paper will discuss on theoretical grounds why a mindfulness intervention might be of help in treating benzodiazepine dependence, as well at the methodological challenges of the study. We believe this will be of relevance to the conference's aim of exploring what constitutes evidence in psychotherapy research.

### **Individual Paper**

**Kjell Rudestam**

#### **Implications of constructivist epistemology to the practice of psychotherapy**

Constructivism and Buddhist psychology can be viewed as different meta-theoretical perspectives that support psychotherapy integration by transcending specific theoretical approaches such as psychoanalysis or cognitive-behaviorism. Both constructivism, derived from post-modern perspectives in the arts and sciences, and Buddhist psychology, with origins that go back 2500 years, address psychological health and dysfunction as well as therapeutic interventions. This presentation will address both theory and application, including how problems may be defined and interventions may be initiated from each perspective.

### **Individual Paper**

**Marit Råbu**

#### **Negotiating termination. A case study of an ambiguous termination process**

Aim: To inspect closely a complicated termination process in a case where patient and therapist after early relationship struggles developed a solid alliance and completed therapy with good outcome. Data, method and analysis: The client is a depressed woman in her thirties who sought help from a highly experienced male psychotherapist. Therapy lasted 43 sessions. Session recordings and interviews were transcribed and

analyzed by hermeneutic phenomenological analysis. Findings and discussion: Analysis shows how relational problems were negotiated on an interpersonal level. Analyses of dialogues in the late phase of the process share some of the difficulties from the early phase. However, the therapy relationship was a more equal one and the patient seems more capable of asserting herself. Conclusion: To study interactional data together with patients' and therapists' reflections makes room for different perspectives on the same process. Individuals may be different in important ways and complexity need to be acknowledged.

### **Individual Paper**

**Milena Karlinska**

#### **Measurement of an integrative psychotherapist competence. Does the competence of the psychotherapist influence patient's satisfaction?**

Recognizing and evaluation of psychotherapist competence is area of controversy both between psychotherapy modalities as training organizations. Based on theoretical findings and clinical experience, empirical tool measuring numerous partial integrative psychotherapy competences was developed by Polish Institute for Integrative Psychotherapy. Presentation will concern the description of the tool and the procedure of its application. Then will be presented the results of research concerning relationships between level of partial and general psychotherapeutic competencies and patient satisfaction measured with another tool worked out by the authors. Other question of interest were: how therapist age, sex, amount of personal psychotherapy, amount of supervision, length of training, conducting private practise influence or not on patient satisfaction and/or influence on psychotherapist competence.

### **Individual Paper**

**Alfred Künzler & Jürgen Barth**

#### **Psychooncological Psychotherapy with Patients and Couples Coping with Cancer**

Recognizing and evaluation of psychotherapist competence is area of controversy both between psychotherapy modalities as training organizations.

Based on theoretical findings and clinical experience, empirical tool measuring numerous partial integrative psychotherapy competences was developed by Polish Institute for Integrative Psychotherapy. Presentation will concern the description of the tool and the procedure of its application. Then will be presented the results of research concerning relationships between level of partial and general psychotherapeutic competencies and patient satisfaction measured with another tool worked out by the authors. Other question of interest were: how therapist age, sex, amount of personal psychotherapy, amount of supervision, length of training, conducting private practise influence or not on patient satisfaction and/or influence on psychotherapist competence. This study investigated long-term effects of psychooncological psychotherapy on cancer patients' and their partners' quality of life. During the first year after cancer diagnosis, 154 couples were assessed at three time points. Of these, sixty patients with any type and stage of cancer and their partners were followed-up three years after diagnosis. Each subject completed a pre-tested, mailed, self-reporting questionnaire that assessed relationship satisfaction and included standardised measures of anxiety, depression, post-traumatic stress, fatigue, fear of progression, general life quality and posttraumatic growth. For those who consulted a psychooncologist in the first year after cancer diagnosis (51%), therapy process was assessed by post-session questionnaires. Return rate of mailed questionnaires was 81% overall. A considerable part of the research sample appeared substantially burdened, most of all cancer patients' female partners. Long-term effects of non-manualized psychooncological treatment were observed on couples' quality of life.

## **Individual Paper**

**Marvin Leibowitz**

### **Use of Projective Drawings to Assess Changes in Patients After One Year of Psychotherapy and to Differentiate them from Patients Who Drop-Out**

Leibowitz (2006) at the Soc. for Person. Assess. Convention presented, "Use of Projective Drawing a to Assess Patients Remaining in Psychotherapy from Patients Who Drop-Out". He found that patients who stayed in therapy for at least one year (Y) were significantly differentiated from patients who dropped out (D) after 20 or fewer sessions on their Projective Drawings (House, Tree, Persons, Animal - achromatic and chromatic) in the following manner: Ys depicted themselves as more accessible, more approachable, more related to others, and experienced a greater degree of relative autonomy. Ds experienced a greater degree of ability to control the environment. The present follow-up study revealed the following significant findings in Ys second set of drawings (after approx. one year). Ys appear to have a greater sense of self-sufficiency, to appear more able to exercise control of the environment, to be less needy to allow oneself to be approached by or to reach out to others, and to feel a greater sense of overall adequacy. Comparing Ys second drawings with the D group, it was found that Ys were still significantly more accessible and related to others. They also revealed more connectedness with one's inner self, a greater sense of maturity, and greater affective freedom and flexibility.

## **Individual Paper**

**Menoni, E., Iannelli, K.E.**

### **The integrative model (EAIE) Evolution, Affect, Intersubjectivity, Experience: A proposal**

In recent years an ever broadening area of integrative models is based on consilience and on primacy of theory integration. These epistemological features are basic also in the integrative model EAIE ( Evolution Affect-Intersubjectivity- Experience). The integration of nonconscious processes allows the active construction of affective awareness of meanings and behaviors more and more complex and integrated plasticity e.g. reconstruction and change of neuroconnections is activated by experience in conditions of positive affect.

The basic processes are:

- interpersonal construction of adult therapeutic equivalent of secure attachment
- affective experience within and on the borders of the "windows of tolerance"
- focusing of interpersonal and somatic experience in short time

These processes build new networks that allow affective regulation and evolution

## **Individual Paper**

**Claire Nelissen**

### **Towards defining the core of psychotherapy expertise**

As psychotherapists we lack a unified professional identity (400 schools). I hope to show how this is due to lack of agreement about our expertise as psychotherapists. In order to reach transparency about what we do, we need to identify the unique core of psychotherapy expertise, regardless of 'schools' (including integrative approaches). This might help us gather specific consulting room evidence and develop research, directly useful for the practitioner. Key statement of presentation: for identifying psychotherapy expertise we need to

focus on describing psychotherapeutic clinical reasoning in the consulting room in a scientific way. Evidence of clinical reasoning is to be found in the therapist's working hypotheses of the therapist. These can be made manifest, so that the therapist's clinical reasoning can be analysed and researched. I will illustrate the above, how it differs from current implicit definitions as used in our clinical dialogue and what in my view the fundamental principle of psychotherapy expertise is. I will also illustrate how this entails a reorientation on components of our practice.

## **Individual Paper**

**Filipa Machado-Vaz**

### **Patient's emotional processes in psychotherapy**

Disturbed individuals frequently display a non-adapted functioning in one or more of the aspects of the emotional processing, namely on the experience, perception differentiation, intensity and regulation of emotions that will impede the normative function of emotions.

The aim of this individual presentation is to present an integrative comprehension of patient's emotional activation, differentiation, regulation and expression and how far they relate to the functional deficit, subjective suffering and complexity of the problem.

## Symposium

**Pietro Caterini, Marco Giannini, Nicola Materassi & Alessio Gori**

### **Comparative Psychotherapy: scientific-methodological aspects**

Although part of theoretical approach that seeks to integrate and better known as the Integrative Psychotherapy, Comparative Psychotherapy puts more emphasis on a comparison between a model and another more than their integration in order not to risk neglecting the specific contributions.

Comparative Psychotherapy is at the same time: 1. A Meta-model 2. A Model 3. A Technique

Practice and research are considered inseparable elements. Psychotherapy research is viewed as a field of science that looks at therapeutic processes as well as their determinants and effects.

From our perspective human people are viewed as evolutionary biopsychosocial entities in transaction with dynamic environments. Therefore, all aspects of their lives are of potential importance. This ontology appears to be either a psychophysical interactionism or a double aspect monism.

## Symposium

**Michael Basseches, Hilde Rapp, Giovanni Stanghellini**

### **The validation of psychotherapy knowledge and practice: What do we mean by "inquiry" and "evidence?"**

The symposium considers the broad question of how psychotherapy knowledge and practice is validated. Presenters share the view that various types of inquiry and various types of evidence are relevant to psychotherapy validation. The specific goal of the symposium is to explore frameworks for understanding the different types of inquiry and evidence and their relationship to each other. Three frameworks will be offered and their relationship will be explored. One framework distinguishes inquiry motivated by "technical", "practical" and "emancipatory" interests (Habermas, 1971), and considers the interdependence of these forms of inquiry. Another considers the underlying model guiding the inquiry, and whether it is a "medical", "co-constructive" or "process" model. A third framework describes different logics of inquiry for questions regarding clients' narratives and subjective feelings, relational processes for exploring meaning-making, impacts of events on life-span development, and adequacy of institutional structures in which psychotherapy is offered.

*La validazione della conoscenza e della pratica psicoterapeutica: Che cosa intendiamo per "indagine" e per "evidenza"?*

*Questo simposio considera la questione di come la conoscenza e della pratica psicoterapeutica sono validate. I relatori condividono la convinzione che diversi tipi di indagine e di evidenza sono rilevanti per la psicoterapia. Il fine specifico del simposio è di esplorare delle cornici epistemologiche per la comprensione di diversi tipi di indagine e di evidenza e le loro relazioni reciproche. Una cornice distingue le indagini motivate da interessi tecnici, pratici ed emancipativi (Habermas), e considera la loro interdipendenza. Una seconda cornice è l'analisi qualitativa, una cornice fenomenologicamente orientata per la ricerca in psicopatologia il cui scopo è una comprensione ad ampio raggio della soggettività morbosa dei pazienti, non costretta in schemi a priori. Una terza cornice descrive le diverse logiche di indagine delle narrative dei clienti, dei processi di attribuzione di significato, dell'impatto degli eventi sul processo evolutivo, dell'adeguatezza delle strutture istituzionali che offrono psicoterapia.*

**Michael Basseches**

### **One Integrated Epistemological Framework, Multiple Irreducible Sciences-- Each with its Appropriate Logic of Inquiry and Each Essential to Psychotherapy**

The concept of “knowledge” is presented as inextricably connected to a quest for human “autonomy”, that is of necessity collective, not individual. Thus while “personal knowledge” may exist, its adequacy is limited. Human autonomy depends on 1) the ability to predict the consequences of our actions (technical knowledge), 2) the ability to cooperate with one another and coordinate our actions (practical knowledge), and 3) the ability to reflect upon, challenge and reconstruct organizations of human knowledge and practice that unnecessarily limit the freedom of individuals or groups while perhaps temporarily enhancing the power of others (emancipatory knowledge). I say “temporarily” because injustice makes organizations of human activity unstable, just as changes in the material world make technical knowledge unstable and changes or cultural differences in language, meaning and values make practical knowledge unstable. The various modes of inquiry that produce these different kinds of knowledge, while necessarily interdependent, have their own distinct appropriate processes of validation within which different types of evidence play different roles. This presentation will focus on how technical knowledge, practical knowledge and emancipatory knowledge are all essential to psychotherapeutic inquiry, and how therefore their integration is essential to psychotherapy integration, at the levels of both practice and research

**Giovanni Stanghellini**

### **Psychotherapy and psychopathological research: A hermeneutic circle**

In my talk, I will assume that psychotherapy is an ideal setting for psychopathological research and that psychopathological knowledge so acquired is useful for psychotherapeutic practice.

The epistemological framework of my investigation will be qualitative analysis, a phenomenologically oriented framework for psychopathological research whose aim is a wide-range understanding of the patient's morbid subjectivity, not constrained in a priori fixed schemata such as specific rating scales. Qualitative analysis is useful in exploratory studies, especially concerned within the assessment of real-world, first-personal experiences. The qualitative approach to anomalous experience is concerned with bringing forth the typical feature(s) of personal experiences in a given individual to establish objective, trans-personal constructs. A three-step procedure is necessary to move from the assessment of subjective experiences, through personal narratives, to trans-personal constructs.

*Psicoterapia e ricerca psicopatologica: un circolo ermeneutico*

*Nella mia relazione, partirò dall'ipotesi che la psicoterapia sia un setting ideale per la ricerca psicopatologica e che le conoscenze psicopatologiche acquisite in questa sede siano utili per la prassi psicoterapica. La cornice epistemologica della mia ricerca sarà l'analisi qualitativa, una cornice fenomenologicamente orientata per la ricerca in psicopatologia il cui scopo è una comprensione ad ampio raggio della soggettività morbosa dei pazienti, non costretta in schemi a priori come ad esempio scale di valutazione specifiche. La ricerca qualitativa è utile negli studi esplorativi, specialmente quelli dedicati alla valutazione di esperienze personali relative al mondo reale. L'approccio qualitativo alle esperienze abnormi si propone di portare alla luce i caratteri tipici delle esperienze personali di un certo individuo e di giungere a costrutti oggettivi interpersonali. È richiesta una procedura a tre tappe per muovere dalla raccolta delle esperienze soggettive in prima persona, alle narrative personali, fino ai costrutti trans-personali.*

**Hilde Rapp**

### **Psychotherapy is an evidence based practice**

What counts as evidence depends on whether we want to advance our knowledge in order to improve our theories, our clinical practice, our understanding of development and change, or the quality of our therapeutic services.

An enabling framework grounded in four logics of enquiry will be discussed:

1. What can we learn from the client's narrative about how their subjective experience influences their values, their affect and their ways of acting in the world?
2. How does the process of the client- therapist relationship support the exploration of the client's meaning systems?
3. How do significant life events affect human development through the life span and how does our knowledge about this help us to facilitate change?
4. What sort of service architecture is adequate to meet the needs of the population in ways that are equitable, appropriate (what works for whom?) and cost effective?

The traditional polarization between hermeneutic and positivist methods can be transcended by a functional approach to observation, interpretation and measurement, which relates the pursuit of subjective and inter-subjective knowledge predominantly to hermeneutic enquiry and the pursuit of factual knowledge about human development and the social organisation of needs led services predominantly to positivist methods of research

A plurality of qualitative and quantitative methodologies should be an integral part of therapist education and ongoing practice based inquiry.

## **Symposium**

**Magnavita, J Henriques, G. R. Marquis, A.**

### **The Unified Psychotherapy Project: Overview, Implications, and Challenges to Clinical Science**

This symposium will describe the developments associated with the Unified Psychotherapy Project, and psychotherapedia, and new system developed by leaders in the unified psychotherapy movement that will allow for the accumulation of a compendium of techniques in therapy organized at different levels of analysis. In addition to describing this project and providing an overview of its potential and envisioned benefit, two speakers will also provide proposed frameworks that can assist in conceptually organizing the techniques. Attendees will thus be exposed to some of the latest developments toward a unified psychotherapy.

*Il Progetto di Psicoterapia Unificata: Visione d'insieme, implicazioni, e sfide alla scienza clinica*

*Questo simposio descriverà gli sviluppi associati al Progetto di psicoterapia unificata e alla psicoterapedia, un nuovo sistema sviluppato dai leader del movimento per una psicoterapia unificata che permetterà l'accumulo di un compendio di tecniche terapeutiche organizzate a livelli differenti di analisi. In aggiunta alla descrizione del progetto e a una panoramica del suo potenziale e dei benefici previsti, due relatori forniranno delle cornici concettuali che possono aiutare a organizzare queste tecniche. I partecipanti saranno così aggiornati su alcuni degli sviluppi più recenti verso una psicoterapia unificata.*

**Jeffrey Magnavita**

### **The Founding and Overview of the Unified Psychotherapy Project**

An introduction and overview of the unified psychotherapy project and the theoretical framework which we are initially using to organize the techniques and methods will be reviewed. Implications for research and clinical practice will be discussed. Participants will be invited to add their favorite techniques to the database.

## **Andre Marquis**

### **Integral Theory and the Unified Psychotherapy Project**

Integral theory (Marquis & Wilber, 2008) provides a comprehensive framework within which diverse therapeutic interventions, as well multiple research methodologies, have the potential to complement rather than contradict one another. Consistent with the Unified Psychotherapy Project (UUP), Marquis' (2009) Integral Taxonomy of Therapeutic Interventions (ITTI) classified 200 therapeutic interventions within the all-quadrants, all-levels model of integral theory. The ITTI consists of 12 domains (3 levels within each of the 4 quadrants); the fact that therapists have created numerous therapeutic techniques that address each of those 12 domains, clearly humans have at least those 12 dimensions. In addition, Integral Methodological Pluralism (IMP) suggests that any approach that calls itself empirical or "evidence-based" and proceeds to systematically exclude any of the major methodological systems (phenomenology, hermeneutics, empiricism, systemic analyses, and so forth) that appropriately elucidate pertinent dimensions of psychotherapy is dangerously narrow in scope. This talk will discuss why an integral approach transcends dichotomous positions, and why no single-school perspective, intervention, or research methodology is inherently privileged over others in all cases.

## **Gregg Henriques**

### **The Unified Psychotherapy Project and the Unified Theory**

The Unified Psychotherapy Project represents a new way to move the field of psychotherapy towards unification. The compilation and cataloguing of psychotherapeutic techniques placed in Magnavita's (2008) conceptual framework for a unified clinical science goes a long way toward practically bridging and bringing together previously disparate lines of work in psychotherapy. However, it remains the case that psychotherapy techniques are born out of separate schools of thought that have not been placed within a coherent metatheoretical framework that clarifies the key insights and assimilates and integrates them into a whole. This talk outlines a new theoretical framework (Henriques, 2003, 2004, 2008) and explains how insights afforded by Beck's Cognitive Psychotherapy, Hayes' Acceptance and Commitment Therapy, Greenberg's Emotion Focused Therapy and Wachtel's Cyclical Psychodynamic approaches are assimilated and integrated. By integrating these perspectives, the techniques that follow from them can be seen to exist as part of a coherent conceptual system that can guide the interventions that practitioners employ.

## **Symposium**

### **Riccardo Scognamiglio, Matteo Russo, Alessandro Aloisi, Carlo Zerbini & Michele Fortis**

#### **Transforming Somatic Focusing into Somatic Intelligence: from clinical model to exploration research in Integrated Psychotherapy**

*Trasformare la "Focalizzazione Somatica" in "Intelligenza Somatica": dal modello clinico alla ricerca esplorativa in Psicoterapia Integrata*

The aim of this symposium is to gather some experimental data of a rich group of research – originated from the collaboration between the Istituto di Psicomatica Integrata of Milan, the Università degli Studi of Milan Bicocca and the Associated Hospitals of Bergamo – around a delicate border area (within the clinic of the psychosomatic diseases) between the physicalness of the body with its specific languages and the symbolic dominion of the word, which still represents the privileged medium in the psychotherapeutic practice.

### **Riccardo Scognamiglio, A. Zoccarato, C. A. Zerbini**

#### **"Somatic Intelligence" as a new empirical and statistical evidence in Alexithymia**

Aims of the research: the aim of the research – begun in 2005 and still in progress – is to create an instrument of assessment for alexithymia, able to help in the deficits of the somatic metacognition. From the results of the research it is possible to discover a new construct called Somatic Intelligence: indeed, the different steps of the research have proven it to be an essential factor in the study on alexithymia; in spite of

this, it has been ignored so far by the instruments of assessment present in literature (e.g. TAS-20). Conclusions: the correlation that has emerged between the “ability of discerning and perceiving body’s sensations”, the “cognitive orientation to complexity” (compared to the practical operative thought) and the construct Somatic Intelligence – considered as the ability to cohabit with one’s own inner world and, from it, to establish a relation with the outer world and its signals –, cannot but lead to a very important rethinking of the treatment of those patients “on the border of language”, from a therapeutic perspective.

**Michele Fortis, R.M. Scognamiglio.**

### **Measurement of the effectiveness of an integrated psychosomatic setting focused on chronic pain, within hospital facilities**

Aims of the research. Starting from an holistic conception of chronic pain (of which the Qol parameters are effective representations), the aim was to test within the hospital an integrated setting which involved a model of brief psychological counseling with body mediation, able to meet the financial and managerial needs of a public structure. Our group of research has developed a procedural dialogical model able to interact also with the somatic feedbacks of the patient. During the process of evaluation, both subjective (self-perception; personal relationship with pain) and objective data were considered. Discussion. The results show that this integrated therapeutic setting, mainly determined by a specific dialogic approach able to integrate physical and psychological aspects, is effective for treatment of chronic pain although within the limits imposed by a public hospital facility. The integration enhanced the patient’s focusing on the subjective implications of somatic perception. This subjective involvement in a dialogic relation, takes place physically and mentally at the same time. The changes can be measured through subjective and objective parameters.

**Simone Matteo Russo, C. A. Zerbini, R. M. Scognamiglio**

### **Evaluation of the effectiveness of the treatment in the integrated psychosomatic model: a case of pervasive developmental disorder**

Aims of the research. Evaluating the effects of a model of therapeutic intervention based on the body mediation in a preadolescent suffering from a disorder of pervasive development. The aim was to determine if the introduction of a treatment specifically addressed to the body was able to produce improvements not previously achieved in the abilities of the body, in the cognitive skills and in the evolutive aspects of the affective-relational sphere.

Conclusions. The results seem to confirm the clinic hypothesis at the basis of the integrated psychosomatic model. Within a psychotherapy setting, in which the semiotic field comprises several codes, including the body, with subjects whose symbolic-verbal elaboration and mediation prove compromised, the body itself may become a transformative instrument by promoting changes: both of quantity (improvement in the performance and corporeal management, verbal-cognitive aspects linked with communication) and in quality (better self/hetero-regulation in the processes of affective dysregulation and increase in the ability of symbolization), as shown by the affective-emotional nuances of the speech, no longer stereotyped, and the oneiric appearance in the patient for the first time, in the final phases of the treatment.

## **Symposium**

### **Psychotherapy Research and Psychotherapy Integration**

Psychotherapy research has traditionally been identified as one of the triggers contributing to the original interest in psychotherapy integration. Particularly, (a) research on therapeutic common factors, (b) psychotherapy process research, and (c) research on therapist’s factors have been influential in empirically supporting psychotherapy integration and in fostering the exploration of integration even further. This symposium includes three presentations from three international psychotherapy research groups working in each one of the aforementioned domains. Its goal is to review the contribution and cross-fertilization of psychotherapy research and psychotherapy integration—especially regarding common factors, process research and therapists variables.

**Luis Botella, Diana Beriain, Yolanda García & Lydia Lossa**

## **The process of integrative psychotherapy: Results from 10 years of a programmatic research**

This presentation will focus on the main results of a ten years research program investigating the interface between psychotherapy outcome and process in integrative psychotherapy. Specifically, we will discuss results on psychotherapy outcome and therapeutic alliance, process predictors of client's good or poor outcome, therapist effects, and deviations from the optimal course of therapy. Implications for therapeutic practice will be especially highlighted.

**Héctor Fernández-Álvarez & Beatriz Gómez**

## **The effective integrative psychotherapist: Personal style, training and supervision**

There is a growing trend throughout the world that focuses on the therapist as a central variable in the therapeutic process. Training has become therapist-oriented and supervision looks on the person of the therapist as a central component of the process and aims at fostering both his/her personal growth as well as a more effective performance. There is an increasing interest in research lines in these areas. Questions are being raised as to what are the important elements of effective training, and in the training of supervisors to help therapists work at their full potential.

The presentation will outline the most recent developments carried out in Aigle Foundation in Argentina to train therapeutic skills based on three components:

- A research project within the Program on the Personal Style of the Therapist (PST) designed to develop the concurrent validity of the PST inventory by observing the differential behaviors of therapists when conducting the therapeutic interviews
- A training program hierarchically structured to help therapists acquire the skills required in progressively more complex clinical situations
- A supervision model which involves evaluating therapists' practice along with taking care of themselves and developing personal resources

The presentation will be illustrated with clinical vignettes.

**Inês Mendes, Miguel M. Gonçalves & Luis Botella**

## **Innovative moments and the process of change in integrative psychotherapy: The analysis of a good outcome case**

In this study, a good outcome case of integrative therapy is analyzed with the Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Matos, Santos, & Mendes, in press). The IMCS allows tracking novelties along the therapeutic process assuming that change in psychotherapy is constructed through the elaboration of exceptions (innovative moments or i-moments) toward the former rules that organize a client's behaviour. The IMCS allows the identification of five different types of i-moments: action, reflection, protest, re-conceptualization and performing change. The research aim is to describe the development of meaning novelties (i-moments) throughout psychotherapy. The overall analysis of i-moments throughout the therapy allowed us to realize that i-moments emerged since the first session and present a high value of duration which consists in the amount of time spent in the elaboration of i-moments. Reflection i-moments duration decreases throughout therapy whereas protest, re-conceptualization and performing change increase till the end of therapy. This pattern of i-moments is similar to those found in previous studies with this methodological tool (Matos, Santos, Gonçalves, & Martins, 2009; Mendes, Gonçalves, Ribeiro, Angus, & Greenberg, 2009), specially concerning re-conceptualization i-moments that seem to be crucial in the construction of a new self-narrative.

## **Symposium**

### **Fragments of an Integrative Therapeutic Discourse: Therapists, Emotions, Needs and the Therapeutic Process**

The main goal of this Symposium is twofold: (1) to present reflections and research content borders related to the integrative model of Paradigmatic Complementarity; (2) to present some actual empirical data related to the model. We talk about “fragments” because we believe that a theoretical model, either integrative or not, but particularly the integrative ones, are never totally “finished!” Not only the constitutive parts of the model must be ready to be suppressed or enlarged, but also revised, according to their respective heuristic value in understanding relevant phenomena and, in the case of clinical models, of their potential value in terms of case conceptualization and clinical decision-making. We believe that the important of this ongoing process of revision is even greater when it comes to Integrative models – models that are able to articulate into a coherent whole elements/fragments stemming from different disciplines and conflicting theoretical orientations. Therefore, the Symposium is composed by four presentations addressing central components of the model: adaptation, disorder, needs, emotions, the person of the therapist and the therapeutic process.

#### **Antonio Branco Vasco**

### **Adaptation, Disorder and the Therapeutic Process: Developments of the Integrative Model of Paradigmatic Complementarity**

The integrative meta-model of Paradigmatic Complementarity, that has been developed along the last twelve years, intends to be a tool aimed at helping therapists to understand the clinical context in an integrative, comprehensive and multiperspectived manner, with the aim of optimizing the comprehension of clinical cases, bettering clinical decision-making and, consequently, responsivity towards patients. The model is constituted by several elements, namely: (1) a “theory of adaptation,” (2) a “theory of disorder;” (3) a “theory of intervention.” This presentation addresses all these three elements, stressing, as an integrative “theory of adaptation” the importance of regulating the satisfaction of vital psychological needs and the role of emotions as signals of the status of this regulatory process; as an integrative theory of disorder the role of the concept of scheme is stressed and, finally, as an integrative theory of intervention the importance of both dialectical therapeutic operations and understanding the therapeutic process as a non-linear sequence of phases regarding the promotion of therapeutic objectives are also stressed.

#### **Filipa Machado Vaz & Antonio Branco Vasco**

### **Impact of Patients Emotional Processes in Therapy Outcomes in the Context of an Integrative Model**

Research in psychotherapy has showed strong empirical evidence that certain emotional processes help to promote therapeutic changes (Greenberg, Korman, & Paivio, 2001). The patients with the best outcomes in psychotherapy improve their condition by talking about external events in a detached manner, through focusing on internal feelings in a richly descriptive and associative way, to readily accessing feelings to solve problems. The above evidence indicates that certain types of therapeutically facilitated emotional arousal and awareness, when expressed in supportive relational contexts, in conjunction with conscious cognitive processing of the aroused emotional experience are important for therapeutic change for some people and problems (Greenberg, 2004). The aim of this presentation is to discuss how the processes of emotional activation, differentiation, regulation and expression develop or change along different phases of the therapeutic process, not based on a single psychotherapeutic model but on a meta-model of integration in psychotherapy – the Paradigmatic Complementarity Model.

#### **Patrícia Saramago & António Branco Vasco**

### **Therapists: How Feelings Impact Therapeutic Actions**

This presentation addresses the way therapists from different theoretical orientations, feel, differentiate and recognize their emotions in therapy, as well as the impact of these processes on several therapeutic variables (i.e., alliance and outcomes). Jeffrey Kottler quotes an ancient Incan legend that states that “The mental spirit of the healer, his or her powers of suggestion and white magic, can purify a sick soul and restore inner

control. This purification is always undertaken at great risk – for the destructive energy emanating from a patient also pollutes the spirit of the healer.” The therapeutic process is an arena in which emotional impacts occur both ways: therapist’s impacts on the patient and vice-versa. If, on the one side the therapist tries to facilitate some emotional states on the patient, the patient can certainly also trigger emotional states on the therapist. This process is of interest in order to better understand how therapist’s feelings change in the course of therapy and impact on therapeutic actions. Results show that therapists’ ability to differentiate and identify their emotions is positively related with the capacity to experience a state of well being in therapy as well as decreases the perception of difficulties in practice. Finally, we also believe that therapists who better differentiate and identify their emotions are more able to promote positive impacts on the alliance, quality of sessions and outcome.

**Antonio Branco Vasco & Catarina Vaz Velho**

### **The Integrative Essence of Seven Dialectical Needs Polarities**

We consider that the regulation of needs satisfaction is pivotal for human well-being. The model of Paradigmatic Complementarity postulates human needs in terms of seven polarities along a dialectical continuum. The extent of psychological well-being would depend on the regulation of these polarities of needs, ranging from Pleasure to Pain; Proximity to Autonomy; Productivity to Leisure; Control to Cede; Actualization/Exploration to Tranquility; Coherence of Self to Incoherence of Self ; and Self-Esteem to Self-Criticism. Even though needs are never fully satisfied - their degree of satisfaction results from a ongoing process of negotiating and balancing dialectical polarities - the extent of psychological well-being would depend on the regulation of these seven polarities of needs. With the aim of increasing well-being, working with basic psychological needs can be seen as an explicit aim/goal of psychotherapy: acknowledging, accepting, experiencing and acting upon the regulation of vital psychological needs. These seven dialectical needs arose from a conscious effort to integrate different theories. This presentation addresses these seven polarities of needs, discussing and commenting on their historical, philosophical and theoretical background and, most importantly, their integrative nature.

## **Symposium**

**Nuno Conceição**

### **Consistencies Across Different Types of Studies as Evidence: The Case of the Search for Common Mental Mechanisms of Change in Paradigmatic Complementarity**

Understanding mediators and mechanisms through which therapeutic change occurs can profit from different types of studies (Kazdin, 2007). We first look at the development of processing capacities of a patient in integrative long term psychotherapy. In another longitudinal case study, we look at manifestations of these intermediate results in the narratives of a second patient. We then turn our research efforts to study decision making of therapists with integrative or single orientation, to assess if they, in naturalistic settings, let these capacities also influence their decision making process. Finally, with idiosyncratic hypothetical scenarios, we study how the ways of handling difficult situations in daily life might be an expression of these intermediate results. Conclusions from these four studies do not exclude the viability of proposing structural capacities of the self, as postulated by the Paradigmatic Complementarity Meta-integrative Model (Branco-Vasco, 1999), as mental mechanisms of change common to most therapies.

**Nuno Conceição, António Vasco**

### **Do Common Mental Mechanisms of Change Show up in Order? A Longitudinal Time Series Approach**

This study examines a third case of long term integrative psychotherapy using the promotion and assimilation of strategic objectives, as postulated by Paradigmatic Complementarity meta-integrative model (Branco Vasco, 1999), as a viable lens to understand patient mental mechanisms of change. This framework understands therapy as a sequence of several clusters of strategic objectives, based on common factors. After two previous case studies, therapeutic work and the development of associated intermediate results at this strategic level will now be more robustly analysed. The authors discuss the nature of the processing capacities of the self and propose these to represent possible mental mechanisms of change common across

diverse psychotherapeutic models. Limitations and implications of these findings to what constitutes evidence of mechanisms of change will be discussed from an integrative perspective.

**Joana Ferreira, Nuno Conceição, António Vasco, Joaquim Vitor, Ana Sousa**

### **Narrative Differentiation and Movement in Paradigmatic Complementarity: A Preliminary Longitudinal Case Study**

This longitudinal study analyses patients' narratives with the aim of exploring an expression of mental mechanisms of the patient, and study their movement, if any, along the sequential component of the Paradigmatic Complementarity Meta-Integrative Model. Narrative processes were defined, recognized and analyzed at a molecular level (from the revision of literature on narrative) and at a molar level (from the theory of the model identified above). The results reveal differentiation and movement between the phases considered for both molecular and molar processes. On these last ones, a pattern of narrative progression was recognized, according to the sequence proposed by the theoretical model. By corroborating part of the proposed sequence under study, the sequencing component of Paradigmatic Complementarity Meta-Integrative Model may now also stand as an interpretative heuristic for narrative differentiation and development, in general, and for the study of mental mechanisms of change from an integrative perspective, in particular.

**Ana Sousa, Nuno Conceição, António Vasco, Joana Ferreira, Joaquim Vitor**

### **From Work to Substance: A Preliminary Naturalistic Study with a new Tool to Study (Integrative) Decision Making**

After a recent call for research on the subject of clinical decision-making in integrative psychotherapy, this study is the first to explore the field from within the framework of Paradigmatic Complementarity. A questionnaire was developed to assess if the influences reported by psychotherapists in their naturalistic clinical decision-making process. Influences for decisions could be pertaining to therapist and alliance variables, as well as therapeutic matching to patient variables (single moment vs. moment-to-moment vs. phase-to-phase). First, we will check if the reported influences for the decisions reflect the ones found in the clinical and research literatures. Second, the influence of patient phase-to-phase markers or (mental mechanisms of change), as postulated by Paradigmatic Complementarity Model, will be compared to other more commonly explicit influences. Third therapists with integrative and single orientation will be compared regarding all possible influences. Limitations and future aims regarding the study of decision-making in integrative psychotherapy are then discussed.

**Joaquim Vitor, Nuno Conceição, António Vasco, Ana Sousa, Joana Ferreira**

### **Hypothetical Scenarios with Disturbing and Assessment Potential: An Attempt to Assess Mental Mechanisms of Change in Action**

This study aims at better understanding how intermediate outcomes in psychotherapy manifest themselves in every day life. Two instruments were developed that may be useful to study final and intermediate outcomes: a) a nomothetical one, applied to the general population, to assess the range of distress (intensity, frequency and duration) associated with hypothetical disturbing situations, and b) an idiosyncratic one to assess how patients in different phases of the therapeutic process deal with such situations. This second instrument seems to be an interesting alternative to traditional self report instruments based on Likert scales, since it has the potential to activate the mental representations associated with self capacities or vulnerabilities. Results show that structural capacities of information processing as postulated by the Paradigmatic Complementarity Meta-integrative Model might stand as mental mechanisms of change, and that ways of handling difficult situations might be an expression of these mental mechanisms of change. Limitations and implications for integrative psychotherapy are then discussed.

## **Symposium**

**Rebecca Curtis, Michel Basseches, Hilde Rapp, Paolo Migone & Antonio Vasco**

### **Toward an Integrated Paradigm of Self and Mind**

For psychotherapy integration to proceed, it would be beneficial if there were agreement on what therapists are trying to change in addition to behaviors—agreement on traditional topics of personality, mental processes, and the role of emotions. As cognitive behavioral psychologists have come to accept nonconscious aspects of mind, agreement on the role of such processes in change in therapy would be useful. A synthesis of “adaptive” cognitive unconscious processes and dissociated (including the concept of “repressed”) processes of neuroscience and relational psychoanalysis will be offered.

In this panel four tenets regarding the self, a view of attention, memory and response to threats, and the centrality of emotional regulation will be presented and the agreement and lack of agreement regarding them discussed by constructivist and experiential therapists and psychoanalysts.

## **Symposium**

**Sandra Zakowsky, Kate Dantoft, Keith Cox, Jenna Stowell**

### **Working With Refugees: Integrating Theoretical Approaches in Cross- Cultural Trauma Therapy**

There is a relative scarcity of research evidence to guide clinicians in the complex task of helping refugee survivors from non-Western cultures in their recovery and reintegration after such traumatic experiences as torture and war. This symposium will provide various perspectives on the challenges this work poses on our notion of helping and on what constitutes evidence of healing, providing opportunities to take a new look at the integration of different theoretical orientations and the cultural meanings our clients bring to bear. The three speakers will discuss their work with refugee trauma survivors by examining the merits and challenges of adapting approaches such as cognitive behavioral therapy, the use of art therapy as a culturally appropriate means to help survivors tell their story, the integration of existential theories, and the use of narrative approaches with children.

**Cox, K.S., and Zakowski, S.G.**

### **Using Cognitive Behavioral Therapy with Torture Survivors: Strengths, Limitations, and Possible Modifications**

Cognitive Behavioral Therapy (CBT) has a strong empirical record for treating anxiety disorders (such as PTSD) and depressive disorders. Anxiety and depressive disorders are common among survivors of torture, thus CBT methods can be fruitful interventions. Yet they require modification due to the nature of the trauma and the cross-cultural context of working with asylees. There is only little research investigating the efficacy of CBT to guide clinicians when dealing with the complexities of helping a survivor cope with trauma of past torture, current separation from family, adaptation to a new culture, and the retraumatizing asylum process. Added to this is the delicate process of working with interpreters in therapy. In this presentation, we will examine the research and provide examples of adaptations of CBT techniques such as cognitive restructuring and narrative exposure therapy, and illustrate some of the complexities and pitfalls of these approaches when working with torture survivors.

**Dantoft, K.**

### **The Use of Art in Trauma Therapy with Torture Survivors**

Progress in trauma therapy and its measurement is a complex undertaking because of great interindividual variability of the trauma experience. How each survivor overcomes obstacles created and/or exacerbated by

the experience of trauma is unique. Many torture survivors originate from countries with little conception of Westernized psychological interventions such as talk therapy, which leaves room for many psychologists to think outside the box when intervening with torture survivors. Furthermore, the experience of torture can rip apart a person's conception of self, others, and humanity. The integration of art in trauma therapy can offer a multicultural and less invasive approach to assist torture survivors cope and integrate their experience of torture into their lives. The advantage of utilizing art in therapy is twofold: Its language is universal, and the possibilities of emotional and personal expression can be cathartic. This presentation illustrates the integration of art in trauma therapy with torture survivors.

**Stowell, J., and Gupta, S.**

### **The Development of an Integrative Theoretical Orientation with Refugees: A Student's Perspective**

Clinical Psychology students face the task of developing a theoretical orientation that fits their own belief system and addresses the variety of problems faced in clinical practice. The diverse cultural backgrounds of the clients one works with must be taken into account throughout this process. In this paper, the process of developing an integrative theoretical orientation when working with refugees will be discussed by examining how various therapeutic techniques can be adapted to work with clients from vastly different cultures, many of whom have endured trauma. Specifically, the use of an Integrative Existential approach with adults will be illustrated with the case of a client from the Middle East. In addition, the use of visual image cards as a means of developing narrative therapy to encourage children to explore their trauma and develop a richer sense of self will be described using the case of a client from South America.

## **Symposium**

**Michelle Emmerling, William Whelton & Rhonda Goldman (Leslie Greenberg, discussant)**

### **Dialectical-constructivism as a framework for psychotherapy integration: The examples of anorexia nervosa and self-criticism**

The goal of this symposium is to demonstrate that the dialectical constructivist theory (DCT) can be used as a framework for integrating aspects of various psychotherapies around an emotion-focussed core. Due to the fact that it is so integrative, DCT also demonstrates how a range of different types of evidence can all validly be considered scientific evidence. Dialectical-constructivism is a theory about the self and about the construction of meaning (Greenberg & Pascual-Leone, 2001). The principal focus of the theory is the dialectic between automatic bodily-based emotional experience and the interpretive processes of cognition and narration. While the core of emotion-focussed therapy will remain the process of symbolizing in awareness one's emotional and experiential processes, growing awareness is both enlarged by, and contributes to, changes in narrative identity and behaviour that can involve appropriating ideas from other therapies. In these presentations, this integrative possibility is illustrated using various modes of scientific evidence in the effective treatment of anorexia and self-criticism.

**Emmerling, M. E. & Whelton, W. J.**

### **Dialectical-constructivism: A theoretical framework for anorexia nervosa**

This study proposes that the dialectical-constructivist theory may offer practitioners and researchers an integrative framework for understanding both the development and maintenance of anorexia nervosa (AN). According to the dialectical-constructivist model, experiential meaning and self are created through the synthesis and symbolization of both automatic emotional experiences and more controlled, conscious conceptual processing. Based on this understanding, dysfunction can result when there are difficulties with the meaning creation process, as individuals are not able to attend to the adaptive information generated by their affectively based experience. Therefore, according to this model AN may develop when these individuals avoid processing and integrating their emotional experiences into their narrative identity. Without a coherent sense of self, these individuals come to rely on disordered eating as a way to avoid processing emotions and as a means to develop their identity, even if it is life-threatening. Based on this understanding, the aim of this study is to investigate whether deficits in interoceptive and emotional awareness, alexithymia, and self-defining memories exist in women with AN. Self-report and observer-rated measures will be

administered to adult women with AN who have reached a minimal level of weight restoration (n = 30), women who are physically recovered from AN (n = 30), and women who have never had AN (n = 30). It is hypothesized that women in both the AN and the recovered group will have low interoceptive awareness scores, high alexithymia scores, low emotional awareness, and over general self-defining memories when compared to the healthy control group. A logistic regression analysis will be used to evaluate the probability that the participants are in each of the groups. It is hoped that these findings may provide the impetus for changes in our conceptualization and treatment of AN, as well as in the types of evidence that are considered when determining recovery status.

### **Goldman, R., & Tschan, W.**

#### *An intensive case study of Emotion-Focused Therapy for anorexia nervosa*

Emotion-Focused Therapy (EFT), an evidence based practice rooted in the dialectical-constructivist theory of self, takes an integrative approach to the treatment of anorexia nervosa. The first phase of treatment involves the use of behavioral techniques until the eating behavior is under control and a weight within the normal range is being maintained. In the second phase of treatment, emotion-focused therapy is seen as ideal as it targets emotion regulation difficulties endemic to the eating disorder population as well as rigid patterns of activation of maladaptive emotion schemes that underlie the maintenance of symptoms. This paper will present the results of an intensive case study of emotion-focused therapy with a young woman suffering with anorexia nervosa. The study is designed to advance the development of emotion-focused treatment of anorexia nervosa. Two aspects of the case study research will be presented. First, the case study adopted a task analytic research strategy (Greenberg, 2007) to specify the two-chair task for self-evaluative splits. This is a key task for dealing explicitly and effectively with the harsh internal critical voice or “anorexic voice” described by individuals with eating disorders. Task analysis, which combines both rational and empirical methods, was used with the ultimate goal of building a model that traces through to resolution the steps involved in working through of the two chair task for the harsh self-evaluative split. In the rational phase, an initial model was built based on expert’s theoretical understanding of the event. The empirical phase involved rigorous observation of multiple events of the two-chair across the treatment, allowing observation of the data to inform and further explicate the initial model. Ultimately a refined model was built of resolution of the two-chair for self-evaluative splits for anorexia nervosa. The second part of the case study involved the application of the Observer Rated Measure of Affect Regulation (O-MAR) (Watson & Prosser, 2006). The measure was applied across the case in order to further understand and map changes in the affect regulation process in this case of Emotion-Focused Therapy for Anorexia Nervosa. Preliminary results from both aspects of the research will be presented and treatment across the case will be described.

### **Whelton, W. J.**

#### **Dialectical-constructivism: Exploring the integrative treatment of self-criticism**

One of the most intractable characteristics of many psychological disorders is a propensity for destructive self-criticism. The chronic tendency to demean, attack and shame the self is prominently associated with depression, substance abuse, and eating disorders among other psychological disorders. Self-criticism is best understood as a type of psychological activity as closely connected with emotions like contempt and disgust as it is with negative self-directed cognitions (Whelton & Greenberg, 2005). An exceptionally effective way to capture the internal world of a high self-critic is the dialectical-constructivist theory (Greenberg & Watson, 2006). Self-criticism involves an internal relation between two or more emotionally-anchored self-organizations, with one self-organization often voicing contempt and the other voicing shame, defeat, and a felt sense of badness. These automatic and long-standing self-organizations are rooted in the synthesis of numerous elements especially emotion schemes. Chronic self-criticism can be difficult to change but emotion-focussed therapy has developed interventions that help considerably. These interventions are based on the multi-voiced process model of self explicit in dialectical-constructivism: the critical and experiential self-organizations contact each other in a dialogue that facilitates change and integration. However, other approaches that have highlighted avenues of change within the self-system that can be viewed as useful developments of, or additions to, emotion-focussed interventions, can be integrated around a dialectical-constructivist framework. One among many examples of this is the self-soothing interventions so well developed in compassion-focussed therapy (Gilbert & Irons, 2005). This presentation will be based on data deriving from narrative and discursive analyses of the self-criticism of 30 high and 30 low self-critics and of case studies of the intensive therapeutic treatment of difficulties with self-criticism. The narrative possibilities contained within the dialectical-constructivist theory of self will be highlighted as an integrative adjunct to the core emotion-focussed treatment of self-criticism (Greenberg & Angus, 2004).

## **Symposium**

**Anita Federici, Thomas Lynch & John Fox (Shelley McMain, discussant)**

### **Innovative Methods for Working with Emotions in Patients with Complex Eating Disorders: Getting Creative with Empirically-Based Treatments**

The aim of this symposium is to present the latest theoretical and empirical data related to emotional functioning in patients with complex eating disorders (EDs). The first paper will describe the development of a novel programme of research focusing on the importance of emotion in the treatment of EDs, including different emotional representations and processes, and the idea of emotional coupling. The second paper presents data on the efficacy of a DBT-Enhanced Day Treatment Program on emotional processing for adult patients with multi-diagnostic EDs. Finally, the development and preliminary research for a new adaptation of Dialectical Behavior Therapy that utilizes a neuroregulatory theory of emotional deficits for patients with Anorexia Nervosa will be presented.

**Fox, John**

### **Eating Disorders and Multi-Level Models of Emotion: The Consideration of the New SPAARS-ED Model of Eating Pathology**

This presentation will present a new model of eating disorders, the SPAARS-ED model (Fox & Power, 2009). 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. The first two studies found that anger and disgust were potentially 'coupled' within individuals with symptoms of bulimia nervosa and anorexia nervosa, and this was related to the estimation of body size in anorexia nervosa. Data from a grounded theory study of the perceptions of basic emotions within anorexia nervosa identified the problematic beliefs in expressing and sharing the emotions of anger and sadness with others. This seemed to be related to the non-acceptability of being a person with emotions, which seemed to be connected to the complete denial of need for the self. This presentation will focus on the clinical implications of these themes in the treatment of eating disorders.

**Federici, A., Wisniewski, L., Ben-Porath, D. D., & Warren, M.**

### **DBT-Enhanced Day Treatment for Multi-Diagnostic Patients with Eating Disorders: Affective Processing, Emotional Awareness, & Distress Tolerance**

Currently, there is growing interest in evaluating the effectiveness of Dialectical Behavior Therapy (DBT) for the treatment of EDs. Based on the theoretical understanding that impulsive and self-destructive symptoms are the result of affect regulation deficits, DBT integrates cognitive, behavioral, Eastern psychological, and acceptance-based approaches to facilitate adaptive emotional processing and ultimately eliminate problematic behaviors. Recent studies have demonstrated preliminary support for the use of modified DBT approaches for patients with bulimia nervosa and binge eating disorder. While promising, the majority of these interventions were primarily designed for individuals with low to moderate illness severity and did not incorporate the full DBT model into treatment. Currently, there is a paucity of research on the development and effectiveness of DBT for multi-diagnostic patients with EDs who fail to respond to standard treatment protocols. Furthermore, it is unclear how, and in what manner, DBT impacts emotional processing deficits in this population.

This paper presents data on a novel DBT-enhanced day treatment program designed for adult patients with complex EDs (e.g., those with suicidal and self-injurious behavior, chronic anorexia nervosa, comorbid BPD). The program, currently being implemented at a specialized ED tertiary care facility, integrates standard DBT (including DBT individual therapy and skills group training, telephone coaching, consultation team) with existing CBT techniques that are well established for the treatment of EDs (e.g., meal planning, ED psychoeducation). Presently, 40 patients have completed pre/post and weekly assessments that have included measures of ED symptomatology (e.g., Eating Disorder Examination Questionnaire, Eating Attitudes Tests) and emotional functioning (e.g., Difficulties in Emotion Regulation Scale, Emotional Eating Scale, Toronto Alexithymia Scale, Beck Depression Inventory). Specifically we focus on (1) patterns of

emotional functioning over treatment, (2) the relationship between ED subgroups and affect regulation, and (3) the relationship between emotion regulation and outcome in DBT.

**Lynch, T. R.**

### **A Neuroregulatory Model of Socio-Emotional Functioning in Anorexia Nervosa**

There is growing evidence in Anorexia Nervosa (AN) suggesting premorbid impairment in interpersonal functioning, restrained emotional expression, social cognitive deficits, and high comorbidity with over-controlled personality disorders. Based on clinical experience with anorexic populations and prior research with behaviorally over-controlled personality disorders, a novel neuroregulatory model describing the development and maintenance of AN and the barriers to successful treatment will be articulated. The neuroregulatory theory provides a framework for understanding rigid coping styles, lack of emotional expression, social cognitive deficits, and limited psychological insight common in AN. These characteristics, are hypothesized to limit opportunities for learning new skills, exacerbate aloofness and the belief that the patient is unlovable, and perpetuate constricted patterns of behaviour. Further, the model predicts that negative experiences early in childhood may exacerbate a biological predisposition to heightened threat sensitivity and diminished reward sensitivity, and in turn initiate this over-controlled coping style. A new adaptation of a Dialectical Behaviour Therapy (DBT) that uses the above neuroregulatory model to guide interventions targeting behavioural over-control will be briefly described.

## **Symposium**

**Héctor Fernández- Alvarez, Beatriz Gomez & Margarita Dubourdiu**

### **Clinical illustration of innovative proposals for psychotherapy integration**

Within the context of psychotherapy integration outstanding changes are taking place. Socio-cultural changes that shape new forms of disorders and expectations of mental health care, profound transformations in psychopathology and diagnostic criteria, contributions coming from the neurobiological field and research addressing evidence in psychotherapy, constitute the bases that foster innovation in psychotherapy practice. The aim of the Symposium is to present the most recent developments of diverse long standing integrative therapeutic models. The focus of the presentations will be on clinical issues with case illustration to show the different models operating and open a dialogue between the multiple perspectives.

**Héctor Fernández-Álvarez, Beatriz Gómez**

### **Multilevel Psychotherapy. Case illustration.**

The integrative model developed in Aigle Foundation, Argentina is currently shifting to a “beyond integration” perspective based on a psychotherapy unification trend. The basic theoretical fundamentals will be outlined and the main guidelines will be illustrated with a clinical case. The presentation will comprise various levels of analysis that address the clinical phenomena degree of complexity: depth level involved in the disorder, relative weight of the context factors, therapeutic setting and therapist factors. The illustration will cover the treatment plan, core interventions and outcome assessment.

**Roberto Opazo Castro, Verónica Bagladi**

### **Supraparadigmatic Integrative Approach: A Clinical Illustration**

Since 1983, we have been developing a “Supraparadigmatic Integrative Approach”. Our approach starts with an Integrative Model; so, we have an integrative theory, as a guiding background for our integrative psychotherapy. Within this context, our approach goes beyond eclecticism, becoming integrative in a very real sense. A case illustration will provide a concrete sample of how the approach works in the clinical practice.

## **Symposium**

**Stefano Blasi, Mario Rossi Monti, Stefano Tempestini**

### **Empirical research in psychotherapy integration: Between quantitative and qualitative approaches**

The paradox of no differential effectiveness despite of technical diversity – also called equivalence paradox – represents a serious dilemma, because it implies that no matter what a therapist does, the end result is the same. This has led to the “common vs. specific factors dilemma”, which pertains to the question of whether unique (i.e., specific) or common (i.e., nonspecific) factors are responsible for therapeutic effectiveness. Empirical research on this subject has often produced contradictory results due to: (1) methodological limitations in quantitative approaches; (2) the lack of qualitative research. The present symposium aims at describing and discussing the potentials of applying both quantitative (Gelo & Blasi) and qualitative (Blasi, Gelo & Rossi Monti; Tempestini & Cionini; Bercelli & Lenzi) research methods in psychotherapy integration research.

**Stefano Blasi, Omar Gelo, Mario Rossi Monti**

### **Qualitative empirical research in psychotherapy integration: Possibilities, limits and future perspectives.**

Research in psychotherapy integration has been mainly conducted through quantitative methods. Anyway, in the last years, the use of qualitative methods has gained increasing relevance in the field of psychotherapy research. The present paper aims at describing possibilities, limits and future perspectives in the application of qualitative methods in psychotherapy integration research. More specifically, the authors explore the following issues: which features does qualitative empirical research in psychotherapy integration? Can the qualitative research produce evidences in the field of psychotherapy integration? Can such researches be useful to establish a dialogue among the different schools of psychotherapy and to explore new possibilities of integration?

**Stefano Tempestini, Lorenzo Cionini**

### **Therapeutic relationship and therapeutic alliance: Meanings and ways of interactions**

A large amount of research has shown that the quality of the therapeutic alliance of a psychotherapy appears to be one of the most predictive factors of the outcome of the treatment (Bordin, 1975; Horvath, Greenberg, 1994; Lambert, Ogles, 2004; Luborsky, 1986).

However, in literature, there isn't any agreed definition of this construct. Trying to describe the relationship between the psychotherapist and the patient, some authors define it only as therapeutic relationship, and when they mention the therapeutic alliance they only do it in critical way (Adler, 1979, 2000; Brenner, 1979; Renik, 2000), some other authors distinguish the two terms but do not give the same definitions (Bordin, 1979; Mitchell, 1997; Safran & Muran, 2000), and still others use both terms interchangeably as they were synonyms (Henry & Strupp, 1994; Gilbert & Leahy, 2009).

To understand the meaning of the terms therapeutic relationship and therapeutic alliance and of their possible interactions, the authors present the results of a qualitative study (Grounded Theory) based on the analysis of the contents of semi-structured interviews carried out on 30 expert therapists of different theoretical approaches.

**Fabrizio Bercelli, Silvio Lenzi**

### **Conversation Analysis of Therapy Sessions Transcripts**

What do we do when we talk? Conversation Analysis has developed over the past thirty years to address this question, using an explicit methods and procedures of analysis and research. In the perspective of Conversation Analysis, it's possible to analyze therapy sessions transcripts in order to contribute to outline a general inventory of activities in psychotherapy. We propose the description of some activities commonly occurring in a corpus of sessions conducted by cognitive and relational-systemic therapists. Two activities

appear to be basic: inquiry and reworking, and other activities turn out to be auxiliary to the basic ones: storytelling, procedural arrangement, recalling, noticing, teaching. We show some clinical examples of these activities. We finally discuss the relevance of this method of research and the possible applications of a cognitive-conversational analysis of therapy sessions transcripts, that also focalizes on discourse markers of cognitive processes activation.

## **Symposium**

**Alberta Pos, Shelley McMain (Shigeru Iwakabe, & Antonio Pascual Leone *discussants*)**

### **Common versus specific principles of emotion regulation in Dialectic Behavioral and Emotion-Focused Therapies**

Emotion regulation has drawn an increasing interest from clinicians as well researchers from various orientations over last decade. Emotion dysregulation has become one of the main therapeutic foci for both common and those difficult-to-treat disorders such as depression, borderline personality disorder, and generalized anxiety disorder. The goal of the proposed panel is to make a direct and systematic comparison of these two integrative approaches, Dialectical-Behavior Therapy and Emotion-Focused Therapy, to emotion dysregulation problems. Two experienced therapists of both approaches will discuss (a) dysregulation problems as defined and targeted in respective approaches, (b) therapist's role in working with dysregulation problems, (c) specific interventions for enhancing client's emotion regulation skills. They will also present the audio-visual materials of actual therapy sessions to define and identify dysregulation in-session markers and illustrate the process of interventions as well as resulting therapeutic change.

**Pos, Alberta E.**

#### **Emotion regulation and dysregulation in emotion-focused therapy.**

This paper will present therapeutic principles that organize working with emotional dysregulation (emotional processing difficulties) within an emotion focused therapy approach. The theoretical underpinnings will be briefly articulated. Their potential relationship to emotional regulation issues and emotional processing problems will be touched upon. Following this, specific EFT concepts related to emotional regulation will be discussed. These include the role of empathic attunement and general relationship principles in helping clients regulate distress and increase experience of safe contact; the paradox of activating emotion to increase emotional regulation by accessing implicit meaning; the role of language and other symbolizations of experience in both activating and regulating emotion, the role of emotion schemes in self-organization, emotional transformation through the activation of alternate emotional resources, and the role of meaning making and narrative processes in emotional regulation. The potential for chair work to organize and regulate experience will also be discussed. Therapy video will be used to illustrate these processes where possible. More general emotion processes relating to emotion regulation will also be highlighted. These include the implicit role of exposure in emotion-focused intervention, therapist modeling, awareness work, cognitive reflection, and both implicit and explicit psychoeducation on emotion.

**Shelley McMain, Ph.D.**

#### **A dialectical behavior therapy approach to working with emotion dysregulation**

Dialectical Behavior Therapy (DBT) was originally developed for the treatment of multi-disordered individuals with borderline personality disorder. A fundamental tenet of this approach is that emotion dysregulation is the core deficit of BPD. This presentation focuses on a DBT approach to working with emotions. The discussion will briefly consider the features of emotion dysregulation in BPD such as emotional lability, affective numbing, phobic responses to experiences of pain, under controlled anger and mood dependent behaviors. Attention will be devoted to the key treatment strategies in DBT that are directly or indirectly designed enhance emotion regulation. These strategies are diverse and include a focus on various elements of the emotion regulation system such as cognitions, phenomenological experience, expressive-motor behavior, and action tendencies. The principles guiding treatment will be emphasized as well as the theorized mechanisms of change in DBT. A case will be presented to illustrate a DBT approach to working with emotions. Where possible, video records based on therapy sessions will be shown to

demonstrate the use of specific strategies designed to enhance emotion regulation and inhibit mood dependent behaviors.

## **Symposium**

**Testuo Fukushima & Barbara Ingram (Shigeru Iwakabe discussant)**

### **Comparing Two Approaches to Integrative Case Formulation with a Japanese Client**

The proliferation of new integrative approaches and intervention strategies has provided integrative and eclectic therapists with numerous options to choose from, but also challenges us to devise a coherent conceptual frameworks in which divergent therapeutic principles and intervention strategies are systematically organized and ordered. This can be a highly demanding task because it requires matching a wide range of clinical strategies with relevant therapeutic factors such as client and therapist characteristics and environmental and relationship conditions. The goal of this symposium is to use a case study of a Japanese client to illustrate the application of two integrative conceptual frameworks: Barbara Ingram's Integrative Case Formulation Using Core Clinical Hypotheses, and Tetsuo Fukushima's Three Dimensional Formulation Method . Time will be allowed for discussion by panel and audience, with emphasis on evaluation, training, and cultural and social issues.

#### **Barbara Ingram**

##### **Case Formulation Using Core Clinical Hypotheses**

This presentation describes a systematic model for integrating ideas and techniques from different theoretical orientations, emphasizing clear problem and outcome definitions, creative combination of core clinical hypotheses, and individualizing the treatment plan to the needs of a specific client. Through the use of power point and handouts, and using a case study of a Japanese woman, the presenter will demonstrate the development of case formulation charts that each contain a specific problem title, outcome goals that are realistic and consistent with client values, and a three-column format for data, clinical hypotheses, and treatment ideas. She will then describe a hypothetical course of treatment, illustrating how decision points are negotiated by therapist and client in a collaborative, transparent way. The two Japanese panelists will comment on her presentation from both clinical and cultural experience.

#### **Tetsuo Fukushima**

##### **The Three Dimensional Formulation Model**

The "Three Dimensional Formulation Method" helps therapists make sound clinical judgment as to adjusting their relationship stance and choosing interventions from major theoretical orientations in accordance with (1) levels of client motivation for therapy, (2) levels of client reflexivity, and (3) orientations to spirituality/deeper personality functioning. The relationship of each of these factors to successful therapy outcomes and positive psychological functioning has been repeatedly demonstrated in previous studies. This formulation method provides treatment plans and strategies that indicate one or more of the followings: (1) the therapist employs a specific theoretical approach that best matches the specific needs of a client; (2) the therapist employs interventions from different approaches sequentially according to the achieved change and increased levels of adaptation, and/or (3) the therapist invites a client to work on spiritual issues. The clinical and training application of this method' (delete that apostrophe) will be demonstrated using the case material of a Japanese client.

## **Symposium**

**Georgios Lampropoulos, Jerry Walker & Carol Glass**

### **Integrative and Common Factor Perspectives on Homework in Psychotherapy: Theory, Data, and Clinical Applications**

Despite some emerging theoretical and empirical evidence suggesting that homework (or between-session) assignments are being used by therapists of various theoretical orientations, there is very little data regarding the methods, tasks, behaviors, obstacles, predictors and outcomes of homework use outside of a CBT framework. This symposium focuses on the role of homework as a common and specific factor in psychotherapy, and examines its transtheoretical, multitheoretical, and integrative applications. It presents the results of two empirical studies and one theoretical/clinical paper. The first is a large-scale national survey of homework use among U.S. psychologists. It investigates and compares in detail the methods of use, the specific types of homework tasks, the specific therapist behaviors related to homework, and the common outcomes and obstacles in using homework across various theoretical orientations. It also includes an empirical investigation of 33 theoretically and empirically proposed predictors of homework compliance. The second study is a randomized controlled trial of three theoretically different types of self-help (homework) assignments for depression (CBT, CBT-Interpersonal, and Positive Psychology homework conditions, and a delayed intervention control condition). The final paper discusses the potential of integrating specific positive psychology homework assignments into various models of psychotherapy, both in terms of theoretical compatibility and clinical applications.

**Lampropoulos, G.K., & Moore, M.**

### **Commonalities and Differences in Homework Use Among Therapists of Different Theoretical Orientations.**

**Aim:** Although homework assignments have traditionally been used and found to be effective within a CBT framework (Kazantzis & Lampropoulos, 2002), recent theoretical writings and preliminary practitioner surveys have suggested that many psychologists from different theoretical orientations use homework in their clinical work (Kazantzis, Lampropoulos, & Deane, 2005). However, very little is known about the specific ways homework is used in routine clinical practice, as well as the specific types of homework activities and common difficulties in their application among therapists of various orientations. The aim of the study is to provide data on the similarities and differences in methods of use, specific tasks, therapist behaviors, obstacles, and outcomes of homework use by therapists of diverse theoretical orientations. Further, a total of 33 proposed predictors of homework compliance were investigated (a mix of therapist and client demographic and clinical variables, including task-related factors), based on a specific client case.

**Method:** After an exhaustive review of the literature on homework use among different theoretical orientations, we developed and pilot-tested a survey that included (a) a list of 10 items that measure general patterns and outcomes of homework use; (b) a list of 51 theoretically diverse homework tasks; (c) a list of 23 therapist behaviors related to the use of homework in treatment, and (d) a list of 18 barriers to completing homework. Participants were also asked to describe the last homework assignment they discussed with a client, and provide detailed information regarding its design, implementation and outcome. Data was obtained from 320 complete surveys from an original random national sample of 1,000 licensed psychologists (provided by the American Psychological Association). Responders were representative in all demographic variables measured.

**Results:** Data are currently being analyzed with a variety of statistical methods, including multiple regression and factor analysis. Preliminary analyses have shown significant commonalities and differences in the aforementioned areas of general homework use among practitioners of different theoretical orientations.

**Walker, J.V., & Lampropoulos, G.K.**

### **A Controlled Investigation of Theoretically Diverse Self-Help (Homework) Assignments for Depressed Mood.**

Homework assignments are integral to Cognitive Behavior Therapy (CBT) for depression, yet noncompliance with homework is common. Some of these difficulties may be rooted in CBT's focus on negative symptoms.

In contrast, positive psychology emphasizes positive emotion, client strengths, and prosocial engagement. As theory and preliminary research suggest (Seligman, Rashid, & Parks, 2006), positive psychology interventions could help engage depressed clients and improve treatment outcome. The current study compares homework assignments from these theoretical orientations. Method: A protocol-driven randomized controlled trial with three experimental and one control condition (i.e., delayed intervention) targeting mildly to moderately depressed student volunteers was conducted. Participants were randomly assigned to complete either CBT homework assignments with an interpersonal element (CBT-I; pleasure and mastery activities with others) or without an interpersonal element (CBT-A; i.e., pleasure and mastery activities alone) or positive psychology homework assignments (PP; i.e., volunteering) over a two-week period. Results: Sixty-nine participants have enrolled in the study so far and recruitment continues. Preliminary analyses of 43 completers indicate that, compared to the control condition, CBT-I and PP assignments were equally effective in reducing depressive and general psychological symptoms (as measured by the Center for Epidemiologic Studies Depression Scale [CES-D] and the Outcome Questionnaire-45 [OQ-45]). Compared to the control condition, the effect sizes for CBT-I on the two outcome measures were very large ( $d = 1.15$  and  $1.51$ , respectively). The same was true for the PP condition ( $d = 1.22$  and  $1.37$ , respectively). Clinically significant improvement or recovery rates on the OQ-45 were 62% for CBT-I, 70% for PP, and 0% for the control condition. Complete comparisons between the four conditions for the total sample and on all five outcome measures (including well-being, positive emotions, and behavioral activation scales) will be presented. Discussion: These preliminary results support the utility of positive psychology and interpersonally-focused CBT homework assignments for treatment of depression.

**Walker, J.V., & Lampropoulos, G.K.**

**Title: Integrating Positive Psychology Homework Assignments into Various Models of Psychotherapy: Theoretical Compatibility and Clinical Applications**

The emerging field of positive psychology, with its focus on client strengths, positive emotions, and life meaning and engagement, has recently come to the forefront of psychotherapy research and practice (Seligman, Rashid, & Parks, 2006). A wealth of studies have demonstrated that positive psychology interventions have the potential not only to reduce psychological symptoms, but also promote personal growth, quality of life, and overall psychological well-being (Sin & Lyubomirsky, 2009). At the therapy process level, positive psychology activities can be very appealing between-session (or homework) activities that increase client engage in treatment. In that their nature is to enhance positive emotions, cognitions, and behaviors, many of these techniques may be easily incorporated into a variety of traditional psychotherapeutic approaches as adjunctive techniques, regardless of the therapist's primary theoretical orientation. However, little is known regarding how the various positive psychology homework interventions could fit with different models of therapy, both at the theoretical and clinical level. The current paper first provides an overview and description of several empirically-validated positive psychology techniques that may be implemented as between-session homework assignments in psychotherapy. Next, a discussion of the specific techniques that fit best within the behavioral, cognitive-behavioral, humanistic/existential, and psychodynamic theoretical frameworks ensues. The theoretical compatibility of each of these positive psychology interventions with each of these possible host theoretical frameworks is analyzed within the context of an assimilative integration paradigm (Lampropoulos, 2001; Messer, 2001). Additionally, similarities, differences, and possible integrations of positive psychology homework activities with existing techniques within each of the major theories of therapy is discussed, with an eye on developing and presenting theoretically compatible clinical applications.

**Symposium**

**Leigh Mccullough, Lene Berggraf & Pal Ulvenes**

**Affect Phobia as a Unifying Theory of Change**

This symposium will present three papers that examine the concept of Affect Phobia (or fear of feeling) and its resolution as a unifying theory of change across different therapies from both theoretical and empirical perspectives. We will base our presentations on several different forms of evidence. In the first paper we will present the face validity of the construct, and examine many different therapy models for the 'common sense presence' of 'fears of feelings.' In the second paper we will compare the similarity and differences in the affect phobia construct in cognitive versus dynamic therapy, using qualitative and quantitative forms of evidence.

In the third paper we will present three different patient populations, studied by three different research groups that present evidence collected in very different forms that nevertheless show convergence around the construct of affect phobia and behavior change in psychotherapy.

**Leigh McCullough, Lene Berggraf and Pal Ulvenes**

### **How the Concept of Affect Phobia can offer a Unifying Theory of Change**

This presentation will define the constructs of Affect Phobia and its resolution in the development of an adaptive 'Affective Capacity,' (the ability to identify, tolerate and express feelings). Affects will be discussed as our main motivational system and how they give rise to behavior and psychopathology through conflicts between two main affective categories; activating feelings and inhibitory feelings. The construct of Affect Phobia will be shown to operate in a wide variety of therapies, including; Cognitive therapy, Dialectical Behavior Therapy (e.g., Linehan), Transference Focused Therapy (Kernberg), Mentalisation Based Treatment (Bateman and Fonagy), Emotion-Focused Therapy (e.g., Greenberg), Schema Focused Therapy (e.g., Young), Short Term Dynamic Psychotherapy (e.g, McCullough), as well as others. The 'face validity' of this behaviorally-grounded evidence suggests a common and unifying mechanism that transcends orientation.

**Lene Berggraf, Pal Ulvenes, Asle Hoffart, Tore Stiles, Martin Svartberg, Leigh McCullough**

### **How Specific Affect Phobias are transformed in Cognitive and Dynamic Psychotherapy**

This presentation will examine specific fears of feelings, such as self compassion or anger, and compare the similarity and differences in the resolution of affect phobias in cognitive versus dynamic therapy. Patient affective behaviors were rated by trained observers across 40 sessions of treatment and these processes related to outcome on a standard battery of instruments two years after termination of therapy. Both qualitative and quantitative forms of evidence will be presented to examine the common mechanisms in both forms of therapy.

**Pal Ulvenes, Lene Berggraf, Asle Hoffart, Tore Stiles, Martin Svartberg, Leigh McCullough**

*Similar Constructs in Three Different Patient Groups: Empirical support for the universality of Affect Phobias.*

This paper will report on the examination of three markedly different process and outcome data sets that show similar patterns in the operation and resolution of Affect Phobias; 1) An inpatient cognitive therapy treatment for anxiety disorders that examined shame and hope throughout the therapy using self report instruments, 2) An outpatient dynamic therapy for Cluster C disorders that studied activating versus inhibitory feelings rated by observers from videotape, and 3) an inpatient integrative treatment for depressive disorders that examined patient rated intensity of feelings throughout the day. These three forms of 'evidence' show convergence around the construct of Affect Phobia, and suggest an underlying mechanism of change.

## **Symposium**

**Vanja Orlans, Biljana Van Rijn & Simon Du Plock**

### **Researching practice: Making an impact on the field of psychotherapy**

This symposium presents three different papers that emanate from research and training being carried out at Metanoia Institute/Middlesex University in London, UK. All the presentations are concerned with variations on the nature of practitioner research, and the nature of the practice based contributions that can be made from the stance of practitioner researcher. Taken together, the presentations raise issues about such factors as the implications of attempting to integrate research and practice, the nature of evidence from such a perspective, philosophical issues that need to be addressed, and the skills and attitudes that this demands. It is hoped that the three contributions will raise a number of issues for participants that can then be discussed

in the group setting. Our overall aim is to tease out the implications for research, for psychotherapy practice in the broadest sense, and also for integrative psychotherapy training.

### **Biljana van Rijn**

#### **Evaluating the Practice of Psychotherapy**

This paper presents an outline of a collaborative research project between Metanoia Institute and a statutory health setting in the UK. The project demonstrates a way of engagement with the statutory sector and an approach to psychotherapy evaluation. The presentation will cover the design of the current study, how the research team thought about evidence, difficulties we encountered, as well as outcomes to date. This research project is a naturalistic quantitative enquiry aiming to evaluate integrative and transactional analysis psychotherapies within GP practices. Student practitioners conduct brief treatments (12 sessions) and use standardised evaluative instruments to assess effectiveness: The design includes pre and post measures as well as sessional evaluation. Practitioners are also evaluated for the adherence to their theoretical models. The setting is a deprived, multicultural, multilingual area of London. We shall aim to discuss the limits and advantages of this type of evidence in this context and how it can be used to develop the quality of clinical practice.

### **Vanja Orlans**

#### **The Nature of Knowledge, Evidence and Impact in Practitioner Research**

This paper presents a brief overview of an integrative clinical training programme at the Metanoia Institute in London, namely the Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych); apart from integration being the 'model' for the clinical training, the programme also requires practitioners to integrate research and practice. Students are required, as part of this training, to complete a research project at doctoral level that is designed to make a significant contribution to the practice setting. This requirement sets the person of the practitioner at the centre of project work seeking to demonstrate an authoritative contribution from that perspective. A number of key issues that follow from this position of practitioner researcher on such a programme include integrated criticality, reflexivity, and the nature of a significant contribution to practice. These three aspects will be reviewed in some detail and links made with philosophical positions such as critical theory and postmodernism. It is suggested that from such a starting point research designs cannot operate with assumptions of objectivity or with a fragmented approach to the generation of knowledge and evidence. The significant challenges that this poses to researchers will be explored, alongside the potential benefits to the practice field.

### **Simon du Plock**

#### **Creating Research Projects that can have an Impact in the Real World**

This paper outlines a number of key challenges that arise in the context of a research programme for senior clinical practitioners who have worked in the field of psychotherapy for a considerable number of years and who seek to gain a doctorate through the critical presentation of their contextualized clinical experience. Designed to re-vitalize and nourish such senior practitioners, the doctorate attempts to re-vision research to make it relevant for professional practitioners working across a wide spectrum of contexts. Students (called candidates) create forms of research which result in 'products' (projects rather than dissertations) of direct interest and usefulness to practitioners, and which can be shown to make an impact upon the world of psychotherapy. A number of such research projects will be discussed, and the ways in which they each engage with notions of evidence will be contrasted with those typically employed by PhD studies. The paper will also address the demands that such innovative forms of research make on researchers, and will outline the ways in which the programme supports such exacting and innovative work.

## **Symposium**

**Sandra Paivio & Antonio Pascual Leone**

### **Integration of Research, Practice, and Training at the University of Windsor**

The Clinical Psychology Program at the University of Windsor includes clinical training that explicitly focuses on theoretical and technical integration across theoretical perspectives with diverse client groups. Additionally, a number of faculty members directly involve trainees in a variety of intervention research methods as part of their clinical training. Presenters in this symposium will describe their individual approaches to this type of integration. Areas of training include: Use of process research measures to enhance core clinical skills, conducting emotion-focused therapy for complex trauma (EFTT), group intervention with adolescents to enhance help-seeking behavior, enhancing cultural competence in therapy with refugee trauma survivors, and teaching core conflictual relationship theme (CCRT) formulations to guide short-term psychodynamic therapy. Research endeavors include: Evaluation of outcome and processes of change; assessment of pivotal trainee learning experiences; development and use of standardized process measures; and the contributions of these endeavors to development of treatment and training manuals which, in turn, contribute to informing “best practices” in these areas.

**Sandra C. Paivio (presenter) and Antonio Pascual-Leone**

### **Programmatic Research and Training in Emotion-Focused Therapy for Trauma (EFTT)**

EFTT is an evidence-based individual therapy for men and women dealing with childhood emotional, physical, and sexual abuse (Paivio et al., in press). This paper will describe how trainees (graduate students and professionals) have been involved in every aspect of the EFTT research program and describe collaborative studies that have emerged from this program. Trainees have conducted screening and assessments of clients for admission into EFTT; implemented two versions of EFTT, each employing a different re-experiencing procedure; been involved in the evaluation of EFTT, the development and use of standardized process measures, and conducted analyses of therapy sessions and narrative processes. These endeavors contribute to the development of perceptual and analytic skills that are useful in both practice and research, and have resulted in numerous theses and collaborative publications and presentations. Trainee involvement in these endeavors also has contributed to the development of a treatment manual (Paivio & Pascual-Leone, in press) that, in turn, will contribute to future best practices and research.

**Antonio Pascual-Leone (presenter), Cristina Andreescu, Barat Wolfe, and Daniel O'Connor**

### **Psychotherapy Training: Using Research to Inform Practice**

This paper presents the rationale and supporting data from three studies regarding an innovative approach to introducing psychotherapy skills. This approach “puts the cart before the horse” by using process research tools to first help students identify the targets of intervention before learning actual interventions. The marker-based process approach is used to give students a sense of good vs. poor quality process; interventions are then used to seek out those productive processes. Training was done using an integrative-experiential approach. The first two studies presented in this paper quantitatively examine performance outcomes in which undergraduate and graduate students were trained in basic counseling skills. The third study presents a qualitative inquiry that uses grounded theory method to examine the areas of change experienced by undergraduate trainees. This qualitative study empirically explores some of the personal changes that trainees report beyond the “techniques” they have learned.

**Ben Kuo and Sandra C. Paivio**

### **Research and Training in Multicultural Clinical Competence with Refugee Trauma Survivors**

In recent years, developed countries such as Canada continue to experience an enormous influx of immigrants and refugees, many of whom have been severely traumatized and experience serious psychological and adjustment problems. Despite this influx, there is little information on culturally responsive and efficacious intervention approaches to working with these individuals. This paper describes

an innovative experientially-based model of training graduate student therapists in multicultural clinical competence and working with trauma, as well as ongoing research on the model. The research employs a mixed-method approach to evaluating efficacy of the training model and trainee reported pivotal learning experiences that contributed to development of clinical competence. Results potentially will contribute to refinement of the training model, development of a training manual, and understanding of “best practices” in this area.

## **Symposium**

**Mario Pfammater**

### **Identification of the Therapeutic Factors in Psychotherapy – a Prerequisite for an Evidence-Based Integrative Psychotherapy**

The goal of the symposium is to contribute to a systematic scientific understanding of core concepts and psychological processes underlying therapeutic change. The debate surrounding common and specific therapeutic factors will be summarized. It will be demonstrated that the controversy is based on a false dichotomy between common and specific therapeutic factors. The findings of a systematic review point to strong associations between specific therapeutic techniques and common therapeutic factors. Clarifying these associations may promote the establishment of evidence-based integrative psychotherapy. Moreover, several attempts have been made to arrive at a "common language for psychotherapy" – another prerequisite for evidence-based psychotherapy integration. The presented Taxonomy Project aims to contribute to this shared goal by clarifying the terminology for describing and distinguishing common and specific therapeutic factors. In addition, findings will be presented that clearly underscore the therapeutic significance of two common factors: the improvement of emotion regulation and the promotion of the quality of the therapeutic relationship.

**Mario Pfammater, Jürgen Barth, Heike Gerger, Thomas Munder & Wolfgang Tschacher**

### **The Relevance of Common and Specific Therapeutic Factors and their Associations for an Evidence-based Psychotherapy – a Synthesis**

**Background and aim.** A multitude of meta-analyses demonstrates that psychotherapy is beneficial for most forms of psychopathology when compared to no-treatment control conditions. Moreover, for several psychiatric disorders psychotherapy has been shown at least as effective as pharmacotherapy. However, evidence for the efficacy of a therapy is not the final criterion to regard a treatment as “evidence based”. The validity of the supposed therapeutic ingredients is an equally important criterion. Yet, there is considerable disagreement as to what makes psychotherapy effective. The exact active therapeutic ingredients in psychotherapy are unknown. Currently, there are two rivaling assumptions regarding the causative therapeutic factors: one of them postulates that common factors such as the quality of therapeutic relationship represent the central agents of therapeutic change in psychotherapy, whereas the alternative hypothesis claims the importance of specific psychotherapeutic methods. However, contrasting common with specific therapeutic factors ignores that specific and common factors presumably interact with each other. In the context of the so-called Taxonomy Project, the associations of common factors with specific therapeutic techniques are examined in a systematic review.

**Methods.** A comprehensive literature search was performed to identify studies relating specific psychotherapeutic techniques to common factors. Their findings were integrated by calculating weighted mean correlation effect sizes. The statistical significance of the relations was determined by computing the 95% confidence intervals and homogeneity tests were applied to examine the consistency of the relations.

**Results.** The findings reveal that different common factors are strongly associated with different specific psychotherapeutic techniques. For example, the common factor insight is related to techniques such as chair work or exposure.

**Discussion.** Such associations not only support the assumption that specific technical operations and common factors interact with each other but also may help to establish a taxonomy of common factors and, thereby, elucidate the therapeutic mechanisms and change processes initiated by psychotherapy - a prerequisite for an evidence-based psychotherapy integration.

**Wolfgang Tschacher, Mario Pfammatter & Uli Junghan**

### **The Taxonomy Project: Steps to Transcend the Pre-Paradigmatic Stage of Psychotherapy Research**

Background and aim. Psychotherapy research still resides in a pre-paradigmatic stage of scientific development. What can be done to improve this situation? Several attempts have been made to arrive at a "common language for psychotherapy", at "multitheoretical lists of interventions" or at "general psychotherapy" based on theoretical psychology. We aim here to pursue the shared goal of simplifying terminology by applying statistical methods on the usage of expert language that is established in psychotherapy research. The finding and defining of latent classes or 'taxa' in expert language is the goal of the Taxonomy Project.

Methods. The Taxonomy Project has conducted a pilot study among experts of psychotherapy research in German-speaking countries in Europe. First, we identified the 22 common factors and 22 specific psychotherapeutic techniques most reliably addressed in the literature. We were interested in the factorial structure underlying expert assessments; assessments were obtained by a web-based survey to which experts were individually invited: how much does a common factor contribute to any concrete therapeutic technique? Kelley's repertory grid technique will be used to describe this factorial structure. We will use latent class analysis to identify possible expert clusters (e.g. based on school adherence) that may bias assessments.

Results. The findings were not available at the time of submission. The empirical latent taxa of the German-language expert group will be presented together with proposals for taxonomical labels.

Discussion. Scientists and practitioners are confronted with a terminological 'jungle' addressing change factors, common factors, specific factors and therapy techniques. It is likely that such terminological confusion blurs the scientific debate and exchange in the field of psychotherapy research. We assume that a taxonomical endeavor will foster research on the process and on the mechanisms that underlie therapeutic efficacy.

**Katrin Endtner, Marianne Hänni & Wolfgang Tschacher**

### **Emotion Regulation – a Central Approach in Psychotherapy**

Background and aim: Research in psychotherapy defines emotion regulation as a common factor that is promoting therapeutic changes. Psychotherapy research shows as well that problems of emotion regulation are at the core of many different psychiatric disorders. Several researchers developed and investigated concepts regarding this topic. Greenberg and colleagues based their general clinical approach on emotion regulation. They distinguished between two kinds of problems: under-controlling patients show little control of their impulses and do not succeed in calming down and over-controlling patients have difficulties in perceiving and expressing their emotions. We intended to validate the clinical concept of emotional under-regulation and overregulation. We also aimed to examine if the facilitation of coping with emotions improves the therapeutic process. Furthermore we assumed that differences in emotion regulation of patients with different psychiatric disorders could be found.

Methods: Patients of a psychotherapy day clinic attended a specific group therapy program aimed at improving emotion regulation. The program included interventions to control impulses as well as interventions focussing on the appropriate perception and expression of emotions. The evaluation of the program was based on pre-post comparisons of standard questionnaires as well as frequent assessments of therapy process using session reports.

Results and discussion: Results of 30 patients attending the group therapy program with the focus of emotion regulation will be presented. Specific patterns of emotion regulation are detailed for under-controllers and over-controllers, respectively. The results show positive changes on different dimensions as well as a reduction of the psychiatric symptoms.

**Fabian Ramseyer**

## **Nonverbal synchrony as a behavioral means for the improvement of the therapeutic relationship?**

Background and aim: Psychotherapy research has repeatedly documented the central role of the therapeutic bond in successful psychotherapies. Most therapy schools agree that nonverbal behavior plays an important role in the formation and maintenance of the therapeutic bond. Surprisingly little is known of specific techniques to improve this factor by means of nonverbal behavior. It has been proposed that the coordination of nonverbal movement behavior between patient and therapist might be one such technique to improve the therapeutic bond.

Methods: A new method, based on automated frame-by-frame analysis of videotapes, was applied to N=104 randomly chosen sessions of dyadic psychotherapy. Nonverbal synchrony was measured as the simultaneous and time-lagged cross-correlations of movements from patient and therapist. This quantified amount of nonverbal synchrony was then correlated with post-session questionnaires and outcome measures at the end of therapy.

Results: Nonverbal synchrony was positively associated with the quality of the therapeutic bond (post-session questionnaires) and outcome (post-therapy measures). There was a characteristic pattern of mutual influence within dyads: in the initial phase of therapy, imitation by the therapist mainly predicted both quality of bond and outcome, while in the final stage of therapy, imitation by the patient was more highly related to these variables.

Discussion: Paying attention to nonverbal movement behaviors of the patient may thus be potentially beneficial for the quality of the therapeutic bond. Its empirical documentation has been a first step for future improvement and knowledge in the domain of nonverbal behavior in psychotherapy.

## **Symposium**

**Bjorn Philips, My Frankl, Peter Wennberg & Shelley Mcmain**

### **Psychotherapy for Substance Use Disorders: Integrative Perspectives**

Matching and Outcome of Psychotherapy at Addiction Clinics in Sweden (MOPACS) is a naturalistic outcome study aiming at matching effects and outcome of different types of psychotherapy for patients with substance use disorders (SUDs). Two papers include data from MOPACS: First, a study on patients' expectations prior to psychotherapy and early experiences of psychotherapy, and how these affect the therapeutic alliance early in treatment. Second, data on the psychometric properties of the Swedish version of the Outcome Questionnaire (OQ-45) in patients with SUDs in psychotherapy or waiting for such treatment. Mentalization-Based Treatment for Dual Diagnosis (MBTDD) is a randomized controlled trial, with the aim to examine the efficacy of Mentalization-Based Treatment (MBT) in combination with standard pharmacological treatment for patients with co-morbid Borderline Personality Disorder and Opiate Dependence. The third presentation is on the MBTDD providing an overview of the study design and some preliminary data from intake.

**Frankl, M., Wennberg, P. & Philips, B.**

### **Expectations and Therapeutic alliance: Interacting Factors in Psychotherapy.**

Objectives: To examine how expectations prior to psychotherapy and experience of psychotherapy correlate with therapeutic alliance for patients with substance use disorders.

Design: Questionnaires were given at an assessment interview prior to psychotherapy and subsequently six months into therapy.

Methods: PEX (Patient's Expectations and Experience of Treatment Questionnaire) and WAI (Working Alliance Questionnaire) were used. Background information was collected. Correlations between expectations, experience of psychotherapy and therapeutic alliance were analysed. No differences were found regarding background variables between patients' completing all questionnaire and those who did not.

Results: The results showed that if experience of psychotherapy closely followed expectations prior to therapy, therapeutic alliance was strong for patients in group therapy. The results on PEX showed that patients expect therapy to help them work with inner processes as well as accessing tools for problem solving.

Conclusion: The findings suggest that expectations of therapy have importance for the psychotherapy process.

**Wennberg, P., Philips, B. & de Jong, K.**

**The Swedish version of the Outcome Questionnaire - psychometric properties in a psychotherapy sample**

The Outcome Questionnaire (OQ-45) was constructed to measure both symptom and social functioning in one brief questionnaire. It consists of three general dimensions: intra-individual problems (Symptom Distress - SD), problems in the relationships with other (Interpersonal Relations - IR) and problems that the individual has in the surrounding society (Social Role - SR). This study described the psychometric properties of the Swedish version of the Outcome Questionnaire in a substance abuse sample with patients (n=227) either waiting for psychotherapy or in psychotherapy. The test properties were satisfactory except for somewhat low internal consistency in the Social Role subscale. The results were similar to those obtained in other countries but systematic international comparisons are still lacking.

**Philips, B., Vedin, C., Wennberg, P. & Franck, J.**

**Mentalization-Based Treatment for Dual Diagnosis**

Aim: Mentalization-Based Treatment (MBT) is an empirically supported psychotherapeutic method for patients with Borderline Personality Disorder (BPD). The aim of this on-going study is to examine whether MBT in combination with Medication Assisted Treatment (MAT) for Opiate Dependence is more efficacious than MAT only, for patients with co-morbid BPD and Opiate 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 MAT. The experimental group receives ditto, and in addition MBT for 18 months, in which individual and group therapy are integrated. The primary outcome variable is severity of BDP.

Results: Preliminary descriptive results from intake are presented.

Discussion: At present, there is no evidence-based psychosocial treatment for the specific co-morbidity of Opiate Dependence and BPD. The establishment of an efficacious treatment for patients with these severe problems would be an important clinical progress.

## **Discussion Hour**

**Michel Basseches & Antonio Vasco**

### **Habermas and Complementarity: Integrative Enough for Psychotherapy Integration?**

The discussion will attempt to integrate the various approaches to understanding human activity in general and psychotherapy in particular, as well as the nature of evidence and its relevance to psychotherapy, that participants have brought to or been exposed to at the conference. Two conceptual frameworks will be considered as contexts for integrating this full range. The first is the philosophical framework of Jurgen Habermas' theory of knowledge and praxis. At the core of Habermas' epistemology is the recognition that empirical-analytic inquiry, historical-hermeneutic inquiry, and critical social inquiry are distinct in their approaches to developing and validating knowledge, yet are mutually interdependent and all essential to epistemologically adequate knowledge and practice, (including in the area of psychotherapy). The second is "Complementarity" which deals with contrasting models of human nature, adaptation, and therapy by understanding them as different poles of a dialectic process that, when taken together, complementarily, provide a more comprehensive perspective.

*La discussione tenterà di integrare i diversi approcci alla comprensione della natura umana in generale e della psicoterapia in particolare, così come la natura dell'evidenza e la sua rilevanza per la psicoterapia, che i partecipanti hanno portato alla conferenza, o ai quali sono stati esposti. Due cornici concettuali saranno considerate come contesti per integrare questa vasta gamma. Il primo è la cornice filosofica della teoria della conoscenza e della prassi di Jurgen Habermas. Il secondo è la "Complementarità", che concepisce i modelli contrastanti della natura umana, dell'adattamento e della terapia come poli di un processo dialettico che quando sono presi assieme, in modo complementare, forniscono una prospettiva più comprensiva.*

## **Discussion hour**

**Jenifer Elton Wilson, Kathi Murphy, Maja O'Brien, Vanja Orlans**

### **Psychological Therapy – What is it for and does it Work? An Examination of the Therapist's Understanding of Objectives and Outcomes**

Recently practitioners have been challenged by the need for formal evaluation of their practice with a focus on clearly stated objectives and measurable outcomes. Many practitioners have simply used observed change (whether behavioural, intellectual or emotional) as their only measure of effectiveness. The problem with this approach is that the observed change may be criticised as a self-fulfilling prophecy. Currently, two opposing attitudes are evident amongst practitioners. Some practitioners consider any overt emphasis upon outcome is likely to limit the subtle potential benefits of the therapeutic relationship. Others prefer to focus upon pragmatic problem solving and measurable behavioural change.

In this presentation, participants are invited to share the presenter's experience-based enquiry into how their own active engagement with the purposes and consequences of therapeutic engagement could be used more creatively to enhance the efficacy of practice.

## **Discussion Hour**

**Yacov Rofè**

### **The Rational-Choice Theory of Neurosis: Unawareness and an Integrative Therapeutic Approach**

In agreement with Freud, patients' unawareness regarding the underlying causes of their behavior seems to be the key to understanding the development and treatment of neurotic disorders. However, Freud's concepts of the unconscious and repression have encountered serious problems which do not allow for their maintenance. An additional issue which remains a mystery concerns the fact that none of the available theories can integrate the therapeutic effects of various interventions under a single theoretical framework. Both these issues are addressed in this article by the Rational-Choice Theory of Neurosis (RCTN). RCTN maintains that patients consciously and deliberately adopt neurotic disorders when confronted with intolerable levels of stress. Unawareness is created through sophisticated cognitive processes, through which patients forget their own self-involvement. Subsequently, patients develop a self-deceptive belief which rationalizes the neurotic behavior, thereby preserving unawareness. According to this new theory, all therapies exert their effect either by disrupting patients' ability to preserve unawareness, increasing the cost of the symptom, decreasing the patient's emotional distress, or eliminating the stressor.

## **Discussion Hour**

**Sherwood Waldron**

### **Common Factors in Therapeutic Change: Approaching Feelings in the Context of the Relationship**

The human interaction called psychotherapy inevitably taps into our intuitive capacity to sense another individual's suffering and ways of being in the world. The rationale for our ways of trying to be helpful comes from our particular psychotherapeutic traditions. But we have relatively little evidence as to what aspects of our therapeutic relationship are facilitative of therapeutic benefit, with what patients at what point in their lives or treatments (Blatt, and many others). This discussion group is intended to open up this topic, by means of a general discussion and two vignettes. The author, a practicing psychoanalyst, has led a research group for 25 years developing first the Analytic Process Scales, then an adaptation of the SWAP to assess outcomes of therapies systematically.

## **Discussion Hour**

**Andre Marquis**

### **Integral Methodological Pluralism: Integral Theory and its Concrete Clinical and Research Implications**

Because phenomena as complex as human nature, suffering, and psychotherapy are multidimensional, any approach that calls itself empirical or "evidence-based" and proceeds to systematically exclude any of the major methodological systems (phenomenology, hermeneutics, empiricism, systemic analyses, and so forth) that appropriately elucidate pertinent dimensions of psychotherapy is dangerously narrow in scope. Integral Methodological Pluralism (IMP) calls for an integration of research methodologies – honoring the values and limits of each approach – and demonstrates how a coherently organized pluralism of inquiries will help advance our understanding of psychotherapy. Key features of IMP include: its providing a conceptual scaffolding with which many of the parochial and acrimonious methodological debates can be transformed into mutually-enriching dialogues; it matches the most appropriate "method philosophy" to each particular investigative question; it creates more room for, and order amongst, the many differences we find in the field of psychotherapy research. The theory and concrete applications of IMP will be demonstrated.

### **Discussion hour**

**Michel Basseches & Antonio Vasco- Branco**

#### **Habermas and Complementarity: Integrative Enough for Psychotherapy Integration?**

The discussion will attempt to integrate the various approaches to understanding human activity in general and psychotherapy in particular, as well as the nature of evidence and its relevance to psychotherapy, that participants have brought to or been exposed to at the conference. Two conceptual frameworks will be considered as contexts for integrating this full range. The first is the philosophical framework of Jurgen Habermas' theory of knowledge and praxis. At the core of Habermas' epistemology is the recognition that empirical-analytic inquiry, historical-hermeneutic inquiry, and critical social inquiry are distinct in their approaches to developing and validating knowledge, yet are mutually interdependent and all essential to epistemologically adequate knowledge and practice, (including in the area of psychotherapy). The second is "Complementarity" which deals with contrasting models of human nature, adaptation, and therapy by understanding them as different poles of a dialectic process that, when taken together, complementarily, provide a more comprehensive perspective.

### **Discussion Hour**

**Patricia Moran & Harbrinder Dillon-Stevens**

#### **Holding Polarities: The challenges of integrating theory, research and practice within a Doctorate in Counselling Psychology and Psychotherapy Programme**

The aim of the conference workshop is to explore the tensions involved in the integration of theory, research and practice. The workshop presenters will reflect on their experience as educators on a Doctorate in Counselling Psychology and Psychotherapy Programme that is accredited by the British Psychological Society (BPS), the UK Health Professions Council and the UK Council for Psychotherapy (UKCP). This will be an experiential workshop in which participants will be invited to reflect on their own experiences of integration and the challenges faced. The aim is to consider the development of a model of integration that can be beneficial in multi-disciplinary contexts within the field of the psychological therapies.

### **Discussion Hour**

**Maja O'Brien & Vanja Orlans**

#### **Therapists as researchers: a collaborative inquiry into the nature of evidence about good practice**

We would suggest that the scientific evaluation of psychotherapy practice requires a multiplicity of approaches. From this perspective, each therapist-client dyad, or each therapy group, presents the practitioner with a unique challenge which will require a unique approach, whether in the role of therapist or scientist. Although many therapists do not think of themselves as scientists here we propose that therapy can be conceptualised as an on-going piece of research and that doing research is part and parcel of the practitioner's daily work. The workshop is an invitation to therapists to share with each other the wealth of knowledge they have accumulated. Participants are invited to bring to the workshop one example/piece of work from which they have learned and which they consider have made them into more effective practitioners. We shall then inquire together into the nature of evidence for this positive outcome.

## **Workshop**

**Serge Prengel**

### **Moment-by-moment shifting between modes of knowledge/evidence**

This workshop is meant to provide a “slow motion” experience of how we implicitly shift through different modes of knowledge in the course of conducting therapy: How we use different types of “evidence”, moment by moment, to inform our practice. During the course of treatment, as well as within any given session, we shift between different modes of assessing the situation. We shift between a mode of understanding that is based on empirical observation and analysis, and a mode of understanding that is based on intuition, empathy and resonance. The purpose of this workshop is to consciously explore some of these shifts and the interaction between them. This is an experiential format. It is based on a role play of client/therapist interaction, interspersed with “pauses” for discussion.

## **Workshop**

**Francesco Ridolfi**

### **Psychological Theater (PT)**

The Psychological Theater (PT) (see Boal, 1977; Moreno, 1985) is a technique that promotes the analysis, along with the transformation, of oppressive situations and discomfort afflicting the clients daily life. This technique, that makes the audience active in a representation, in particular allows the clients to explore, enact, analyze and transform the Negative Automatic Thoughts (NAT), and Dysfunctional Assumptions (DAs). Compared to other forms of psychological intervention (T-Group, Gestalt ..) participants have the opportunity to act more directly in the scenes represented. Like in Cognitive Behavior Therapy (CBT) the main focus on therapy is on what is happening in the present and the main concern are the processes currently maintaining the problem.

## **Workshop**

**Lucia Swanepoel**

### **Evidence of Intuition: A Shameful Secret or a Complex Science?**

Research into Psychotherapy has long been confronted with the challenge of how to apply an empirical scientific paradigm, based on positivism and objectivity, to an essentially subjective pursuit. Qualitative methodologies have evolved to ameliorate some of the challenges, however the divide between what we ‘know’ from our subjective experiences, and what we ‘know’ from research evidence, continues to haunt the profession. I present my own research into the emergence and process of therapists’ intuitive experiences to illustrate this, and invite participants to consider whether expanding our concept of science to incorporate complexity theory as a meta-scientific paradigm for psychotherapy, provides the field with increased opportunity to produce pertinent evidence. For I suggest that the adoption of a scientific paradigm such as complexity theory, not only encourages the study of individual experiences and context specific influences, but demands the inclusion and integration of research evidence from other sciences and therapeutic schools.

## Workshop

**Julia E. Wahl & Magdalena Mazurkiewicz**

### **Mindfulness as an integrating theme in all therapeutic modalities**

According to the most oft-quoted definition mindfulness is as a process of “paying attention in a particular way: on purpose, in the present moment and non-judgmentally” (Kabat-Zinn, 1994). Among more elaborated definitions there is one stating that mindfulness is “the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment” and as “a particular orientation toward one’s experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance” (Bishop, et al., 2004). Mindfulness (practice) is presently being presented and promoted as the main component of the so-called Third Wave CBT (e.g. DBT, ACT, MBCT), but it could be argued that other schools of therapy could benefit from it as well (without too much interference with their theoretical foundations). This workshop will include a short theoretical introduction to mindfulness concerning its roots, methods derived from it (most notably MSBR) and applications in contemporary psychological practices and within different therapeutic frameworks. Furthermore, participants will also have the opportunity to learn how to practise mindfulness meditation in its basic form and discuss potential benefits and dangers of introducing the concept and practice in clinical settings.

## Workshop

**Paul Wachtel-Les Greenberg**

### ***Psychodynamic and experiential perspectives***

This set of presentations will be rooted in observation from different vantage points on the concrete clinical details of video tape session recordings. Perceptions and inferences of a Cognitive behavioral therapy over time that derive from the overlapping but differing vantage points of an integrative experiential approach and an integrative relational psychoanalytic approach will be presented . The format will be one of active dialogue, approached from the vantage point both of illuminating how similar perceptions are expressed in different terminologies from the two perspectives and of exploring where real differences in perception or clinical procedure exist with the CBT approach being shown on the tape and with each of the participants perspectives . The question of where and how differences that emerge can be seen as making a positive contribution to integration that enables new ideas and procedures to be incorporated from each direction will be pursued.

*Prospettive psicodinamiche ed esperienziali*

*Queste presentazioni saranno radicate nell'osservazione da diversi punti di vista dei dettagli clinici concreti di sedute videoregistrate. Saranno presentate percezioni e inferenze di una terapia cognitivo-comportamentale che derivano dai punti di vista sovrapposti ma differenti di un approccio integrativo esperienziale e un approccio integrativo psicoanalitico relazionale. Il formato sarà di dialogo attivo, nella prospettiva di illuminare come percezioni simili possono essere espresse con terminologie differenti, e di esplorare dove esistono differenze reali nella percezione del materiale registrato.*