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IFP
international federation
for psychotherapy

newsletter

Bern, January 2015

Editorial

Dear colleagues,

The IFP board is glad to send you our latest Newsletter.

IFP President Franz Caspar has been elected to the research council of the Swiss National Science Foundation, which has made it impossible for him to continue as the IFP President. For this reason, during the 2014 IFP congress in Shanghai, a new President was elected who will serve for the next 4 years. The Board Members are pleased and honored to welcome Prof. Paul Emmelkamp who has accepted the challenging task of being the new President of the IFP. We offer him our best wishes for success in this work and trust that he will help the IFP to maintain its high level of activities.

During the 2014 IFP congress in Shanghai, I was also appointed as Board Member, and I sincerely thank the IFP Board for entrusting this important responsibility to me.

The present issue first presents a letter from President Paul Emmelkamp. After this you will find a brief report of the 2014 IFP congress in Shanghai written by the local organizer, Prof. Xudong Zhao. More than 200 academic papers had been submitted and, in 3 days of the congress, the organizers offered 3 keynote presentations, 11 plenary lectures, 9 special forums, 53 symposia, 28 workshops, and 27 posters. We thank all the IFP congress participants for having attended the conference!

Then you can find an interesting overview by Franz Caspar on a still debated topic: do findings in psychotherapy research have any use for practitioners?

Next we present a brief report by Dr. Helene A. Nissen-Lie who won the first Young Researcher Award from the IFP which was given in Shanghai last May. Her topic was the contribution of the psychotherapist to psychotherapy. This is just the first in a series of awards that the IFP plans to offer. The next award will be for Mid-Career, you can find more details in the present Newsletter.

Finally, we present abstracts of some recently published papers that are interesting from both a scientific and a clinical point of view. We hope they will help you keep updated on new developments.

The IFP board sends Season's Greetings to all and wishes you pleasant reading!

Fiammetta Cosci (IFP Newsletter Editor)

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Letter of the President

It is an honour to have been elected as President of the International Federation for Psychotherapy (IFP). I intend to continue the policy of the past president, Professor Franz Caspar, to bridge the gap between science and practice. In addition, I will make an effort to implement psychotherapy in countries where it is hardly practiced, such as in the Arab world.

The board of the IFP consists of F. Caspar (past-President), F. Cosci (Editor newsletter), P. Emmelkamp (President), S. Herpertz (Secretary), D. Moussaoui (vice-President), D. Orlinsky, M. Rufer (Treasurer), and S. Zipfel. The board met in Zurich in early October.

The research committee of the IFP consists of five members: S. Iwakabe (Chair), D. Orlinsky (liaison to the board), M. Grosse Holtforth, H. Beutler and A. Zeeck. The research committee's proposal of giving an Outstanding Mid-Career Research Award in 2015 was supported by the Board. The winner of the rewards will be mentioned in the journal *Psychotherapy & Psychosomatics*.

The president of the IFP will continue to participate in the EU expert panel on depression.

The Treasurer's Report was approved by the board. Fortunately, the finances of the IFP are in a strong state as we maintain a healthy balance in our annual spending.

The Newsletter will now also contain relevant abstracts of psychotherapy studies and in the future special emphasis will be given to *open access* publications on psychotherapy. Links will be provided to full publications of relevant studies that are in the public domain.

The World Congress of the International Federation for Psychotherapy 2014 in Shanghai was a great success. The next World Congress will be in 2018. Members of the IFP will be asked which of them are interested in organizing the World Congress 2018. If interested, please contact Paul Emmelkamp (p.m.g.emmelkamp@uva.nl).

The Secretariat will stay in Bern, Switzerland for the next 2 years and thereafter a relocation to The Netherlands will be considered.

Finally, 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.

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Best regards
Prof. Paul Emmelkamp, PhD

Paul Emmelkamp – Brief Curriculum Vitae

Paul Emmelkamp is a licensed psychotherapist and clinical psychologist and professor of clinical psychology at the University of Amsterdam. He received his training in psychotherapy at the Institute of Medical Psychotherapy in Utrecht. He is Co-Editor in chief of Clinical Psychology & Psychotherapy, serves on the editorial board or advisory board of a number of journals in psychology and psychiatry, including Journal of Anxiety Disorders, International Journal of Clinical and Health Psychology and Psychotherapy & Psychosomatics. Over the years Paul Emmelkamp has published therapy-outcome studies on adults with work-related distress, substance abuse disorders, personality disorders, depression, post-traumatic stress, panic disorder/agoraphobia, obsessive compulsive disorder, marital distress and intimate partner violence; and on children and adolescents with ADHD, conduct disorder and anxiety disorders. He is further interested in the application of information technology to the treatment of patients. Apart from his involvement in the evaluation of psychotherapy through the Internet, a major contribution in this domain consists of the development and evaluation of controlled clinical trials on virtual reality exposure therapy for anxiety disorders. Other research interests include cross-cultural applications of psychotherapy.

21st IFP World Congress of Psychotherapy Held in Shanghai, China

Xudong Zhao

The IFP Congress of Psychotherapy is a worldwide, intercultural and interdisciplinary gathering for psychotherapists. Its latest 21st IFP World Congress of Psychotherapy was held on May 9-11, 2014, in Shanghai, China, which coincided with the 1st anniversary of *The Mental Health Law of the People's Republic of China*. The new law's publication in May of 2013 was a meaningful moment in China, because for the first time in China's history it defines psychotherapy as a scientific medical treatment.

The theme of the congress was "Psychotherapy Contributing to Global Health", which attracted over 1200 multidisciplinary professional attendants from 28 countries and regions. More than 200 academic papers had been submitted in advance. In this 3-day congress, the organizers tried their best to provide all attendants a grand and rich feast, which included 3 key-note presentations, 11 plenary lectures, 9 special forums, 53 symposia, 28 workshops, and 27 posters. The presentations covered wide topics in the East and West across psychotherapy, psychiatry, medicine, culture, public health, education, philosophy, ethics, laws, and many others. It turned out not only to provide a high-quality opportunity for international professionals focused on both theory and practice of psychotherapy to establish collaborative relationships and friendship, but also to present and exchange new developments spanning from basic methodology to clinical and community aspects of mental health.

Important government officials, well-known experts and scholars from home and abroad were present at the opening and closing ceremonies delivering speeches to celebrate and witness the magnificent event. These included Franz Caspar, the Past President of IFP; Norman Sartorius, the former Director of Mental Health Bureau of WHO; the Chairman of the conference; Wang Bin, the Deputy Director of Disease Control Bureau of National Health and Family Planning Commission; Xiao Zeping, the Deputy Director of the Shanghai Health and Family Planning Commission; Ma Xin, the Chairperson of Chinese Mental Health Association; and Zhao Xudong, the Chinese chairman of the congress.

Franz Caspar, the Past President of IFP and the Congress, introduced IFP's intention and preparation to hold the congress in China in his welcome address, and emphasized the importance of research in the worldwide development of psychotherapy. Norman Sartorius, the former Director of Mental Health Bureau of WHO, affirmed in his key-note speech entitled *"Mental health and the role of psychotherapy"* that psychotherapy in the whole world is playing a vital role in promoting people's mental health and the whole well-being condition. Since the physical diseases are always accompanied by psychological problems and mental disorders frequently show comorbidity with physical disease -- they even interact with each other as cause and effect -- "psychotherapy" is not only used to treat psychological illnesses and mental disorders, but also applied widely to the treatment and recovery for physical disease patients. It is a cross-cultural topic and needs a sustainable goal and developing model.

WANG Bin, the Deputy Director of Disease Control Bureau of China's National Health and Family Planning Commission, made a speech about the meaning of the psychotherapy for mental health in China at the opening ceremony. She claimed that the value of mental health has been extensively recognized by Chinese society. However, China still has a long way to go in terms of psychotherapy. The lack of mental health service providers makes it difficult to meet the huge and urgent needs of the public. Therefore, China is working hard to learn the advanced experiences around the world, while looking forward to developing its own psychotherapy approaches specifically based on science and on Chinese culture. The conference must be of great importance and meaning to China.

ZHAO Xudong, the local Chairman of the congress, made a speech entitled "*Psychotherapy in a radically changing China*", highlighting the rapid development of modern psychotherapy in an ancient country. His speech provided a social, cultural, historical, philosophical and systemic perspective to develop mental health in modern China, which has being experiencing what took Europe several centuries to experience within several decades. He reminded the professional of valuing the impact of these social factors on patients.

Several awards were also announced in the conference, including an "Excellent Paper Award" to young scholars, which aims to promote more excellent practical research on psychotherapy by young scholars all around the world.

It is also worth to mention that the congress has little commercial financial support from industry, but it turned out to be a high-level event full of pure academic and intellectual interests and without any advertising activities.

The congress was organized by the International Federation for Psychotherapy (IFP) and Chinese Mental Health Association, co-organized by Tongji University, Shanghai Mental Health Center, and several other Chinese academic organizations.

The core members of the organizing and academic committees

Opening ceremony

Opening ceremony

Prof. Sartorius presenting his keynote speech

Is There Any Use of Psychotherapy Research for Practitioners?

Franz Caspar

Do findings in psychotherapy research have any use for practitioners? When first addressing this question for a brief comment, it seemed easy for me to write two pages on it. I had written about similar topics several times. A new look at the literature that I had read earlier as well as new literature opened a whole new world of view, arguments and proposals, which could be discussed more easily in a longer article. Such an article, however, would be read by fewer readers, therefore I try to write down the essence here while trying to remain concrete. I refer readers interested in more detail to a list of references that I can send on demand (caspar@psy.unibe.ch)

A first comment on the one-sidedness that could be seen in the title: An important insight, although not shared by all practitioners, is that the alley between research and practice should not be a one-way street. Already Beutler et al. (1995) made the empirically based statement that practitioners understand researchers better than the other way around. Researchers have to learn much from practice if they wish to let their research become more practice relevant, but also for other reasons.

For reasons of simplicity it is presumed here that researchers as well as practitioners have an interest to contribute to an optimal provision of psychotherapy for those who need it (Kazdin, 2008), although this may be too simple and even naive given the plausibility of other motives. In addition, it is presumed that pulling together on the same rope and being familiar with the knowledge of the respective other side is useful, but that the much bemoaned science-practice gap is a reality. Such a gap is, by the way, not unique to psychotherapy (Beutler et al., 1995). The gap is said to be exacerbated by the propagation of RCTs (randomized controlled trials) as “gold standard” of psychotherapy research by some researchers, which is critically discussed by clinicians for good reasons (Kazdin, 2008).

How big is the gap really? Is there any evidence for it or are we just talked into believing in such a gap? There is evidence that indeed important findings are little known to practitioners, including findings related to the effects of psychotherapy in general, or the importance of non-specific factors such as the therapeutic relationship (Boisvert et al., 2006; Morrow-Bradley & Elliott, 1986). Such findings should be of interest for practitioners, because they can be used to confirm the usefulness of psychotherapy in general. The high importance given to the therapeutic relationship, among other factors, is in line with the daily experience of most practitioners. It is therefore not at all true that practitioners have reason to ignore findings, because these would question dear assumptions. It is true, however, that a lot of false assumptions are spread about research – for example, that randomized clinical trials means ‘double blind’ treatments. It would indeed be difficult to figure out how this could work, but this is also not a serious claim. The assumption of double-blindness appears rather as phantasy and propaganda. It is, by the way, not really proven that up to date professional knowledge leads to better therapies (Boisvert et al., 2006).

There are also findings showing much interest of practitioners in research (Ogrodniczuk et al., 2010). When practitioners point out insufficient practical relevance of research, this is not just an excuse for a basic lack of interest in research.

Another question related to the gap is how big the distance between researchers and practice really is. It may be that there are researchers who have an understanding of science and what is scientific, which is indeed narrow, maybe even provokingly narrow for practitioners ("empirical imperialism“ Castonguay et al., 2013; Levant, 2004;) and who may not correspond to Grawe’s postulate of acknowledging all concepts and facts that are relevant for a domain (Grawe & Caspar, 2011). On the other hand, there are many researchers who are practicing psychotherapists, even if they are not full-time practitioners. They respect that their full-time colleagues know much more about practice, but also consider themselves correctly, although with some limitations, as practitioners. I myself deliberately engaged in psychotherapeutic practice for some years as chief psychologist in a psychiatric hospital, and I am not easy to convince that there is a God-given gap between practice and research.

What is in the way of a stronger impact of research upon practice? There are various compilations of critical points, such as the one by Ogrodniczuk et al. (2010):

1. the investigated research questions are of too little interest for practitioners;
2. the investigated treatments and patients are irrelevant for common everyday practice;
3. often criteria of little practical relevance are used; for example, there is too little attention for long term effects, and it is unclear what the research criteria mean for patients’ functioning in real life (Kazdin, 2008);

4. researchers invest too little effort in translating and convey their findings in such a way that practitioners could use them;
5. Kazdin (2008) argues specifically about RCTs that we know also from everyday life that "one size fits all" does not really fit anybody. In addition, he states that science has failed to propose models helping of how to use findings from RCTs in practice. Several measures seem not to have changed the situation so far, such as the use of guidelines by research funding agencies to plan the use and dissemination of RCT findings from the outset;
6. it is said that practitioners mistrust RCTs because they suspect, not without reason, that findings from such studies could reinforce doubts against practitioners and influence government and insurances to be on the side of non-psychotherapists;
7. finally, it is somehow comforting to know that in neighboring domains it also takes about 15 years for research findings to begin to influence practice (Boren & Balas, 1999).

It can be assumed that arguing against one or another practitioner reservation about research, even when proven that these are not justified, are of little use as long as other reservations persist (Levant, 2004).

Currently, a number of efforts are being made to make research more relevant for practice and to improve communication between researchers and practitioners. The following list of efforts is heterogeneous and does not claim to be complete:

- many empirically based CME (continued medical education) contributions in journals; specialized CME journals;
- an increased number of articles and congress contributions dealing with the relation of research and practice;
- the presidential initiative of APA division of "Psychotherapy" by Marvin Goldfried titled "Closing the Gap between Research and Practice";
- the inclusion of an article related to the science-practice issue by Castonguay et al. (2013) in the "bible" of psychotherapy research, the latest edition of the *Handbook of Psychotherapy and Behavior Change*, edited by Michael Lambert;
- the special 2014 issue on the topic in the journal *Psychotherapy Research*;
- the development of several major scientist-practitioner networks;
- the weight given to the dissemination and implementation of research findings, in particular in the US;
- the free use of important assessment tools such as CORE and IMI (in German) for practitioners;

… but also smaller initiatives such as:

- the continual offer of "research consultations" for practitioners interested in research with experts at SEPI congresses (http://sepiweb.org/);
- the series of contributions related to the science-practice issue in this Newsletter;
- etc.

If one sees these developments from an optimistic stance, we might soon have a situation in which researchers do not particularly emphasize anymore that they collaborate with practitioners, but in which they would rather have to justify if they do not. But then also practitioners will have to justify if they do not read practice relevant literature and do not use the findings reported there. Maybe an incentive will also be the increasing knowledge of patients thanks to the internet, as therapists may not want to be embarrassed when patients know more about the state of research than they know as therapists …

We will have to accept that psychotherapy as a domain is in many ways more complicated than many other domains in which practitioners profit from scientific findings. Peterson (2004) derived from this a postulate of pluralism for which there seems currently to be little space, at least in the US and the UK. There are also new challenges, such as the need for larger samples, when research ought to be more informative for patient subgroups, or a more rational balancing of internal versus external validity by researchers and reviewers. There is still much to do!

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The original has been printed as Caspar, F. (2013), Was nützen Ergebnisse der Psychotherapieforschung für die Praxis? *Psychotherapie, Psychosomatik und Medizinische Psychologie, 63*, 303-304. Reprinted in English with permission by Thieme Publishers.

YOUNG RESEARCHER AWARD ADDESS

The Contribution of the Psychotherapist to Psychotherapy

Helene A. Nissen-Lie

It was a true honor to win the first Young Researcher Award from the International Federation for Psychotherapy (IFP), and to come to Shanghai in May to receive it. The research for which I got this prestigious award was my Ph.D. work (Nissen-Lie, 2011) on the "contribution of the psychotherapist to psychotherapy". This is a brief summary of its findings.

An accumulating body of evidence suggests that therapists vary consistently in the outcomes their clients obtain in therapy (Baldwin & Imel, 2013), but we lack knowledge about what characterizes more or less effective therapists. Five studies were conducted with the aim of increasing our understanding on how the individual therapist contributes to process and outcome of psychotherapy (Nissen-Lie, Monsen & Rønnestad, 2010; Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013; Nissen-Lie, Monsen, Høglend, Havik, & Rønnestad, 2013; Nissen-Lie, Havik, Høglend, Monsen & Rønnestad, 2014; Nissen-Lie, Rønnestad, Høglend, Havik, Stiles, Solbakken, & Monsen, submitted). These were done in a naturalistic treatment setting (Havik et al., 1995) with 370 ordinary patients suffering from a wide range of mental health problems, most of whom had a high level of clinical disturbance, including 50% with at least one personality disorder. The therapists, who were mostly clinical psychologists and psychiatrists, were assessed for the most part using concepts developed by the SPR Collaborative Research Network by means of the *Development of Psychotherapists Common Core Questionnaire* or DPCCQ (Orlinsky & Rønnestad, 2005). The DPCCQ survey measures how therapists describe themselves in their clinical work, their professional experiences, their personal lives and private relationships, and so on. However, using therapist self-report to predict therapy process and outcome (the latter rated, e.g. by patients and external observers) felt like a 'risky project' since there is quite a gap between how therapists perceive themselves and experience their work - and how patients perceive their therapeutic process and to what extent they change through and after treatment. Despite the inherent risk of this undertaking the studies demonstrated some powerful and meaningful - if not always expected - links between the two set of variables. Below is a brief summary of this research and its findings, and acknowledgements of the grants received and mentors to whom I owe a lot for enabling me to embark on this exciting journey.

Using Multilevel Modeling (MLM) we investigated the extent to which therapists differed in their ability to form working alliances with their patients, and in their patients' change trajectories in three different outcome measures (GAF, symptom distress and interpersonal problems). The next step involved exploring whether therapists' "Work involvement styles" (Orlinsky & Rønnestad, 2005) or their subscales for therapists' in-session feelings and interpersonal manners with patients, difficulties in practice and coping strategies, and quality of life and personal introject states (Benjamin, 1996) related to working alliance and outcome (as measured from various observational stances).

To summarize, some of these concepts robustly predicted process and outcome, but not necessarily in the direction expected (possibly because the therapist characteristics were self-reported). The effect of therapists' experiences of *difficulties in practice* was particularly strong. One aspect of therapist difficulties termed "Negative Personal Reaction" (NPR) involved deficient empathy towards clients and trouble finding something to like and respect in a client had a negative influence. However, a surprising *positive* influence was found for another therapist difficulty factor termed "Professional Self-Doubt" (PSD) which refected therapists' doubts about whether they can have a beneficial effect on a client. This latter finding led to an interpretation of PSD as reflecting an attitude of therapist humbleness and sensitivity, which seems to facilitate alliance building.

The second study showed that alliance scores obtained from both therapists and patients from session 3, 12, 20, and 40 were predicted by some of these therapist factors but the relationships depended the rater's perspective. For example, it emerged that therapists' negative reactions to patients (NPR) and in-session feeling of anxiety affected patient-rated alliance but not therapist-rated alliance. On the other hand, therapist experiences of 'Flow' (Csikszentmihalyi, 1990) during sessions impacted only the therapist-rated alliance. The patterns observed in this study implied that therapists should be particularly aware that their *negative* experiences of therapy seem to influence their clients when they evaluate the working alliance through the course of treatment. In study 3, the contribution of the quality of therapists' personal lives to the development of the working alliance was explored and yet another notable divergence between therapists and patients was detected when evaluating the alliance:

Therapists' experiences of burdens in their private lives (e.g., personal conflict and loss) was strongly and negatively related to the growth of the alliance *as rated by patients*, but was unrelated to therapist-rated alliance. Conversely, therapists' experiences of personal satisfactions in their private lives was clearly and positively associated with *therapist-rated alliance growth*, but was unrelated to the patients' ratings of the alliance. Thus it seems that patients are particularly sensitive to their therapists' private-life experience of distress, which presumably is communicated through the therapists' in-session behaviors, but that therapists' judgments of alliance quality were positively "biased" by their own sense of personal wellbeing.

In the last two studies, therapists' self-perceptions were investigated in relation to patient outcome, corroborating some of the findings from the preceding studies on therapy process. Preliminary estimates of therapist effects in patient change indicated that 4% of change in general symptom distress (GSI), almost 21% of change in IIP global scores, and 28% of growth in GAF could be attributed to therapist differences. The results also demonstrated that some of the therapists' self-perceptions were clearly related to patient outcome. Again, the therapists' scores on 'Professional self-doubt' (PSD), denoting doubt about one's professional efficacy, were associated with positive change in IIP global scores.

These findings suggest that therapists' self-reported functioning can be of value in understanding how individual therapists contribute to therapeutic change; e.g., that therapist 'Professional self-doubt' was beneficial with regards to both process and outcome (which initially came as a surprise). Since there are reasons to suggest that the therapist effect lies at the intersection between psychotherapists' *professional* and *personal* functioning, the last study investigated whether and how therapist professional reports of 'Professional self-doubt' and of their coping strategies interacted with aspects of their personal self-concept (i.e., the level of self-affiliation, measured by the SASB Intrex; Benjamin, 1996). in predicting patient outcome. Indeed, a significant interaction was observed between therapist 'Professional self-doubt' (PSD) and self-affiliation on change in patients' interpersonal distress. Therapists who reported higher PSD induced more positive patient change if they also had a self-affiliative introject. Therapists' use of coping strategies also affectted therapeutic outcome, but contrary to our prediction therapists' self-affiliation was not a moderator between therapist coping and patient outcome. A tentative take-home message from this last study could be: "Love yourself as a person, doubt yourself as a therapist".

All of this research implies that therapy process and outcome may be influenced by the ways that therapists perceive themselves and experience their clinical work, which presumably are communicated through their in-session behaviors. Unexpectedly, the studies found a notable divergence between which therapist self-reports influenced the therapists as compared to patients in evaluating the working alliance. The divergence in the patient and therapist viewpoints has potential implications for therapist training, supervision, and everyday self-reflection.

In essence, clinicians work more effectively when they are more conscious of the difficulty and uncertainty of their work, and are less 'blinded' by notions of their skillfulness. Therapists who are more aware of their limitations may be more realistic and attentive to indications that their clients are not improving, possibly enabling them more frequently to resolve barriers to treatment or prevent attrition (e.g., McDonald & Mellor-Clark, 2014). The findings of these studies also clearly support a *two-subject view* of psychotherapy in which both patient and therapist actively interpret and influence their mutual exchange.

Acknowledgements

These studies used data from the Norwegian Multisite Study of Process and Outcome in Psychotherapy (NMSPOP) that was supported by grants from Medicine and Health, the Norwegian Research Council; Health and Rehabilitation through the Norwegian Council for Mental Health; the Department of Psychology, University of Oslo; the Department of Psychiatry, University of Oslo; and the Faculty of Psychology, University of Bergen.

The project was also supported by the National Program for Integrated Clinical Specialist and PhD Training for psychologists in Norway. The program is a joint cooperation among the Universities of Bergen, Oslo, and Tromsø, Norwegian University of Science and Technology (Trondheim), Regional Health Authorities and the Norwegian Psychological Association. The program is jointly funded by the Ministry of Education and Research and the Ministry of Health and Care Services.

I am greatly indebted for their invaluable contributions to several dear mentors: professors Michael Helge Rønnestad and Jon T. Monsen (both at the University of Oslo), professor David E. Orlinsky (University of Chicago) and professor Bruce E. Wampold (University of Wisconsin-Madison). Again, I would like to express how honored and grateful I feel to have received this award from the IFP, which gives me great inspiration to continue to conduct research in the field of psychotherapy and mental health.

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Prof. F. Caspar, Dr. H.A. Nissen-Lie, Prof. U. Schnyder

INTERESTING RECENT PAPERS ON PSYCHOTHERAPY

(1)

Psychological Therapy for Anxiety in Bipolar Spectrum Disorders: A Systematic Review

Stratford HJ, Cooper MJ, Di Simplicio M, Blackwell SE, Holmes EA.Clin Psychol Rev. 2014 Nov 8;35C:19-34. Doi: 10.1016/j.cpr.2014.11.002

Abstract

Co-morbid anxiety is common in bipolar spectrum disorders [BPSD], and is associated with poor outcomes. Its clinical relevance is highlighted by the "anxious distress specifier" in the revised criteria for Bipolar Disorders in the Diagnostic and Statistical Manual 5th Edition [DSM-5]. This article reviews evidence for the effectiveness of psychological therapy for anxiety in adults with BPSD (bipolar I, II, not otherwise specified, cyclothymia, and rapid cycling disorders). A systematic search yielded 22 treatment studies that included an anxiety-related outcome measure. Cognitive behavioural therapy [CBT] for BPSD incorporating an anxiety component reduces anxiety symptoms in cyclothymia, "refractory" and rapid cycling BPSD, whereas standard bipolar treatments have only a modest effect on anxiety. Preliminary evidence is promising for CBT for post-traumatic stress disorder and randomized anxiety disorder in BPSD. Psychoeducation alone does not appear to reduce anxiety, and data for mindfulness-based cognitive therapy [MBCT] appear equivocal. CBT during euthymic phases has the greatest weight of evidence. Where reported, psychological therapy appears acceptable and safe, but more systematic collection and reporting of safety and acceptability information is needed. Development of psychological models and treatment protocols for anxiety in BPSD may help improve outcomes.

(2)

Systematic Reviews of Randomized Clinical Trials Examining the Effects of Psychotherapeutic Interventions versus "No Intervention" for Acute Major Depressive Disorder and a Randomized Trial Examining the Effects of "Third Wave" Cognitive Therapy versus Mentalization-Based Treatment for Acute Major Depressive Disorder

Jakobsen, Janus Christian Danish medical journal 2014; 61(10): B4942

Abstract

Major depressive disorder afflicts an estimated 17% of individuals during their lifetimes at tremendous suffering and costs. Cognitive therapy and psychodynamic therapy may be effective treatment options for major depressive disorder, but the effects have only had limited assessment in systematic reviews. The two modern forms of psychotherapy, "third wave" cognitive therapy and mentalization-based treatment, have both gained some ground as treatments of psychiatric disorders. No randomized trial has compared the effects of these two interventions for major depressive disorder. We performed two systematic reviews with meta-analyses and trial sequential analyses using The Cochrane Collaboration methodology examining the effects of cognitive therapy and psychodynamic therapy for major depressive disorder. We developed a thorough treatment protocol for a randomized trial with low risks of bias (systematic error) and low risks of random errors ("play of chance") examining the effects of third wave' cognitive therapy versus mentalization-based treatment for major depressive disorder. We conducted a randomized trial according to good clinical practice examining the effects of "third wave" cognitive therapy versus mentalisation-based treatment for major depressive disorder. The First systematic review included five randomized trials examining the effects of psychodynamic therapy versus 'no interven-

tion' for major depressive disorder. Altogether the five trials randomized 365 participants who in each trial received similar antidepressants as co-interventions. All trials had high risk of bias. Four trials assessed "interpersonal psychotherapy" and one trial "short psychodynamic supportive psychotherapy". Both of these interventions are different forms of psychodynamic therapy. Meta-analysis showed that psychodynamic therapy significantly reduced depressive symptoms on the Hamilton Depression Rating Scale (HDRS) compared with "no intervention" (mean difference -3.01 (95% confidence interval -3.98 to -2.03; p = 0.00001), no significant heterogeneity between trials). Trial sequential analysis confirmed this result. The second systematic review included 12 randomized trials examining the effects of cognitive therapy versus "no intervention" for major depressive disorder. Altogether a total of 669 participants were randomized. All trials had high risk of bias. Meta-analysis showed that cognitive therapy significantly reduced depressive symptoms on the HDRS compared with "no intervention" (four trials; mean difference -3.05 (95% confidence interval, -5.23 to -0.87; p = 0.006)). Trial sequential analysis could not confirm this result. The trial protocol showed that it seemed feasible to conduct a randomized trial with low risks of bias and low risks of random errors examining the effects of "third wave" cognitive therapy versus mentalization-based therapy in a setting in the Danish healthcare system. It turned out to be much more difficult to recruit participants in the randomized trial than expected. We only included about half of the planned participants. The results from the randomized trial showed that participants randomized to "third wave" therapy compared with participants randomized to mentalization-based treatment had borderline significantly lower HDRS scores at 18 weeks in an unadjusted analysis (mean difference -4.14 score; 95% CI -8.30 to 0.03; p = 0.051). In the adjusted analysis, the difference was significant (p = 0.039). Five (22.7%) of the participants randomized to "third wave" cognitive therapy had remission at 18 weeks versus none of the participants randomized to mentalization-based treatment (p = 0.049). Sequential analysis showed that these findings could be due to random errors. No significant differences between the two groups was found regarding Beck's Depression Inventory (BDI II), Symptom Checklist 90 Revised (SCL 90-R), and The World Health Organization-Five Well-being Index 1999 (WHO 5). We concluded that cognitive therapy and psychodynamic therapy might be effective interventions for depression measured on HDRS and BDI, but the review results might be erroneous due to risks of bias and random errors. Furthermore, the effects seem relatively small. The trial protocol showed that it was possible to develop a protocol for a randomized trial examining the effects of "third wave" cognitive therapy versus mentalization-based treatment with low risks of bias and low risks of random errors. Our trial results showed that "third wave" cognitive therapy might be a more effective intervention for depressive symptoms measured on the HDRS compared with mentalization-based treatment. The two interventions did not seem to differ significantly regarding BDI II, SCL 90-R, and WHO 5. More randomized trials with low risks of bias and low risks of random errors are needed to assess the effects of cognitive therapy, psychodynamic therapy, "third wave" cognitive therapy, and mentalization-based treatment.

(3)

Efficacy of Cognitive Behaviour Therapy versus Anxiety Management for Body Dysmorphic Disorder: A Randomised Controlled Trial

Veale D, Anson M, Miles S, Pieta M, Costa A, Ellison N. Psychother Psychosom. 2014;83(6):341-53. doi: 10.1159/000360740.

Abstract

BACKGROUND: The evidence base for the efficacy of cognitive behaviour therapy (CBT) for treating body dysmorphic disorder (BDD) is weak.

AIMS: To determine whether CBT is more effective than anxiety management (AM) in an outpatient setting.

METHOD: This was a single-blind stratified parallel-group randomised controlled trial. The primary endpoint was at 12 weeks, and the Yale-Brown Obsessive Compulsive Scale for BDD (BDD-YBOCS) was the primary outcome measure. Secondary measures for BDD included the Brown Assessment of Beliefs Scale (BABS), the Appearance Anxiety Inventory (AAI) and the Body Image Quality of Life Inventory (BIQLI). The outcome measures were collected at baseline and week 12. The CBT group, unlike the AM group, had 4 further weekly sessions that were analysed for their added value. Both groups then completed

measures at their 1-month follow-up. Forty-six participants with a DSM-IV diagnosis of BDD, including those with delusional BDD, were randomly allocated to either CBT or AM. RESULTS: At 12 weeks, CBT was found to be significantly superior to AM on the BDD-YBOCS [β = -7.19; SE (β) = 2.61; p < 0.01; 95% CI = -12.31 to -2.07; d = 0.99] as well as the secondary outcome measures of the BABS, AAI and BIQLI. Further benefits occurred by week 16 within the CBT group. There were no differences in outcome for those with delusional BDD or depression.
CONCLUSIONS: CBT is an effective intervention for people with BDD even with delusional beliefs or depression and is more effective than AM over 12 weeks.

(4)

Neural Predictors of Successful Brief Psychodynamic Psychotherapy for Persistent Depression

Roffman JL, Witte JM, Tanner AS, Ghaznavi S, Abernethy RS, Crain LD, Giulino PU, Lable I, Levy RA, Dougherty DD, Evans KC, Fava M. Psychother Psychosom. 2014;83(6):364-70. doi: 10.1159/000364906.

Abstract

BACKGROUND: Psychodynamic psychotherapy has been used to treat depression for more than a century. However, not all patients respond equally well, and there are few reliable predictors of treatment outcome.
METHODS: We used resting (18)F-fluorodeoxyglucose positron emission tomography ((18)FDG-PET) scans immediately before and after a structured, open trial of brief psychodynamic psychotherapy (n = 16) in conjunction with therapy process ratings and clinical outcome measures to identify neural correlates of treatment response.
RESULTS: Pretreatment glucose metabolism within the right posterior insula correlated with depression severity. Reductions in depression scores correlated with a pre- to post-treatment reduction in right insular metabolism, which in turn correlated with higher objective measures of patient insight obtained from videotaped therapy sessions. Pretreatment metabolism in the right precuneus was significantly higher in patients who completed treatment and correlated with psychological mindedness.
CONCLUSIONS: Resting brain metabolism predicted both clinical course and relevant psychotherapeutic process during short-term psychodynamic psychotherapy for depression.

(5)

Short-Term Psychodynamic Psychotherapies for Common Mental Disorders

Abbass, A.A., Kisely, S.R., Town, J.M., Leichsenring, F., Driessen. E., de Maat, S., et al. (2014). Cochrane Database Systematic Reviews, 7: CD004687.http://www.ncbi.nlm.nih.gov/pubmed/24984083.

Abstract

BACKGROUND: Since the mid-1970s, short-term psychodynamic psychotherapies (STPP) for a broad range of psychological and somatic disorders have been developed and studied. Early published meta-analyses of STPP, using different methods and samples, have yielded conflicting results, although some meta-analyses have consistently supported an empirical basis for STPP. This is an update of a review that was last updated in 2006.
OBJECTIVES: To evaluate the efficacy of STPP for adults with common mental disorders compared with wait-list controls, treatments as usual and minimal contact controls in randomised controlled trials (RCTs). To specify the differential effects of STPP for people with different disorders (e.g. depressive disorders, anxiety disorders, somatoform disorders, mixed disorders and personality disorder) and treatment characteristics (e.g. man-

ualised versus non-manualised therapies).

SEARCH METHODS: The Cochrane Depression, Anxiety and Neurosis Group's Specialised Register (CCDANCTR) was searched to February 2014, this register includes relevant randomised controlled trials from The Cochrane Library (all years), EMBASE (1974-), MEDLINE (1950-) and PsycINFO (1967-). We also conducted searches on CENTRAL, MEDLINE, EMBASE, CINAHL, PsycINFO, DARE and Biological Abstracts (all years to July 2012) and all relevant studies (identified to 2012) were fully incorporated in this review update. We checked references from papers retrieved. We contacted a large group of psychodynamic researchers in an attempt to find new studies.

SELECTION CRITERIA: We included all RCTs of adults with common mental disorders, in which a brief psychodynamic therapy lasting 40 or fewer hours in total was provided in individual format.

DATA COLLECTION AND ANALYSIS: Eight review authors working in pairs evaluated studies. We selected studies only if pairs of review authors agreed that the studies met inclusion criteria. We consulted a third review author if two review authors could not reach consensus. Two review authors collected data and entered it into Review Manager software. Two review authors assessed and scored risk of bias. We assessed publication bias using a funnel plot. Two review authors conducted and reviewed subgroup analyses.

MAIN RESULTS: We included 33 studies of STPP involving 2173 randomised participants with common mental disorders. Studies were of diverse conditions in which problems with emotional regulation were purported to play a causative role albeit through a range of symptom presentations. These studies evaluated STPP for this review's primary outcomes (general, somatic, anxiety and depressive symptom reduction), as well as interpersonal problems and social adjustment. Except for somatic measures in the short-term, all outcome categories suggested significantly greater improvement in the treatment versus the control groups in the short-term and medium-term. Effect sizes increased in long-term follow-up, but some of these effects did not reach statistical significance. A relatively small number of studies (N < 20) contributed data for the outcome categories. There was also significant heterogeneity between studies in most categories, possibly due to observed differences between manualised versus non-manualised treatments, short versus longer treatments, studies with observer-rated versus self-report outcomes, and studies employing different treatment models.

AUTHORS' CONCLUSIONS: There has been further study of STPP and it continues to show promise, with modest to large gains for a wide variety of people. However, given the limited data, loss of significance in some measures at long-term follow-up and heterogeneity between studies, these findings should be interpreted with caution. Furthermore, variability in treatment delivery and treatment quality may limit the reliability of estimates of effect for STPP. Larger studies of higher quality and with specific diagnoses are warranted.

(6)

Therapeutic Alliance in the Personal Therapy of Graduate Clinicians: Relationship to the Alliance and Outcomes of Their Patients

Gold, S. H., M. J. Hilsenroth, Kuutman, K. et al. (2014). Clinical Psychology & Psychotherapy. http://www.ncbi.nlm.nih.gov/pubmed/24549582

Abstract

This is the first study to explore the relationship between aspects of a therapists' personal therapy and the subsequent psychotherapy process and outcome they perform. The participants were 14 graduate clinicians with various experiences in personal therapy, who treated 54 outpatients engaged in short-term psychodynamic psychotherapy at a university-based community clinic. Results demonstrated non-significant relationships between the duration of personal therapy as well as a graduate clinician's overall alliance in their personal therapy with alliance ratings made by themselves as therapists and their patients, as well as the number of psychotherapy sessions attended by patients. However, the clinician's personal therapy alliance was significant and positively related to their patients' rating of outcome. Additionally, a significant negative correlation was observed be-tween the degree of perceived helpfulness in their

personal therapy and how these clinicians rated alliances, as the therapist, with their patients. The current findings suggest a relationship between a clinician's personal therapy alliance and the outcome of treatments they conduct. Implications for clinical training and practice as well as future research are discussed. Lilienfeld, S.O.,L.A. Ritschel, Lynn, S.J., Cautin, L.R., & Latzman, R.D. (2014). Why ineffective psychotherapies appear to work: A taxonomy of causes of spurious therapeutic effectiveness. Perspectives on Psychological Science 9(4): 355-387.http://pps.sagepub.com/content/9/4/355.

The past 40 years have generated numerous insights regarding errors in human reasoning. Arguably, clinical practice is the domain of applied psychology in which acknowledging and mitigating these errors is most crucial. We address one such set of errors here, namely, the tendency of some psychologists and other mental health professionals to assume that they can rely on informal clinical observations to infer whether treatments are effective. We delineate four broad, underlying cognitive impediments to accurately evaluating improvement in psychotherapy—naive realism, confirmation bias, illusory causation, and the illusion of control. We then describe 26 causes of spurious therapeutic effectiveness (CSTEs), organized into a taxonomy of three overarching categories: (a) the perception of client change in its actual absence, (b) misinterpretations of actual client change stemming from extra-therapeutic factors, and (c) misinterpretations of actual client change stemming from nonspecific treatment factors. These inferential errors can lead clinicians, clients, and researchers to misperceive useless or even harmful psychotherapies as effective. We (a) examine how methodological safeguards help to control for different CSTEs, (b) delineate fruitful directions for research on CSTEs, and (c) consider the implications of CSTEs for everyday clinical practice. An enhanced appreciation of the inferential problems posed by CSTEs may narrow the science–practice gap and foster a heightened appreciation of the need for the methodological safeguards afforded by evidence-based practice.

(7)

Accounting for Therapist Variability in Couple Therapy Outcomes: What Really Matters?

Owen, J., Duncan,B., Reese, R.J., Anker, M. & Sparks, J. (2014). Journal of Sex & Marital Therapy, 40(6): 488-502. http://www.ncbi.nlm.nih.gov/pubmed/24965052

Abstract

This study examined whether therapist gender, professional discipline, experience conducting couple therapy, and average second-session alliance score would account for the variance in outcomes attributed to the therapist. The authors investigated therapist variability in couple therapy with 158 couples randomly assigned to and treated by 18 therapists in a naturalistic setting. Consistent with previous studies in individual therapy, in this study therapists accounted for 8.0% of the variance in client outcomes and 10% of the variance in client alliance scores. Therapist average alliance score and experience conducting couple therapy were salient predictors of client outcomes attributed to therapist. In contrast, therapist gender and discipline did not significantly account for the variance in client outcomes attributed to therapists. Tests of incremental validity demonstrated that therapist average alliance score and therapist experience uniquely accounted for the variance in outcomes attributed to the therapist.

(8)

Benchmarking Outcomes in a Public Behavioral Health Setting: Feedback as a Quality Improvement Strategy

Reese, R. J., Duncan, B.L., Bohanske, R.T., & Owen, J.J. (2014). Journal of Consulting & Clinical Psychology, 82(4): 731-742. http://www.ncbi.nlm.nih.gov/pubmed/24841863

Abstract

OBJECTIVE: The purpose of this study was to evaluate the effectiveness of a large public behavioral health (PBH) agency serving only clients at or below the federal poverty level that had implemented continuous outcome feedback as a quality improvement strategy.

METHOD: The authors investigated the post treatment outcomes of 5,168 individuals seeking treatment for a broad range of diagnoses who completed at least 2 psychotherapy sessions. The Outcome Rating Scale (ORS; Duncan, 2011; Miller & Duncan, 2004) was used to measure outcomes. Clients had a mean age of 36.7 years and were predominantly female (60.7%)

and White (67.8%), with 17.7% being Hispanic, 9.3% being African American, and 2.8% being Native American. Forty-six percent were diagnosed with depression, mood, and anxiety disorders; 18.8% were diagnosed with substance abuse disorders; and 14.4% were diagnosed with bipolar disorder and schizophrenia. A subset of clients with a primary diagnosis of a depressive disorder was compared to treatment efficacy benchmarks derived from clinical trials of major depression. Given that the PBH agency had also implemented an outcome management system, the total sample was also compared to benchmarks derived from clinical trials of continuous outcome feedback.

RESULTS: Treatment effect sizes of psychotherapy delivered at the PBH agency were comparable to effect size estimates of clinical trials of depression and feedback. Observed effect sizes were smaller, however, when compared to feedback benchmarks that used the ORS.

CONCLUSIONS: Services to the poor and disabled can be effective, and continuous outcome feedback may be a viable means both to improve outcomes and to narrow the gap between research and practice.

Additional Suggested Papers on Psychotherapy

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Emmelkamp, P., David, D., Beckers, T., Muris, P., Cuijpers, P., Lutz, W. et al. (2014) Advancing psychotherapy and evidence-based psychological interventions. International Journal of Methods in Psychiatric Research, 58-91. DOI: 10.1002/mpr.1411

Johansson R, Town JM, Abbass A. (2014) Davanloo's Intensive Short-Term Dynamic Psychotherapy in a tertiary psychotherapy service: overall effectiveness and association between unlocking the unconscious and outcome. PeerJ 2:e548 http://dx.doi.org/10.7717/peerj.548

Kerekes N, Lundström S, Chang Z, Tajnia A, Jern P, Lichtenstein P, Nilsson T, Anckarsäter H. (2014) Oppositional defiant- and conduct disorder-like problems: Neurodevelopmental predictors and genetic background in boys and girls, in a nationwide twin study. PeerJ 2:e359 http://dx.doi.org/10.7717/peerj.359

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Schlegl S, Quadflieg N, Löwe B, Cuntz U, Voderholzer U (2014). Specialized inpatient treatment of adult anorexia nervosa: effectiveness and clinical significance of changes. BMC Psychiatry, 14:258.

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Ulberg R, Amlo S, Høglend P (2014). Manual for transference work scale; a micro-analytical tool for therapy process analyses BMC Psychiatry, 14:291

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Vossbeck-Elsebusch AN, Freisfeld C, Ehring T (2014). Predictors of posttraumatic stress symptoms following childbirth. BMC Psychiatry, 14:200.

Wiswede D, Taubner S, Buchheim A, Münte TF, Stasch M, Ci erpka M, Kächele H, Roth G, Erhard P, Kessler H (2014). Tracking functional brain changes in patients with depression under psychodynamic psychotherapy using individualized stimuli. PLoS One, 9(9):e109037. doi: 10.1371/journal.pone. 0109037.

Zang Y, Hunt N, Cox T (2014). Adapting narrative exposure therapy for Chinese earthquake survivors: a pilot randomised controlled feasibility study. BMC Psychiatry, 14:262.

Zhou X, Michael KD, Liu Y, Del Giovane C, Qin B, Cohen D, Gentile S, Xie P (2014). Systematic review of management for treatment-resistant depression in adolescents. BMC Psychiatry 14:340.

IFP Research Awards: Call for Nominations

Mid-Career Research Award

Dear IFP Community:

This is a call for nominations for the next IFP research award. The IFP Research Award has the purpose of furthering a broad spectrum of psychotherapy research, consistent with the general goal of IFP. A special weight is given to studies emphasizing cultural issues, psychotherapy delivery, clinical excellence, and training.

Over the years, the IFP Research Committee accepts nominations for the following three awards:

1. Young researchers on the level of a completed dissertation
2. Mid-career researchers who have already delivered important research beyond the dissertation level
3. Distinguished researchers for lifetime achievements

As categories for nomination rotate, THE NEXT CALL for nominations is for *Mid-Career Researchers*. Nominees will typically have gained their Ph.D. 15 to 25 years previously but the committee need not adhere strictly to these limits, so excellent candidates who are close to this career stage may also be considered.

Nominations can be made (1) by member associations as represented by their officials, (2) by individuals who are members of IFP member organizations, and (3) by individual IFP members.

A nomination must include: (1) a completed nomination form (on the IPF homepage), (2) a letter of recommendation by the nominating person/association, (3) the nominee's CV, (4) copies of the material (publications) based on which the decision is expected to be made, and (5) a document written by the nominee summarizing his/her work and explaining how it is related to the aims of IFP. All documents shall preferably be sent as electronic documents to the awards committee chair.

Additional letters of recommendation may be included or submitted separately, also by colleagues not satisfying the criteria for the primary nominator.

The deadline for nomination is January 10th 2015

There are several ways that you can assist us with selecting best candidates:

1. Distribute the information via your professional listserv.
2. Post the information on your professional website.
3. Send out this e-mail to your colleagues.
4. Nominate researchers for each award category.

For questions, please contact <**iwakabe.shigeru@ocha.ac.jp**>.