01:10 newsletter

IFP
international federation
for psychotherapy

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EDITORIAL

Dear colleagues,

This is the last Newsletter of our 4-years term – for Prof. Schnyder and me an 8-years period of activity in favour of IFP comes to an end. Just to highlight some achievements it is worthy to remember that it was in this period of time that we started with the regular edition of this *Newsletter* and put it – as well as other activities – under the sign of the unanimously accepted *IFP-Logo*. We started the collaboration with the highly renowned *Journal of Psychosomatics and Psychotherapy* where we are regularly present with the presidential note. IFP homepage got a new look and has now become a very frequently visited place with actually 400 hits a day. *IFP symposia*, a form of continuing education, were started. Our president was giving *invited papers* in many international congresses over the world thus contributing enormously to the growing presence to IFP.

All these activities and many more, not only performed by the IFP board but also by many member societies and individual members gave IFP a good presence and recognition in the professional work, and also brought many new members.

I am grateful for the collaboration with our colleagues of the board and the Council which made it possible to forward and to compose this work.

Ultimately a lot of activity has been done for the last preparation of our *World Congress* in Lucerne, Switzerland. It looks to be a highly interesting, modern shaped congress which already has a good number of participants. I look forward to seeing most of you there, a good opportunity to come together, to talk and exchange both scientifically and personally.

Prof. Ulrich Schnyder gives his last *presidential report* in this Newsletter with a broad view on some achievements and the ongoing activities, with a main focus on the forthcoming congress. I always appreciated his reports in this Newsletter and found them very informative and well balanced.

I feel so privileged to have published in our last Newsletter a short work of *Prof. Peseschkian* with some of his reflections about the importance of the cultural background in psychotherapy, focused upon the influence of reading. Who could have known that he would have died just a few months later? So we had the chance to have him amongst us until the end of his very active and productive life.

This actual edition of the Newspaper is devoted to the presentation of our *incoming president Prof. Franz Caspar*, head of the Dept. of Clinical Psychology and Psychotherapy of the University of Bern. I asked him to give us a survey of his career, interest and scientific work with the aim to introduce himself in a bit a larger scale to our members. For this purpose two papers of Prof. Caspar may help to get a

first picture of this personality as a scientist who has great impact in the field of psychotherapy research. We are very happy to have Prof. Caspar as our new president for the next term and I want to congratulate us for him and express my heartfelt welcome to him for his new position in IFP! This welcome is accompanied by my best wishes for a productive an joyous term!

It is now time to say goodbye to our readers and members in my function as vice-president and Newsletter editor of IFP. I had the interesting chance to be in connection with many of you by editing papers, commentaries, receiving suggestions and ideas. I want to thank you all for your commitment and contributions, and last but not least to those of you who took the time and found the interest to read this journal! I wish this Newsletter a good forthcoming in the future and lively discussions and intriguing papers and comments.

Best wishes and greetings, and goodbye, maybe only until Lucerne in June!

Alfried Längle

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President's Message

Dear friends and colleagues

I am deeply saddened to announce that Professor Nossrat Peseschkian, the founder of Positive Psychotherapy, has passed away on April 27, 2010. Over the last years, the IFP had developed an increasingly close relationship with Nossrat Peseschkian. He was also scheduled to present at the upcoming World Congress of Psychotherapy in Lucerne, Switzerland. Please see his obituary on page 6 in this Newsletter.

The upcoming **20th IFP World Congress of Psychotherapy** in Lucerne, Switzerland, 16.-19.6.2010 is certainly the major focus of our current activities. Both the IFP Board and the scientific program committee are getting increasingly excited about what promises to become a truly memorable conference! Just to give you an idea of the program, there will be a total of six plenary lectures:

- „Culture and psychotherapy: Clinical, theoretical, and philosophical explorations from a worldwide perspective", by Wen-Shing Tseng, Hawaii, President of the World Association of Cultural Psychiatry
- „God is my therapist: emotion-management practices in American evangelical Christianity", by anthropologist Tanya Luhrmann, Stanford, USA
- „Psychotherapy: a perspective from Africa", by Merle Friedman, Johannesburg, South Africa
- „The neurobiology of psychotherapy", by Lutz Jäncke, Zurich, Switzerland
- „Can attachment theory help us understand better what we're doing as psychotherapists?", by Jeremy Holmes, Exeter, UK
- „Japanese culture and its influence on children and their family", by Nana Hosogane, Tokyo, Japan

In addition, the program will feature two debates and two round tables:

- Debate 1: "Is drug treatment necessary for preventing recurrence in depression?", chaired by Jules Angst, Zurich, Switzerland, with Giovanni Fava (Italy) and Hans-Jürgen Möller (Germany)
- Debate 2: "Cultural sensitivity - an eastern and a western perspective?", chaired by Bernhard Strauss, Jena, Germany, with Jacques Barber

(USA) and Sudhir Kakar (India)
- Round Table 1: "Psychotherapy: a legitimate profession?", chaired by Norman Sartorius, Geneva, Switzerland, with Gerhard Grobler (South Africa), Philippe Grosbois (France), Fritz Hohagen (Germany), Douglas Kong (Singapore), and Alfred Pritz (Austria)
- Round Table 2: "The development of psychotherapy over time", chaired by Daniel Hell, Zurich, Switzerland, with Edgar Heim (Switzerand), Giovanni Fava (Italy), Suk-Hun Kang (South Korea), and Franz Caspar (Switzerland)

Also, not to be missed, on Wednesday 16. June, there will be a number of carefully selected, half-day and full-day pre-conference workshops. Pre-conference workshops aim to provide practical training on clinical topics. They should enable the participants to learn from leading clinicians and practitioners in the field of psychotherapy. The emphasis of each workshop will be on sharing and disseminating empirically supported practices, highlighting specific issues in psychotherapy and skills building. Participants will have to make their choices from the following workshops:

- "Narrative Exposure Therapy as treatment for trauma spectrum disorders", by Maggie Schauer and Thomas Elbert (Konstanz)
- Cognitive therapy of personality disorders - conceptualizing and planning cognitive therapy treatment for axis II disorders", by Judith Beck (Philadelphia)
- "Brief Eclectic Psychotherapy for posttraumatic stress disorder", by Berthold P.R. Gersons and Mirjam Nijdam(Amsterdam)
- "Evidence based dynamic Therapy", by Jacques P. Barber and Richard F. Summers (Philadelphia)
- „Positive Psychotherapie – Drei Dimensionen einer praktischen Psychotherapie im Zeitalter der Globalisierung"; due to Nossrat Peseschkian's unexpected recent death, this workshop will be given by Friedhelm Röder (Wiesbaden) and François Biland (Olten)
- „Motivorientierte Beziehungsgestaltung", by Franz Caspar (Bern)
- "Well being therapy", by Giovanni Fava and Chiara Ruini (Bologna)
- „Wo zeigt sich „Bindung" in der Psychotherapie?", by Bernhard Strauß (Jena)
- "Group psychotherapy of middle childhood children: using attachment theory with behaviourally disturbed children", by Douglas Kong (Singapore)

Regarding the social program, a top highlight will certainly be the concert on Thursday evening (17. June): The Gershwin Piano Quartet (http://www.gershwinpianoquartet.com) sheds new light on the music of George Gershwin. It features 4 pianists on 4 grand pianos, playing, arranging and improvising on some of Gershwin's most popular songs and orchestral works, such as „Rhapsody in Blue", „An American in Paris" and „Summertime". The originals are rescored for the unfamiliar combination of 4 pianos by the members of the quartet themselves and make for a novel and exciting listening and viewing experience! Join us for a truly memorable music experience!

Please visit the Congress website at www.ifp-fmpp2010.com for more and constantly updated information, and register now!

Our World Congress will be organized by the Foederatio Medicorum Psychiatricorum et Psychotherapeuticorum FMPP (http://www.psychiatrie.ch), which is an umbrella organisation that unites the Swiss Societies for Psychiatry and Psychotherapy, both for Adults as well as for Children and Adolescents. The conference is also co-sponsored by the World Psychiatric Association WPA. The venue will be the „KKL Luzern", the Culture and Convention Centre Lucerne (http://www.kkl-luzern.ch): This magnificent building was designed by French architect Jean Nouvel. Built between 1995 and 2000, the KKL ranks today as one of the most spectacular modern buildings in Switzerland. The KKL Luzern is centrally located in the town of Lucerne, directly on Lake Lucerne and right next to the railway station. The old town centre is only a few hundred yards from the KKL Luzern, as is Lucerne's distinctive landmark, the Chapel Bridge.

The **Asociacion Española de Psicoterapia (AEP)** is one of our new membership societies. The association was founded in 1988. Their membership is formed by 78 full psychotherapists, (48 physicians, most of them psychiatrists, and 30 psychologists) The AEP does not admit other academic titles, albeit they have a special category for „affiliates, i.e. recognized psychotherapists with other credentials. Since its beginnings, the AEP has been linked with

academic activities, and they are proud to have several University Professors among their membership. Currently, the AEP are partners with the Universidad Autonoma de Madrid in the Postgraduate Diploma Course in Psychotherapy.

„**Psychotherapy FSP**", a subgroup of the Federation of Swiss Psychologists (FSP), has also become a member of the IFP. The FSP is the umbrella organization of Switzerland's academically qualified psychologists. The FSP has 6'000 individual members; just over 2'400 of these are academically qualified psychotherapists, and are currently organized under the heading of „Psychotherapy FSP". The FSP is committed to ensuring that the psychological services of its members have the highest standards of quality. Psychologists with an FSP standard must have a Swiss university degree or an equivalent thereof, with Psychology as a major. The FSP standard for academically qualified Specialist Psychologists for Psychotherapy FSP is comprised of a basic university degree (Master of Psychology) and postgraduate studies in Psychotherapy covering at least a further four years. The effectiveness of the psychotherapy technique must be sufficiently scientifically proven and must cover a broad range of psychological diseases. The FSP counts 15 psychotherapeutic professional associations as well as - on a cantonal and intercantonal level - a further 14 associations among its members.

Under the guidance of Dr. Sylvia Detri Elvira, a member of the IFP Council, the Indonesian Psychiatric Association Section on Psychotherapy held their **3rd National Conference on Psychotherapy in Indonesia** on May 1-2, 2010. The theme of the conference was „The healing power of understanding: its strength and its limitation". The congress was a full success, with close to 500 participants, and lots of lively discussions.

The Asian Pacific Association of Psychotherapists APAP keeps being active as well: The Philippine Psychiatric Association will host the **6th APAP conference in Cebu, Philippines**, on January 25-28, 2011. Dr. Alma Jimenez and Dr. Maria Imelda Batar, President of the Philippine Psychiatric Association, will be jointly instrumental in organizing this conference. Please read their announcement on page 26 in the Newsletter!

The **Secretarial Office in Zurich** is running smoothly under the watchful guidance of Cornelia Erpenbeck. She is responsible for all administrative matters concerning the IFP and may be contacted at her office should there be any queries. To further optimize the visibility of the IFP, I would like to encourage all our members to introduce a link to the IFP website (http://www.ifp.name) on your respective homepages. We would be happy to do so vice-versa: please feel free to approach Cornelia Erpenbeck in case you need a hand!

IFP-sponsored master classes, workshops and seminars: The aim of these events is threefold, namely to help disseminate novel, evidence-based psychotherapeutic approaches, to raise the international profile and recognition of the IFP, and to recruit individual IFP members, thus generating income for the IFP. Recently, an extremely successful workshop on Positive Psychotherapy with Professor Nossrat Peseschkian (Germany), was held in Zurich on February 12-13, 2010. More IFP-sponsored master classes, workshops and seminars to follow! For further information, please visit our website at http://www.ifp.name.

Collaboration with other international societies: There is an ongoing collaboration with the European Psychiatric Association EPA: Professor Möller, EPA President, and Professor Sartorius, a member of the IFP Council, invited me to be one of the speakers in the Presidential Symposium on ethical issues in psychiatric treatment at the European Congress of Psychiatry in Munich, 27 February – 2 March 2010. The Presidential Symposium has now become a tradition, regularly dealing with ethical issues related to the theme of the congress. I was given the opportunity to talk on „Ethical problems related to the use of psychotherapy".

Dr. Fred Miller MD, PhD, Chair, Department of Psychiatry and Behavioral Sciences, NorthShore University HealthSystem, A Teaching Affiliate of the University of Chicago, and his colleagues have launched a program to bring together mental health professionals with an interest in film, **The Academy for Film and Psychiatry** (http://www.academy-filmpsych.com). Member's expertise and interests range from from film analysis, the study of the representation of psychological treatment and mental

illness in film, and film as a therapeutic tool. Mental health professionals who are screenwriters or filmmakers are also involved. This still very young organization has grown swiftly in a short period of time and includes experts from numerous countries. In fact, the multi-cultural aspect of this project is key. For more information, please visit their website!

As always, all our members, meaning individual members of the IFP as well as individual members of associations who have membership status with the IFP, are offered the IFP's official journal, **"Psychotherapy and Psychosomatics"**, at a substantially reduced subscription rate. For details, please contact S. Karger directly at:

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Since my second presidential term is coming to an end at the World Congress in June, this will be my last presidential message. Let me thank all of you whom I had a chance to work with during my eight years of service as president of the IFP. I am stepping down from my office with a deep sense of gratitude for what I was able to learn from you: serving as president of the IFP was a lot of hard work, of course, but it was primarily an extremely rewarding experience! My special thanks go to the members of the current Board (Alfried Längle, Michael Rufer, and Mechthild Neises) for their ongoing support and friendship, and to Cornelia Erpenbeck who diligently ran the secretarial office. Finally, a very warm welcome to our incoming president, Franz Caspar: Franz, I wish you success and satisfaction during your presidential term. I trust you will guide the IFP into a prosperous future. You can always count on my support.

Best regards

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Mission Statement

1. The IFP is a worldwide umbrella organisation for psychotherapy. The Federation is open to professional societies, institutions and individual members.
2. The IFP aims to promote, endorse and maintain high professional and ethical standards of psychotherapy in practice, research, and training.
3. The IFP fosters a worldwide intercultural, interdisciplinary dialogue and mutual learning among psychotherapists, psychotherapy researchers, psychotherapeutic orientations, traditions, and related sciences.
4. The IFP provides a platform for the development of theories, methods and treatment approaches, and promotes the integration of psychotherapeutic thinking in clinical and non-clinical fields.

The IFP realizes its aims by means of

- World congresses (every four years)
- Regional congresses
- Supporting and co-chairing the organization of scientific congresses of their members and/or national umbrella organisations (and under certain conditions supporting them also logistically and financially)
- Supporting scientific activities in research, practice, and training, particularly activities of intercultural relevance
- Information transfer by constantly updated homepage and newsletters

Obituary Nossrat Peseschkian

The brilliant Iranian medical doctor, laureate of the German Federal Cross of Merit, and Nobel Prize candidate, Professor Nossrat Peseschkian, M.D., passed away on April 27, 2010.

Nossrat Peseschkian was born on June 18,1933, in Kashan, Iran. In 1968, he founded the Wiesbaden Advanced Education Ring for Psychotherapy and then the Wiesbaden Academy for Psychotherapy (WIAP), an officially recognized training centre for psychotherapy with 45 assistant professors. In 1978, he set up the Society for Positive Psychotherapy and the International Academy for Positive and Transcultural Psychotherapy. The Professor Peseschkian Foundation (www.peseschkian-stiftung.de) was established in 2005.

Nossrat Peseschkian was the author of 25 books in the field of Positive Psychotherapy, which were partly translated into 23 different languages having a total circulation of almost 500’000 copies. Approximately 260 scientific articles have been published in medical journals.

Nossrat Peseschkian was a member of the Council of the International Federation of Psychotherapy IFP. He supported the IFP actively as an internationally recognized lecturer of IFP-sponsored workshops, thus promoting the dissemination of evidence-based psychotherapeutic approaches. The World Association for Positive Psychotherapy (WAPP), the international umbrella organization of Positive Psychotherapy, is a member organization of the IFP.

Here are some of his numerous awards and honors:

- 1997 Richard Mertens Prize for his work “Computer Assisted Quality Assurance in Positive Psychotherapy”
- 1998 Federal Medical Chamber of Germany awarded Ernst von Bergmann Plaque for Services in Continuing Medical Education for Physicians in Germany
- 2006 Order of Merit, Distinguished Service Cross of the Federal Republic of Germany (Bundesverdienstkreuz), “the highest recognition of the Federal Republic of Germany for those citizens who have acquired distinguished services and achievements in social-economical, political and spiritual fields as well as their particular services for the Republic for example social charity and humanitarian aid."
- 2006 International Avicenna Award of Excellence in Teaching and Research in Medical Sciences by Association of Iranian Physicians and Dentists in Germany
- 2006 honouree of the Encyclopaedia Iranica at the Geneva Avicenna Gala, which honoured outstanding physicians who have made notable contributions to the advancement of the medical field. Encyclopaedia Iranica is a branch of Columbia University in New York, United States.

Further information about Professor Peseschkian is available at
http://en.wikipedia.org/wiki/Nossrat_Peseschkian
and
http://en.wikipedia.org/wiki/Positive_Psychotherapy.

On behalf of the International Federation for Psychotherapy, its Board and Council, I would like to offer Nossrat Peseschkians wife and extended family our sincere condolences. His positive, deeply human spirit will be with us in the future!

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Prof. Dr. med. Nossrat Peseschkian, 18.6.1933 – 27.4.2010

The Founder of Positive and Transcultural Psychotherapy

Prof. Nossrat Peseschkian was born in Iran and moved to Germany in 1954. After his medical studies he specialized in neurology, psychiatry, psychotherapy and psychosomatic medicine. He went into analysis with Prof. Heinrich Meng in Basel / Switzerland, a coworker of Sigmund Freud and the founder of social and mental hygiene. Thanks to him he went highly interested in the salutogenic ap¬proach.

Since 1968 he was practicing in Wiesbaden/Germany where he founded the model of Positive Psychotherapy which is based on a transcultural approach. The development of this concept involved the investigation of the relationship between culture and disease and of the cultural concepts in 22 different cultural groups.

As international lecturer Prof. Peseschkian gave speeches at universities and colleagues in more than 60 countries. He was honorary professor at the National Psychoneurologic Institute Bechterew in Sanct Petersburg / Russia.

Prof. Peseschkian was the author of numerous books on psychotherapy and selfeducation . 26 books on Positive Psychotherapy have been partly published in 24 languages, and have been among the first ones in Eastern Europe. The books have been translated in Chinese, Russian, English and Spanish. 260 articles have been published in scientific magazines.

He was also the founder and former director of the Wiesbaden Academy for Psychotherapy (**WIAP**; for the state-recognized postgraduate teaching; one of the TOP 10 training institute in Germany – out of 178; www.wiap.de), the director of the International Academy of Positive and Transcultural Psychotherapy / Peseschkian Foundation (www.peseschkian-stiftung.de) – and finally the founder and director of the World Association of Positive Psychotherapy (**WAPP**, www.positum.org), the head office with many centers all over the world.

Prof. Peseschkian supported the **International Federation of Psychotherapy IFP** actively as an internationally recognized lecturer of IFP-sponsored workshops, thus promoting the dissemination of evidence-based psychotherapeutic approaches. The World Association for Positive Psychotherapy (WAPP), the international umbrella organization of Positive Psychotherapy, is member of the IFP.

The positive human picture, the positive approach: To the two basic questions (what do all people have in common? and how are they differentiated?) Prof. Peseschkian answered as follows: "For instance, just as a seed possesses a multitude of capacities which are unfolded through the influence of the environment, for example the earth, rain, the gardener, etc. In such a way, a human being also develops his capacities in close relation with his environment. Underlying the concept of positive psychotherapy and family therapy is the conception that every person has two basic capacities, i.e. the capacity to know (knowledge) and the capacity to love (emotionally). According to the condition of the body, the environment and the time in which a person lives, certain basic capacities are developed and lead to an unmistakable structure of characteristics."

The model of Positive Psychotherapy is a synthesis of psychodynamics and behaviour therapy that focuses on the positive aspects of conflicts and sufferings. It offers transcultural perspectives in the form of proverbs, myths and fables in which the patient may recognize himself in allegorical terms and thus be able to establish a new form of self-confidence and security.

In a metaphor Prof. Peseschkian explained **the positive process** with the following situation: "A man discovered that he was in debt. This realization made it impossible for him to get any sleep. He became very depressed and wanted to commit suicide. He complained about it to a good friend.
The friend listened patiently as the man told of all his problems but when he replied he made no mention of the debts. This surprised the man very much. Instead of discussing the debts the friend talked about what the man owned, about his money, and about the friends who were ready to help him.

Suddenly the disturbed man saw his problems in a new light. When he stopped wasting his energy on problems and debts and concentrated on the abilities he actually had, he discovered he had enough power and resources to solve his problem."

Prof. Gaetano Benedetti, Basel / Switzerland, explained in 1979: "His model is a notable synthesis of psychodynamic and behavior-therapeutic elements, making an essential contribution to unified relationship within psychotherapy".
In 1997 he was awarded the Richard Merten Prize for his work "Computer Assisted Quality Assurance in Positive Psychotherapy". This Prize is one of the highest awards of quality assurance in the medical field in Europe.
In 2006 Prof. Peseschkian received the Order of Merit of the Federal Republic of Germany (Bundesverdienstkreuz).

Throughout his life he manifested a high disposition to be useful and helpful to others – and to teach younger colleagues. „**Those who do not help others need doctors to help them" (oriental wisdom**) he used to say.

Together with Prof. Raymond Battegay, Basel/Switzerland, he wrote a book with the 50 answers to the important questions about life. With his transcultural and humanistic background and as a member of the Bahá'ís he deeply believed in the beneficial effect of religion. In his book **"Believe in God – and tie your camel "**[3] (in German, 2008) he explained the important distinction of faith, religion and institution.

**"Intelligence without love is cold,
love without intelligence is naive,
intelligence with love is wisdom."**

Prof. Peseschkian died on the morning of April 27, 2010. The day before he still worked in his office preparing a lot of projects. But he was well prepared to his death and therefore even in his passing away he set an example to all of us.

His work shall be continued and the spirit of his heritage shall be carried on. The upcoming 5th World Congress of Positive Psychotherapy in Istanbul (www.positum2010.org, 9-12 October 2010) will surely be a very special event. It will be the chance to appreciate the heritage of Prof. Peseschkian to the world of psychotherapy. And the discussion - with participants from more than 20 countries - about the further development of the World Association will go on – **"it's all in your hand".**

It's in your hands In the East there lived a wise man. He was loved throughout the land, and whenever people had problems they would seek counsel with him. This was because the wise old man was always able to dig into his rich life experience and find some good advice to give. However, that made some of his fellow citizens, who held themselves to be clever and wise, jealous. They agreed to set a trap for the old man. But how?
After pondering the matter for a long time, they came up with the following idea. They would capture a tiny bird, hold it out to the old man in a closed fist and ask him what was in the hand. Even if, as expected, the old man responded correctly, he would certainly err in his response to the second question, to wit, whether the bird was dead, the person could open his hand and let the bird fly away.
Thus prepared, the person went to the old man and posed the question. After thinking it over, the old man answered the first question: "What you have in your hand can be none other than a very small bird."
"OK," said the jealous man, "you may be right about that, but is it alive or dead?" The old man weighed the matter, shook his head several times and said, **"Whether what you are holding in your hand is alive or dead is in your own hands."**

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[1] One should be aware that the term „phenomenology" is nowa Positive Psychotherapy: Theory and Practice of a new Method (Springer Publisher 1987)

[2] Psychotherapy of Everyday Life: Training in Partnership and Self Help (Sterling New Delhi, 1996)

[3] this is a story in: Oriental Stories as Tools in Psychotherapy; The Merchant and the Parrot, page 47 (Sterling New Delhi, 1982)

[4] Life is a Paradise: To Which We Can Find the Key, page 19 (New Dawn Press 2006)

Welcome Message
IFP's incoming president Franz Caspar presents himself

Franz Caspar

We have invited Prof. Franz Caspar in his function as incoming president of IFP to present himself to our members, both personally and scientifically. Prof. Caspar was so kind to provide us with a personal letter and two articles which give a glimpse into his scientific work in the field of psychotherapy. The second paper was also chosen in respect of his former head of the department, the late Klaus Grawe, member of IFP council, to honour his work and to show how his important and impacting work finds continuation in Caspar's engagement.

Dear IFP members,

as incoming president it is my pleasure to follow the invitation of our Newsletter editor Dr. Längle and introduce myself briefly and to illustrate the view of psychotherapy I stand for by two articles.

I was born in Hamburg, am Swiss citizen and grew up mainly in Zurich, but did my studies in Hamburg. Now a little bit of information about my present work and some past:

Since 2007 I'm holding the position of a professor in Clinical Psychology and Psychotherapy at the University of Bern, Switzerland. In this position, aside from teaching and research, I'm directing a post-graduate psychotherapy training program and an outpatient clinic in which trainees as well as experienced psychotherapists conduct psychotherapies for training, research and teaching purposes. Before, I was 1999-2005 professor for Clinical Psychology and Psychotherapy at the University of Freiburg im Breisgau (Germany) and 2005-2007 professeur pour la Psychologie Clinique et Psychothérapie de l'adulte at the University of Geneva.

I see myself as a broadly interested, empirically and integratively oriented psychotherapist who, while doing the work of a professor, keeps a high interest in ongoing practice which I try to maintain and continue as good as I can. I strongly believe that the still existing gap between science and practice is unfortunate and unnecessary, at least in the currently existing dimensions is partly due of a lack of continuous confrontation of scientific concepts and research with ongoing practice. Practitioners are also challenged to ask themselves to what extent they engage in updating their current knowledge and in letting their beliefs being challenged by new evidence. But it is equally a challenge and duty for science to answer the questions practitioners have and questions leading to better service for patients in need of psychotherapy instead of sticking to limited models and doing research in a way that does one sidedly justice to internal as opposed to external or practical validity. Research on intuition is a good example. Practitioners knew all along that they can't survive a day without heavy use of intuitive processes, while science had nothing to offer for a sound understanding of intuitive processes and research on it. This is about to change, and there is no longer reason to see intuition as unexplainable, unresearchable, and incompatible with a rational-analytic approach.

I strongly believe that the still existing gap between science and practice is unfortunate and unnecessary; at least in the currently existing dimensions it is partly due of a lack of continuous confrontation of scientific concepts and research with ongoing practice.

As far as psychotherapeutic approaches are concerned, my empirical orientation leads to a strong weight of CBT approaches, but I have partial training in CCT, and my training has included large psychodynamic, Gestalt, and other elements. I believe that no approach has already all the wisdom required to offer optimal therapy for all patients. There is an ongoing need for looking over the fence between psychotherapeutic approaches, and there is an ongoing need for dialogue. Maybe this is well illustrated in a discussion which took place in the Society for the Exploration of Psychotherapy Integration (SEPI), of which I'm a member of the steering committee. There have been suggestions to simplify the awfully complicated name and to use "Society for Psychotherapy Integration" instead. This has been dismissed based on the argument that the **ongoing** exploration and discussion need too be emphasized. If we would

develop "the" integrative approach, there would be too much of a risk to have on the long run just another school of therapy with all risk of becoming rigid and immunizing itself against further development.

As far as research is concerned, research is necessary as an antidote against the human capacity to deceive ourselves and in confirming by unsystematic conservations what we always have believed anyway. As far as research methodology is concerned, we need to be more careful in using the methodology which is appropriate for the questions we want to answer. The most straightforward way to answer questions related to causality while excluding the influence of third variables, are experimental procedures. But it is detrimental to believe in a general superiority of experimental designs, and to use experimental designs for all questions. I have elaborated comments on this issue in an article which will follow here.

Overall, I believe that psychotherapy as a general approach and endeavor needs research, as its reputation is not yet as it deserves to be – in spite of effects that are superior to many unquestioned somatic-medical treatments. One thing should never be forgotten by advocates of Evidence Based Practice: EBP is not the direct "application" of empirical findings to therapy but the combination of the best available evidence with clinical expertise, applied to the individual case. Much of the gap between practice and science is based on a neglect of this important notion. The issue of the development of professional expertise, and of clinical judgment and decision making processes is one of my main research topics; so far it is extremely under-researched in comparison to the research on the efficacy of specific methods for particular disorders.

I'm committed to be a very "Swiss" president of the Federation: Swiss politics are traditionally pragmatic and consent-oriented (sorry if I see this in a positively biased way); While trying to further reasonable, practically valuable research, I will try to do justice to the fact that many psychotherapeutic and other cultures, professions, nations, individuals, ... are included in the IFP.

To give further insight in my background, we have included two articles in this newsletter. One is a 2007 postulating more balance in the debate on appropriate research methodology.

The other is a translation of a recent paper on Klaus Grawe's concept of "General Psychotherapy", which I share to a large extent and which is central in his as well a my work.

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Perspectives on Psychotherapy Integration
Balanced Psychotherapy Research

Franz Caspar

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Introduction

The fields of psychotherapy and psychotherapy research have fought for decades to develop generally accepted procedures for a balanced approach to psychotherapy research. Balanced means in this context:

- Truly informative for psychotherapy practice
- Not limited to or one-sidedly favoring specific approaches to psychotherapy
- Not limited to one type of patient (e.g. those falling clearly into one diagnostic category)
- Living up to the standards of psychotherapy practice AND of rigorous psychotherapy research.

There is a wealth of articles discussing one or the other aspect of how appropriate psychotherapy research should be done. Most readers are assumed to be familiar with at least part of the literature; we will not attempt to summarize it but rather concentrate on one aspect: The balance between internal and external/clinical/ecological validity. This is a crucial question in the advancement of empirical underpinnings of principle-oriented, integrative psychotherapy, as it is explicitly or implicitly practiced by a majority of psychotherapists (Stricker, 2005; Norcross, Hedges & Prochaska, 2002).

The Randomized Clinical Trials (RCT) and Empirically Supported Treatment (EST) initiative (Calhoun, Moras, Pilkonis, & Rehm, 1998; Chambless & Hollon, 1998; Kendall, 1998; Nathan & Gorman, 2002), or more generally, the experimental approach to outcome research, which has dominated psychotherapy research for many years, has its emphasis clearly on internal validity. Political arguments ("psychotherapy per se is at stake in the competition with drugs"), as well as the intrinsic logical strength of the experimental paradigm when it comes to causal argumentation, have strengthened this approach. They have also rendered colleagues with reservations against ESTs moderate and hesitant regarding statements questioning this approach, but they have obviously not silenced them (Elliott, 1998; Borkovec & Costonguay, 1998; Goldfried & Wolf, 1998 ; Westen, Novotny & Thompson-Brenner, 2004). They have also stimulated constructive activities to compensate for the weaknesses of this approach.

Improving the situation

Two initiatives are most noteworthy, as discussed in a previous article in this journal (Arnkoff, Glass & Schottenbauer, 2006):

- The initiative to balance the one-sided emphasis on techniques and on patients belonging to clear diagnostic categories by collecting and discussing evidence regarding the psychotherapy relationship and its facets, by the APA Division 29 Task Force (Norcross, 2002).
- The initiative to develop empirically supported principles which could carry psychotherapy beyond the application of empirically supported techniques by the Division 12 Task Force (Castonguay & Beutler, 2006).

Each of these initiatives has great merits as well as severe limitations that prevent them from being the last decisive step

towards balanced psychotherapy research, although they are important stages on the stony path towards it. The main shortcoming in the relationship approach is the current lack of experimental research (although we must acknowledge the greater difficulty of experiments related to the relationship compared to technique). The main shortcoming of the principle approach is that empirical rigor in the formulation of principles bleaches out much of what would be relevant for sufficiently concrete and complete instructions for practice.

Premises and solutions of the EST approach

To understand some fundamental problems in practice relevant research, we must be aware of fundamental assumptions of the still dominating EST (empirically supported treatments) approach. A therapeutic approach is developed for a group of patients, tested in such a way that it is possible to determine causal effects of that specific procedure, and if it is successful, it is recommended for the treatment of future patients. This follows the logic of experimental research, which is the most straightforward way for causal argumentation: We try to develop instruments to bring about effects, and we must make sure that observed changes with patients are actually brought about by these instruments and nothing else. Unless we can do this, we cannot really recommend a procedure to be used with patients. Every procedure costs time and money, and prevents alternative procedures from being applied, therefore we must have good reasons for favoring what we recommend.

Much of the early psychotherapy research is of no or limited value because it has not sufficiently specified what the therapy consisted of. Postulates for specifying procedures more concretely are obviously justified. This is one of the crucial criteria of internal validity.

The EST initiative clearly specifies the way to do this: By manualisation. If a psychotherapeutic procedure under study is prescribed in sufficient detail, it can be checked in the study itself whether therapists adhere to the procedure (also: whether the extent of adherence is positively correlated to outcome, which is not always the case!). Once studies have shown effectiveness, therapists can follow the procedure and if they do this thoroughly, they can expect outcomes that correspond to those found in the studies. It is crucial that the manual be strict enough to limit the variations of possible procedures, so as to prevent as much as possible the use of procedures that remain in scope of the manual but are inferior in outcome. This is the principle. Some of the best known manuals are nevertheless rather flexible, from rather old (Beck, Rush, Shaw & Emery, 1979) to newer ones (e.g. Linehan, 1993). From a clinical practice point of view, this is desirable, as it allows adaptations to the individual patient. What if an agoraphobic patient has had already three cardiac bypass operations? What if a patient who should stick to a strict behavioral program, as far as his symptoms are concerned, is being reactant due to motives of autonomy on the level of the therapeutic relationship?

Some authors of manuals don't formulate rules algorithmically (in a narrow sense, allowing to follow them step by step, so that the procedure with patient A resembles very much the procedure with patient B), but rather heuristically (so that, while a resemblance remains in principle, on the surface, procedures may vary considerably). They do this for reasons of gain in effectiveness, applicability to a broader range of patients, or more generally, a gain in clinical or external validity of a therapeutic approach and the empirical evaluation coming along with it. The same applies to practitioners who use algorithmically formulated, high-internal-validity approaches heuristically, or extend the duration (Morrison, Bradley & Westen, 2003): They may not be aware of it, but

they trade external for internal validity. Trying to improve applicability, quality of processes, and outcome from a clinical (external) point of view, they take the risk of jeopardizing internal validity. The range of possible concrete procedures is broadened by the flexibility allowed by the use of heuristic rules, or by using algorithmic rules in a more sloppy way than envisioned by the developers.

Apart from this first big issue, the comparability of procedures, there is a second: the comparability of patients. Specifying the type of patients was a part of the postulates by Kiesler (1966) as well as Paul (1967) to abolish uniformity myths. In the EST movement, this is typically done by using homogeneous, monosymptomatic, non-comorbid groups of patients (major depression, no other axis I or axis II diagnosis). It seems a matter of course that effectiveness found for one group of patients cannot be transferred to different patients. Unless my patient strongly resembles the patients in a study in all relevant criteria, I cannot expect comparable effects, even when precisely applying the prescribed procedure. Therefore one needs to specify the group to which a procedure has been applied. Homogeneity can certainly be increased by the procedure typical for ESTs. It should be mentioned, however, that this approach is far from perfect, because a concentration of diagnostic criteria (in the sense of DSM) usually means neglecting so called "nondiagnostic" aspects, such as interpersonal properties, which have been shown to be critical in choosing the appropriate procedure (Beutler & Harwood, 2000; Grawe, Caspar & Ambühl, 1990). One could certainly perfect the homogenization beyond the point that is typical for ESTs, and there are good clinical arguments in favor of doing so. The common critique goes, however, in a different direction: What proportion of patients in common practice can be covered if treatments are tailored to specific diagnostic groups? So far, only a small part of defined diagnostic groups have been covered by manuals (Beutler, Malik, Alimohamed, Harwood, Talebi, & Noble, 2004), and given the high standards and costs of RCTs it is completely unrealistic to think that this approach can ever come close to covering most patients. This is particularly true when one thinks of combinations of patient properties of known relevance. It would be unfair not to mention that more recently, comorbidity has been included to a larger extent by the RCT approach (Hollon, 2007), but this does not solve inherent problems of the sheer number of groups needed to be studied to avoid having to say too often to a patient "sorry, bad luck, no sufficiently comparable group for you"! In addition, even among patients who would qualify for a treatment, only a relatively small part ends up using and receiving a number of therapy sessions sufficient to make therapy effective, and providing all the data needed for evaluation. This is another threat to generalizibility.

Pragmatic solutions

Pragmatic solutions for problems with the coverage of patients in natural settings by RCTs go again in the direction of using findings for groups sufficiently similar to a particular patient in a heuristic manner, of adding rules derived from a non-diagnostic perspective (Beutler & Harwood, 2000).

This is not to argue against a clinically reasonable development and use of therapeutic procedures, but to remind ourselves of the fact that most often, a gain in external/clinical/ ecological validity means a loss of internal validity. Unfortunately, this dilemma is often personalized: In oral and written discussions, some colleagues take the role of partisans of external, others of internal validity and present arguments why one is more important than the other. By selection of examples and criteria, it is always possible to make a convincing point, and it is good that, for example in

the activities of NIMH, the RCT initiative is complemented by a wealth of activities directed towards clinical practice and bridging the gap between basic effectiveness research and practice oriented effectiveness research. Process and process-outcome research are, of course, also needed to enhance our understanding of how and why psychotherapy works. In the following lines I will argue in favor of making a step back from commonly accepted but unnecessarily limiting solutions, and make some postulates related to the balance of internal and external validity.

Stepping back from some solutions

As mentioned above, APA prescribes manualisation. This is a self-evident solution for the need to specify the therapeutic procedure. When it is questioned, this happens for reasons of negative side effects, in particular from a clinical perspective. These side effects make developers as well as users depart from a narrow procedure thus jeopardizing the very idea behind the specification. If it is largely unrealistic that the procedure-related conditions of RCTs are met, the question of alternative solutions for the justified goal of specification arises. An obvious alternative is to specify the procedure retrospectively instead of prescriptively. This means: Instead of asking therapists to follow a precise manual and to check adherence, they can be given more heuristic rules, and by means of quantitative and possibly qualitative process research we can study what has actually been done in therapy. To study the actual process in all included therapies in detail is clearly an additional investment in favor of gaining flexibility, because in traditional RCTs adherence checks are typically considered to be sufficient, but one could argue that here too a more extensive description of what actually happens in therapy should take place. If this would be undertaken, the alternative proposed here would not be more costly.

As an example, in their 1990 study Grawe, Caspar and Ambühl prescribed different ways of doing case conceptualizations and of deriving and justifying concrete procedures. What therapists did on the level of concrete interventions was up to them, very much in the sense of Lazarus' multimodal behavior therapy (Arnkoff et al., 2006). They were even allowed to include interventions and ideas from other than cognitive behavioral approaches as long as this was plausibly justified in light of the individual case conceptualization. As the concrete procedure depended on the different ways of doing case conceptualizations (which was the prescribed experimental difference), differences in the procedures employed were expected; these were considered not as a problem, but already as a consequence and intervening variable, and described in the analysis of the data. One knows what the therapists did, but not by <u>pre</u>scription, but by <u>de</u>scription. This opens up possibilities postulated by Arnkoff et al. (2006), which are needed for an approach to effectiveness research in psychotherapy integration with integration taking place on the level of individual patients, and it opens up possibilities for direct experimental research on the effects of using principles (Castonguay & Beutler, 2006) and therapeutic factors instead of following narrowly defined procedures. The requirement of knowing what the <u>procedure</u> is met, but in a different way than is common to RCTs.

As far as <u>patients</u> are concerned, a priori homogenization is also not the only avenue to knowing to what type of patients' results apply. Here too, we can make a step back and think of the goal rather than of the commonly accepted means. There are also alternatives. An obvious one is to include a larger range of less selected patients (those more representative of common practice), describe the sample precisely, followed by analyses of differential effects. This has also been done in the study by Grawe et al. (1990): Only psychotic, substance addicted and acutely suicidal

patients were excluded. Effects on the whole group could equally be described as findings specific to one group of patients. It must be admitted that, corresponding to the state of the discussion at that time, diagnostic groups had not been sufficiently differentiated, but this could easily be done corresponding to the emphasis given to this criterion today. In principle, one would know what results can be related to which subgroups, the sample being more representative to patients in a natural setting due to the lack of a restrictive selection procedure. The issue here is differential outcome research – not so much as a means for increasing effects, which in general has been a rather disappointing approach so far, but to specify what effects can be expected for which patients according to the postulate of RCTs.

A panacea?
These two examples—methodological alternatives to common procedures—are not offered as panaceas for the problems discussed here. But they are illustrations for opening up the solution space by not confounding goals and means, and considering alternative means with fewer side effects. Even if discussion would reveal that one would trade one side effect for another, the variation would be an advantage when thinking of combining studies for compensation of weaknesses. The crucial point is, that with such procedures the advantage of experimental research in causal argumentation can be maintained, and the type of case conceptualisation or the application of a therapeutic principle or heuristic rule can be introduced as experimental factor.

What is the postulate? A huge problem when it comes to balancing external and internal validity is the lack of elaborate discussion of how to value criteria and advantages in terms of one against the other. This lack is not only regrettable from an academic point of view. It also brings about choices for “the safe side” by researchers as well as reviewers of grant proposals and manuscripts. The safe side is internal validity: Although some criteria of external validity have been discussed more intensely in recent time (such as exclusion of comorbidity and its consequences for representativeness), internal validity is much better specified. Researchers are therefore tempted or feel even pressured to give more attention to it and to make compromises in favor of internal validity in case of doubt. For example. they would prescribe a therapeutic procedure in a more narrow way than they might from a clinical perspective, they are more selective with patients. etc.

Reviewers are not gods with total freedom of choice: Usually they prefer judgments which they can justify as clear applications of consensual standards. As far as internal validity is concerned, standards are much farther developed and –as they correspond to the experimental paradigm valued too highly in psychology and related fields - than for external validity. This is unfortunate for approaches requiring flexibility, such as psychotherapy integration on the level of individual patients. It is also unfortunate for researchers dedicated to it, who then turn away from (funded and well published) mainstream research, with consequences for both careers and those patients who fall between the chairs.

A rationale for balancing external and internal required
The imbalance between the clarity and importance given to criteria of external and internal validity is not the only and maybe not even the main problem: It is rather the lack of rational evaluation and decision processes evaluating and balancing one and the other side. Reviewers are as helpless in this respect as researchers/authors – and of course, they are often the same individuals in different roles. It is obvious that a gain in internal validity if often paid for by a loss of external validity and vice versa. For some problems related to this, creative

solutions may be possible as illustrated by the "stepping back" and considering alternative solutions. It is for sure that this will not solve all problems. But how much loss of internal validity and what kind of loss can be tolerated in favor of a gain in external validity, and vide versa? What are rationales for an optimal balance when even much creativity does not lead to a truly satisfactory extent of both while crucial clinical questions wait to be answered?

Unfortunately, the author is, after extensive discussions (among others in the context of the German Research funding agency DFG; Caspar, 2006) not able to provide answers. This is clearly a domain waiting for an engagement of the most knowledgeable and bright spirits in the domain – and although it might seem paradoxical that practitioners should rank methodological questions very high: They should pull for it primarily.

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How general is Grawe's «General Psychotherapy»

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- general psychotherapy
- empirical research
- integration
- disorder specific
- psychotherapy training
- intervention

Abstract

This article deals with Grawe's concept and vision of "General Psychotherapy", expected or inherent limitations of the idea, and tries to define the conditions of its realization. We further discuss to what extent the idea is apt to bring into reality its ideal and to what extent Grawe's concretizations of his theory do effectively correspond to his vision.

What was Grawe's understanding of "General Psychotherapy"?

For a definition of "General Psychotherapy" it seems appropriate to quote Grawe in the original (1999a, S. 350; all translations FC):
»General Psychotherapy is for me a vision (general principle), which can be strived for by all psychotherapists independent of their point of departure. It is not a new form of therapy.«
Elsewhere (1997, S. 154) he defines General Psychotherapy as "the goal of a comprehensively scientifically grounded psychotherapy as an asymptotic goal. We will never reach it, it remains a vision, but we can approximate it". And: „The idea of a universally binding psychotherapy theory would not only be untenable from a theory of science point of view, it would also turn the basic idea of General Psychotherapy into its opposite. The overcoming of schools of therapy would in itself become a school of therapy" (1999a, p.351). Indeed, at that time we intensely discussed in the Grawe team whether or not one should write "General" with a capital G, to avoid the impression that this is a new approach defined in terms of a specific content. If this happened, this would just be more of the problems which Grawe tried to overcome.
Here it is expressed unmistakably: we deal with a vision (Leitbild).

Based on this notion, one might even question the title of this paper: Can "General Psychotherapy" as a vision be judged at all as to what extent it is general? Would one not rather have to address the question of "how general is ..." about a **theory** which claims to be **based on** this vision? We will come back to this issue of the appropriate question.

The goals of General Psychotherapy are (Grawe 1999a, S. 350):

- "the goals of exploring the positive possibilities of psychotherapy as extensively as possible, to develop them further, and to set the possible into action, as well on the level of the individual case as on the level of the delivery system"
- "the active readiness in the pursuit of this goal to consider, if possible, all relevant facts which, in line with the criteria of empirical research, can be considered well established"
- "the active readiness while pursuing this goal not to exclude from one's work any procedures with proven effectiveness or established facts due to their provenience."
- "the active readiness while pursuing this goal to focus on the objective criteria of the quality of structure, process, and outcome"
- "the active readiness to give preference to the theories with the objectively best explanatory power and scope, and to abandon theories if replicated facts contradict them".

Grawe continues: "this vision may be practically realized depending on the extent to which in therapeutic practice all well-proven therapeutic possibilities are utilized to bring about the best possible treatment outcome in the individual case. The vision is always violated when actually available well-proven treatment options are not used due to the theoretical background of the therapists. Known forms of therapy achieve the unity on which their identity is based at the cost of diversity. The diverse possibilities of psychotherapy are not utilized, and this is at the disadvantage of patients."

The postulate is clearly formulated. It is interesting that a violation of the vision is only envisioned explicitly if the non-use of therapeutic possibilities is caused by **theoretical** considerations of the therapists. Does this mean that a restricted psychotherapeutic practice is also considered to be general even if there are restrictions, but caused by other than theoretical reasons? Can, for example, a behavior therapist who is theoretically convinced that he or she should actually now do half a day of behavioral exposure with a patient, but does not do it for difficulties in the practical organization or billing problems, claim to be a "General Psychotherapist"? In spite of the fact that his procedure is not in line with generally known empirical findings?

Or another example: We have found at the outpatient clinic which has been founded by Grawe and been directed by him until his death, that emotion activation procedures (apart from behavioral techniques such as exposure) are used much less than his concept of procedural activation would suggest. He assumed that schemata needed to be activated in the ongoing therapeutic process if they are to undergo change (Grawe, 1998).

In contrast to this notion, a larger part of the actual therapeutic procedures was oriented toward building up behavior, cognitive-therapeutic, and analytic (Gassmann & Grawe, 2006). Such procedures are relatively easier to learn, at least subjectively, therapists seem to feel more quickly at ease with them. This is not in direct contradiction with the furthering of emotional activation. But a therapist following this trail will set different accents than an emotion focused therapist. What would be more appropriate overall is hard to say, the more so because the therapy success has been found to be overall very good. Nevertheless we had the impression, that therapist behavior, although derived from the individual case conceptualizations, had a bias.

This bias was based on differences in the subjective confidence with setting into action different procedures. Because the bias was **not** based on theoretical reasons, the question is: No violation of the principles of General Psychotherapy, although the patient possibly did not receive the best possible therapy? If one reads Grawe literally, the answer is: no violation! He only mentioned theoretically caused restrictions. However, he had most probably not considered other restrictions which are not **theoretically** caused but lead to a disadvantage for patients, to be less serious, but he simply dealt with theoretically caused restrictions more intensively.

After all, every restriction, be it theoretical, personal, institutional, based on the state of training, or other factors, would represent a deviation from the generality in the sense of an unlimited use of the procedure which is most promising for an individual patient. Of particular interest is the question whether a deviation which is caused by the state of training would be seen as a violation of General Psychotherapy. Probably not if a therapist is still in his/her original training and was therefore not yet able to acquire a broad range of procedures. He/she may even consciously follow the ideal of General Psychotherapy, but have not had the time to learn everything. In this case it seems important that the choice of what is learned is not based on **systematic** restrictions. Even if this is at the disadvantage of particular approaches, one could not speak of a limitation of the generality.

For example, a beginner may have a great interest in the CBASP-approach by McCullough (2005) for the treatment of chronic depression. She/he may nevertheless conclude that before feeling at ease with the technique of „Disciplined Personal Involvement“ she/he should first collect more experience and/or personal therapy. After all, a therapist needs to bring in him/herself with his/her whole person, but based upon good knowledge of his own personal reaction tendencies in a very controlled, disciplined way, to give a patient feedback on the impression he/she makes upon the therapist.

Even if, like in this example, certain approaches have a disadvantage, this could not be seen as a violation of generality if it is based on the high difficulty of an approach and on demands related to the therapeutic experience, and not on content related preferences and restrictions.

For Grawe it was obvious that a General Psychotherapy could not simply be understood as a sum of all existing therapeutic possibilities. This would be a possible understanding of integration. Grawe has repeatedly postulated that and demonstrated how more general, non clinical-psychological approaches (social psychological, cognitive-psychological, neurobiological, etc.) can be utilized. They belong to the conceptual basis of his postulates. Without such concepts, the ideas of General Psychotherapy would get stuck in a conceptual and technical eclecticism.

The choice of the title "Psychological Therapy" instead of something like "General Psychotherapy" for his second last book was supposed to express something like this. It is also hard to imagine how the abundance of relevant findings could be directing the action of a practitioner if it is not again and again organized into manageable concepts to establish an order and an overview. How else than with theoretical approaches could this be achieved? This has been attempted in the Grawe books of 1998 and 2004 (English: 2002/2006). The approaches formulated in these books can be judged from the perspective of the principles of General Psychotherapy, but they do not represent it.

Theories of the first and second generation

In one of his contributions, Grawe (1995) has distinguished approaches of "first and second generation". The former correspond to the original theories of psychotherapy. They are all deficient due to the fact that even at the time they were formulated, they could not claim to include all facts relevant for their area of application, and to use and/or explain them.

These theories have the historical merit of having served as a basis for developing various forms of therapy and of introducing them into practice. On the basis of theories of the first generation, the practice of psychotherapy began, and this yielded a strong increase in knowledge related to psychotherapy and its application. For an unbiased observer, this included also findings which were not compatible with these theories. Apart from some exceptions (exple: empirically based reflections on the therapeutic relationship in psychoanalysis; Henry, Strupp, Schacht u. Gaston 1994; questioning of the theoretical basis of behavioral techniques; Mahoney, 1977) they were by and large ignored instead of changing and enlarging the existing theories. The latter would be characteristic of second generation theories: They would not cling to the original therapy theories but include all facts relevant for their area of application (which can be larger or more narrow). As the empirical foundations as well as findings related to therapeutic effects are continuously evolving, theories can always only temporarily be considered to be second generation theories. They are nevertheless important: "Concretizations are needed. Concrete attempts to realize it must, however, not be confounded with the idea of General Psychotherapy. This concept is independent of any theory and continues to be valid even if a concrete attempt to realize it turns out to be insufficient (Grawe 1999a, p. 351)."

It is by the way not without irony that also the approaches of the "Third Wave" of behavior therapy, which one might consider to be the most developed approaches, can only with limitations be considered as second generation theories. At least to some extent they ignore facts and theories, just like the theories of the founding fathers did. But this is another issue not to be elaborated on here.

Common misunderstandings

Several colleagues have contrasted General Psychotherapy with a differential or disorder specific psychotherapy (Fiedler, 1997; Becker, 1995; Berger, 2007). As one of the first in the European literature, Grawe engaged in a differential psychotherapy, considering important patient properties (Grawe, 1976). He remained faithful to this approach and has consistently questioned whether all patients with a specific disorder should receive the same therapy, and has made important contributions to this issue till his last book (Grawe 2004). In the comparative study published in 1990 (Grawe, Caspar & Ambühl, 1990) "differential psychotherapy research" was the central issue, as reflected in the title of the study.

Not to understand General Psychotherapy in a differential sense, and to see it in contrast to a disorder oriented psychotherapy can only happen if one focuses exclusively upon the orientation along diagnoses. With such a perspective it may happen that one sees everything that questions such a disorder specific one-sidedness as too general (Grawe 1997).

The questioning of General Psychotherapy by Berger (2007) is paradoxically based on a concern which is shared to a high degree: Berger has criticized the school specific thinking which leads to a general procedure in the sense of not differentiating between disorders, which is considered to be an obstacle to a timely, patient oriented, and effective procedure.

This misunderstanding could hopefully be solved in the meantime (Caspar 2007b). To express this once more clearly: The many indicators that the old „one size fits all“ (Norcross, 2002) is wrong and that best results can only be expected if the therapeutic offer differs depending on patient properties, must be con-

sidered along with all other relevant findings. The notion that the property of having a particular disorder, or in the sense of comorbidity: disorders, is of particular importance, is a consequence of the weight of the available research findings, and this has been underlined repeatedly and unambiguously been expressed in the writing of Grawe. He has however, criticized a "glorifying picture of the success of disorder specific psychotherapy research" (1997, p. 142).

An appropriate model of therapeutic action

From the point of view of General Psychotherapy it is never the case, except in rare special cases, that an attribution of entire methods to diagnoses suffices when trying to come up with an optimal therapeutic procedure. The resulting when-then-rules without considering other properties of patient and situation would be much too rough. To adapt the therapeutic procedure to a variety of relevant properties we do not only need to know to what extent but also how psychotherapy works. A large part of the concepts and facts which help to understand how psychotherapy works in the sense of General Psychotherapy and which interventions or aspects of interventions are related to success, is neither related to diagnoses in the sense of DSM or ICD, nor is it related to entire methods in the sense of Chambless and Hollon (1998).

The fine tuning within a therapy session in the sense of adaptive treatment decisions ("adaptive Indikation") would remain empirically under-determined if we would rely only on findings related to the effects of entire psychotherapy methods. Luckily, this fine tuning can at least partly rely on additional evidence. An example are findings related to the therapeutic relationship, to resource activation, and other aspects. A rule could, following Grawe (1979), for example be formulated as "If you intend to expose a patient to a painful activation of problems, you should thoroughly pay attention to activating the patient resources at the same time. If you do not succeed doing so, you should rather forget about activating problems."

The consideration of aspects going beyond methods, and of principles which stand behind the functioning of psychotherapy, are also reflected in a number of task forces which were and are dedicated to the processing of empirical findings: The first pertinent APA task force (section 12, Clinical Psychology; Chambless u. Hollon 1997) dealt with the task, so to speak, of elaborating seals of quality for empirically supported therapy methods.

The second APA task force (Section 29, Psychotherapy; Norcross 2002), focused on the „Empirically Validated Therapeutic Relationship“, engaged in a complementary compilation of all relevant knowledge related to the therapeutic relationship. Only a small part of this knowledge has been gained experimentally and can therefore be interpreted causally.

There is, however, plenty of other evidence which can serve to give concrete, empirically grounded hints about how to establish a good psychotherapeutic relationship.

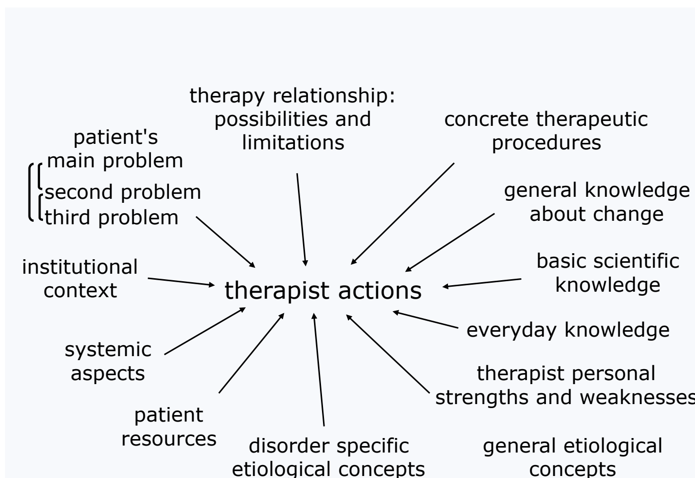
The APA task force „crosscutting and integrating principles“ (Castonguay u. Beutler 2006, again Section 12, Clinical Psychology) along with NASPR (North American Section of the Society for Psychotherapy Research) deals with underlying, empirically grounded principles which make psychotherapy work and which can also be used in a prescriptive sense.

The president of the Clinical Psychology section, a convinced advocate of psychotherapy integration and colleague in the SEPI steering committee, Marvin Goldfried, has planned, as a presidential initiative, to explore with practitioners what kind of empirical findings they can actually use in their practice, and what research would have to look like to bring about practically relevant results. The NIMH (National Institute for Mental Health) has dealt, for the rest, already for a long time with the difference between empirical findings from controlled studies and findings from practice conditions, and furthers practice-relevant research and implementation of findings.

All this is in line with our view that integration does not mainly occur on the level of approaches but in therapeutic action at the level of individual therapies.

But how can such an integration take place? In principle, this is a typical multiple constraint satisfaction problem, that is, a problem of juggling several things simultaneously. We designated the corresponding model "model of construing anew" („Neukonstruktionsmodell“), until some colleagues leveled (in spite of opposite formulations from our side) the reproach to Grawe and myself of postulating to rein-

Figure 1: Model of constructing anew



vent the wheel for every new case (Grawe, 1997). The model in Fig. 1 suggests that primarily the problem or the often interacting problems of a patient need to be considered. These may be, but do not necessarily correspond to, DSM-axis-I- and -axis-II diagnoses. Pivotal are further restrictions and possibilities related to the therapeutic relationship. The further elements in Fig. 1 cannot be discussed in detail here; a more comprehensive discussion can be found in Caspar (2007b and 2008).

The figure is supposed to illustrate which aspects influence the therapeutic action simultaneously. It seems obvious that a problem can better be treated when every step is reflected with respect to the therapeutic relationship, when also the patient's strengths and resources are activated, when the search for adaptations in the individual case are based on insight into the functioning of the psyche in general, in particular disorders, and of psychotherapy in general, etc. It is important that the therapist does not first deal with the problem, does **then** something for the relationship, etc. Rather, the therapist deals with the problem **in a way** which considers **simultaneously** the possibilities and restrictions on the level of the therapeutic relationship.

The model may appear to be complicated at first sight, but in our view it corresponds to how experienced therapists proceed anyway. According to our experience, beginners are also from the outset able to act in line with such a model. They bring about good effect sizes in their therapies, and are not at all as confused as some of our colleagues had expected. This can work because most of the time the method and the relationship do not pull in different directions. They can complement each other well in the sense that for example the problem and the corresponding method suggest **what** needs to be done without determining already **how** this should be done. Or the simultaneous activation of problem and resources brings about good conditions for working on the problem, etc.

Depending on the state of training and experience, more or fewer aspects can be considered simultaneously. According to the model for the development of expertise by Dreyfus & Dreyfus (1980), beginners go first through a phase of applying simple, overgeneralized rules. Typically, such a procedure is not wrong, but suboptimal. Thus one can expect from psychotherapists, just as one would from professionals in other domains, that during their professional development they refine their rules increasingly and use more and more specific situational information.

Their current state of training and experience may not yet allow beginners to consider a multiplicity of aspects simultaneously in a routine way. However, beginners can also orient themselves towards such a model. By the way, this does not at all exclude that a beginner concentrates on some aspects, while the supervisor pays attention to other aspects which are important in an individual case (e.g. systemic aspects which have first been neglected by a therapist). Step by step, therapists then learn to consider a growing part of the aspects themselves. This happens in an increasingly automated way and without excessive load on the information processing system.

Identity

Grawe assumes that one of the goals behind a violation of the generality of psychotherapy is to maintain the unity of concepts. This in turn serves the forming and maintaining of the identity of an approach. This is interesting: identity forms, as we know, also from the differentiation of who and how we are NOT. If one integrates everything useful into one's approach, it becomes impossible to distinguish oneself from anything relevant based on its content. The formation and maintenance of identity of humans who engage in a demanding profession which brings one again

an again at one's limits, is, however, crucial. The investment in money and time for their therapy trainings represents, in addition, a big sacrifice. It is thus understandable when therapists emphasize the value of "their" therapy approach by contrasting and differentiating it from others.

Often this happens on the level of content. In spite of existing empirical evidence, behavior therapists may not acknowledge that agoraphobics, whom they would treat with exposure, have also been shown to be treatable with Client Centered Therapy (Dengler & Selbmann 2000); psychoanalysts can or could hardly imagine that in brief behavior therapies symptoms can be treated without symptom shift resulting from such a "superficial" treatment, etc.

The recognition that also "the others" have useful insights which one would better like to integrate than to ignore, does not necessarily lead to a weaker, but to a different, more demanding, but possibly more solid identity: Not the identity which is related to the belief in particular concepts, but the identity based on the pursuit of certain principles, that is General Psychotherapy, or Psychotherapy Integration (Caspar 1999).

To make more intelligible what is meant, we may, as an analogy, look to Canada. In the Anglo-provinces it was common to assume a superiority of the Anglo-background of the majority, in spite of or may be due to the fact that many cultures were actually living together. In Quebec one used to believe in the superiority of the French background. With respect to the formation of identity, this was not such a great achievement. One could orient oneself on concrete properties such as language, customs, names, etc. But then the composition of the Canadian society became more and more colorful, and one began to live up to principles such as the non-discrimination of individuals due to ethnicity. In addition, the Canadian principle of multiculturalism has been introduced. According to it, the equal value of different cultures has been acknowledged, and multiculturalism has been defined as an identity giving principle in Canada. Here the analogy ends (my apologies to Canadian colleagues if I was oversimplifying, but I hope that the illustration works independently): After all, multiculturalism is contrasted to integration and assimilation which are principles related to General Psychotherapy. The analogy served only the purpose of pointing out the description of the replacement of one or few simple properties defining identity by more demanding principles that are less based on superficial properties. Canadians may, in addition, feel superior, as their identity may be seen as higher-grade. One may also object that many more simple minded Canadians are overstrained by such a more demanding identity formation, and adhere to a primitive racism. This may require patience on the one hand, and concrete measures on the other hand. In Canada "immersion" is offered, training, in which education in common fields such as mathematics or biology is offered in a language differing from the student's maternal language. Are there analogies to this in psychotherapy training? In Germany, and in many American training programs, trainees need to acquire also knowledge from the other therapeutic orientations.

The fact that in Germany, "the other" orientation is also defined in line with the three only recognized approaches ("Richtlinienverfahren"), which Grawe has seen as a great mistake, is rather in the way of a General Psychotherapy.

In view of the formation of identity, the concept of „Assimilative Integration“ (Messer 2001) is an issue: Here it is assumed that therapists should first learn one therapy approach thoroughly, and subsequently integrate elements from other approaches into this primary and dominating approach. Whether this way is necessary, or whether it is possible to train integratively from the outset, is subject of lively debate: for the formation of identity, assimilative integration is certainly the easier way, and one might at least hope that it also leads to a true integrative identity.

The appropriate questions

It has already been questioned whether the question of "how general General Psychotherapy is" is not formulated in a wrong way. At least it has stimulated the reflections undertaken until here. As far as these are considered to be relevant, the question was at least stimulating and in this sense useful. To find a meaningful answer, one must nevertheless differentiate:

The following questions may thereby be most important:

- is Grawe's approach of General Psychotherapy conceptualized in such a way that it actually furthers Generality and makes it more likely that one day Psychotherapy will really be general? and
- to what extent do the concepts of Psychological

Psychotherapy, its consistency theoretical model and the concept of Neuropsychotherapy live up to this vision?

From my point of view, the first question can be answered with "yes" almost without reservation. I can not imagine a concept which would contribute more to it.

If there are certain reservations, they are inherent. Grawe has, for example, argued in 1997 that representatives of the disorder-specific approaches typically argue based on randomized clinical trials (RCTs) and ignore in an occasionally arrogant manner the experience of practitioners. One might therefore postulate that the developers of concepts become more respectful towards the experience of practitioners, while sticking to the postulate of objectifying and replicating such experiences. Under this condition, such experiences should also be treated as facts to be considered in the sense of General Psychotherapy.

How can a practice-informed mindset be guaranteed or at least be furthered also among university professors? I believe that having their own therapeutic practice can contribute to it. A university professor will – independently of his/her preferences – never be able to conduct as many therapies as a "regular" practitioner, but if he/she can conduct only a few therapies, it's better than nothing. There is an ongoing conflict: Every hour invested into practice (and an hour of therapy session demands investment of more time for everything around the session) is lacking, for example, for reading, dealing with new concepts, which would in the sense of General Psychotherapy also be important. Those on whom the development of new concepts and the further development of old concepts depends, not exclusively but strongly, act permanently rather from a position of juggling with ignorance, sometimes more successfully, sometimes less, than from a position of being as well informed as they may be expected to be. Reading more, having more practice, developing and discussing more concepts, all this can be derived from the vision of General Psychotherapy. We must nevertheless accept that also hardworking and highly productive humans have their limits, and that this contributes to a difference between vision and reality which is larger than we would like. But, as stated already, this is an inherent problem for which there hardly is a radical solution.

The second question I have to pass. I believe that this should be answered by somebody who knows the field well but was less close to Grawe and his approaches than I was.

I hope nevertheless that this article can serve as a good basis for an evaluation and would like to add some considerations.

A first point is the consideration of practice, respectively, of facts from practice. Grawe has strongly criticized practitioners who would not recognize findings from efficacy research due to theoretical blinders. But he has always been open to the concerns of practice and the insights from practice. This has contributed to the fact that his ideas and proposals, including the concepts mentioned above, have always raised great interest among practitioners.

As far as Neurobiology in his last book is concerned, one might stumble across the issue of replication, a principle which Grawe has always highly valued when accepting something as a fact or not. When considering the publication of neurobiological findings, we see many studies with a very small N, and few replications, even in the most highly ranked journals. Psychotherapy studies with this standard would hardly have a chance to be published in a good journal. This is something I identified as a central problem of current neurobiological research already in 2002 (Caspar, 2003), and my assessment has not changed ever since. Also today piles of findings are produced and published which stand on shaky ground and would probably not have withstood an attempted replication. One must nevertheless deal with them, because one does not know a priori what is scrap and what is not. Dealing with empirical findings demands resources, and these are essentially limited.

With contradictory findings the question is: Which of the findings are correct and should be considered by practitioners? False findings compete here with true findings and impede their consideration. In behavioral genetics, therefore, the wise principle has been introduced that only findings which have been replicated at least once within a team may be submitted. This is an important first step towards sorting out crap. This does not necessarily mean that what has not yet been replicated is principally not worth publishing. There are methods and findings of which it can be assumed that they are more than accidental, although only a replication can actually prove this, and others for which a high rate of accidental

findings must be assumed a priori.
In particular when valuing the principles of General Psychotherapy, it is important to keep overload and unnecessary contradictions based on false findings to a minimum. A helpful measure would be to check very carefully which findings are solid and which are not. If one believes critics who are more knowledgeable in neurobiology than I am, Grawe (2007) bases his considerations partly on findings which do not satisfy high enough standards considering replicability and robustness. If one follows the reflections just undertaken, he would be doing a bad service to General Psychotherapy.

Here a conflict between two principles in the work of Grawe becomes apparent: On the one hand, to push a careful and solid General Psychotherapy, on the other hand to develop and promote new, programmatic ideas. Both are essential for the further development of a field, and for both Grawe had exceptional abilities, they both overlap strongly and pull often in the same direction.

Divergences develop around the question of which facts are already factual. In my view, Grawe has in his most recent book (and on very few occasions also in his previous work) decided in favor of the programmatic. This notion must, however, be seen as an exception from the rule that also his last oeuvre represents a contribution in the sense of the postulates of General Psychotherapy: to go beyond the formulation of principles by also formulating concepts which have a potential in helping to order a wealth of facts and thus to contribute to their use in actual therapies.

A further question could be related to the topic of neurobiology in his last book: Does it represent a violation of the principles of General Psychotherapy when existing relevant knowledge is ignored, or already when relevant knowledge, which we would be able to generate, is not generated? To be more concrete: If the hype related to expensive neurobiological research leads anyway to a drain of research money which could otherwise flow into psychotherapy research, do I become guilty when contributing further to the flow of additional money into neurobiological research? It seems obvious that with more modest means, immediately practice-relevant findings could be brought about.

For the practitioner, such questions may seem far off. However, these questions come from a world of hard competition for research resources. To the extent that practitioners are interested in research findings at all, they should mainly be interested in the kind of research that helps to immediately answer their most urgent questions. With a time lag, consequences of one-sidedness in the distribution of research resources lead also to bias in practice.

Therefore the question: Has Grawe contributed to a one-sidedly neurobiologically oriented research? The answer depends strongly on how one reads his book. On the one hand, one can, of course, derive a strong need for further neurobiological research. On the other hand, and this seems essential to me, Grawe has always emphasized the importance of psychological processes and interpersonal aspects of the therapy process, and many other not primarily neurobiological activities. Of course, as the title suggests, neurobiology is in the foreground of his last book. This is legitimate. If one looks at his work of his last years as a whole, one can't see a one-sidedness or neglect of the more traditional themes of psychotherapy research. Also with respect to the question raised here, he remains on the ground of General Psychotherapy.

Final considerations

Let us read once more Grawe in the original: "It is obvious that always only an approximation to such a vision is possible. The criteria for the degree of approximation change with the growth of knowledge. What today can be considered a good realization of the vision, will no longer be satisfying tomorrow, because the content as well as the criteria for the evaluation have changed with progress. "The need for a continuous development was also an issue related to the name of the 'Society for the Exploration of Psychotherapy Integration' (SEPI). An impossibly complicated name, calling for simplification, for example 'Society for Psychotherapy Integration'. Why not? Because 'exploration', the ongoing query and advancement is the central concern of the society in a dialectical dispute with various concepts and principles. SEPI does not want to find the ultimate integrative concept, because its representatives don't believe it exists. They would also, very much in the sense of General Psychotherapy, be afraid not to have advanced truly: One would have a model which can adorn itself with the label 'integrative', but would, apart from this, run the risk of growing stiff as a school of therapy, just like all other

approaches. Nothing would be gained.

"If ever it arises that I to the moment say:
Stay! You are so fair!
Then may you clap me into shackles;
Then will I gladly go to the ground!"

„Werd ich zum Augenblicke sagen: Verweile
doch! du bist so schön!
Dann magst du mich in Fesseln schlagen,
Dann will ich gern zugrunde gehn!
Dann mag die Totenglocke schallen,
Dann bist du deines Dienstes frei,
Die Uhr mag stehn, der Zeiger fallen,
Es sei die Zeit für mich vorbei!“
(Goethe's „Faust“, Scene 7) «

but:

"Who strives always to the utmost,
For him there is salvation"

„Wer immer strebend sich bemüht, den
können wir erlösen!“

(also Goethe's Faust)

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Developments in Psychotherapy in Indonesia

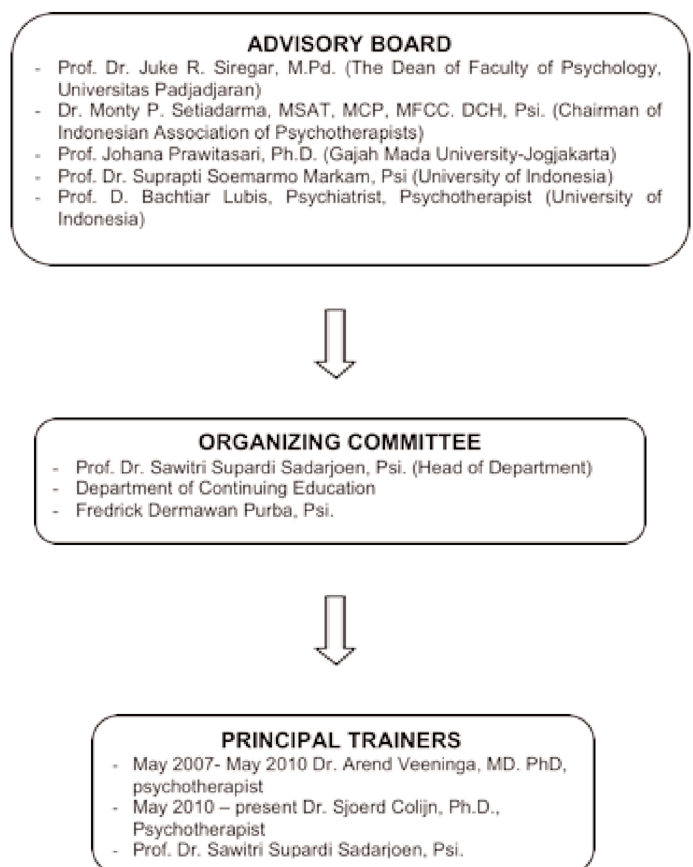
The first 3 psychotherapists graduated!

Arend Veeninga
Sawitri Soepardi Sadarjoen

Psychotherapy is gradually developing in Indonesia, in theoretical as well as in practical sense. Many institutions are at present giving seminars, workshops, or trainings and the Indonesian Association of Psychotherapists (Ikatan Psikoterapis Indonesia) is florishing. The section psychotherapy of the Indonesian society of Psychiatrists has recently organised the Third Annual Conference on Psychotherapy in Jakarta, attended by almost 500 participants!
The Department of Continuing Education on Psychology Profession, Faculty of Psychology, Padjadjaran University Bandung – Indonesia, one of the governmental Universities in Indonesia, initiated a few years ago a brevet program on psychotherapy, initially in collaboration with the chairman of the Dutch Association for Psychotherapy (NVP) in Utrecht, dr. Arend Veeninga. From the start, he was the principal trainer, in close cooperation with prof. dr. Sawitri Supardi Sadarjoen, Psi., Senior Lecturer in clinical psychology and psychotherapy of the faculty of psychology.

The program started in May 2007 with introduction workshops in cognitive behaviour Therapy (CBT) and client centred therapy (CCT). The program was gradually built up / extended with a variety of workshops and courses in subjects such as deepening in CBT en CCT, solution focussed brief psychotherapy, psychoanalytic psychotherapy and systemic approaches of psychiatric problems. Since 2008 Indonesian (aspirant) psychotherapists are offered the opportunity to follow twice a year (in May and November) one or more workshops, given by expatriate trainers from the Netherlands. Participation in the workshops was not restricted to those who wanted to graduate as psychotherapist. It happened frequently that interested people followed one or more workshops without yet having decided to follow the complete program. Interesting to mention is that psychologists as well as psychiatrists participated in the workshops.

This brevet program on psychotherapy is mainly centered in Universitas Padjadjaran-Bandung, and is organized by the Department of Continuing Education on Psychology. For the development of this program expertise and acknowledgment was sought within other Universities and Associations with links to psychotherapy (Indonesian Association of Psychotherapists; Indonesian Association of Psychologists; Indonesian Psychiatric Association–Section on Psychotherapy). The structure of the organization of the training is presented in the following diagram:



It is well known that psychotherapy is not only learned from theoretical lectures / courses and practical workshops, but also from practical experiences, supervision on psychotherapy and feedback from colleagues. Therefore the program was step by step extended with regular meetings of participants, not only for discussions on theoretical issues, but also for (group) supervision on psychotherapeutic treatments, and for case presentations followed by feedback given by colleagues. At present, participants are coming from different regions of Indonesia. Therefore meetings are now organized not only in Ban-

dung but also in Jakarta and Yogyakarta. Similar meetings will start in the near future in Surabaya and Medan.
The brevet program on psychotherapy is currently executed, based on the formal collaboration and cooperation with the RINO Group (government approved Institute Of Postgraduate Education and Refresher Course in Mental Health) in Utrecht, the Netherlands (Director dr. Bas de Mol).

In March 2010 Dr. Sjoerd Colijn, PhD., Psychologist-Psychotherapist and principal trainer in psychotherapy of RINO took over the function of principal trainer from dr. Arend Veeninga.
From may 2007 till May 2010 a total number of 88 people appeared to be interested and followed at least one or more workshops. Of the total number of participants, about 50% appears to be interested in following the complete brevet program.
The duration of the brevet program that has been developed will take up 3 semesters and it consists of 7 activities. i.e.

1. Training in theoretical backgrounds and practical methods
2. Sufficient practical experience in psychotherapy during the training:
3. Theoretical discussions
4. Supervision on psychotherapy: each course member has to present at least 3 written case descriptions of psychotherapeutic treatments, the quality of the report to be assessed by one ore more principal trainers.
5. Intervision (group supervision)
6. Learning therapy
7. Final Examination, by experts from the Netherlands and Indonesia.

Recently, the principal trainers have decided to formulate a definite teaching program on theoretical backgrounds and practical methods that comprises the following elements:
Theoretical orientations in psychotherapy to be studied:

- Psychotherapy integration and universal therapeutic factors
- Counselling and Client-centred theories
- Learning theory (Behaviourism) and Cognitive theories
- Psychodynamic theories
- Systems theory

Applications and methods in psychotherapy to be practised during the program:

- Foundations of psychotherapy, counselling and relational and skills (i.e. Client Centred Psychotherapy)
- Cognitive and behavioural skills
- Psychopathology, intake and relational processes (i.e. Psychodynamic Psychotherapy)
- Skills in family and Couples therapy (System therapy)
- Group Psychotherapy
- Children and Adolescent Psychotherapy
- Brief Psychotherapy (i.e. solution-focused psychotherapy)

A recent memorable event

In May 2010 the first three course members passed the final examination. The examination committee consists at present of 4 experts from Indonesia and one from the Netherlands. Of these, Professor Dr. med. Didi Bachtiar Lubis, PhD, is a Honorary Member of the IFP and two others, Dr. Sylvia Elvira Detri, MD (Chairperson, Indonesian Psychiatric Association–Section on Psychotherapy) and Dr. Arend Veeninga, are IFP council members. Other members are Prof. Johana Prawitasari, Ph.D. (Gajah Mada University-Jogjakarta) and Prof. Dr. Sawitri Supardi Sadarjoen, Psi. (UNPAD).
We wish the graduates Irene Edwina and Gimmy Siswadi and Henny Wirawan success in their career as qualified psychotherapist!

Subjects that need attention in the future

Psychotherapy has culture-sensitive aspects. Unfortunately, little is still known about assimilation of current Western psychotherapeutic approaches in Asian countries. It might not be appropriate to copy psychotherapeutic methods developed in Western societies without adaptations to Indonesian psychotherapeutic practice. For instance there are probably differences in what is considered to be adequate social (interpersonal) behaviour in different cultures. A beginning was made with a research project with a self-report questionnaire assessing differences in opinions between Indonesian and Dutch (aspirant) psychotherapists with regard to appropriate assertive behaviour. Preliminary results will be published soon.
Another project that has been started in May 2010 is 'training the trainees' in teaching theoretical back-

grounds and practical methods of psychotherapy, in order to take over the responsibility and practice of the brevet program as soon as possible. Six potential, promising teachers were selected from participants of the brevet program. They were asked to prepare theoretical presentations to be given for a group of master students in psychology. Moreover, they practiced thoroughly - with role playing - teaching practical psychotherapeutic methods, such as assessing psychological problems, formulation of treatment goals en carrying out treatment procedures. Reactions of the master student on the two-days workshop were very enthusiastic and promising for the development of psychotherapy in Indonesia.

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RINO Group, Utrecht, the Netherlands)

SAWITRI SOEPARDI SADARJOEN
(UNPAD, Bandung, Indonesia)

Congress Calendar

Lucerne, Switzerland, June 16 -19, 2010
20th IFP World Congress of Psychotherapy
"Psychotherapy: Science and Culture"
See more: www.ifp.name

Berlin, Germany, November 24 - 27, 2010 *(German & English)*
DGPPN Congress 2010 (yearly)
Of the German Association of Psychiatry and Psychotherapy
More information and application: www.dgppn-kongress.de

Manila, Philippines, January 25 - 28, 2011
Cebu, Shangri-la Mactan Hotel
«Mirroring the Asian Way of Psychotherapy»
6th APAP Congress - 37th PPA Annual Convention
Asia-Pacific Association of Psychotherapists (APAP) and
Philippine Psychiatric Association (PPA)
(email APAP2011@yahoo.com for congress details)
The Congress promises to be an exciting gathering of international experts in the field of mental health, for an intercultural and interdisciplinary exchange on the practice, research and teaching of psychotherapy in the Asia-Pacific Region.
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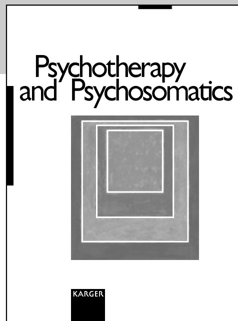

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Selected contributions

Rehabilitation in Endocrine Patients: A Novel Psychosomatic Approach: **Sonino, N.** (Padova/Buffalo, N.Y.); **Fava, G.A.** (Bologna/Buffalo, N.Y.)

Agoraphobia and Panic. Prospective-Longitudinal Relations Suggest a Rethinking of Diagnostic Concepts: **Wittchen, H.-U.** (Dresden/Munich); **Nocon, A.** (Munich); **Beesdo, K.** (Dresden); **Pine, D.S.** (Bethesda Md.); **Höfler, M.** (Dresden); **Lieb, R.** (Munich/Basel); **Gloster, A.T.** (Dresden)

Current Status of Augmentation and Combination Treatments for Major Depressive Disorder: A Literature Review and a Proposal for a Novel Approach to Improve Practice: **Fava, M.** (Boston, Mass.); **Rush, A.J.** (Dallas, Tex.)

Financial Ties between DSM-IV Panel Members and the Pharmaceutical Industry: **Cosgrove, L.** (Boston, Mass.); **Krimsky, S.** (Medford, Mass.); **Vijayaraghavan, M.; Schneider, L.** (Boston, Mass.)

Psychotherapy of Childhood Anxiety Disorders: A Meta-Analysis: **In-Albon, T.; Schneider, S.** (Basel)

Atypical Antipsychotics: CATIE Study, Drug-Induced Movement Disorder and Resulting Iatrogenic Psychiatric-Like Symptoms, Supersensitivity Rebound Psychosis and Withdrawal Discontinuation Syndromes: **Chouinard, G.; Chouinard, V.-A.** (Montreal)

The Manic-Depressive Spectrum and Mood Stabilization: *Kraepelin's* Ghost: **Ghaemi, S.N.** (Atlanta, Ga.); **Baldessarini, R.J.** (Belmont, Mass.)

How Does Our Brain Constitute Defense Mechanisms? First-Person Neuroscience and Psychoanalysis: **Northoff, G.** (Magdeburg/Berlin); **Bermpohl, F.; Schoeneich, F.** (Berlin); **Boeker, H.** (Zurich)

Treating Acute Stress Disorder and Posttraumatic Stress Disorder with Cognitive Behavioral Therapy or Structured Writing Therapy: A Randomized Controlled Trial: **van Emmerik, A.A.P.; Kamphuis, J.H.; Emmelkamp, P.M.G.** (Amsterdam)

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