

Personzentriert-Experienziellen Psychotherapie

Rohliste zur Literaturrecherche

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Autor*innen	Jahr	Titel	Zeitschrift/ Zeitung	Band	Nr.	Seiten von-bis	Abstract
Aafjes-van Doorn, Katie; Lilliengren, Peter; Cooper, Angela; Macdonald, James; Falkenström, Fredrik	2017	Patients' affective processes within initial experiential dynamic therapy sessions	Psychotherapy	54	2	175-183	<p>Research has indicated that patients' in-session experience of previously avoided affects may be important for effective psychotherapy. The aim of this study was to investigate patients' in-session levels of affect experiencing in relation to their corresponding levels of insight, motivation, and inhibitory affects in initial Experiential Dynamic Therapy (EDT) sessions. Four hundred sixty-six 10-min video segments from 31 initial sessions were rated using the Achievement of Therapeutic Objectives Scale. A series of multilevel growth models, controlling for between-therapist variability, were estimated to predict patients' adaptive affect experiencing (Activating Affects) across session segments. In line with our expectations, higher within-person levels of Insight and Motivation related to higher levels of Activating Affects per segment. Contrary to expectations, however, lower levels of Inhibition were not associated with higher levels of Activating Affects. Further, using a time-lagged model, we did not find that the levels of Insight, Motivation, or Inhibition during one session segment predicted Activating Affects in the next, possibly indicating that 10-min segments may be suboptimal for testing temporal relationships in affective processes. Our results suggest that, to intensify patients' immediate affect experiencing in initial EDT sessions, therapists should focus on increasing insight into defensive patterns and, in particular, motivation to give them up. Future research should examine the impact of</p>

							specific inhibitory affects more closely, as well as between-therapist variability in patients' in-session adaptive affect experiencing. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Aafjes-van Doorn, Katie; Luo, Xiaochen; Kealy, David; McCollum, James; Silberschatz, George	2023	Interpersonal guilt and the working alliance in psychotherapy: The moderating role of childhood experience	Clinical psychology & psychotherapy	30	1	141-151	Interpersonal guilt often encompasses pathogenic beliefs that imply omnipotent responsibility for others and concerns about abandoning, humiliating or threatening others. This study sought to examine how interpersonal guilt may influence patients' and therapists' ratings of early working alliance and the potential moderating effect of perceived adverse parenting in childhood. Ninety-five patients and their 19 therapists in an outpatient psychotherapy clinic rated their early working alliance after the first and the fifth session in treatment. We conducted separate moderation analyses for patient and therapist-reported working alliance and controlled for psychological distress at baseline. Results suggest that perceived adverse parenting in childhood significantly moderated the effect of interpersonal guilt on the working alliance in such a way that for patients reporting very low levels of perceived adverse experiences, the interpersonal guilt beliefs had a positive effect on working alliance, whereas for those with very high levels of perceived adverse experiences, interpersonal guilt had a negative effect on working alliance. This same pattern of moderation was found for patient- and therapist-reported working alliance at session 1 and therapist-reported working alliance at session 5. Thus, although the effect of interpersonal guilt on the working alliance depends somewhat on the perspective of the working alliance rating (patient or therapist), it mainly depends on developmental experiences of the patient.

Aalbers, George; Engels, Tiarah; Haslbeck, Jonas M. B.; Borsboom, Denny; Arntz, Arnoud	2021	The network structure of schema modes	Clinical psychology & psychotherapy	28	5	1065– 1078	<p>A fundamental question in psychotherapy is whether interventions should target client problems (i.e., problem-focused approaches) or client strengths (i.e., strength-focused approaches). In this study, we first propose to address this question from a network perspective on schema modes (i.e., healthy or dysfunctional patterns of co-occurring emotions, cognitions, and behaviours). From this perspective, schema modes mutually influence each other (e.g., healthy modes reduce dysfunctional modes). Recent evidence suggests that changes in modes that are strongly associated to other modes (i.e., central modes) could be associated with greater treatment effects. We therefore suggest research should investigate the relative centrality of healthy and dysfunctional modes. To make an exploratory start, we investigated the cross-sectional network structure of schema modes in a clinical (comprising individuals diagnosed with paranoid, narcissistic, histrionic, and Cluster C personality disorders) and non-clinical sample. Results showed that, in both samples, the Healthy Adult was significantly less central than several dysfunctional modes (e.g., Undisciplined Child and Abandoned and Abused Child). Although our study cannot draw causal conclusions, this finding could suggest that weakening dysfunctional modes (compared to strengthening the Healthy Adult) might be more effective in decreasing other dysfunctional modes. Our study further indicates that several schema modes are negatively associated, which could suggest that decreasing one might increase another. Finally, the Healthy Adult was among the modes that most strongly discriminated between clinical and non-clinical individuals. Longitudinal and experimental research into the network structure of schema modes is</p>
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							required to further clarify the relative influence of schema modes.
Abargil, Maayan; Tishby, Orya	2022	Countertransference awareness and treatment outcome		69	5		Countertransference (CT) is considered a central component in the therapy process. Research has shown that CT management does not reduce the number of CT manifestations in therapy, but it leads to better therapy outcomes. In this study, we examined therapists' awareness of their CT using a structured interview. Our hypotheses were (a) treatments in which therapists were more aware of their CT would have a better outcome and (b) different definitions of CT would be related to different therapy outcomes. Twenty-nine patients were treated by 19 therapists in 16 sessions of short-term psychodynamic therapy. We used the core conflictual relationship theme to measure CT, a special interview was developed to study CT awareness. Results show that awareness of CT defined as the relationship with the patient moderated 10 outcome measures and awareness of CT defined as the relationship with the patient that repeats therapist conflicts with significant others moderated three outcome measures We present examples from dyads in this study and discuss how awareness can help the therapist talk to and handle patient challenges. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Abargil, Maayan; Wiseman, Hadas; Yonatan-Leus, Refael; Tishby, Orya	2023	Changes in clients' relational patterns with parents and therapist during psychodynamic psychotherapy: Their	Journal of clinical psychology	79	10	2422–2438	<p>OBJECTIVE</p> <p>The study aimed to explore how changes in clients' relational patterns during psychodynamic psychotherapy relate to treatment outcomes and therapy effectiveness.</p> <p>METHOD</p> <p>Seventy clients receiving psychodynamic psychotherapy in a university counseling center were interviewed three times and filled out the OQ-45 questionnaire five times during therapy. We used the Core Conflictual</p>

		association and relation to treatment outcome				<p>Relationship Theme (CCRT) to study clients' relational patterns. Mixed models were used to assess the interaction between clients' CCRT intensity toward their parents and toward their therapists, treatment effectiveness, and treatment outcome.</p> <p>RESULTS</p> <p>First, we found that clients' relational patterns with their parents correlated with relational patterns with their therapists across several time points in therapy. Then, we found significant interactions, indicating that treatment effectiveness moderates the relationship between clients' CCRT intensity and treatment outcomes.</p> <p>CONCLUSIONS</p> <p>The findings suggest that the transference phenomenon is related to therapy outcomes differently in effective and less-effective therapies, depending on the transference intensity. Further research is needed to expand knowledge about the intensity of transference and its possible impact on treatment choice and management.</p>
Abayomi, Olukayode; Chibuzor, Moriam T.; Okusanya, Babasola O.; Esu, Ekperonne; Odey, Edward; Meremikwu, Martin M.	2017	Supportive psychotherapy or client education alongside surgical procedures to correct complications of female genital mutilation: A systematic review	International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics	136 Supplement 1	51–55	<p>BACKGROUND</p> <p>Supportive psychotherapy, in individual or group settings, may help improve surgical outcomes for women and girls living with female genital mutilation (FGM).</p> <p>OBJECTIVES</p> <p>To assess whether supportive psychotherapy given alongside surgical procedures to correct complications of FGM improves clinical outcomes.</p> <p>SEARCH STRATEGY</p> <p>We searched major databases including CENTRAL, Medline, African Index Medicus, SCOPUS, PsycINFO, and others. There were no language restrictions. We checked the reference lists of retrieved studies for additional reports of relevant studies.</p>

							<p>SELECTION CRITERIA We included studies of girls and women living with any type of FGM who received supportive psychotherapy or client education sessions alongside any surgical procedure to correct health complications from FGM.</p> <p>DATA COLLECTION AND ANALYSIS Two team members independently screened studies for eligibility.</p> <p>MAIN RESULTS There were no eligible studies identified.</p> <p>CONCLUSIONS There is no direct evidence for the benefits or harms of supportive psychotherapy alongside surgical procedures for women and girls living with FGM. Research evidence is urgently needed to guide clinical practice.</p> <p>PROSPERO REGISTRATION 42015024639.</p>
Abbass, Allan A.; Town, Joel M.	2021	Alliance rupture-repair processes in intensive short-term dynamic psychotherapy: Working with resistance	Journal of clinical psychology	77	2	398–413	<p>Intensive short-term dynamic psychotherapy (ISTDP) was developed to manage treatment impasses preventing the experiencing of feelings related to childhood attachment interruptions, such as parental loss. According to ISTDP theory, certain categories of patients will exhibit habitual patterns of responding within the treatment relationship (called defenses) to certain anxiety-provoking thoughts and feelings. Such defensive behaviors interrupt awareness of one's own feelings, self-directed compassion and engagement in close human attachments, including the bond with the therapist. Rupture-repair sequences in ISTDP are primarily considered in the context of a patient's defenses and the responses a therapist has to these defenses. By understanding and clarifying these defenses, this risk of subsequent misalliance, that is negative shifts or ruptures</p>

							in the alliance, are minimized. In this paper we summarize ISTDP theory and technique through the use of clinical vignettes to illustrate defense management as a rupture-repair equivalent in ISTDP.
Abbott, Caroline H.; Zisk, Abigail; Bounoua, Nadia; Diamond, Guy S.; Kobak, Roger	2019	Predicting Patterns of Treatment Response and Outcome for Adolescents Who Are Suicidal and Depressed	Journal of the American Academy of Child and Adolescent Psychiatry	58	9	897-906	<p>OBJECTIVE: Although several treatments have been shown to be effective in treatment of youth suicidal thoughts and behaviors (STBs), there is a pressing need to account for the substantial variation in adolescents' response to and outcomes from these treatments.</p> <p>METHOD: Secondary analyses of data from a 16-week randomized trial of Attachment-Based Family Therapy (ABFT) and Family-Enhanced NonDirective Supportive Therapy (FE-NST) identified distinct classes of adolescents' treatment response. Established risk factors for STBs, along with treatment condition and sociodemographic variables, were then tested as predictors of class membership.</p> <p>RESULTS: Three patterns of adolescents' treatment response and outcome were identified: a) nonresponders (15.8%), b) good responders (57.5%), and c) partial responders (26.7%). After controlling for initial symptom severity, nonresponders were more likely to have higher levels of nonsuicidal self-injury and pessimism and were more likely to meet diagnostic criteria for major depressive disorder (MDD) than good or partial responders. Partial responders were more likely than good responders to meet criteria for MDD and to have higher perceived burdensomeness.</p> <p>CONCLUSION: Although most adolescents showed significant symptom reductions with both treatments, adolescents with higher pretreatment levels of pessimism, MDD, nonsuicidal self-injury, and perceived burdensomeness were less likely to show an optimal pattern of treatment benefit. The findings point to</p>

							heterogeneity in treatment response that may require adapting treatments for adolescents with these pretreatment profiles. CLINICAL TRIAL REGISTRATION INFORMATION: Attachment-Based Family Therapy for Suicidal Adolescents; http://clinicaltrials.gov ; NCT01537419.
Abou El-Magd, Rabab M.; Obuobi-Donkor, Gloria; Adu, Medard K.; Lachowski, Christopher; Duddumpudi, Surekha; Lawal, Mobolaji A.; Sapara, Adegboyega O.; Achor, Michael; Kouzehgaran, Maryam; Hegde, Roshan; Chew, Corina; Mach, Mike; Daubert, Shelley; Urichuk, Liana; Snaterse, Mark; Suhood, Shireen; Li, Daniel; Greenshaw, Andrew; Agyapong,	2020	Repetitive Transcranial Magnetic Stimulation With and Without Internet-Delivered Cognitive-Behavioral Therapy for the Treatment of Resistant Depression: Protocol for Patient-Centered Randomized Controlled Pilot Trial	JMIR research protocols	9	10	e18843	BACKGROUND: Major depression is a severe, disabling, and potentially lethal clinical disorder. Only about half of patients respond to an initial course of antidepressant pharmacotherapy. At least 15% of all patients with major depressive disorder (MDD) remain refractory to any treatment intervention. By the time that a patient has experienced 3 definitive treatment failures, the likelihood of achieving remission with the fourth treatment option offered is below 10%. Repetitive transcranial magnetic stimulation (rTMS) is considered a treatment option for patients with MDD who are refractory to antidepressant treatment. It is not currently known if the addition of internet-delivered cognitive-behavioral therapy (iCBT) enhances patients' responses to rTMS treatments. OBJECTIVE: This study will evaluate the initial comparative clinical effectiveness of rTMS with and without iCBT as an innovative patient-centered intervention for the treatment of participants diagnosed with treatment-resistant depression (TRD). METHODS: This study is a prospective, two-arm randomized controlled trial. In total, 100 participants diagnosed with resistant depression at a psychiatric care clinic in Edmonton, Alberta, Canada, will be randomized to one of two conditions: (1) enrolment in rTMS sessions alone and (2) enrolment in the rTMS sessions plus iCBT. Participants in each group will complete evaluation measures (eg, recovery, general symptomatology, and functional

Vincent Israel Opoku							<p>outcomes) at baseline, 1 month, 3 months, and 6 months. The primary outcome measure will be the mean change to scores on the Hamilton Depression Rating Scale. Patient service utilization data and clinician-rated measures will also be used to gauge patient progress. Patient data will be analyzed with descriptive statistics, repeated measures, and correlational analyses.</p> <p>RESULTS: We expect the results of the study to be available in 24 months. We hypothesize that participants enrolled in the study who receive rTMS plus iCBT will achieve superior outcomes in comparison to participants who receive rTMS alone. CONCLUSIONS: The concomitant application of psychotherapy with rTMS has not been investigated previously. We hope that this project will provide us with a concrete base of data to evaluate the practical application and efficacy of using a novel combination of these two treatment modalities (rTMS plus iCBT). TRIAL REGISTRATION: ClinicalTrials.gov NCT0423965; https://clinicaltrials.gov/ct2/show/NCT04239651. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): PRR1-10.2196/18843.</p>
Acevedo, Nicola; Castle, David; Groves, Clare; Bosanac, Peter; Mosley, Philip E.; Rossell, Susan	2022	Clinical recommendations for the care of people with treatment-refractory obsessive-compulsive disorder when undergoing	The Australian and New Zealand journal of psychiatry	56	10	1219–1225	<p>Deep brain stimulation is an emerging therapy for treatment-refractory obsessive-compulsive disorder patients. Yet, accessibility is limited, treatment protocols are heterogeneous and there is no guideline or consensus on the best practices. Here, we combine evidence from scientific investigations, expert opinions and our clinical expertise to propose several clinical recommendations from the pre-operative, surgical and post-operative phases of deep brain stimulation care for treatment-refractory obsessive-compulsive disorder patients. A person-centered and biopsychosocial approach is</p>

		deep brain stimulation					adopted. Briefly, we discuss clinical characteristics associated with response, the use of improved educational materials, an evaluative consent process, comprehensive programming by an expert clinician, a more global assessment of treatment efficacy, multi-disciplinary adjunct psychotherapy and the importance of peer support programs. Furthermore, where gaps are identified, future research suggestions are made, including connectome surgical targeting, scientific evaluation of hardware models and health economic data. In addition, we encourage collaborative groups of data and knowledge sharing by way of a clinical registry and a peer group of programming clinicians. We aim to commence a discussion on the determinants of deep brain stimulation efficacy for treatment-refractory obsessive-compulsive disorder patients, a rare and severe patient group, and contribute to more standardized and evidence-based practices.
Aceves-Martins, Magaly; Quinton, Richard; Brazzelli, Miriam; Cruickshank, Moira; Manson, Paul; Hudson, Jemma; Oliver, Nick; Hernandez, Rodolfo; Aucott, Lorna; Wu, Frederick;	2022	Identifying the outcomes important to men with hypogonadism: A qualitative evidence synthesis	Andrology	10	4	625–641	OBJECTIVE: Men with male hypogonadism (MH) experience sexual dysfunction, which improves with testosterone replacement therapy (TRT). However, randomised controlled trials provide little consensus on functional and behavioural symptoms in hypogonadal men; these are often better captured by qualitative information from individual patient experience. METHODS: We systematically searched major electronic databases to identify qualitative data from men with hypogonadism, with or without TRT. Two independent authors performed the selection, extraction, and thematic analysis of data. Quality of eligible studies was assessed using the Critical Appraisals Skills Programme and Grading of Recommendations Assessment, Development and Evaluation-Confidence in the Evidence

<p>Dhillon, Waljit S.; Bhattacharya, Siladitya; Gillies, Katie; Jayasena, Channa N.</p>						<p>from Reviews of Qualitative research tools. RESULTS: We analysed data from five studies published in nine reports that assessed a total of 284 participants. Published data were only available within North America, with no ethnic minority or other underserved groups included. In addition to sexual dysfunction, men with MH experienced adverse changes in physical strength, perceptions of masculinity, cognitive function, and quality of life. The experience of MH appeared dependent on the source(s) of educational material. DISCUSSION: We propose a patient-centred approach to clinician interactions rather than focusing on discreet MH symptoms. Current evidence about the experience of MH is limited to North America and predominantly white ethnicity, which may not be broadly applicable to other geographic regions. Broadening our understanding of the MH experience may improve the targeting of information to patients. In addition, a multidisciplinary approach may better address symptoms neither attributable to MH nor alleviated by TRT.</p>
<p>Adames, Hector Y.; Chavez-Dueñas, Nayeli Y.; Sharma, Shweta; La Roche, Martin J.</p>		<p>Intersectionality in psychotherapy: The experiences of an AfroLatinx queer immigrant</p>	<p>Psychotherapy</p>	<p>55</p>	<p>1</p>	<p>Culturally responsive and racially conscious psychotherapeutic work requires that therapists recognize the ways clients are impacted by their multiple marginalized identities and by systems of oppression (e.g., racism, ethnocentrism, sexism, heterosexism, and nativism). Attending exclusively to clients' marginalized identities (i.e., weak intersectionality) may drive therapists to only focus on internal, subjective, and emotional experiences, hence, missing the opportunity to consider and address how multiple sociostructural dimensions (i.e., strong intersectionality) may be impacting the client's presenting problems. Alternatively, focusing solely on the impact of sociostructural</p>

							dimensions on the lives of clients may miss the more nuanced and variable individual personal experiences. In this article, we highlight the challenge of maintaining a culturally responsive and racially conscious stance when considering multiple marginalized identities, overlapping systemic inequities, and how both affect clients' lives and experiences. The case of an AfroLatinx queer immigrant is presented to illustrate some of the challenges and opportunities while simultaneously considering (a) the client's multiple marginalized identities, (b) the way clients are impacted by systemic oppression, and (c) integrating the client's personal experiences and narratives in psychotherapy. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Adams, Thomas G.; Cisler, Josh M.; Kelmendi, Benjamin; George, Jamilah R.; Kichuk, Stephen A.; Averill, Christopher L.; Anticevic, Alan; Abdallah, Chadi G.; Pittenger, Christopher	2022	Transcranial direct current stimulation targeting the medial prefrontal cortex modulates functional connectivity and enhances safety learning in obsessive-compulsive disorder: Results from two pilot studies	Depression and anxiety	39	1	37-48	<p>BACKGROUND</p> <p>Exposed-based psychotherapy is a mainstay of treatment for obsessive-compulsive disorder (OCD) and anxious psychopathology. The medial prefrontal cortex (mPFC) and the default mode network (DMN), which is anchored by the mPFC, promote safety learning. Neuromodulation targeting the mPFC might augment therapeutic safety learning and enhance response to exposure-based therapies.</p> <p>METHODS</p> <p>To characterize the effects of mPFC neuromodulation on functional connectivity, 17 community volunteers completed resting-state functional magnetic resonance imaging scans before and after 20 min of frontopolar anodal multifocal transcranial direct current stimulation (tDCS). To examine the effects of tDCS on therapeutic safety learning, 24 patients with OCD completed a pilot randomized clinical trial; they were randomly assigned (double-blind, 50:50) to receive active or sham</p>

						<p>frontopolar tDCS before completing an in vivo exposure and response prevention (ERP) challenge. Changes in subjective emotional distress during the ERP challenge were used to index therapeutic safety learning.</p> <p>RESULTS</p> <p>In community volunteers, frontal pole functional connectivity with the middle and superior frontal gyri increased, while connectivity with the anterior insula and basal ganglia decreased ($ps < .001$, corrected) after tDCS; functional connectivity between DMN and salience network also decreased after tDCS ($ps < .001$, corrected). OCD patients who received active tDCS exhibited more rapid therapeutic safety learning ($ps < .05$) during the ERP challenge than patients who received sham tDCS.</p> <p>CONCLUSIONS</p> <p>Frontopolar tDCS may modulate mPFC and DMN functional connectivity and can accelerate therapeutic safety learning. Though limited by small samples, these findings motivate further exploration of the effects of frontopolar tDCS on neural and behavioral targets associated with exposure-based psychotherapies.</p>	
Adarsh, Himani; Sahoo, Swapnajeet; Sachdeva, Diksha; Tripathy, Satyaswarup; Kumar, Rajesh	2022	Post-traumatic stress disorder following traumatic limb amputation in an 8 year-old female child and its management through play therapy	Asian journal of psychiatry	78		103304	<p>Posttraumatic mental health issues following traumatic limb amputations in children have been commonly reported worldwide. Traumatic limb amputations are catastrophic injuries/events and often have various long term psycho-social impacts on children. We report a case of 8 year-old female child presenting with symptoms of post-traumatic stress disorder (PTSD) following a traumatic amputation of right hand. A non-directive approach in play therapy was used for management of her symptoms. At 12 months follow up, the child is doing well with no impairment in her overall functioning.</p>

Adelina, Nadia; Chan, Christian S.; Takano, Keisuke; Yu, Placida Hoi Man; Wong, Patrina Hei Tung; Barry, Tom J.	2023	The Stories We Tell Influence the Support We Receive: Examining the Reception of Support-Seeking Messages on Reddit	Cyberpsychology, behavior and social networking	26	11	823–834	Although social support facilitates coping and recovering from stressful life events, people do not always get the support that they need. Prior research suggests that the way one talks about stressful events to others may influence the support they receive. Given that people are increasingly relying on online communities for social support, this study adopted a person-centered approach (latent profile analysis) to examine how narrative variables related to the motivational themes, emotional content, and organizational structure of randomly sampled support-seeking messages (N = 495) posted on Reddit (r/Anxiety and r/Depression) influenced the quantity (number of comments and post score) and quality (type of support in comments) of support that they received. We identified five distinct narrative profiles of support-seeking posts, which in turn differentially predicted the quality, but not quantity, of social support people received. While commenters provided high levels of emotional support to all forms of posts, we found that coherence was an important determinant of esteem support. A combination of coherence, as well as agency and affective tone, were important determinants of instrumental, informational, and network support. The ways in which one talks about their problems influence the way others support them.
Adler, Gilad; Shahar, Ben; Dolev, Tohar; Zilcha-Mano, Sigal	2018	The Development of the Working Alliance and Its Ability to Predict Outcome in Emotion-Focused	The Journal of nervous and mental disease	206	6	446–454	The study focuses on the alliance of 12 patients receiving emotion-focused therapy for social anxiety. Anxiety symptoms and patient perception of the working alliance were examined weekly. The first eight sessions of each patient were coded for within- and between-sessions alliance levels (1008 segments were coded). At the sample level, the alliance shows linear development over time but high variability between individuals. More than

		Therapy for Social Anxiety Disorder					half the patients showed alliance development consistent with the rupture-resolution pattern. Without accounting for the temporal relationship between alliance and symptoms, alliance significantly predicted symptoms across treatment. When we accounted for the temporal relationship between alliance and symptoms, we found that symptoms can predict alliance but alliance cannot predict symptoms. We obtained the same findings using patient-rated and coded alliance.
Adu, Medard Kofi; Shalaby, Reham; Eboreime, Ejemai; Sapara, Adegboyega; Lawal, Mobolaji A.; Chew, Corina; Daubert, Shelley; Urichuck, Liana; Surood, Shireen; Li, Daniel; Snaterse, Mark; Mach, Mike; Chue, Pierre; Greenshaw, Andrew J.; Agyapong, Vincent I. O.	2023	Apparent Lack of Benefit of Combining Repetitive Transcranial Magnetic Stimulation with Internet-Delivered Cognitive Behavior Therapy for the Treatment of Resistant Depression: Patient-Centered Randomized Controlled Pilot Trial	Brain sciences	13	2		Background: Treatment-resistant depression (TRD) is considered one of the major clinical challenges in the field of psychiatry. An estimated 44% of patients with major depressive disorder (MDD) do not respond to two consecutive antidepressant therapies, and 33% do not respond to up to four antidepressants. Over 15% of all patients with MDD remain refractory to any treatment intervention. rTMS is considered a treatment option for patients with TRD. Likewise, iCBT is evidence-based, symptom-focused psychotherapy recommended for the treatment of TRD. Objective: This study aimed to evaluate the initial comparative clinical effectiveness of rTMS treatment with and without iCBT as an innovative intervention for the treatment of participants diagnosed with TRD. Methods: This study is a prospective two-arm randomized controlled trial. Overall, 78 participants diagnosed with TRD were randomized to one of two treatment interventions: rTMS sessions alone and rTMS sessions plus iCBT. Participants in each group were made to complete evaluation measures at baseline, and 6 weeks (discharge) from treatment. The primary outcome measure was baseline to six weeks change in mean score for the 17-item Hamilton depression rating scale (HAM-D-17). Secondary outcomes included mean baseline to six-

							<p>week changes in the Columbia suicide severity rating scale (CSSRS) for the rate of suicidal ideations, the QIDS-SR16 for subjective depression, and the EQ-5D-5L to assess the quality of health in participants. Results: A majority of the participants were females 50 (64.1%), aged ≥ 40 39 (50.0%), and had college/university education 54 (73.0%). After adjusting for the baseline scores, the study failed to find a significant difference in the changes in mean scores for participants from baseline to six weeks between the two interventions under study on the HAMD-17 scale: $F(1, 53) = 0.15, p = 0.70$, partial eta squared = 0.003, CSSRS; $F(1, 56) = 0.04, p = 0.85$, partial eta squared = 0.001, QIDS-SR16 scale; $F(1, 53) = 0.04, p = 0.61$, partial eta squared = 0.005, and EQ-5D-VAS; $F(1, 51) = 0.46, p = 0.50$, and partial eta squared = 0.009. However, there was a significant reduction in means scores at week six compared to baseline scores for the combined study population on the HAMD-17 scale (42%), CSSRS (41%), QIDS-SR16 scale (35%), and EQ-VAS scale (62%). Conclusion: This study did not find that combined treatment of TRD with rTMS + iCBT (unguided) was superior to treatment with rTMS alone. Our findings do not support the use of combined treatment of rTMS + iCBT for the management of TRD disorders.</p>
Agnello, Irene; Giubellini, Chiara	2021	Clinical experiences during the COVID-19 pandemic	The Journal of analytical psychology	66	3	379–398	<p>Most of the clinical experiences discussed in this article arose from monthly Zoom meetings at Rome's Italian Centre of Analytical Psychology (CIPA). We set up a discussion group in April 2020, one month after lockdown began in Italy, and these monthly online meetings continue to this day. All senior analysts and analysts-in-training at Rome's CIPA, whose backgrounds range from child and adolescent psychotherapy to adult</p>

						<p>psychotherapy and analysis, to sandplay therapy and medicine and psychiatry, have been participating in these meetings. The group discussions focus on the present time and its impact on us, as well as on our relationships with patients. By further developing these reflections during the lockdown in Italy (9 March - 3 May 2020), it is fair to ask whether a sense of unreality, depersonalization, or derealization has occurred, either in the therapist or patient, and if so, whether it is possible that therapists miss the human contact more than clients. We will mainly refer to clinical and personal experiences as our most precious guidelines.</p> <p>La plupart des expériences cliniques discutées dans cet article proviennent de rencontres mensuelles par Zoom à la CIPA, le Centre de Psychologie Analytique Italien, à Rome. Nous avons mis en place en avril 2020 un groupe de discussion, un mois après que le confinement ait commencé en Italie. Ces réunions mensuelles, en ligne, se poursuivent jusqu'à ce jour. Les analystes confirmés et les analystes en formation à la CIPA participent à ces rencontres. Leurs contextes sont variés: de la psychothérapie d'enfants et d'adolescents à la psychothérapie d'adultes et à l'analyse, et également la thérapie par le jeu de sable, la médecine et la psychiatrie. Les discussions se concentrent sur le temps présent et son impact sur nous, et sur nos relations avec nos patients. En poussant plus loin les réflexions durant le confinement en Italie (du 9 mars au 3 mai 2020), il est pertinent de se demander s'il s'est produit un sentiment d'irréalité, de dépersonnalisation ou déréalisation, chez le thérapeute ou chez le patient. Et si c'est le cas, est-il envisageable que le contact humain manque aux thérapeutes plus qu'aux clients? Notre consigne la plus</p>
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						<p>précieuse sera de nous appuyer principalement sur des expériences cliniques et personnelles.</p> <p>Die meisten der in diesem Artikel diskutierten klinischen Erfahrungen stammen aus monatlichen Zoom-Treffen im italienischen Zentrum für Analytische Psychologie (CIPA) in Rom. Wir haben im April 2020, einen Monat nach Beginn des Lockdown in Italien, eine Diskussionsgruppe eingerichtet, die bis heute aktiv ist. An diesen Treffen haben alle leitenden Analytiker und Analytiker in Ausbildung am CIPA in Rom teilgenommen, deren Hintergründe von Psychotherapie mit Kindern und Jugendlichen über Psychotherapie und Analyse bei Erwachsene bis hin zu Sandspieltherapie sowie Medizin und Psychiatrie reicht. Die Gruppendiskussionen konzentrieren sich auf die Gegenwart und ihre Auswirkungen auf uns sowie auf unsere Beziehungen zu Patienten. Während der Weiterverfolgung dieser Überlegungen während des Lockdowns in Italien (9. März - 3. Mai 2020), legte sich die Frage nahe, ob beim Therapeuten oder Patienten ein Gefühl der Unwirklichkeit, Depersonalisierung oder Derealisierung aufgetreten ist und wenn ja, ob es möglich ist, daß die Therapeuten den menschlichen Kontakt mehr vermissen als die Klienten. Wir werden uns hauptsächlich auf klinische und persönliche Erfahrungen als unsere wertvollsten Richtschnüre beziehen.</p> <p>La maggior parte delle esperienze cliniche discusse in questo articolo sono sorte da incontri mensili su Zoom del Centro Italiano di Psicologia Analitica (CIPA). Nell'aprile 2020, un mese dopo l'inizio del lockdown in Italia, abbiamo istituito un gruppo di discussione, e questi incontri mensili online continuano ancora oggi. A questi incontri hanno partecipato tutti gli analisti senior e gli</p>
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						<p>analisti-in-formazione presso il CIPA di Roma, i cui background spaziano dalla psicoterapia infantile e adolescenziale alla psicoterapia e analisi degli adulti, alla sandplay therapy, alla medicina e psichiatria. Le discussioni di gruppo si concentrano sull'attualità e sul suo impatto su di noi, nonché sulle nostre relazioni con i pazienti. Sviluppando ulteriormente queste riflessioni durante il lockdown in Italia (9 Marzo - 3 Maggio 2020), è giusto chiedersi se si sia presentato un senso di irrealtà, spersonalizzazione o derealizzazione, sia nel terapeuta che nel paziente e, in caso affermativo, se sia possibile che i terapeuti sentano la mancanza del contatto umano più dei pazienti. Faremo principalmente riferimento alle esperienze cliniche e personali come nostre linee guida più preziose.</p> <p>Большинство клинических примеров, которые мы обсуждаем в этой статье, возникли в ходе ежемесячных встреч в зуме римского Итальянского центра аналитической психологии (CIPA). Мы организовали дискуссионную группу в апреле 2020, через месяц после введения локдауна в Италии, эти ежемесячные встречи продолжаются по сей день. В них принимают участие все старшие аналитики и кандидаты римского сообщества CIPA, работающие в области детской и подростковой психотерапии, психотерапии взрослых и анализа, песочной терапии, медицины и психиатрии. Групповые дискуссии фокусируют внимание на настоящем времени и его влиянии на нас, а также на наших отношениях с пациентами. Дальнейшее развитие этих обсуждений во время локдауна в Италии (9е марта - 3е мая 2020) привело к постановке вопроса: возникает ли у терапевта или пациента чувство нереальности,</p>
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						<p>деперсонализации или дереализации, возможно ли, что терапевты больше тоскуют по человеческому контакту, чем клиенты. Мы будем преимущественно ссылаться на клинический и личный опыт как наш бесценный проводник в этом вопросе.</p> <p>La mayor parte de la experiencia clínica descrita en este artículo emergió de los encuentros mensuales vía Zoom del Centro de Psicología Analítica de Roma (CIPA). Creamos un grupo de discusión en Abril 2020, un mes después del comienzo del confinamiento, y estos encuentros mensuales virtuales continúan hasta estos días. Todos los analistas con antigüedad, y analistas en formación en la CIPA de Roma, cuyos antecedentes van desde psicoterapia con niños y adolescentes hasta psicoterapia y análisis de adultos, terapia de juego de arena, medicina y psiquiatría, han participado de estos encuentros. La discusión del grupo se focalizó en el tiempo presente y su impacto en todos nosotros, así como en nuestras relaciones con los pacientes. Al continuar desarrollando estas reflexiones surgidas durante el confinamiento en Italia (9 de Marzo - 3 de Mayo 2020), es válido preguntar si ha tenido lugar un sentido de no realidad, despersonalización o desrealización, en el terapeuta o en el paciente, y de ser así, si es posible que los terapeutas hayan extrañado el contacto humano más que los pacientes. Haremos referencia principalmente a experiencias personales y clínicas como nuestras guías más preciosas.</p> <p>新冠疫情期间的临床经验 这篇文章中讨论的大部分临床经验都来自于罗马分析心理学意大利中心 (CIPA)在Zoom上的会谈。2020年4月,我们组建了线上讨论小组,这是在意大利封锁一个月后,这个月度的会面一直持续到了今天</p>
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							<p>。与会者是CIPA资深或正在受训的分析师, 他们的背景从儿童与青少年心理咨询师到成人心理治疗师与分析师, 从沙盘治疗师到药物和精神科医师。小组的讨论聚焦于当前的状况, 其对我们的影响, 以及其对我们与病人关系的影响。文章进一步讨论了在意大利封锁时期(2020年3月9日-5月3日)所做的反思, 透过这些反思, 来探寻治疗师或是病人, 是否出现了去现实感, 人格解离, 或现实感丧失, 有没有可能治疗师比病人更渴望人际联结。我们主要参考临床和个人的经验, 把这些作为我们最宝贵的指引。.</p>
Aguayo, Joseph; Salomonsson, Björn	2017	THE STUDY AND TREATMENT OF MOTHERS AND INFANTS, THEN AND NOW: MELANIE KLEIN'S "NOTES ON BABY" IN A CONTEMPORARY PSYCHOANALYTIC CONTEXT	The Psychoanalytic quarterly	86	2	383-408	<p>This paper draws on Melanie Klein's (unpublished) observational notes of her infant grandson, written primarily in 1938 and 1939. Apart from moving glimpses into a young family's life, the notes contain astute observations of an infant's behavior and emotions. Compared with Klein's published writings, the style is less theoretical and polemical. Later, in his latency years, Klein's grandson was in analysis with Marion Milner, who in 1952 published a paper drawing on the treatment. The present paper focuses on (1) how observations and treatment of the same child and his family by clinicians in close relationships with each other (Klein, Milner, and Winnicott) fertilized reciprocal influence but also brought into question the validity of Klein's observations, and (2) the relative merits and contributions of various modalities in understanding the infant's psyche, including experimental research, direct observation, parent-infant psychotherapy, and reconstructions from older patients—as occurs, for example, in psychoanalysis.</p>

Aherne, Cian; Coughlan, Barry; Surgenor, Paul	2018	Therapists' Perspectives on Suicide: A Conceptual Model of Connectedness	Psychotherapy research : journal of the Society for Psychotherapy Research	28	5	803–819	<p>BACKGROUND: A sense of disconnection for people who are suicidal seems to be a key construct of previous literature. Therapists' ways of encountering and understanding people who are suicidal have not been previously researched in depth using qualitative methodologies. AIMS: The current study aims to develop a theoretical framework for the role played by connectedness in relation to suicide based on the perspectives of psychotherapists working in the field of suicide intervention. METHOD: Psychotherapists (N = 12) from a suicide intervention service in Ireland were interviewed in relation to connectedness and suicide. The interviews were analysed using Constructivist Grounded Theory. A tentative theoretical model for connectedness in relation to suicide was developed. RESULTS: Therapists view self-disconnect as at the core of suicidality and note that toxic relationships also play a critical role. Therapeutic connection can present as a life-saving paradox for people who are suicidal. Risk of death and therapeutic endeavour may present as challenging dynamics for working with people who are suicidal. Some discussion points include the worth of self-compassion development for people who are suicidal, the rephrasing of "psychotherapy" when trying to save someone's life and the emphasis on relationship skills for all healthcare professionals who encounter people who are suicidal. Clinical or methodological significance of this article: This article is one of the first in which therapists are interviewed about their understandings of suicide and the processes of suicide in the therapeutic space. It offers novel insights about how people who are suicidal present in therapy and what may be contributing to this presentation. The research also gives insights on the</p>
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							struggles for therapists working with people who are suicidal and who may be ambiguous about the prospect of therapy and connecting. The study also offers important direction for future studies in relation to what requires further discussion and exploration regarding engaging in therapy with people who are suicidal. In addition, the current study can offer previously unexplored insights regarding suicide and therapy that may have the potential to assist in future intervention for people who are risk of killing themselves.
Ahlquist, Lauren R.; Yarns, Brandon C.	2022	Eliciting emotional expressions in psychodynamic psychotherapies using telehealth: a clinical review and single case study using emotional awareness and expression therapy	Psychoanalytic psychotherapy	36	2	124-140	The COVID-19 pandemic and ensuing social distancing requirements resulted in an abrupt transition in the provision of most mental healthcare to telehealth; yet it was, at first, unclear whether patients' emotional expressions - of great import to the success of many psychodynamic therapies - could be facilitated using teletherapy. This article first presents a targeted literature review focused on emotional expressions in psychotherapy and implementing psychodynamic therapy over telehealth and then describes our clinical experience transitioning a psychodynamically-informed, evidence-based, and experiential group treatment for chronic pain, emotional awareness and expression therapy (EAET), to video telehealth at VA Greater Los Angeles Healthcare System. We discuss barriers we encountered in our implementation of EAET over video telehealth but also illustrate the ultimate success of the approach using verbatim excerpts from our therapeutic work, which aim to demonstrate the potential to facilitate powerful emotional expressions over video telehealth when conducting a psychodynamically-informed treatment. We examine the possible applications for video telehealth to maintain emotionally focused,

							psychodynamic psychotherapy administration and enhance its teaching and training. Although we describe limitations of our specific approach, ultimately, our experience supports the potential efficacy of experiential, emotion-focused psychodynamic therapies in a telehealth setting.
Ahmann, Elizabeth; Smith, Katherine; Ellington, Laurie; Pille, Rebecca O.	2019	Health and Wellness Coaching and Psychiatric Care Collaboration in a Multimodal Intervention for Attention-Deficit/Hyperactivity Disorder: A Case Report	The Permanente journal	24			INTRODUCTION: Stimulant medications are the most common treatment for attention-deficit/hyperactivity disorder (ADHD). However, a multimodal approach that includes behavioral interventions may yield better outcomes. Coaching is gaining recognition as a client-centered behavioral intervention for the management of ADHD. OBJECTIVE: To examine the collaboration between ADHD-focused health and wellness coaching and psychiatric care to support a client's improved self-management of ADHD. METHODS: Using the internationally developed CARE (CASE REport) guidelines designed to improve transparency and accuracy in health research reporting, this case report is based on a systematic review of data collected from the point of care. RESULTS: An 8-week collaboration between a psychiatrist and a health and wellness coach both expanded what the psychiatrist had been able to achieve alone in working with a client with ADHD and resulted in client improvement in self-efficacy and various functional impairments, including organizational skills and academic achievement. The client achieved her goal of resuming graduate studies and both integrated and maintained her behavioral changes for more than 6 months, successfully graduating from her program. DISCUSSION: This is the first case report, to our knowledge, describing the process of coaching for ADHD and exploring its integration with psychiatric care. It

							illustrates beneficial outcomes and the promising role of health and wellness coaching in assisting individuals with ADHD in achieving successful behavior change. The client in this case report made progress that was sustained beyond the 6-month mark, an important milestone in the trajectory of behavior change. CONCLUSION: This case report suggests that health and wellness coaching can be effective in supporting beneficial outcomes and can be useful in the multimodal management of ADHD.
Aich, Gernot; Kuboth, Christina; Behr, Michael	2016	Beratung mit Eltern nach dem Gmnder Modell zur Gesprächsführung (GMG)	Gesprchspsych ootherapie und Personzentrierte Beratung	47	4	228–233	Das Gmndner Modell zur Gesprächsführung (GMG) als Grundlage zum Fhren von Elterngesprchen im schulischen Kontext wird vorgestellt. Es verbindet personzentriertes, transaktionsanalytisches und lsungsorientiertes Vorgehen zu einem integrierenden Konzept. Nach einer Beschreibung der theoretischen Hintergrnde des Modells werden die Module eines fr Lehrkrfte entwickelten Trainings dieser Gesprächsführungstechnik vorgestellt. Anschließend wird der Prozesscharakter des Modells beleuchtet, die Anwendung des GMG bei Elterngesprchen konkretisiert und ein Einblick in Evaluationsergebnisse gegeben.
Alayoubi, Alaadin; Zidan, Ahmed; Asfari, Sarah; Ashraf, Muhammad; Sau, Lee; Kopcha, Michael	2022	Mechanistic understanding of the performance of personalized 3D-printed cardiovascular polypills: A case study of patient-centered therapy	International journal of pharmaceutics	617		121599	The 3D printing has become important in drug development for patient-centric therapy by combining multiple drugs with different release characteristics in a single polypill. This study explores the critical formulation and geometric variables for tailoring the release of Atorvastatin and Metoprolol as model drugs in a polypill when manufactured via pressure-assisted-microextrusion 3D printing technology. The effects of these variables on the extrudability of printing materials, drug release and other quality characteristics of polypills were studied employing a definitive screening design. The

							extrudability of printing materials was evaluated in terms of flow pressure, non-recoverable strain, compression rate, and elastic/plastic flow. The extrudability results helped in defining an operating space free of printing defects. The Atorvastatin compartment of polypill consisted of mesh-shaped layers while Metoprolol compartment consisted of a core surrounded by a release controlling shell with a hydrophobic septum between the two compartments. The results indicated that both the formulation and geometric variables govern the drug release of the polypill. Specifically, the use of HPMC E3 matrix, and a 2 mm distance between the strands at a weaving angle of 90° were critical in achieving the desired immediate-release profile of Atorvastatin. The core and shell design primarily determined the desired extended-release profile of Metoprolol. The carbopol and HPMC K100 concentration of 1% in the core and 10% in the shell and the number of shell layers in Metoprolol compartment were critical for achieving the desired Metoprolol dissolution. Polymer and Metoprolol content of the shell and shell-thickness affected the mechanical strength of the polypills. In conclusion, the 3D printing provides the flexibility for independently tailoring the release of different drugs in the same dosage form for patient centric therapy, and both the formulation and geometric parameters need to be optimized to achieve desired drug release.
Albaugh, Matthew D.; Hudziak, James J.; Orr, Catherine; Spechler, Philip	2019	Amygdalar reactivity is associated with prefrontal cortical thickness in a	PloS one	14	5	e0216152	In structural neuroimaging studies, reduced cerebral cortical thickness in orbital and ventromedial prefrontal regions is frequently interpreted as reflecting an impaired ability to downregulate neuronal activity in the amygdalae. Unfortunately, little research has been conducted in order to test this conjecture. We examine

<p>A.; Chaarani, Bader; Mackey, Scott; Lepage, Claude; Fonov, Vladimir; Rioux, Pierre; Evans, Alan C.; Banaschewski, Tobias; Bokde, Arun L. W.; Bromberg, Uli; Büchel, Christian; Quinlan, Erin Burke; Desrivières, Sylvane; Flor, Herta; Grigis, Antoine; Gowland, Penny; Heinz, Andreas; Ittermann, Bernd; Martinot, Jean-Luc; Martinot, Marie-Laure Paillère; Nees, Frauke; Orfanos, Dimitri Papadopoulos; Paus, Tomáš; Poustka, Luise; Millenet,</p>		<p>large population-based sample of adolescents</p>				<p>the extent to which amygdalar reactivity is associated with cortical thickness in a population-based sample of adolescents. Data were obtained from the IMAGEN study, which includes 2,223 adolescents. While undergoing functional neuroimaging, participants passively viewed video clips of a face that started from a neutral expression and progressively turned angry, or, instead, turned to a second neutral expression. Left and right amygdala ROIs were used to extract mean BOLD signal change for the angry minus neutral face contrast for all subjects. T1-weighted images were processed through the CIVET pipeline (version 2.1.0). In variable-centered analyses, local cortical thickness was regressed against amygdalar reactivity using first and second-order linear models. In a follow-up person-centered analysis, we defined a "high reactive" group of participants based on mean amygdalar BOLD signal change for the angry minus neutral face contrast. Between-group differences in cortical thickness were examined ("high reactive" versus all other participants). A significant association was revealed between the continuous measure of amygdalar reactivity and bilateral ventromedial prefrontal cortical thickness in a second-order linear model ($p < 0.05$, corrected). The "high reactive" group, in comparison to all other participants, possessed reduced cortical thickness in bilateral orbital and ventromedial prefrontal cortices, bilateral anterior temporal cortices, left caudal middle temporal gyrus, and the left inferior and middle frontal gyri ($p < 0.05$, corrected). Results are consistent with non-human primate studies, and provide empirical support for an association between reduced prefrontal cortical thickness and amygdalar reactivity. Future research will likely benefit from investigating the degree to which</p>
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Sabina; Fröhner, Juliane H.; Smolka, Michael N.; Walter, Henrik; Whelan, Robert; Schumann, Gunter; Potter, Alexandra S.; Garavan, Hugh							psychopathology qualifies relations between prefrontal cortical structure and amygdalar reactivity.
Alessandrini, Kristyna	2023	Small things—‘It felt like love’— The experience of being deeply moved in therapy: Clients' stories of the small things that matter in therapy	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Alessi, Edward J.; Dillon, Frank R.; van der Horn, Rebecca	2019	The therapeutic relationship mediates the association between affirmative practice and psychological well-being among lesbian, gay, bisexual, and queer clients	Psychotherapy	56	2	229–240	In this study, we tested a conceptual model through which lesbian, gay, bisexual, and queer (LGBQ) clients' perceptions of their therapists' affirmative practices and the therapeutic relationship (i.e., working alliance and the real relationship) would correlate with psychological well-being. We hypothesized that the therapeutic relationship would mediate the relation between clients' perceptions of their therapists' affirmative practices and psychological well-being while controlling for precounseling distress, client age, client race/ethnicity, number of psychotherapy sessions, and therapist gender. A nationwide sample of 184 LGBQ individuals was recruited through the Internet. Participants ranged in age

							<p>from 18 to 64 years old (Mage = 27.57; SD = 8.50), and the majority identified as female (65.8%) and White (77.2%). Structural equation modeling showed that participants' perceptions of their therapists' affirmative practices were associated with psychological well-being ($\beta = .21, p < .01$). Findings also indicated that the therapeutic relationship mediated the association between clients' perceptions of therapists' affirmative practices and psychological well-being ($\beta = .34, p < .001, 95\%$ confidence interval [.15, .52]). More specifically, practicing affirmatively was correlated with a stronger therapeutic relationship, which was associated with higher levels of psychological well-being for LGBQ clients. Hence, these findings inform and encourage advancements in LGBQ affirmative psychotherapy research, practice, and training. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Algristian, Hafid	2019	Expressive Writing as Brief Psychotherapy	Open access Macedonian journal of medical sciences	7	16	2602–2606	<p>AIM: To analyse the effect of expressive writing in three selected cases. METHODS: Case studies presented from three psychiatric patients in a hospital-based outpatient clinic in Surabaya, Indonesia, between May 2017 and July 2018. Clinical changes have been observed and reported. Three patients were selected based on the possibility of whether they were able to or not to participate in similar cognitive therapy. These three cases were considered to represent a diagnosis for the psychotic and non-psychotic spectrum. The first case was a male with suicidal depression, the second was a woman with Suicidal Depression, and the third was schizophrenic woman elderly with auditory hallucinations. Expressive writing was formulated from literature studies and then implemented in these patients. Clinical changes were observed both associated with a reduction in symptoms</p>

							<p>as well as new symptoms. These non-directive measures allowed the author to observe the therapeutic effects and side effects of the intervention given. RESULTS: Three cases were analysed. Targets were determined by patients themselves without author's intervention. Each patient underwent 10 sessions in minimum and 32 sessions in maximum, from once per week to once per two weeks, and was stopped after it was considered reaching or approaching the desired target, or if unwanted side effects appeared. Main changes were "father hunger" symptom decreased in the first patient, self-esteem increased in the second patient, and cope with auditory hallucination in the third patient. Few adverse events also have been recorded such as masturbation as an obsession ritual of the first patient, possibly provoked double-identity symptom in the second patient and mental fatigue in the elderly in the third patient. CONCLUSION: Over six months of implementation, expressive writing show desirable results, yet some side effects in patients still need to be aware of.</p>
<p>Alighieri, Cassandra; Bettens, Kim; Verbeke, Jolien; van Lierde, Kristiane</p>	2023	<p>'Sometimes I feel sad': A qualitative study on children's perceptions with cleft palate speech and language therapy</p>	<p>International journal of language & communication disorders</p>	58	5	1526–1538	<p>BACKGROUND Evidence-based speech therapy involves the integration of (1) the scientific evidence for therapy with (2) the perspectives of clinicians concerning therapy and (3) the perspectives of patients about therapy. The cleft literature has already paid attention to the first two cornerstones of evidence-based speech therapy. Much less is known about how children perceive cleft speech therapy.</p> <p>AIMS The purpose of the current qualitative study was to investigate the perceptions, emotions and expectations of Flemish-speaking Dutch children with a cleft (lip and) palate (CP ± L), aged 5-12 years, with regard to the speech</p>

						<p>therapy they receive. In this study, a focus was made on speech therapy to eliminate compensatory cleft speech errors.</p> <p>METHODS & PROCEDURES</p> <p>Six children with a CP ± L, aged between 5 and 12 years, were included in this study. Child-friendly semi-structured interviews were conducted using a participatory, art-based qualitative approach. This means that the 'play and puppets technique' and 'draw-write and photo-elicitation technique' were used to guide the children through the interviews. Data derived from these interviews were analysed using an inductive thematic approach. Trustworthiness of the data was achieved by applying researcher triangulation, negative case analysis and an audit trail.</p> <p>OUTCOMES & RESULTS</p> <p>Analyses of the interviews revealed three major themes of importance to the children: (1) treatment values, (2) treatment practices and (3) treatment outcomes. Each theme was divided into different subthemes. The theme 'treatment values' consisted of the subthemes expectations and emotions around therapy and interference with daily living. Information flow, therapy content, confirmation and rewards, parents' attendance, therapy intensity, and homework were subthemes of the major theme 'treatment practices'. The theme 'treatment outcomes' was divided into two subthemes, namely speech improvement and peers' reactions.</p> <p>CONCLUSIONS & IMPLICATIONS</p> <p>Most children had positive attitudes towards speech therapy: it was 'something they liked' and 'something fun'. If children had negative attitudes they were related to having a fear of making mistakes during therapy. Children</p>
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						<p>had clear expectations of the purpose of speech therapy. Speech therapy should 'help' improve their speech and make it more understandable to others. The children in this sample made some suggestions to decrease the experienced burden related to speech therapy. The results of this study will help to better tailor speech therapy programmes to the needs and experiences of children with a CP ± L.</p> <p>WHAT THIS PAPER ADDS</p> <p>What is already known on the subject Evidence-based speech therapy involves the integration of (1) the scientific evidence for therapy with (2) the perspectives of clinicians concerning therapy and (3) the perspectives of patients and their families about therapy. The cleft literature has already paid attention to the first two cornerstones of evidence-based speech therapy. Different studies investigated the perspectives of SLPs and parents with regard to cleft palate speech therapy. However, much less is known about the children's own experiences with and perceptions around this speech therapy. What this study adds to existing knowledge This study used a qualitative research design to investigate the perceptions, emotions and expectations of children with a cleft (lip and) palate, aged 5-12 years, with regard to the speech therapy they receive. Speech therapy needed to focus on the elimination of compensatory speech errors. This study provides knowledge on the speech therapy-related experiences of children with a cleft palate. What are the potential or actual clinical implications of this work? Children in this sample made some concrete suggestions to decrease the experienced burden related to cleft speech therapy, for example, integration of school work during therapy sessions and practising on the level</p>
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							of spontaneous speech. The results of this study help us to better tailor speech therapy programmes to the needs and experiences of children with a CP ± L.
Al-Jabari, Rawya; Murrell, Amy R.; Callahan, Jennifer L.; Cox, Randall J.; Lester, Ethan G.	2019	Do distress level and waitlists impact termination in a training clinic?	Training and Education in Professional Psychology	13	2	127-137	Premature termination (PT) is a substantial problem in psychology training clinics, resulting in adverse effects for both clients and psychotherapists in training. Although a large meta-analysis found the rate of PT to fall at 19.7% across varied mental health care settings, moderation analyses revealed much higher rates of premature termination were specific to those being treated in campus mental health settings (Swift & Greenberg, 2012). A subsequent multisite study was able to focus specifically on psychology training clinic clients (as opposed to university counseling centers, etc.) and found that the rate of PT among clients in those clinics was ~70% (Callahan et al., 2014). Other single-site studies in psychology training clinics have reported rates of nearly 80% (Aubuchon-Endsley & Callahan, 2009; Swift, Callahan, & Levine, 2009). In the current sample (N = 524) of adult clients who were treated by trainees across three accredited doctoral (Ph.D.) programs in a traditional university-based psychology training clinic, the rate of PT was found to fall in the range of 63% (based on trainees' subjective appraisals of client outcome) to 69.9% (based on scores from a routine outcome tracking measure). Neither client demographic variables (e.g., age, sex, race/ethnicity) nor psychotherapist training variables (e.g., years in doctoral program, direct client contact hours) were significantly associated with PT. Exploration of psychotherapy variables (e.g., alliance) and clinic variables (e.g., waitlist duration) revealed only small effects. Significant work remains in understanding the etiology of the high premature termination rates that are

							consistently demonstrated in psychology training clinics. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Allan, Blake A.; Kim, Taewon; Liu, Tracie Y.; Deemer, Eric D.	2020	Moderators of involuntary part-time work and life satisfaction: A latent deprivation approach	Professional Psychology: Research and Practice	51	3	257–267	Work plays a central role in people’s lives, and professional psychologists have a stake in understanding how different work statuses affect people’s well-being. Involuntary part-time work, in particular, represents a potentially harmful work status that professional psychologists can address with the appropriate evidence. Therefore, using latent deprivation theory as a guide, this study examined financial and experiential deprivation as moderators of the relation between involuntary part-time work and life satisfaction in a large sample of U.S. college graduates (N = 61,251). We also examined mean differences in financial deprivation, experiential deprivation, and life satisfaction between employment status groups and examined group differences in the rates of involuntary part-time work. We found that involuntary part-time workers had greater financial and experiential deprivation and lower life satisfaction than other employment groups, except for people who were unemployed. We also found that financial and experiential deprivation moderated the relation between involuntary part-time work and life satisfaction. Specifically, people with lower financial and experiential deprivation were protected from the negative relation between involuntary part-time work and life satisfaction. Finally, we found that the rates of involuntary part-time work were higher for marginalized groups, such as women, people of color, and people with a lesbian, gay, bisexual, or transgender identity. This study highlights the relation between involuntary part-time work and life satisfaction, the roles of financial and experiential

							deprivation, the importance of qualifying employment statuses on a continuum, and potential targets of intervention for professional psychologists. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Allan, Robert	2019	Teaching and learning evidence-based practices: Promoting dialogue for counsellors and psychotherapists	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	3	206–213	
Allan, Robert; Wiebe, Stephanie A.; Johnson, Susan M.; Piaseckyj, Olena; Campbell, T. Leanne	2021	Practicing Emotionally Focused Therapy online: Calling all relationships	Journal of marital and family therapy	47	2	424–439	In the midst of a global pandemic, couples are dealing a range of impacts that call for a cohesive unit while the virus frays at the edges of our most important relationships. Emotionally Focused Therapy (EFT) is an evidence-based approach to working with relationships rooted in attachment theory. As a process-oriented psychotherapy, EFT is an ideal approach to working with relationships during this pandemic helping to solidify an "in it together" approach required to survive both as a couple and the pandemic. In this paper, we briefly review the adaptations for moving a couple therapy practice online through an EFT lens, drawing on an EFT macro-intervention called the "Tango" as a focus in this process. We conclude the paper with a case example providing the reader with an illustration of the process and ideas for what to pay attention to when working online with a couple from an EFT perspective. 2021 American Association for Marriage and Family Therapy.

Alldredge, Cameron T.; Elkins, Gary R.	2023	Adaptive Experiential Theory of Hypnosis	The International journal of clinical and experimental hypnosis	71	3	165-175	State and nonstate theories of hypnosis have dominated the field for decades and helped advance hypnosis clinically and scientifically. However, they fall short in various ways including insufficient consideration of unconscious/experiential processes. The authors' new theory is predicated on Epstein's cognitive-experiential self-theory, a dual-process model that provides a comprehensive understanding of the rational system and the experiential system and highlights that, although they interact synergistically, their features and modes of operation differ greatly. The rational system, influenced by logic and reason, is demanding of cognitive resources and operates effortfully with minimal affect. In contrast, the experiential system is emotionally driven, associative, and encodes reality in images and feelings without conscious effort. Our theory, the adaptive experiential theory, posits that complex hypnotic responding is attributable to an individual's ability to adapt and deliberately shift from processing primarily within the rational system to the experiential system. Greater association with the experiential system yields alterations in processing reality, which allows hypnotic suggestions to be internalized and enacted without excessive interference from the rational system.
Allen, Brian; Hoskowitz, Natalie Armstrong	2017	Structured Trauma-Focused CBT and Unstructured Play/Experiential Techniques in the Treatment of Sexually Abused	Child maltreatment	22	2	112-120	Structured, trauma-focused cognitive-behavioral therapy (CBT) techniques are widely considered an effective intervention for children who experienced sexual abuse. However, unstructured (i.e., nondirective) play/experiential techniques have a longer history of widespread promotion and are preferred by many practicing clinicians. No evidence is available, however, to determine how the integration of these techniques impacts treatment outcome. In this study, community-

		Children: A Field Study With Practicing Clinicians					based clinicians who received training in a structured, trauma-focused cognitive-behavioral intervention administered pretreatment and posttreatment evaluations to 260 sexually abused children presenting with elevated posttraumatic stress. In addition, they completed a questionnaire describing the treatment techniques implemented with each child. Overall, significant improvement was observed for each of the six clinical outcomes. Regression analyses indicated that technique selection was a significant factor in posttreatment outcome for posttraumatic stress, dissociation, anxiety, and anger/aggression. In general, a greater utilization of the structured CBT techniques was related to lower posttreatment scores, whereas a higher frequency of play/experiential techniques was associated with higher posttreatment scores. However, no interaction effects were observed. The implication of these findings for clinical practice and future research are examined.
Almeida, Susana N.; Elliott, Robert; Silva, Eunice R.; Sales, Célia M. D.	2022	Emotion-focused therapy for fear of cancer recurrence: A hospital-based exploratory outcome study	Psychotherapy	59	2	261–270	Fear of cancer recurrence (FCR) is a main concern for most cancer survivors and can bring significant distress impacting well-being and quality of life. Although other psychological approaches have been developed for dysfunctional FCR, based on previous research, emotion-focused therapy (EFT) might also be a relevant intervention for treating this concern. A total of 17 adults with a cancer diagnosis and presenting FCR among other cancer-related concerns were offered EFT, delivered in a regular practice in a cancer hospital (mean number of sessions = 13, range: 4–25). Outcome and process instruments were used to assess general psychological distress, client-generated outcome items, and helpful and hindering aspects of therapy. Significant pre–post

							outcome differences were found, both for client-generated ($d = 1.53$) and standard ($d = .88$) measures, with no cases of reliable deterioration, although most patients did not show clinically significant change by the end of therapy. The most frequent helpful in-session processes were client verbal expression of experience and work on parts of self; the most common immediate session impacts were positive feelings and self-realizations. EFT may be a useful alternative treatment for FCR. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Almeida, Susana N.; Elliott, Robert; Silva, Eunice R.; Sales, Célia M. D.	2024	Developing an emotion-focused therapy model for fear of cancer recurrence: A case-level task analysis	Couns and Psychother Res (Counselling and Psychotherapy Research)	24	1	180–189	
Alphonsus, Elizabeth; Fellin, Lisa C.; Thoma, Samuel; Galbusera, Laura	2023	They have taken out my spinal cord: an interpretative phenomenological analysis of self-boundary in psychotic experience within a sociocentric culture	Frontiers in psychiatry	14		1215412	INTRODUCTION: In the tradition of phenomenological psychiatry, schizophrenia is described as a disturbance of the minimal self, i.e. the most basic form of self-awareness. This disturbance of the minimal self at the individual level is assumed to precede the intersubjective disturbances such as boundary weakening. However, the role of intersubjective disturbances in the emergence and recovery of schizophrenic experience still remains an open question. This phenomenological study focuses on how encounters with others shape self-experience during from psychosis by analyzing this process from the perspective of cultural differences, which in current research is especially under-researched. While most phenomenological accounts are based on first person-

							accounts from Western, individualist cultures where the self is conceived and experienced as separate to others, the present study qualitatively investigates psychotic experiences of patients from Jaffna, Sri Lanka. METHOD: Semi-structured interviews were conducted with three participants with a diagnosis of schizophrenia or first episode psychosis. The interviews were transcribed and analyzed using interpretative phenomenological analysis (IPA). Eight group experiential themes were identified across interviews. RESULTS: The data suggest that intersubjective processes of boundary weakening such as invasiveness and hyperattunement may shape minimal self-experience and more specifically contribute to a mistrust of the own senses and to hyper-reflexivity. Interestingly, boundary weakening yields pervasive emotions and can be experienced as a threat to the whole social unit. On the one hand, the strengthening of self-other-boundary was achieved through opposition, closedness and withdrawal from others. On the other hand, this study suggests that the re-opening of self-other-boundaries in response to the crisis may help establish connectedness and may lead to recovery.
Altendorfer-Kling, Ulrike	2021	Digitale Medien als Therapieebne und Intermediobjekte in der Therapie von traumatisierten Kindern und Jugendlichen. Einsatz von	Zeitschrift fr Psychodrama und Soziometrie	20	Suppl 1	157-171	Dieser Beitrag der Zeitschrift fr Psychodrama und Soziometrie setzt sich mit der Frage auseinander, wie wir digitale Medien in der Psychodramatherapie mit Kindern und Jugendlichen wirkungsvoll zum Einsatz bringen knnen. In Krisenzeiten ist es fr uns Menschen besonders wichtig, den Kontakt zueinander aufrechterhalten, einander untersttzen und voneinander lernen zu knnen. In diesem Beitrag wird ein flexibler Umgang mit den neuen technischen Mglichkeiten gezeigt, die zur Erweiterung der Therapiemethode Psychodrama fhren und besonders in

		Smartphone und Co. als Therapietools mit Kindern und Jugendlichen, Fallvignetten aus der psychotherapeutischen Praxis					der Traumatherapie hilfreich sind. (c) Springer Fachmedien Wiesbaden GmbH
Alter, David S.; Sugarman, Laurence Irwin	2017	Reorienting Hypnosis Education	The American journal of clinical hypnosis	59	3	235-259	The legacy model of professional clinical hypnosis training presents a restrictive frame increasingly incompatible with our evolving understanding of psychobiology, health, and care. Emerging science recognizes human experience not as disease and diagnosis, but as manifestations of individual, uniquely-endowed, adaptively self-regulating systems. Hypnosis is a particularly well-suited discipline for effecting beneficial change in this paradigm. Training in clinical hypnosis must progress from the current linearly-structured, diagnosis-based, reductionist model toward a more responsive, naturalistic, and client-centered curriculum in order to remain relevant and accessible to clinicians beginning to integrate it into their practices. To that end, this article extends Hope and Sugarman's (2015) thesis of hypnosis as a skill set for systemic perturbation and reorientation to consider what those skills may be, the principles on which they are based, and how they may be taught. Parsing a clinical vignette reveals how incorporation of novelty and uncertainty results in less restrictive and more naturalistic hypnotic encounters that, in response to client-generated cues, elicit psychophysiological plasticity. This disruptive

							hypnosis education and training framework extends the utility and benefit of applied clinical hypnosis.
Althfer, Luigi	2017	Die Radikale Therapie	Zeitschrift fr Transaktionsanalyse	34	1	44-64	Vorgestellt wird die Radikale Therapie (RT) - ein selbstorganisiertes Gruppentherapieverfahren, welches konzeptionell auf der Radical Psychiatry, der Transaktionsanalyse und dem Co-Counseling basiert. Nach einem Abriss der Entstehungsgeschichte der RT wird der Stellenwert der variierenden Rollen der Teilnehmenden aufgezeigt. Im Rahmen der Hintergrnde der RT wird auf die Entfremdungstheorie, den Befreiungsansatz zur Auflsung von Entfremdung, stereotype Geschlechterrollenmuster als spezifische Form der Entfremdung und die politische Dimension des Privaten eingegangen. Anschlieend wird die Praxis der RT vorgestellt und es werden Potenzial und Grenzen aufgezeigt.
Althof, Stanley E.; Needle, Rachel B.	2022	Treating Low Sexual Desire in Men				32-39	Summary This chapter focuses on the assessment and treatment of low sexual desire in men. Low sexual desire in men can represent a complex amalgam of interrelated biological, psychological, interpersonal, and contextual variables that combine to produce distressing symptoms both for the man and for his partner. Psychosexual evaluation goes beyond traditional psychological assessment to examine the man's or couple's sexual history, current sexual practices, relationship quality and history, emotional health, and contextual factors. Each of these variables requires careful evaluation. Psychotherapy outcome studies for men with low sexual desire are scarce. In fact, there are no placebo-controlled, randomized outcome trials for psychotherapeutic interventions; yet, there are many evidenced-based studies of men with androgen deficiency who receive testosterone (T) replacement.

							Educational interventions, values clarification, or suggestions may be useful in dealing with contextual factors responsible for men's low sexual desire.
Alton, Gord	2020	Toward an Integrative Model of Psychospiritual Therapy: Bringing Spirituality and Psychotherapy Together	The journal of pastoral care & counseling: JPCC	74	3	159-165	As a supervisor-educator for the Canadian Association of Spiritual Care, my primary task is to help developing spiritual care providers and psychospiritual therapists learn how to use psychotherapy within the field of spiritual care. The purpose of this essay is to share a psychospiritual model that I teach my students that helps them see how psychospiritual therapy is a form of spiritual practice that helps their clients experience healing from the sacred.
Amole, Marlissa C.; Cyranowski, Jill M.; Conklin, Laren R.; Markowitz, John C.; Martin, Stacy E.; Swartz, Holly A.		Therapist use of specific and nonspecific strategies across two affect-focused psychotherapies for depression: Role of adherence monitoring	Journal of Psychotherapy Integration	27	3		Psychotherapists routinely use both specific and nonspecific strategies to deliver empirically supported treatments (ESTs). Psychotherapy adherence monitoring has traditionally focused on assessing therapist use of EST-specific strategies (to distinguish between ESTs), paying less attention to nonspecific techniques common to multiple psychotherapies. This study used the Collaborative Study Psychotherapy Rating Scale (CSPRS) to evaluate therapist use of both specific and nonspecific techniques in 2 affect-focused ESTs for depression. Blinded raters evaluated 180 recorded sessions of interpersonal psychotherapy (IPT) and brief supportive psychotherapy (BSP). Because IPT and BSP both emphasize attention to affective states and developing a warm therapy relationship, we expected overlap across scales measuring therapist warmth, empathy, and focus on feelings. In contrast, we expected differences in scales measuring therapist directiveness, as well as IPT- and BSP-specific interventions. Results showed raters displayed good interrater reliability on primary subscales and could discriminate between 2 treatments with

						considerable overlap. Both IPT and BSP therapists used similarly high levels of nonspecific, facilitative interventions. Expectedly, IPT therapists were more directive and used more IPT-specific strategies, while BSP therapists utilized more nondirective, supportive strategies. Unexpectedly, BSP therapists showed greater focus on feelings than IPT therapists. Exploratory analyses suggested that greater focus on feelings in early sessions was associated with greater depressive symptom reduction in the first 8 weeks of treatment for both ESTs. Additional treatment adherence research is needed to investigate both shared and distinctive features of ESTs, as well as the effect of the relative use of specific versus nonspecific interventions on psychotherapy outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Amsalem, Doron; Lopez-Yianilos, Andrea; Lowell, Ari; Pickover, Alison M.; Arnon, Shay; Zhu, Xi; Suarez-Jimenez, Benjamin; Ryba, Matt; Bergman, Maja; Such, Sara; Zalman, Hemrie; Sanchez-Lacay, Arturo; Lazarov, Amit;		Treatment dropout among veterans and their families: Quantitative and qualitative findings	Psychological Trauma: Theory, Research, Practice, and Policy	14	4	Background: Psychotherapy noncompletion rates for veterans and their families are high. This study sought to (a) measure noncompletion rates of such patients at a university-based treatment center, (b) compare veteran and family member attrition rates, (c) identify dropout predictors, and (d) explore clinicians' perspectives on treatment noncompletion. Method: Using quantitative and qualitative approaches, we analyzed demographic and clinical characteristics of 141 patients (90 military veterans; 51 family members) in a university treatment center. We defined dropout as not completing the time-limited therapy contract. Reviewing semistructured interview data assessing clinicians' perspectives on their patients' dropout, three independent raters agreed on key themes, with interrater coefficient kappa range .74 to 1. Results: Patient attrition was 24%, not differing significantly between veterans and family members.

Markowitz, John C.; Neria, Yuval							<p>Diagnosis of major depression (MDD) and exposure-based therapies predicted noncompletion, as did higher baseline Hamilton Depression Rating Scale (HDRS) total scores, severe depression (HDRS > 20), lack of Beck Depression Inventory weekly improvement, and history of military sexual trauma. Clinicians mostly attributed noncompletion to patient difficulties coping with intense emotions, especially in exposure-based therapies. Conclusion: Noncompletion rate at this study appeared relatively low compared to other veteran-based treatment centers, if still unfortunately substantial. Patients with comorbid MDD/PTSD and exposure-based therapies carried greater noncompletion risk due to the MDD component, and this should be considered in treatment planning. Ongoing discussion of dissatisfaction and patient discontinuation, in the context of a strong therapeutic alliance, might reduce noncompletion in this at-risk population. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Amtmann, Dagmar; Bamer, Alyssa M.; Alschuler, Kevin N.; Bocell, Fraser D.; Ehde, Dawn M.; Jensen, Mark P.; Johnson, Kurt; Nery-Hurwit, Mara B.; Salem, Rana; Silverman, Arielle; Smith,	2020	Development of a resilience item bank and short forms	Rehabilitation Psychology	65	2	145-157	<p>Purpose: The purpose of this study was to develop a publicly available, psychometrically sound item bank and short forms for measuring resilience in any population, but especially resilience in individuals with chronic medical conditions or long-term disability. Research Methods: A panel of 9 experts including disability researchers, clinical psychologists, and health outcomes researchers developed a definition of resilience that guided item development. The rigorous methodology used focus groups, cognitive interviews, and modern psychometric theory quantitative methods, including item response theory (IRT). Items were administered to a sample of people with chronic medical conditions commonly associated with disability (N = 1,457) and to a</p>

Amanda E.; Terrill, Alexandra L.; Molton, Ivan							<p>general population sample (N = 300) representative of the United States general population with respect to age, gender, race, and ethnicity. Results: The final item bank includes 28 items calibrated to IRT with the scores on a T-metric. A mean of 50 represents the mean resilience in the general population sample. Four and eight item short forms are available, and their scores are highly correlated with the item bank score ($r \geq .94$). Reliability is excellent across most of the resilience continuum. Initial analyses provide strong support for validity of the score.</p> <p>Conclusions: The findings support reliability and validity of the University of Washington Resilience Scale (UWRS) for assessing resilience in any population, including individuals with chronic health conditions or disabilities. It can be administered using computerized adaptive testing or by short forms. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
An, Mira; Kivlighan Jr., Dennis M.; Hill, Clara E.	2023	Working alliance after transferring from one therapist to another in a training clinic: Influence of therapist attachment style	Journal of Counseling Psychology	70	1	67–80	<p>This study investigated how client working alliance changed after transferring from one therapist to another: (a) When pre- and post-transfer therapists' attachment anxiety/avoidance were congruently higher or lower and (b) when the pretransfer therapists' attachment anxiety/avoidance were more or less discrepant from the posttransfer therapists. A Tau-U analysis and a multilevel polynomial regression and response surface analysis were used to analyze longitudinal data about 23 transferred clients in open-ended psychodynamic psychotherapy with doctoral-level therapist trainees (n = 29). When first and second therapists' attachment anxiety/avoidance levels were congruent, the higher the two therapists' attachment anxiety and avoidance levels were, the greater was the decrement in clients' ratings of working alliance after transfers. When first and second</p>

							therapists' attachment anxiety/avoidance levels were discrepant from each other, the more the first and second therapists' attachment were different from each other in terms of anxiety, the greater decrement in clients' ratings of working alliance there was after transfers. Meanwhile, the more the two therapists' attachment avoidance levels were different from each other, the less decrement in clients' ratings of working alliance there was after transfers. Therefore, the attachment orientations of the pre- and post-transfer therapists combined to influence client working alliance after transfers. Limitations and implications of the present research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Anderberg, Emily; Cox, Jonathan C.; Neeley Tass, E. Shannon; Erikson, David M.; Gabrielsen, Terisa P.; Warren, Jared S.; Cline, Jared; Petersen, Devin; South, Mickle	2017	Sticking with it: Psychotherapy outcomes for adults with autism spectrum disorder in a university counseling center setting	Autism research : official journal of the International Society for Autism Research	10	12	2048–2055	UNLABELLED Young adults with autism spectrum disorders (ASD) experience high rates of comorbid mental health concerns in addition to distress arising from the core symptoms of autism. Many adults with ASD seek psychological treatment in outpatient facilities in their communities that are not specifically geared toward individuals with ASD. However, few studies have looked at the effectiveness of standard psychotherapeutic care in adults with ASD. This study aimed to discover how individuals with ASD fare in psychotherapy within a college counseling setting, compared to their neurotypical peers. Clients with ASD (n = 76) or possible ASD (n = 91) were retrospectively identified from counseling center case notes. Data from the Outcome Questionnaire-45 (OQ) were retrieved for each therapy session as a measure of client distress. Clients with ASD showed no difference in level of distress at intake compared to their neurotypical peers (n = 21,546), and

							<p>improved about the same amount from pre- to post-treatment. However, students with ASD stayed in treatment for significantly more sessions than neurotypical clients, and took significantly longer to achieve maximum improvement on OQ reports. Results are discussed with implications for university and other community based treatment settings. <i>Autism Res</i> 2017, 10: 2048-2055. © 2017 International Society for Autism Research, Wiley Periodicals, Inc.</p> <p>LAY SUMMARY</p> <p>This study aimed to discover how individuals with autism spectrum disorders (ASD) fare in psychotherapy within a university counseling setting, compared to their neurotypical peers. Clients with ASD showed no difference in level of distress at intake compared to their neurotypical peers, and improved about the same amount from pre- to post-treatment. However, students with ASD stayed in treatment for significantly more sessions than neurotypical clients, and took significantly longer to achieve maximum improvement on Outcome Questionnaire-45 reports.</p>
Anders, Christopher; Kivlighan III, D. Martin	2023	Identity salience: An intersectional approach to understanding multicultural processes and outcomes in psychotherapy	Journal of Counseling Psychology	70	5	477-485	<p>A growing body of research has demonstrated the importance of therapists' multicultural orientation (MCO), namely, their cultural humility (CH), cultural comfort, and cultural missed opportunities, on treatment processes and outcomes (Davis et al., 2018). However, to date, few research has attempted to identify client factors that may moderate the relationship between therapists' MCO and therapeutic processes and outcomes. Informed by Yakushko et al.'s (2009) identity salience model, this study seeks to advance the MCO literature by examining the saliency of clients' cultural identities, therapists' MCO, and improvement in therapy. Data for this study consisted</p>

							<p>of 193 individuals who had received at least five sessions of psychotherapy in the last 6 months and responded to an online survey about their experience in therapy. Moderated polynomial regression and response surface analysis was used to examine if the relationship between therapists' MCO and clients' perceived improvement in psychotherapy differed as a function of the salience of clients' first and second most important cultural identities. The results indicated that when clients report only one highly salient cultural identity and perceive their therapist high in cultural humility, they report high levels of improvement. In contrast, when clients reported two highly salient identities, cultural humility and improvement in therapy were not significantly related. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Anderson, Katrina; Wickramariyaratne, Tushara; Blair, Annaliese	2018	A feasibility study of group-based cognitive behaviour therapy for older adults in residential care	Clinical Psychologist	22	2	192-202	<p>Objective This study examined the feasibility of providing older adults living in residential aged care with group-based cognitive behavioural therapy (CBT) for depression and anxiety. Method Eighteen participants with subclinical to mild anxiety and/or depression were divided equally into a treatment group and a control group, with treatment consisting of a manualised CBT program for older adults with depression and anxiety. The residents who participated in the group program provided an accurate representation of 'real-world' residential aged care facilities (RACF) populations; many with comorbid physical problems, mild cognitive impairment and functional decline, and a mean age of almost 80 years. Results The residents showed that not only could they successfully engage in psychotherapy, they were able to experience the benefits such as building their skills and resilience, receiving validation and emotional</p>

							support from their fellow residents and fostering friendships and social networks. Encouragingly, the treatment group also showed fewer depressive symptoms post-treatment. Conclusions Group-based psychotherapy should continue to be explored as a strategy to promote good mental health in RACFs, with further studies focusing on the feasibility of recruiting and treating clinical populations in this setting.
Anderson, Timothy; Crowley, Maryellen J.; Binder, Jeffrey L.; Heckman, Bernadette D.; Patterson, Candace L.	2017	Does the supervisor's teaching style influence the supervisee's learning prescribed techniques?	Psychotherapy research : journal of the Society for Psychotherapy Research	27	5	549-557	<p>OBJECTIVES: This study examined the directive and non-directive supervisors' instructional styles, supervisees' interactive communications within supervision sessions as well as the relative success of supervisees' learning to apply specific techniques within psychotherapy.</p> <p>METHOD: The developers of Time-Limited Dynamic Psychotherapy (TLDP) provided the supervised training for 16 therapists as part of the "Vanderbilt II" psychotherapy project. Supervision sessions were rated for supervisors' adherence to TLDP content. Both supervisors and supervisee were rated for classroom interactive behaviors of "initiation" speech (e.g., introducing ideas) and "responsive" speech (e.g., amplifying the other speaker's topic). The third therapy session was targeted for discussion within supervision. Therapy sessions immediately before and after supervision were rated on TLDP adherence. RESULTS: One of the supervisors (Supervisor A) was found to use an instructional style of relatively more initiation-based speech, whereas the other (Supervisor B) used more response-based speech. Technical adherence for supervisees of Supervisor A was significantly higher than those assigned to Supervisor B. Supervisees' initiation-based speech during supervision predicted less use of TLDP techniques in the therapy session after supervision. Supervisors' interactive style</p>

							was not associated with therapy adherence. CONCLUSIONS: Relatively more directive and structured supervision may influence the acquisition and use of manual-prescribed therapy techniques.
Anderson, Timothy; McClintock, Andrew S.; McCarrick, Shannon S.; Heckman, Timothy G.; Heckman, Bernadette D.; Markowitz, John C.; Sutton, Mark	2018	Working Alliance, Interpersonal Problems, and Depressive Symptoms in Tele-Interpersonal Psychotherapy for HIV-infected Rural Persons: Evidence for Indirect Effects	Journal of clinical psychology	74	3	286–303	<p>OBJECTIVE</p> <p>Interpersonal psychotherapy (IPT) has demonstrated efficacy for the treatment of depression, yet little is known about its therapeutic mechanisms. As a specific treatment, IPT has been shown to directly reduce depressive symptoms, although it is unclear whether these reductions occur via interpersonal changes. Within IPT, the potential role of the working alliance, a common factor, as a predictor of depression and interpersonal changes is also unclear.</p> <p>METHOD</p> <p>Participants were 147 depressed persons living with HIV in rural communities of 28 U.S. states enrolled in a randomized clinical trial. Seventy-five patients received up to 9 sessions of telephone-administered IPT (tele-IPT) plus standard care and 72 patients received standard care only. Two models were tested; one included treatment condition (tele-IPT vs. control) and another included the working alliance as independent variables.</p> <p>RESULTS</p> <p>The first model found an indirect effect whereby tele-IPT reduced depression via decreased social avoidance. There was a direct effect between tele-IPT and reduced depression. In the second model, the working alliance influenced depressive symptom relief via reductions in social avoidance. Both goal and task working alliance subscales were indirectly associated with reductions in depressive symptoms, also through reductions in social avoidance. There were no direct effects involving the</p>

							<p>working alliance. Tele-IPT's influence on depressive symptom reduction was primarily through a direct effect, whereas the influence of working alliance depression was almost entirely via an indirect effect through interpersonal problems.</p> <p>CONCLUSION</p> <p>Study findings have implications for IPT when intervening with depressed rural people living with HIV/AIDS over the telephone.</p>
Anderson, Timothy; Stone, Suzannah J.; Angus, Lynne; Weibel, David T.	2022	Double trouble: Therapists with low facilitative interpersonal skills and without training have low in-session experiential processes	Psychotherapy research : journal of the Society for Psychotherapy Research	32	1	78-90	<p>Objectives: This study examined the combined effect of therapist Facilitative Interpersonal Skills (FIS) and Training Status on experiential processes within therapy sessions. In this randomized trial of FIS and Training Status, we predicted that in-session experiential processes would be highest for the high FIS and trained therapist group and lowest for the low FIS and untrained therapists. Methods: Forty-five clients were selected from 2,713 undergraduates using a screening and clinical interview procedure. Twenty-three therapists were selected for their level of FIS (high vs. low) and Training (trainee vs. untrained) and each were assigned two clients for seven sessions each. Two different coder teams independently rated experiencing and narrative process from the third therapy session and computer analysis identified affect words from transcripts. Results: FIS×Training Status significantly interacted on the set of experiential process measures. Relative to all others, therapists who were in the low FIS / no training group had lower experiencing and reflexive content, but higher external content. Conclusions: The findings highlight the importance of therapist characteristics within therapy sessions. Therapists without training and with low interpersonal</p>

							skills have sessions that are nearly devoid of content that focuses on client experiential processes and emotion.
Andorfer, Ute; Musalek, Michael	2017	Wenn ich nur aufhren knnte ... Zur Phnomenologie, Diagnostik und Therapie der Kaufsucht	Psychotherapie im Dialog	18	1	70–74	Es wird informiert ber Phnomenologie, Diagnostik und Therapie der Kaufsucht. Behandelt werden: (1) Epidemiologie (Prvalenz, Geschlechtsunterschiede). (2) Phnomenologie und Verlauf (Kaufattacken; Akt des Kaufens; Dosissteigerung; Schuld- und Schamgefhle; Katalog, Internet, Teleshopping; Produktbereiche; Phasen des Verlaufs; depressive Zustnde, Angstattacken, Schlafstrungen). (3) Ursachen und Auslser. (4) Diagnostik (Unklarheiten in der Klassifikation; Entzugssymptome). (5) Komorbiditten (Achse-I-Strungen; zwanghaftes Horten). (6) Therapie (Gruppentherapie; Kaufprotokoll; Vernderung der Kaufgewohnheiten; Gesprchstherapie; partielle Abstinenz; Behandeln von Komorbiditten; ressourcenorientierte Therapie).
Andreas, Sylke; Gablonski, Thorsten- Christian; Tschacher, Wolfgang; Gebhardt, Albrecht; Rabung, Sven; Schulz, Holger; Kadur, Jennifer	2023	Long-term psychodynamic psychotherapy in a face-to-face versus videoconferenci ng setting: A single case study	Journal of clinical psychology	79	2	277–295	OBJECTIVE Due to the coronavirus pandemic and crisis, psychotherapists around the world were forced to switch to video- or tele-based treatments overnight. To date, only a few studies on the effectiveness of video-based psychodynamic psychotherapy via the Internet exist. Therefore, the goal of the present study was to examine symptom improvement, therapeutic relationship, nonverbal synchrony processes, and intersession processes within a systematic single case design and compare face-to-face to video-based approaches in long-term psychodynamic-oriented psychotherapy. METHODS We examined 85 sessions of a client with major depression whose psychodynamic psychotherapy changed from a face-to-face setting to a video-based setting. Video recordings were analyzed using motion

							<p>energy analysis, and nonverbal synchrony was computed using a surrogate synchrony approach. Time series analyses were performed to analyze changes in symptom severity, therapeutic relationship, and intersession processes.</p> <p>RESULTS</p> <p>The results showed that symptom severity improved descriptively, but not significantly, across the entire course of psychotherapy. There were significant differences, however, in the therapeutic relationship, intersession experiences, and synchronous behavior between the face-to-face and video-based settings.</p> <p>CONCLUSION</p> <p>The results indicate that the presented methodology is well situated to investigate the question whether psychodynamic psychotherapy in video-based setting works in the same way as in a face-to-face setting.</p>
<p>Andreasson, Kate; Krogh, Jesper; Wenneberg, Christina; Jessen, Helle K. L.; Krakauer, Kristine; Gluud, Christian; Thomsen, Rasmus R.; Randers, Lasse; Nordentoft, Merete</p>	2016	<p>EFFECTIVENESS OF DIALECTICAL BEHAVIOR THERAPY VERSUS COLLABORATIVE ASSESSMENT AND MANAGEMENT OF SUICIDALITY TREATMENT FOR REDUCTION OF SELF-HARM IN ADULTS WITH</p>	<p>Depression and anxiety</p>	33	6	520–530	<p>BACKGROUND</p> <p>Many psychological treatments have shown effect on reducing self-harm in adults with borderline personality disorder. There is a need of brief psychotherapeutic treatment alternative for suicide prevention in specialized outpatient clinics.</p> <p>METHODS/DESIGN</p> <p>The DiaS trial was designed as a pragmatic single-center, two-armed, parallel-group observer-blinded, randomized clinical superiority trial. The participants had at least two criteria from the borderline personality disorder diagnosis and a recent suicide attempt (within a month). The participants were offered 16 weeks of dialectical behavior therapy (DBT) versus up to 16 weeks of collaborative assessment and management of suicidality (CAMS) treatment. The primary composite outcome was the</p>

		BORDERLINE PERSONALITY TRAITS AND DISORDER-A RANDOMIZED OBSERVER-BLINDED CLINICAL TRIAL				<p>number of participants with a new self-harm (nonsuicidal self-injury [NSSI] or suicide attempt) at week 28 from baseline. Other exploratory outcomes were: severity of borderline symptoms, depressive symptoms, hopelessness, suicide ideation, and self-esteem.</p> <p>RESULTS</p> <p>At 28 weeks, the number of participants with new self-harm in the DBT group was 21 of 57 (36.8%) versus 12 of 51 (23.5%) in the CAMS treatment (OR: 1.90; 95% CI: 0.80-4.40; P = .14). When assessing the effect of DBT versus CAMS treatment on the individual components of the primary outcome, we observed no significant differences in the number of NSSI (OR: 1.60; 95% CI: 0.70-3.90; P = .31) or number of attempted suicides (OR: 2.24; 95% CI: 0.80-7.50; P = .12).</p> <p>CONCLUSION</p> <p>In adults with borderline personality traits and disorder and a recent suicide attempt, DBT does not seem superior compared with CAMS for reduction of number of self-harm or suicide attempts. However, further randomized clinical trials may be needed.</p>
Andrews III, Arthur R.; Walker, Jesse; Bernard, Donte L.; Adams, Zachary; Arellano, Michael de; Danielson, Carla Kmetz		Clinical diversity in a randomized trial that explicitly sought racial/ethnic diversity in its sample: Baseline comparisons in a treatment of youth substance use	Psychological Trauma: Theory, Research, Practice, and Policy	15	Suppl 1	<p>Objective: For more than two decades, federal agencies have sought to address a persistent lack of inclusion of Black, Latinx, Asian, and indigenous peoples in randomized controlled trials (RCTs), often with an underlying hypothesis that such efforts will increase diversity across clinically-relevant dimensions. We examined racial/ethnic and clinical diversity, including racial/ethnic differences in prior service access and symptom dimensions, in an RCT focusing on trauma-related mental health and substance use among adolescents. Method: Participants were 140 adolescents in an RCT of Reducing Risk through Family Therapy.</p>

		and posttraumatic stress				Recruitment followed several recommendations for enhancing diversity. Structured interviews examined trauma exposure, posttraumatic stress disorder (PTSD) and depression symptoms, substance use, service utilization, and demographics. Results: Non-Latinx (NL) Black youth were more likely to receive mental health services for the first time and have greater trauma exposure, but less likely to report symptoms of depression (ps p p > .05). Conclusion: Results suggest that efforts to expand racial/ethnic diversity in an RCT of combined substance use and trauma-focused mental health may also expand other clinical dimensions. Many of these differences reflect multiple dimensions of racism experienced by NL Black families that clinicians must attend to. (PsycInfo Database Record (c) 2023 APA, all rights reserved)	
Andrews, Paul W.; Maslej, Marta M.; Thomson, J. Anderson [JR]; Hollon, Steven D.	2020	Disordered doctors or rational rats? Testing adaptationist and disorder hypotheses for melancholic depression and their relevance for clinical psychology	Clinical psychology review	82		101927	Most clinicians view depression as a painful disorder in which motivation to pursue adaptive goals is lacking and cognition is impaired. An alternative hypothesis-grounded in a common evolutionary approach-suggests that depression is inherently motivational and evolved to motivate avoidant learning of harmful situations. Testing these hypotheses requires a clear definition of "disorder". Wakefield's harmful dysfunction evolution-based definition proposes that all unambiguous cases of disorder involve a malfunctioning adaptation. These hypotheses-functional adaptation and malfunctioning adaptation-are mutually exclusive and require a common research strategy. One must identify and map out the relevant adaptation-characterized by a high degree of non-random organization and coordination for promoting a function-which will eventually result in a conceptual blueprint of where and how the adaptation can

							malfunction. Using inescapable shock in rats and physicians' emotional responses to medical errors to provide context, we show how the symptoms of melancholic depression exhibit signs of adaptation for motivating a time-consuming, attentionally-demanding, energetically-expensive avoidant learning style after experiencing a harmful event. We discuss how this adaptationist approach may provide insight into spontaneous remission and the effects of psychotherapies and antidepressant medications.
Angus, Lynne E.; Boritz, Tali; Bryntwick, Emily; Carpenter, Naomi; Macaulay, Christianne; Khattra, Jasmine	2017	The Narrative-Emotion Process Coding System 2.0: A multi-methodological approach to identifying and assessing narrative-emotion process markers in psychotherapy	Psychotherapy research : journal of the Society for Psychotherapy Research	27	3	253-269	OBJECTIVE: Recent studies suggest that it is not simply the expression of emotion or emotional arousal in session that is important, but rather it is the reflective processing of emergent, adaptive emotions, arising in the context of personal storytelling and/or Emotion-Focused Therapy (EFT) interventions, that is associated with change. METHOD: To enhance narrative-emotion integration specifically in EFT, Angus and Greenberg originally identified a set of eight clinically derived narrative-emotion integration markers were originally identified for the implementation of process-guiding therapeutic responses. Further evaluation and testing by the Angus Narrative-Emotion Marker Lab resulted in the identification of 10 empirically validated Narrative-Emotion Process (N-EP) markers that are included in the Narrative-Emotion Process Coding System Version 2.0 (NEPCS 2.0). RESULTS: Based on empirical research findings, individual markers are clustered into Problem (e.g., stuckness in repetitive story patterns, over-controlled or dysregulated emotion, lack of reflectivity), Transition (e.g., reflective, access to adaptive emotions and new emotional plotlines, heightened narrative and emotion integration), and Change (e.g., new story

						<p>outcomes and self-narrative discovery, and co-construction and re-conceptualization) subgroups. To date, research using the NEPCS 2.0 has investigated the proportion and pattern of narrative-emotion markers in Emotion-Focused, Client-Centered, and Cognitive Therapy for Major Depression, Motivational Interviewing plus Cognitive Behavioral Therapy for Generalized Anxiety Disorder, and EFT for Complex Trauma. Results have consistently identified significantly higher proportions of N-EP Transition and Change markers, and productive shifts, in mid- and late phase sessions, for clients who achieved recovery by treatment termination.</p> <p>CONCLUSIONS: Recovery is consistently associated with client storytelling that is emotionally engaged, reflective, and evidencing new story outcomes and self-narrative change. Implications for future research, practice and training are discussed.</p>	
Anjum, Gulnaz; Aziz, Mudassar; Hamid, Hadar Khasrow	2023	Life and mental health in limbo of the Ukraine war: How can helpers assist civilians, asylum seekers and refugees affected by the war?	Frontiers in psychology	14		1129299	<p>The terror spread by the war disrupts lives and severs families, leaving individuals and communities devastated. People are left to fend for themselves on multiple levels, especially psychologically. It is well documented that war adversely affects non-combatant civilians, both physically and psychologically. However, how the war puts civilians' lives in a limbo is an under-researched area. This paper focuses on three aspects: (1) how the mental health and well-being of Ukrainian civilians, asylum seekers, and refugees are affected by the war caused limbo; (2) what factors affect this process of being stuck in the limbo of war; and (3) how psychologists and helpers in the war-ridden and host countries can provide meaningful support. Based on the authors' own practical work with Ukrainian civilians, refugees, and professional helpers during the war, this</p>

						<p>paper provides an overview of multi-level factors that impact human psyches in a war, and possible ways to help those who are living in the war limbo. In this research and experiential learning-based review, we offer some helpful strategies, action plans, and resources for the helpers including psychologists, counselors, volunteers, and relief workers. We emphasize that the effects of war are neither linear nor equal for all civilians and refugees. Some will recover and return to a routine life while others will experience panic attacks, trauma, depression, and even PTSD, which can also surface much later and can prolong over the years. Hence, we provide experience-based ways of dealing with short-term and prolonged trauma of living with war and post-traumatic stress disorder (PTSD). Mental health professionals and other helpers in Ukraine and in host countries can use these helping strategies and resources to provide effective support for Ukrainians and for war refugees in general.</p>
<p>Ansar, Nadia; Hjeltnes, Aslak; Stige, Signe Hjelen; Binder, Per-Einar; Stiegler, Jan Reidar</p>	<p>2021</p>	<p>Parenthood-Lost and Found: Exploring Parents' Experiences of Receiving a Program in Emotion Focused Skills Training</p>	<p>Frontiers in psychology</p>	<p>12</p>	<p>559188</p>	<p>BACKGROUND: Parents play a crucial role in the development, maintenance, and deterioration of child difficulties. Emotion focused skills training (EFST) targets parents' capacity to provide their child with emotion-oriented skills in order to promote good child mental health. Few qualitative studies have specifically investigated parents' experiences of receiving such programs. OBJECTIVE: This study aimed to explore how parents experience working with their own and their child's emotions undergoing a short-term program in EFST; in particular, changes in their experience of being a parent and in everyday life are reported. METHOD: Semi-structured in-depth qualitative interviews were conducted with 14 parents who had completed a short-term EFST program (2-day group training and 6 h of</p>

						<p>supervision). Interview transcripts were analyzed using a reflexive thematic analysis approach. RESULTS: A total of 14 parents (40% men, four couples, Mage = 39.5, SD = 4.4) participated in the study. Our analysis resulted in the following three themes: (1) "Coming home" as a parent, with the following subthemes: (a) New ways of being with their child and (b) Parents' painful inner world; (2) Reclaiming parenthood-applying new tools and learning in challenging situations; and (3) This is us-changing the heart of the story. The first theme was related to the descriptions of the changes that emerged in parents' inner lives, the second revolved around the employment of their skills intuitively and creatively based on what was required by the challenging situations, and the third theme referred to new discoveries on family dynamics. CONCLUSION: Parents' experiences of having wisdom and calmness inside them (being) and doing parenting differently, as well as the changed perspectives of the family (living), resonate with the theoretical ground of emotion-focused therapy (EFT). The findings also indicate that therapists should be aware of potential parental distress when working in view of changing unpleasant emotions in such skill-based programs.</p>
<p>Ansar, Nadia; Nissen Lie, Helene A.; Stiegler, Jan Reidar</p>	<p>2023</p>	<p>The effects of emotion-focused skills training on parental mental health, emotion regulation and self-efficacy: Mediating processes</p>	<p>Psychotherapy research : journal of the Society for Psychotherapy Research</p>		<p>1-20</p>	<p>Objective: Emotion-Focused Skills Training (EFST) is a short-term parental intervention based on humanistic principles. While studies have demonstrated the efficacy of EFST in alleviating child mental health symptoms, the mechanisms by which this happens is less clear. The present study investigated whether program participation led to improvements in the parents' own mental health, emotion regulation, and self-efficacy, and compared two versions of EFST: one experiential involving evocative techniques, and one psychoeducational involving</p>

		between parents and children					<p>didactic teaching of skills. Further, this study investigated whether improvements in parent outcomes mediated the effects on children's mental health. All parents received 2-days group training and 6 h of individual supervision. Methods: 313 parents (M(age) = 40.5, 75.1% mothers) of 236 children (ages 6-13, 60.6% boys) with mental health difficulties within the clinical range and their teachers (N = 113, 82% female) were included. Participants were assessed at baseline, post-intervention, and 4-, 8- and 12-months follow-up. Results: Multilevel analysis showed significant improvements over time on all parental outcomes with large effects ($d(\text{range})0.6-1.1$, $ps < .001$), with fathers benefitting more in terms of emotion regulation and self-efficacy ($ps < .05$). Significant differences were found between conditions on parental mental health and self-efficacy (all $p's > .05$). Cross-lagged panel models showed indirect effects of child symptoms at post-intervention on all parental outcomes at 12-months follow-up ($\beta(\text{range})0.30-0.59$, $ps < .05$). Bidirectional associations were observed between children's mental health symptoms and parental self-efficacy ($\beta(\text{range})0.13-0.30$, $ps < .05$). Conclusion: This study provides support for the effect of EFST on parent outcomes and the reciprocal relationship between the mental health of children's and their parents. Trial registration: ClinicalTrials.gov identifier: NCT03807336.</p>
Ansar, Nadia; Nissen Lie, Helene A.; Zahl-Olsen, Rune; Bertelsen, Thomas B.; Elliott, Robert;	2022	Efficacy of Emotion-Focused Parenting Programs for Children's Internalizing	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child	51	6	923-939	<p>OBJECTIVE: Emotion-Focused Skills Training (EFST) is a 12-week parental program based on Emotion-Focused Therapy, developed to improve children and adolescents' mental health problems. METHODS: In a randomized clinical dismantling study, including parents of 236 children and adolescents (ages 6-13, M(age) 8.9, 60.6% boys, 95.8% Caucasian) with externalizing and/or</p>

Stiegler, Jan Reidar		and Externalizing Symptoms: A Randomized Clinical Study	and Adolescent Psychology, American Psychological Association, Division 53				internalizing problems within clinical range, we examined the efficacy of two versions of EFST: one experiential condition (n = 120) involving emotionally evocative techniques and two-chair interventions, and one psychoeducational only condition (n = 116) involving didactic teaching of emotion skills. Both groups received a 2-day group training and 6 hours of individual supervision. Outcomes were parent- and teacher-reported symptoms at baseline, posttreatment, and 4-, 8-, and 12-month follow-up. Analyses were conducted using multilevel growth curve modeling and Bayesian post hoc analysis. RESULTS: EFST showed efficacy in reducing parent-reported externalizing (b = -1.72, p < .001, d = 1.0) and internalizing (b = -1.71, p < .001, d = 0.9) symptoms, and teacher-reported externalizing (b = -.96, p < .001, d = 0.4), but not internalizing (b = -.13, p > .05, d = 0.2) symptoms. Multilevel analyses showed nonsignificant differences between conditions (all p's > .05), although a Bayesian longitudinal sensitivity analysis indicated a better outcome for the experiential condition. CONCLUSION: EFST showed efficacy in symptom reduction for children and adolescents with internalizing and externalizing symptoms. Outcomes were maintained over 12 months for both conditions, supporting EFST as a transdiagnostic parental approach for early intervention.
Anthony Friel, Joseph	2016	What Detoxifies Shame in Integrative Psychotherapy? an Interpretative Phenomenological Analysis	Brit J Psychotherapy (British Journal of Psychotherapy)	32	4	532-546	

Antonelli, Mary T.; Grace, Pamela J.; Boltz, Marie	2020	Mutual caregiving: Living meaningfully as an older couple	International journal of older people nursing	15	4	e12340	<p>BACKGROUND: More older couples are living independently while managing chronic health conditions. Though research is replete in identifying the influence of spouse's behaviours on each other's health, there is little known of the specific factors underlying the older couples' relational processes to explain this dynamic. Knowledge development is needed to provide a grounding for interventions to address such influences to improve health and well-being. AIM: The aim of this study was to advance the understanding of older couples' experiences of living with chronic health conditions to gain insights into the potential benefits of 'being a couple' to manage behavioural health and life adjustments. METHOD: A hermeneutic-dialectic phenomenology design based on Newman's theory of Health as Expanding Consciousness was used. Fourteen older couples were jointly interviewed. The interviews were non-structured and designed to capture their experience as a couple. RESULTS: Three themes emerged (a) living meaningfully through mutual caregiving, (b) a pattern of spousal movement facilitating change and (c) co-creating as an older couple to move forward. CONCLUSION: The study supports reframing older couple's care as a 'dyad of care'. This approach provides an opportunity to leverage the couples' mutuality to support health management as a couple. A motivation to action process between the spouses appeared to enable mutual caregiving, a reliance of each spouse on the another for identity, socialisation, health and daily living, which facilitated an evolving understanding of their lives and its meaning. IMPLICATIONS FOR PRACTICE: Mutual caregiving should be acknowledged as a significant relational dynamic</p>
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							within older couples, as a dyad of care, when managing health and well-being.
Antoniou, Panagiotis; Sidiropoulos, Efstathios; Stathakarou, Natalia; Chatzimallis, Charalampos; Chondrokostas, Evangelos; Sumunar, Dimas; Karlsson, Tobias; Lachanoudi, Sofia; David, Panagiotis; Tagaras, Konstantinos; Varella, Annita; Athanasiou, Alkinoos; Pickering, James; Tooulas, Andreas; Karolos, Ion; Filippidis, Panagiotis-Marios; Schiza, Eirini; Voulgarakis,	2023	Streamlining Tangible 3D Printed and Intangible XR Content Creation and Evaluation: The ENTICE Experience	Studies in health technology and informatics	302		433-437	ENTICE aimed to use co-creative methodologies in order to build a solid creation pipeline for medical experiential content. The project has developed and evaluated immersive learning resources and tools aiming to support well-defined learning objectives using tangible and intangible resources (AR/VR/MR, 3D printing) that are highly sought in the fields of anatomy and surgery. In this paper the preliminary results from the evaluation of the learning resources and tools in 3 countries as well as the lessons learnt are presented towards to the improvement of the medical education process.

Vassilis; Bratsas, Charalambos; Tsioukas, Vassilis; Tsoulfas, George; Bamidis, Panagiotis							
Applebaum, A. J.; Buda, K. L.; Schofield, E.; Farberov, M.; Teitelbaum, N. D.; Evans, K.; Cowens-Alvarado, R.; Cannady, R. S.	2018	Exploring the cancer caregiver's journey through web-based Meaning-Centered Psychotherapy	Psycho-oncology	27	3	847-856	<p>OBJECTIVE Psychosocial interventions are historically underutilized by cancer caregivers, but support programs delivered flexibly over the Internet address multiple barriers to care. We adapted Meaning-Centered Psychotherapy for cancer caregivers, an in-person psychotherapeutic intervention intended to augment caregivers' sense of meaning and purpose and ameliorate burden, for delivery in a self-administered web-based program, the Care for the Cancer Caregiver (CCC) Workshop. The present study evaluated the feasibility, acceptability, and preliminary effects of this program.</p> <p>METHODS Eighty-four caregivers were randomized to the CCC Workshop or waitlist control arm. Quantitative assessments of meaning, burden, anxiety, depression, benefit finding, and spiritual well-being were conducted preintervention (T1), within 2-weeks postintervention (T2), and 2- to 3-month follow-up (T3). In-depth semistructured interviews were conducted with a subset of participants.</p> <p>RESULTS Forty-two caregivers were randomized to the CCC Workshop. Attrition was moderate at T2 and T3, with caregiver burden and bereavement as key causes of drop-</p>

						<p>out. At T2 and T3, some observed mean change scores and effect sizes were consistent with hypothesized trends (eg, meaning in caregiving, benefit finding, and depressive symptomatology), though no pre-post significant differences emerged between groups. However, a longitudinal mixed-effects model found significant differential increases in benefit finding in favor of the CCC arm.</p> <p>CONCLUSIONS</p> <p>The CCC Workshop was feasible and acceptable. Based on effect sizes reported here, a larger study will likely establish the efficacy of the CCC Workshop, which has the potential to address unmet needs of caregivers who underutilize in-person supportive care services.</p>
<p>Arkedis, Jean; Creighton, Jessica; Dixit, Akshay; Fung, Archon; Kosack, Stephen; Levy, Dan; Tolmie, Courtney</p>	2021	<p>Can transparency and accountability programs improve health? Experimental evidence from Indonesia and Tanzania</p>	World development	142	105369	<p>We assess the impact of a transparency and accountability program designed to improve maternal and newborn health (MNH) outcomes in Indonesia and Tanzania. Co-designed with local partner organizations to be community-led and non-prescriptive, the program sought to encourage community participation to address local barriers in access to high quality care for pregnant women and infants. We evaluate the impact of this program through randomized controlled trials (RCTs), involving 100 treatment and 100 control communities in each country. We find that on average, this program did not have a statistically significant impact on the use or content of maternal and newborn health services, nor on perceptions of civic efficacy or civic participation among recent mothers in the communities where it was offered. These findings hold in both countries and in a set of prespecified subgroups. To identify reasons for the lack of impacts, we use a mixed-method approach combining interviews, observations, surveys, focus groups, and</p>

							ethnographic studies that together provide an in-depth assessment of the complex causal paths linking participation in the program to improvements in MNH outcomes. Although participation in program meetings was substantial and sustained in most communities, and most attempted at least some of what they had planned, only a minority achieved tangible improvements, and fewer still saw more than one such success. In our assessment, the main explanation for the lack of impact is that few communities were able to traverse the complex causal paths from planning actions to accomplishing tangible improvements in their access to quality health care.
Arkema, Carroll E.	2018	Reflections on a case of spirituality in clinical practice	Spirituality in Clinical Practice	5	1	64–73	In this Reflections article, the author introduces and shares a poem he wrote about his 10-year therapeutic journey with a patient; discusses some of the psychodynamics and transference of the Case; and concludes by demonstrating the congruence and mutual illumination between 2 articles he has recently read and his work as presented in his poem—which he wrote 3 years prior to reading these articles. The author shows how excerpts from these articles and the author’s poem about his work give a taste of the reciprocity between certain conceptualizations of spirituality and the author’s clinical practice in this Case. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Aronow, Harriet; Fila, Susan; Martinez, Bibiana; Sosna, Todd	2018	Depression and Coleman Care Transitions Intervention	Social work in health care	57	9	750–761	The Coleman Care Transitions Intervention (CTI) is a "Patient Activation Model." Depression can be a barrier to activation and may challenge CTI. This study addressed whether CTI coaches modified the intervention for older adults who screened positive for depression. Over 4,500 clients in a Centers for Medicare and Medicaid Services demonstration completed screening for depression with

							the PHQ-9; one in five screened positive (score = 9+). Our findings suggest that coaches modified CTI and played a more directive role for clients who screened positive for depression, resulting in similar 30-day readmission rates among patients who screened positive for depression risk and those who did not. That finding stands in contrast to the widely reported higher readmission rates among people screening positive for depression.
Arora, Saachi; Bhatia, Sangeeta	2022	Gender differences in factors that facilitate successful therapeutic progress and outcome: A pilot study	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	4	1030–1040	Abstract The current study aims to explore gender differences in factors that facilitate successful therapeutic progress and outcome in the process of psychotherapy. The study was conducted in order to facilitate gender-sensitive psychotherapy. In order to ascertain the objectives, the sample was collected from individuals who have either experienced or are experiencing psychotherapy as clients. In total, 20 females and 20 males were selected for participation in the study. The data were collected through an online mode. Informed consent was obtained from all clients. The tools used in the study were Session Rating Scale and Session Impacts Scale. The tools were used to assess the factors that determine therapeutic progress and outcomes. Information obtained on these tools was recorded and assessed through quantitative data analysis. Participants were also assessed qualitatively by asking them to describe any major events or important impacts that occurred as a result of psychotherapy. Qualitative responses were then recorded and analysed using content analysis in order to explore the subjective experiences of participants which contributed to their recovery. The findings indicated that males and females equally value the importance of therapeutic alliance between the therapist and client, and agreement on goals

							and methods. Males and females perceive task and relationship-oriented factors as helpful in therapy. The relationship factors include being supported and encouraged in therapy, and feeling validated and understood by the therapist. The task-oriented factors include tools used in therapy, definition of problems and setting therapeutic goals. Males tend to be more sensitive towards factors that inhibit the therapeutic process in comparison with females. Males experience the feeling of ?something missing? in therapy sessions more than females. Overall, the findings of this study enhance the understanding of factors that aid recovery in the psychotherapy process for males and females.
Arrais, Paulo Sérgio Dourado; Fernandes, Maria Eneida Porto; Pizzol, Tatiane da Silva Dal; Ramos, Luiz Roberto; Mengue, Sotero Serrate; Luiza, Vera Lucia; Tavares, Noemia Urruth Leão; Farias, Mareni Rocha; Oliveira, Maria Auxiliadora; Bertoldi, Andréa Dâmaso	2016	Prevalence of self-medication in Brazil and associated factors	Revista de saude publica	50	su ppl 2	13s	OBJECTIVE: To analyze the prevalence and associated factors regarding the use of medicines by self-medication in Brazil. METHODS: This cross-sectional population-based study was conducted using data from the PNAUM (National Survey on Access, Use and Promotion of Rational Use of Medicines), collected between September 2013 and February 2014 by interviews at the homes of the respondents. All people who reported using any medicines not prescribed by a doctor or dentist were classified as self-medication practitioners. Crude and adjusted prevalence ratios (Poisson regression) and their respective 95% confidence intervals were calculated in order to investigate the factors associated with the use of self-medication by medicines. The independent variables were: sociodemographic characteristics, health conditions and access to and use of health services. In addition, the most commonly consumed medicines by self-medication were individually identified. RESULTS: The self-medication prevalence in Brazil was 16.1% (95%CI 15.0-17.5), with it being highest in the Northeast

						<p>region (23.8%; 95%CI 21.6-26.2). Following the adjusted analysis, self-medication was observed to be associated with females, inhabitants from the North, Northeast and Midwest regions and individuals that have had one, or two or more chronic diseases. Analgesics and muscle relaxants were the therapeutic groups most used for self-medication, with dipyron being the most consumed medicines. In general, most of the medicines used for self-medication were classified as non-prescriptive (65.5%). CONCLUSIONS: Self-medication is common practice in Brazil and mainly involves the use of non-prescription medicines; therefore, the users of such should be made aware of the possible risks. OBJETIVO: Analisar a prevalência e os fatores associados à utilização de medicamentos por automedicação no Brasil. MÉTODOS: Este estudo transversal de base populacional foi realizado com dados da Pesquisa Nacional de Acesso, Utilização e Promoção do Uso Racional de medicamentos (PNAUM), coletados de setembro de 2013 a fevereiro de 2014, por meio de entrevistas em domicílio. Todas as pessoas que referiram usar qualquer medicamento sem prescrição por médico ou dentista foram classificadas como praticantes de automedicação. Foram calculadas razões de prevalência bruta e ajustada (regressão de Poisson) e seus respectivos intervalos de confiança de 95% na investigação dos fatores associados ao consumo de medicamentos por automedicação. As variáveis independentes foram: aspectos sociodemográficos, de condições de saúde e de acesso e utilização de serviços de saúde. Adicionalmente, foram identificados os medicamentos mais consumidos por automedicação. RESULTADOS: A prevalência da automedicação no Brasil</p>
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							<p>foi de 16,1% (IC95% 15,0-17,5), sendo maior na região Nordeste (23,8%; IC95% 21,6-26,2). Após análise ajustada, automedicação mostrou-se associada a ser do sexo feminino, pertencer às faixas etárias 10-19 anos, 20-29 anos, 40-59 anos e 60 anos ou mais, residir na região Norte, Nordeste ou Centro-Oeste, e ter uma ou duas ou mais doenças crônicas. Os analgésicos e os relaxantes musculares foram os grupos terapêuticos mais utilizados por automedicação, sendo a dipirona o fármaco mais consumido. No geral, a maioria dos medicamentos usados por automedicação foram classificados como isentos de prescrição (65,5%). CONCLUSÕES: A automedicação é prática corrente no Brasil e envolve, principalmente, o uso de medicamentos isentos de prescrição, devendo os usuários ficarem atentos aos seus possíveis riscos.</p>
Asarnow, Joan Rosenbaum; Tompson, Martha C.; Klomhaus, Alexandra M.; Babeva, Kalina; Langer, David A.; Sugar, Catherine A.	2020	Randomized controlled trial of family- focused treatment for child depression compared to individual psychotherapy: one-year outcomes	Journal of child psychology and psychiatry, and allied disciplines	61	6	662-671	<p>OBJECTIVE Childhood-onset depression is associated with increased risk of recurrent depression and high morbidity extending into adolescence and adulthood. This multisite randomized controlled trial evaluated two active psychosocial treatments for childhood depression: family-focused treatment for childhood depression (FFT-CD) and individual supportive psychotherapy (IP). Aims were to describe effects through 52 weeks postrandomization on measures of depression, functioning, nondepressive symptoms, and harm events.</p> <p>METHODS Children meeting criteria for depressive disorders (N = 134) were randomly assigned to 15 sessions of FFT-CD or IP and evaluated at mid-treatment for depressive symptoms and fully at roughly 16 weeks (after acute treatment), 32 weeks, and 52 weeks/one year. See</p>

							<p>clinicaltrials.gov: NCT01159041.</p> <p>RESULTS</p> <p>Analyses using generalized linear mixed models confirmed the previously reported FFT-CD advantage on rates of acute depression response ($\geq 50\%$ Children's Depression Rating Scale reduction). Improvements in depression and other outcomes were most rapid during the acute treatment period, and leveled off between weeks 16 and 52, with a corresponding attenuation of observed group differences, although both groups showed improved depression and functioning over 52 weeks. Survival analyses indicated that most children recovered from their index depressive episodes by week 52: estimated 76% FFT-CD, 77% IP. However, by the week 52 assessment, one FFT-CD child and six IP children had suffered recurrent depressive episodes. Four children attempted suicide, all in the IP group. Other indicators of possible harm were relatively evenly distributed across groups.</p> <p>CONCLUSIONS</p> <p>Results indicate a quicker depression response in FFT-CD and hint at greater protection from recurrence and suicide attempts. However, outcomes were similar for both active treatments by week 52/one year. Although community care received after acute treatment may have influenced results, findings suggest the value of a more extended/chronic disease model that includes monitoring and guidance regarding optimal interventions when signs of depression-risk emerge.</p>
Aschenbrenner, Steffen; Bossert, Magdalena	2021	Ein individualisierter Psychotherapie	Zeitschrift für Neuropsychologie	32	2	49–60	Im Rahmen einer Übersichtsarbeit wird der aktuelle Forschungsstand zu neurokognitiven Symptomen bei Depression dargestellt und eine daraus abgeleitete Anpassung des psychotherapeutischen Vorgehens

		ansatz fr depressive Patient_innen mit kognitiven Symptomen					beschrieben. Bei einer Vielzahl von Patientinnen und Patienten mit Depression treten kognitive Beeintrchtigungen auf, die auch nach Remission der akuten Psychopathologie fortbestehen. Die kognitiven Symptome beeinflussen mageblich das psychosoziale Funktionsniveau und den Erfolg psychotherapeutischer Interventionen. Sie sind ein Prdiktor fr das Wiederauftreten der Erkrankung. Vor dem Hintergrund wird ein Konzept fr die Anpassung des psychotherapeutischen Vorgehens vorgeschlagen, das die Bereiche (1) Diagnostik und Identifikation, (2) Strukturierung, (3) Kompensation, (4) Erfahrungsorientierung, (5) aktivierende Stimulation und (6) restitutives Training umfasst.
Aschieri, Filippo; Vetere, Carlo	2020	Using the Rorschach as a group intervention to promote the understanding of adolescents by staff members in inpatient residential programs	Rorschachiana		21 51- 20 6X(Ele ctr oni c), 11 92- 56 04(Pri nt)	120-143	Mental health professionals working in adolescent residential treatment facilities face various challenges in delivering effective treatment to their patients. Establishing therapeutic alliance is often regarded as particularly daunting. Adolescents' acting-out behaviors, emotional dysregulation, and difficulty in trusting adults can trigger strong reactions in mental health professionals. These reactions may increase the risk that mental health professionals respond to adolescents' behaviors in similarly unmodulated ways and become involved in a reciprocal pathological process. The Rorschach test can provide vivid imagery and response content that depicts the subjective dilemmas adolescents are struggling with during their recovery in the treatment center. In this paper we show how to use Rorschach imagery to allow the mental health professionals working in adolescent inpatient treatment centers to understand their patients and increase empathy in response to adolescents' troubling behaviors.

							We illustrate this procedure through the case of an adolescent patient who engaged in severely disruptive acting-out behaviors with the treating staff. Even though the staff were considering terminating his treatment in the facility as the only viable option, they instead found new empathy and a way to work with him after discussion of his Rorschach led by the inpatient center psychologist. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Ascone, Leonie; Sundag, Johanna; Schlier, Björn; Lincoln, Tania M.	2017	Feasibility and Effects of a Brief Compassion-Focused Imagery Intervention in Psychotic Patients with Paranoid Ideation: A Randomized Experimental Pilot Study	Clinical psychology & psychotherapy	24	2	348-358	UNLABELLED Paranoia is characterized by a lack of perceived social safeness and associated negative affect. Low self-esteem, negative self-concepts and negative emotions have been shown to contribute to paranoid symptom formation. Thus, interventions focusing on affiliation and positive affect might be particularly helpful for patients with paranoia. The present study experimentally tested the effect of a one-session, brief compassion-focused imagery derived from Compassion-Focused Therapy (Gilbert,) versus a control imagery condition in a repeated measures randomized design. A negative affective state was induced via in-sensu exposure to a recent distressful social situation in order to provide a minimum level of threat-related arousal to be down-regulated by the interventions thereafter. The sample consisted of psychotic patients with paranoid ideation (N = 51) who were randomly assigned to one of the experimental conditions. Effects on postulated causal mechanisms, i.e., self-relating (self-reassurance, self-compassion, self-criticism), and affect (self-reported affective states, skin conductance levels) as well as on state paranoia, were tested. Subjective benefit and appraisals of the intervention were explored. There were

						<p>no specific intervention effects on negative self-relating, negative affect and skin-conductance or on paranoia. However, compassion-focused imagery had significant effects on self-reassurance and happiness. Explorative analyses revealed that the majority of the participants appraised the intervention in a positive manner, indicating good acceptance. The intervention showed an effect on some of the postulated mechanisms but not on others, which might have been because of its brevity. Further investigation of interventions targeting affiliation for people with paranoid experiences appears worthwhile. Copyright © 2016 John Wiley & Sons, Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>Affiliative imagery work is feasible and appraised positively in psychotic patients. Brief compassion focused imagery increased feelings of happiness and reassurance but did not improve negative self-relating, negative affect or paranoia. Further investigation is warranted to identify which patients benefit most from affiliative imagery.</p>
Asfar, T.; Livingstone-Banks, J.; Ward, K. D.; Eissenberg, T.; Oluwole, O.; Bursac, Z.; Ghaddar, T.; Maziak, W.	2023	Interventions for waterpipe smoking cessation	Cochrane Database of Systematic Reviews	6(6): CD005549. doi: 10.1002/14651858.CD005549.pub4	6	<p>Abstract - Background While cigarette smoking has declined globally, waterpipe smoking is rising, especially among youth. The impact of this rise is amplified by mounting evidence of its addictive and harmful nature. Waterpipe smoking is influenced by multiple factors, including appealing flavors, marketing, use in social settings, and misperceptions that waterpipe is less harmful or addictive than cigarettes. People who use waterpipes are interested in quitting, but are often unsuccessful at doing so on their own. Therefore, developing and testing waterpipe cessation interventions to help people quit was identified as a priority for global tobacco control efforts. Objectives To evaluate the</p>

						<p>effectiveness of tobacco cessation interventions for people who smoke waterpipes. Search methods We searched the Cochrane Tobacco Addiction Review Group Specialized Register from database inception to 29 July 2022, using variant terms and spellings ('waterpipe' or 'narghile' or 'arghile' or 'shisha' or 'goza' or 'narkeela' or 'hookah' or 'hubble bubble'). We searched for trials, published or unpublished, in any language. Selection criteria We sought randomized controlled trials (RCTs), quasi-RCTs, or cluster-RCTs of any smoking cessation interventions for people who use waterpipes, of any age or gender. In order to be included, studies had to measure waterpipe abstinence at a three-month follow-up or longer. Data collection and analysis We used standard Cochrane methods. Our primary outcome was abstinence from waterpipe use at least three months after baseline. We also collected data on adverse events. Individual study effects and pooled effects were summarized as risk ratios (RR) and 95% confidence intervals (95% CI), using Mantel-Haenszel random-effects models to combine studies, where appropriate. We assessed statistical heterogeneity with the I² statistic. We summarized secondary outcomes narratively. We used the five GRADE considerations (risk of bias, inconsistency of effect, imprecision, indirectness, and publication bias) to assess the certainty of the body of evidence for our primary outcome in four categories high, moderate, low, or very low. Main results This review included nine studies, involving 2841 participants. All studies were conducted in adults, and were carried out in Iran, Vietnam, Syria, Lebanon, Egypt, Pakistan, and the USA. Studies were conducted in several settings, including colleges/universities, community healthcare</p>
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						<p>centers, tuberculosis hospitals, and cancer treatment centers, while two studies tested e-health interventions (online web-based educational intervention, text message intervention). Overall, we judged three studies to be at low risk of bias, and six studies at high risk of bias. We pooled data from five studies (1030 participants) that tested intensive face-to-face behavioral interventions compared with brief behavioral intervention (e.g. one behavioral counseling session), usual care (e.g. self-help materials), or no intervention. In our meta-analysis, we included people who used waterpipe exclusively, or with another form of tobacco. Overall, we found low-certainty evidence of a benefit of behavioral support for waterpipe abstinence (RR 3.19 95% CI 2.17 to 4.69; I² = 41%; 5 studies, N = 1030). We downgraded the evidence because of imprecision and risk of bias. We pooled data from two studies (N = 662 participants) that tested varenicline combined with behavioral intervention compared with placebo combined with behavioral intervention. Although the point estimate favored varenicline, 95% CIs were imprecise, and incorporated the potential for no difference and lower quit rates in the varenicline groups, as well as a benefit as large as that found in cigarette smoking cessation (RR 1.24, 95% CI 0.69 to 2.24; I² = 0%; 2 studies, N = 662; low-certainty evidence). We downgraded the evidence because of imprecision. We found no clear evidence of a difference in the number of participants experiencing adverse events (RR 0.98, 95% CI 0.67 to 1.44; I² = 31%; 2 studies, N = 662). The studies did not report serious adverse events. One study tested the efficacy of seven weeks of bupropion therapy combined with behavioral intervention. There was no clear evidence of benefit for waterpipe cessation when</p>
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						<p>compared with behavioral support alone (RR 0.77, 95% CI 0.42 to 1.41; 1 study, N = 121; very low-certainty evidence), or with self-help (RR 1.94, 95% CI 0.94 to 4.00; 1 study, N = 86; very low-certainty evidence). Two studies tested e-health interventions. One study reported higher waterpipe quit rates among participants randomized to either a tailored mobile phone or untailored mobile phone intervention compared with those randomized to no intervention (RR 1.48, 95% CI 1.07 to 2.05; 2 studies, N = 319; very low-certainty evidence). Another study reported higher waterpipe abstinence rates following an intensive online educational intervention compared with a brief online educational intervention (RR 1.86, 95% CI 1.08 to 3.21; 1 study, N = 70; very low-certainty evidence).</p> <p>Authors' conclusions We found low-certainty evidence that behavioral waterpipe cessation interventions can increase waterpipe quit rates among waterpipe smokers. We found insufficient evidence to assess whether varenicline or bupropion increased waterpipe abstinence; available evidence is compatible with effect sizes similar to those seen for cigarette smoking cessation. Given e-health interventions' potential reach and effectiveness for waterpipe cessation, trials with large samples and long follow-up periods are needed. Future studies should use biochemical validation of abstinence to prevent the risk of detection bias. Finally, there has been limited attention given to high-risk groups for waterpipe smoking, such as youth, young adults, pregnant women, and dual or poly tobacco users. These groups would benefit from targeted studies.</p> <p>Plain language summary Can users of waterpipes be helped to quit through smoking cessation interventions? Key messages • Limited evidence showed that behavioral support might be helpful for quitting</p>
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						<p>waterpipe use. [I] [SEP] • There was not enough evidence to evaluate the effect of varenicline, bupropion, or e-health interventions for quitting waterpipe use. [I] [SEP] • In all cases, further studies may change our conclusions. Further large and well-designed trials on behavioral and pharmacological waterpipe cessation interventions are needed. [I] [SEP] • Given the potential reach and effectiveness of e-health interventions to help quit waterpipe smoking, trials with large samples and long follow-up periods are needed. [I] [SEP] • Reporting more details about the behavioral strategies used in study interventions would help identify vital components in waterpipe interventions. What is a waterpipe? Waterpipes are devices used for smoking tobacco. As used today, the waterpipe (also known as hookah, shisha, or narghile) consists of a head (where tobacco is placed), a body, a water base, and a hose that ends with a mouthpiece. Burning charcoal pieces are usually placed on top of a pierced aluminum foil that covers the tobacco-filled head, which allows the charcoal-heated air to pass through the tobacco, while the holes in the bottom of the head allow the smoke to pass down through the waterpipe stem. The lower part of the stem is underwater, causing smoke to bubble through, on its way via the hose and mouth tip to the smoker. The mouth tip is usually covered with a disposable mouthpiece for individual users. How is waterpipe addiction treated? Forms of support to help people quit waterpipe smoking are similar to those that target other forms of tobacco use. These include behavioral support, quit-smoking medicines, and combinations of the two. Why did we do this Cochrane Review? Waterpipe smoking has increased dramatically, becoming a global public health problem, especially</p>
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						<p>among young people. Current evidence suggests that waterpipe smoking is as addictive as cigarettes, and that users will experience similar risks to their health as cigarette smokers. Therefore, developing and testing waterpipe-specific quitting interventions is important. What did we do? We included trials of any interventions to help waterpipe smokers quit smoking. They could be of any age or gender. We measured whether participants had stopped using a waterpipe at three months after the intervention or longer. We included interventions that were directed at individuals or groups of people. What did we find? We found nine studies that tested interventions to help waterpipe smokers to quit. Among these, five studies tested behavioral support; two studies tested a quit-smoking medicine, called varenicline; one study tested a quit-smoking medicine called bupropion; and two studies tested e-health support delivered over the internet or mobile phone. What are the main results of our review? We have low-quality evidence that face-to-face behavioral support helps more people quit waterpipe smoking than no support. We are uncertain about the effect of bupropion, varenicline, and e-health interventions because of the limited evidence. What are the limitations of the evidence? Results are based on data from just a few studies. Six of the nine studies had design issues that may affect how much we trust the results. In addition, the included behavioral interventions differed from one another, and were not always well described. This means that our results may change when more studies become available. How up-to-date is this evidence? This search for evidence was performed in July 2022.</p>
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<p>Ashe, Maureen C.; Azim, Farah Tabassum; Ariza-Vega, Patrocinio; Burns, Jane; Clemson, Lindy; Grover, Sanya; Hoppmann, Christiane A.; Langford, Dolores; Fleig, Lena; Burton, Elissa</p>	<p>2022</p>	<p>Determinants of implementing reablement into research or practice: A concept mapping study</p>	<p>Physiotherapy Research International, 2022</p>			<p>Purpose: Reablement is a health and social model of care gaining international prominence. It is included in some publicly funded healthcare systems in Australia, Canada, United Kingdom, Norway, Sweden and other European countries. To advance reablement research and practice, we aimed to synthesize expert opinion on opportunities and challenges to delivering care with this model. Methods: We invited authors of reablement publications and other experts from the field to take part in a three-step online concept mapping exercise: (i) brainstorming statements based on a focus prompt; followed by (ii) sorting and (iii) rating statements. We invited 63 participants, of whom 19 participants generated 114 statements. Two authors reviewed each statement independently then met three times to determine one main idea/statement and removed unrelated or duplicate ideas. The research team used concept mapping software and online and email discussion to generate clusters or groups of determinants. Results: There were 58 statements for sorting and rating; 11 and 12 participants completed the sorting and rating steps, respectively. The five clusters were person and caregiver elements for participation; key reablement components for success; reablement content and delivery; organizational factors; and provider beliefs and training. Statements rated as both highly important and feasible to implement into practice were generally captured under the domains of goal setting and pursuit and person-centred care. Conclusion: These results generate hypotheses for future research and practice in reablement for older adults.</p>
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Ashing, Kimlin Tam; George, Marshalee	2020	Exploring the efficacy of a paraprofessional delivered telephonic psychoeducational intervention on emotional well-being in African American breast cancer survivors	Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer	28	3	1163–1171	<p>PURPOSE African American breast cancer survivors (AABCS) are underserved in medical and psychosocial care despite greater disease burden. We evaluated the effectiveness of a telephonic psycho-educational intervention trial on improving emotional well-being (EWB) in a sample of AABCS.</p> <p>METHODS Secondary data analyses with 40 AABCS who reported elevated distress were randomly assigned to the intervention or control group. We used Wilcoxon signed rank tests to measure pre- to post-intervention score changes in individual EWB items (FACT-G). Independent t tests compared changes in mean scores between the intervention and control groups.</p> <p>RESULTS Overall emotional well-being, as well as emotions pertaining to sadness, coping, and nervousness, showed some improvements as a result of the intervention. Changes in the subscale total score and all except one subscale item had clinically meaningful effect sizes ($d \geq 0.35$). Statistically significant between-group differences in mean score changes were observed.</p> <p>CONCLUSIONS Our results and approach advance supportive care interventions by illuminating the benefits and limitations of a paraprofessional delivered, licensed professional supervised psycho-educational intervention. Additionally, as emotional well-being is multifaceted, the individual item analysis approach used in this study provides insight into specific areas of improvement and vulnerability within the emotional well-being domain of health-related quality of life (HRQOL). Our findings can facilitate the</p>
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							development of culturally responsive and patient-centered survivorship care, psychosocial-oncology interventions and care-tailored to the emotional well-being and unmet needs of medically vulnerable and underserved patients.
Assmann, Nele; Schramm, Elisabeth; Kriston, Levente; Hautzinger, Martin; Härter, Martin; Schweiger, Ulrich; Klein, Jan Philipp	2018	Moderating effect of comorbid anxiety disorders on treatment outcome in a randomized controlled psychotherapy trial in early-onset persistently depressed outpatients	Depression and anxiety	35	10	1001–1008	<p>BACKGROUND Persistent depressive disorder (PDD) is associated with high rates of comorbid psychiatric disorders, mostly anxiety disorders (ADs). Comorbid AD was found to be associated with poorer treatment outcome in PDD patients. The effect of comorbid AD on disorder-specific treatment for PDD (Cognitive Behavioral Analysis System of Psychotherapy [CBASP]) has not been studied yet.</p> <p>METHODS We analyzed whether the presence of a comorbid AD was moderating the effectiveness of disorder-specific (CBASP) versus nonspecific psychotherapy (supportive therapy [SP]) on depressive symptoms (24-item Hamilton Rating Scale for Depression [HRSD-24]) in a sample of unmedicated early-onset PDD outpatients (N = 268). Secondary outcomes were response and remission of depressive symptoms and the extent of interpersonal problems (Inventory of Interpersonal Problems [IIP-64]).</p> <p>RESULTS The superiority of CBASP over SP was significantly stronger in PDD patients with comorbid AD compared to patients without AD (in HRSD-24 and IIP-64). There was no significant moderation for remission or response of depressive symptoms.</p> <p>DISCUSSION Our hypothesis of a moderating effect of comorbid AD was confirmed. The main limitation might be the exclusion criteria of our sample limiting the</p>

							<p>generalizability. The major strength is the systematic analysis of the effect of AD in treating early-onset PDD with high quality of psychotherapy in both arms of this trial.</p> <p>CONCLUSION</p> <p>Patients suffering from PDD comorbid with AD might experience greater benefit when they are treated with specific as opposed to unspecific therapy. Analyzing subgroups of patients with PDD seems worthwhile to improve treatment effectiveness even within disorder-specific treatment programmes.</p>
Atasuntseva, Anaid A.; Basile, Krista; La Prade, Rebecca; Wilberding, Nicole; Friedberg, Rebecca J.; Wister, Andrea S.; Friedberg, Robert D.	2020	Public perceptions of behavioral health care and psychotherapy for youth: Promotion and product dimensions	Professional Psychology: Research and Practice	51	5	507-516	<p>Increasing utilization of behavioral health services for distressed youth and their families is a compelling public health imperative. Public perceptions and attitudes toward child therapy impact behavioral health care utilization rates. This study investigated adults' attitudes toward child psychotherapy using a new survey method and instrument. A real-world intercept survey design where data is collected from individuals while they are entering or exiting common locations such as malls and retail stores was employed. Respondents were asked to complete the Attitudes and Perceptions of Child Psychotherapy Scale, which is an 18-item consumer-centric instrument. One hundred adult individuals completed the survey focusing on the perceived value of services/providers (product dimension) and the types of providers preferred by the public (promotion dimension). The findings yielded several compelling results. Pediatricians, psychologists, and psychiatrists were seen as the most trustworthy and effective clinical providers. Further, pediatricians were viewed as the most necessary health care provider for children. Reputation, utilization of treatments that work, and being referred by a trusted</p>

							source were the top reasons for choosing a behavioral health provider. Finally, clinical improvement and children's relationship with the provider were the most highly rated factors to consider when receiving treatment. Implications are discussed in terms of increasing mental health literacy and developing materials that engage potential consumers of pediatric behavioral health care. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
A-Tjak, Jacqueline G. L.; Morina, Nexhmedin; Topper, Maurice; Emmelkamp, Paul M. G.	2021	One year follow-up and mediation in cognitive behavioral therapy and acceptance and commitment therapy for adult depression	BMC psychiatry	21	1	41	BACKGROUND: Existing therapies for depression are effective, but many patients fail to recover or relapse. To improve care for patients, more research into the effectiveness and working mechanisms of treatments is needed. We examined the long-term efficacy of Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for Major Depressive Disorder (MDD), testing the hypothesis that CBT outperforms ACT and that both therapies work through their designated mechanisms of change. METHODS: We conducted a randomized controlled trial with 82 patients suffering from MDD. Data were collected before, during and after treatment, and at 12-month follow-up, assessing symptoms of depression, quality of life, dysfunctional attitudes, decentering, and experiential avoidance. RESULTS: Patients in both conditions reported significant and large reductions of depressive symptoms ($d = -1.26$ to -1.60) and improvement in quality of life ($d = 0.91$ to -1.28) 12 months following treatment. Our findings indicated no significant differences between the two interventions. Dysfunctional attitudes and decentering mediated treatment effects of depressive symptoms in both CBT and ACT, whereas experiential avoidance mediated treatment effects in ACT only.

							CONCLUSIONS: Our results indicate that CBT is not more effective in treating depression than ACT. Both treatments seem to work through changes in dysfunctional attitudes and decentering, even though the treatments differ substantially. Change in experiential avoidance as an underlying mechanism seems to be an ACT-specific process. Further research is needed to investigate whether ACT and CBT may work differently for different groups of patients with depression. TRIAL REGISTRATION: clinicaltrials.gov; NCT01517503 . Registered 25 January 2012 - Retrospectively registered.
Auckenthaler, Anna	2014	Von der Ehetherapie zur Psychotherapie mit Paaren. Paartherapie nach 1968	Psychotherapie im Dialog	15	4	26–29	Ziele der neuen Paartherapie werden denen der frühen Ehetherapie gegenübergestellt und Hintergründe für den Richtungswechsel aufgezeigt. Nach einer Darstellung der Grundlagen früher Paartherapie (Modifikation von Kommunikation und Interaktionsmustern basierend auf einem Einheitsmodell von Partnerschaft) wird das neue Selbstverständnis der Paartherapie (Förderung von Akzeptanz mit einem Fokus auf emotionalen Ressourcen) erläutert. Diese Veränderungen werden auf empirische Befunde zur Wirkung von Paartherapie und Einflüsse gesellschaftlicher Entwicklungen zurückgeführt.
Austin, Jillian E.; Doering, Jennifer J.; Davies, W. Hobart	2018	Using technology to teach parents to create a safe infant sleep space	Clinical Practice in Pediatric Psychology	6	3	211–222	The American Academy of Pediatrics (AAP) published Recommendations for a Safe Infant Sleeping Environment; however, parents still report frequent use of dangerous infant sleep practices. An online computer program was developed and piloted to investigate whether parents could be taught to create safe sleep environments using online training. Computerized safe sleep environments created by parents of children 0 to 23 months were assessed for compliance with the AAP Sleep Recommendations. Using a pre- and posttest design, the present study investigated the effectiveness

							of online instructions (adapted standard of care) and a computerized behavioral skills training package, which included instructions, modeling, rehearsal, and feedback. Additional pre- and posttests assessed parents' ability to identify sleep risks in 3 pictures to assess generalization of skills learned. Overall, participants demonstrated significant improvements from pre- to posttest across both treatment conditions on the creation of a safe sleep environment and on the free response identification of risks in 3 sleep environments. Performance did not significantly differ between the treatment groups. Results suggest considerable promise for technology-aided approaches in training parents to create a safe sleep environment. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Auszra, Lars; Herrmann, Imke	2021	Emotionsfokussierte Therapie	krper - tanz - bewegung	9	1	40-50	Die Emotionsfokussierte Therapie (Greenberg 2006; Auszra et al. 2017) ist ein evidenzbasiertes Verfahren, das die Arbeit mit Emotionen in den Mittelpunkt stellt. Sie integriert humanistisch-erlebensorientierte Verfahren mit der psychologischen Emotionsforschung, den affektiven Neurowissenschaften und der Psychotherapieprozessforschung zu einer eigenen Therapie- und Veränderungstheorie. Die Verbesserung der emotionalen Verarbeitung bei Patienten, welche im Kern die Utilisierung von adaptivem und die Transformation von maladaptivem emotionalem Erleben beinhaltet, wird als zentraler Motor für therapeutische Veränderung gesehen.
Auszra, Lars; Herrmann, Imke R.; Greenberg, Leslie S.	2017	Emotionsfokussierte Therapie. Ein Praxismanual					Es wird eine fundierte und praxisnahe Einführung in die Emotionsfokussierte Therapie (EFT) gegeben. Emotionen stehen in der EFT als Wegweiser und Motor im Mittelpunkt des Therapieprozesses. Sie helfen zu erkennen, was besonders bedeutsam für einen Patienten ist und sind

						<p>zudem eine wichtige Quelle für Veränderungen. Aus ihrem bewussten Erleben heraus kann neues Erleben, Fühlen, Denken und Verhalten entstehen. Hilfreiche Prinzipien und Strategien, um wirkungsvoll mit den Emotionen von Patienten zu arbeiten und Emotionen als Ressource im Veränderungsprozess zu nutzen, werden vermittelt.</p> <p>Theoretische Grundlagen und wichtige Forschungsergebnisse zur EFT werden ebenso behandelt wie die Förderung von Veränderungsprozessen. Die therapeutische Beziehungsgestaltung und allgemeine Prinzipien therapeutischen Handelns werden beschrieben. Anhand von Beispielen und Transkripten authentischer Therapiesitzungen wird erläutert, wie die Prinzipien und Methoden der EFT, wie etwa Focusing und Stuhl-Dialoge, in der Praxis konkret angewendet werden können. Zudem wird auf die Anwendung der EFT bei unterschiedlichen Strukturbildern sowie den Umgang mit typischen Schwierigkeiten in der Therapie eingegangen. - Inhalt: (1) Theoretische Grundlagen (Emotionen; emotionale Schemata; dialektischer Konstruktivismus). (2) Theorie therapeutischer Veränderung (klinische Emotionstheorie; Theorie der Entstehung emotionaler Schwierigkeiten; Theorie emotionaler Verarbeitung bzw. Veränderung; Prozess therapeutischer Veränderung). (3) Therapeutisches Vorgehen (Haltung des Therapeuten und Gestaltung der therapeutischen Beziehung; Wahrnehmungsfertigkeiten; Interventionsfertigkeiten; Verarbeiten; Fallformulierung; Phasen der Therapie). (4) Marker und Aufgaben (Empathie; empathisches Bestimmen bei Verletzlichkeit des Patienten; Focusing bei einem unklaren oder abwesenden Felt Sense; systematisches evokatives Erschließen bei problematischen Reaktionen; Zwei-Stuhl-Dialog bei Konflikten zwischen Selbstanteilen;</p>
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							Lehrer-Stuhl-Dialog bei unabgeschlossenen Prozessen; Zwei-Stuhl-Inszenierung bei selbstunterbrechenden Prozessen; Selbstberuhigungs- bzw. Selbsttröstungsdialog bei emotionalem Leiden). (5) Anwendung der Emotionsfokussierten Therapie (hufige Fragen; Rationale; Anwendung der EFT auf unterschiedliche Strungsbilder; Hausaufgaben; Umgang mit typischen Schwierigkeiten). (6) Forschung.
Auszra, Lars; Herrmann, Imke R.; grosse Holtforth, Martin	2017	Emotionsfokussierte Therapie (EFT)					
Auszra, Lars; Sutter, Marielle; Herrmann, Imke	2017	Emotionsfokussierte Therapie - emotionales Erleben fördern	Psychotherapie	22	1	52-66	Ein Überblick über die Theorie der Emotionsfokussierten Therapie (EFT) sowie ihrer wichtigsten Prinzipien der Beziehungsgestaltung und des therapeutischen Handelns wird gegeben. Es wird berichtet, wie die EFT emotionales Erleben in der Weise fördert, dass adaptive Emotionen aufgebaut und maladaptive Emotionen verändert werden. Zunächst wird Greenbergs Emotionstheorie dargestellt, aus der Interventionen abgeleitet werden. Nach der Beschreibung der besonderen Gestaltung der therapeutischen Beziehung werden konkrete Transaktionen in der Therapiesitzung mit den Schritten des Gewährwerdens von Emotionen, des Gefühlsausdrucks, des Gefühlsregulierens, des Reflektierens und schließlich der Transformation bzw. Veränderung des Gefühls dargestellt. Die hierzu erforderlichen therapeutischen Fähigkeiten und konkreten Interventionen werden diskutiert. Schließlich wird das Vorgehen der EFT anhand eines klinischen Beispiels veranschaulicht.

Avants, S. Kelly; Margolin, Arthur; Singer, Jerome L.	1993	Psychological interventions and research in the oncology setting: An integrative framework	Psychotherapy	30	1	1-10	
Avdibegović, Esmina; Brkić, Maja; Hasanović, Mevludin	2021	Integrating the Concept of Creative Psychopharmacotherapy and Group Psychotherapy in Clinical Practice	Psychiatria Danubina	33	Suppl 4	1144-1150	Modern psychiatric treatment is largely dictated by national and international guidelines rested on evidence-based data, including psychopharmacotherapy and psychotherapy. An alternative to the rigid application of official guidelines and criterion for the standards of treatment in psychiatric practice is the concept of creative psychopharmacotherapy. It is a concept based on the integration of different approaches to a person as whole, mental disorders and their treatment into person-centered clinical practice. In this sense, group psychotherapy and creative psychopharmacotherapy today are part of the overall integrative efforts in psychiatry. Neuroscientific discoveries suggest that they share similar neural pathways that lead to changes in brain function and symptoms relief. Various integrative elements make group psychotherapy and psychopharmacotherapy in combination more effective and efficient. The integration of the concept of creative psychopharmacotherapy and group psychotherapy into everyday clinical practice can improve treatment options as well as clinical practice by creating opportunities for research and development of new modalities of overall treatment.
Avissar, Nissim	2016	Inside and/or Outside? Working	Psychother Politics Int (Psychotherapy	14	3	162-172	

		Sensitively with Political Material in Psychotherapy	and Politics International)				
Axelsson, Susanne; Kihlberg, Sara; Davis, Paul; Nyström, Markus B. T.	2023	Psychotherapy students' experiences of supervisee-centred supervision based on deliberate practice, feedback-informed treatment and self-compassion	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Babl, Anna; Berger, Thomas; Gómez Penedo, Juan Martín; grosse Holtforth, Martin; Caspar, Franz; Eubanks, Catherine F.	2022	Disaggregating between- and within-patient effects of ruptures and resolutions on the therapeutic alliance and symptom severity	Psychotherapy		19 39- 15 36(Ele ctr oni c), 00 33- 32 04(Pri nt)	567-571	The therapeutic alliance is considered a robust predictor of psychotherapy outcome. Ruptures and resolutions in the alliance have been the focus of recent alliance literature. Most previous studies investigated their between-patient effects. We used hierarchical linear models to disaggregate the between- and within-patient effects of ruptures on the alliance from patient- and therapist perspective and symptom severity. Further, the moderating effects of rupture resolutions were analyzed. The sample consisted of 56 patients diagnosed with depressive or anxiety disorders who received 25 ± 3 sessions of integrative cognitive behavioral therapy in the outpatient setting. The observer-rated rupture resolution rating system was applied to all 1st, 8th, 16th and 24th therapy sessions. The alliance quality and symptom

							severity were assessed using self-report questionnaires after these four sessions. Results showed that a higher intensity of ruptures across treatment was associated with lower alliance ratings from both patient- and therapist perspectives during treatment. After sessions with more intense confrontation ruptures, both reported a weaker alliance. Rupture resolutions significantly moderated the withdrawal rupture effect on the alliance. The results provide meaningful practical implications for therapist feedback and training. They further underline the importance of using appropriate statistical analyses to the data structure and nature of psychotherapy to better understand the role of the alliance, rupture, and repair during therapy. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Babl, Anna; Gómez Penedo, Juan Martín; Berger, Thomas; Schneider, Noemi; Sachse, Rainer; Kramer, Ueli	2023	Change processes in psychotherapy for patients presenting with histrionic personality disorder	Clinical psychology & psychotherapy	30	1	64–72	<p>OBJECTIVE: Histrionic personality disorder (HPD) with a lifetime prevalence rate of 1.8% is an under-researched psychiatric diagnosis. The present study therefore aimed to investigate both the processes and outcomes of psychotherapy for HPD in a non-controlled study.</p> <p>METHODS: A total of 159 patients diagnosed with HPD were recruited and received clarification-oriented psychotherapy. Sessions 15, 20, and 25 were video-recorded and analysed using the Process-Content-Relationship Scale. Therapy outcome was assessed with symptom measures at intake and discharge. Hierarchical linear modelling was applied to estimate the changes in the psychotherapeutic outcome and associations with patient and therapist process developments.</p> <p>RESULTS: Improvements in relationship processes of patients and therapists were systematically related to outcome while only partial relationships were found on the levels of process and content.</p> <p>CONCLUSION: The present study</p>

							represents the first systematic insight into core changes in patients with HPD undergoing psychotherapy.
Babl, Anna; grosse Holtforth, Martin; Heer, Sara; Lin, Mu; Stähli, Annabarbara; Holstein, Dominique; Belz, Martina; Egenolf, Yvonne; Frischknecht, Eveline; Ramseyer, Fabian; Regli, Daniel; Schmied, Emma; Flückiger, Christoph; Brodbeck, Jeannette; Berger, Thomas; Caspar, Franz	2016	Psychotherapy integration under scrutiny: investigating the impact of integrating emotion-focused components into a CBT-based approach: a study protocol of a randomized controlled trial	BMC psychiatry	16	1	423	BACKGROUND: This currently recruiting randomized controlled trial investigates the effects of integrating components of Emotion-Focused Therapy (EFT) into Psychological Therapy (PT), an integrative form of cognitive-behavioral therapy in a manner that is directly mirroring common integrative practice in the sense of assimilative integration. Aims of the study are to understand how both, an existing therapy approach as well as the elements to be integrated, are affected by the integration and to clarify the role of emotional processing as a mediator of therapy outcome. METHODS: A total of 130 adults with a diagnosed unipolar depressive, anxiety or adjustment disorder (seeking treatment at a psychotherapy outpatient clinic) are randomized to either treatment as usual (PT) with integrated emotion-focused components (TAU + EFT) or PT (TAU). Primary outcome variables are psychopathology and symptom severity at the end of therapy and at follow up; secondary outcome variables are interpersonal problems, psychological wellbeing, quality of life, attainment of individual therapy goals, and emotional competency. Furthermore, process variables such as the quality of the therapeutic relationship are studied as well as aptitude-treatment interactions. Variables are assessed at baseline, after 8 and 16 sessions, at the end of therapy, after 25 ± 3 sessions, and at 6, 12 and 36 month follow-up. Underlying mechanisms of change are investigated. Statistical analyses will be conducted using the appropriate multilevel approaches, mainly two-level regression and growth analysis. DISCUSSION: The results of this study will indicate whether the integration of emotion-focused

							elements into treatment as usual increases the effectiveness of Psychological Therapy. If advantages are found, which may be limited to particular variables or subgroups of patients, recommendations for a systematic integration, and caveats if also disadvantages are detected, can be formulated. On a more abstract level, a cognitive behavioral (represented by PT) and humanistic/experiential (represented by EFT) approach will be integrated. It must be emphasized that mimicking common practice in the development and continued education of psychotherapists, EFT is not integrated as a whole, but only elements of EFT that are considered particularly important, and can be trained in an 8-day training plus supervision of therapies. TRIAL REGISTRATION: ClinicalTrials.gov, NCT02822443 , 22 June 2016, retrospectively registered.
Babl, Anna; grosse Holtforth, Martin; Perry, John Christopher; Schneider, Noemi; Dommann, Eliane; Heer, Sara; Sthli, Annabarbara; Aeschbacher, Nadine; Eggel, Michaela; Eggenberg, Jelena; Sonntag,	2019	Comparison and change of defense mechanisms over the course of psychotherapy in patients with depression or anxiety disorder: Evidence from a randomized controlled trial	Journal of affective disorders	252		212-220	Abstract not provided by publisher.

Meret; Berger, Thomas; Caspar, Franz							
Backhaus, Ulrike	2019	Verlusterleben und Trauerprozess - menschliche, personzentrierte und psychotherapeutische Perspektiven	Psychologie in sterreich	39	3	160-167	Der folgende Text stellt Trauer als natrlichen und gesunden Prozess dar, mit dem wir Menschen auf Verluste reagieren, die unser Leben zwangslufig begleiten. Theorien zum Trauerprozess werden ebenso vorgestellt wie der personzentrierte Umgang mit Menschen nach Verlust in Therapie und Beratung. Auerdem wird auf komplizierte Trauerverlufe eingegangen, die eine Minderheit der Trauernden betreffen und im psychotherapeutischen Kontext immer wieder anzutreffen sind.
Baez, Shelby; Hoch, Matthew C.; Hoch, Johanna M.	2018	Evaluation of Cognitive Behavioral Interventions and Psychoeducation Implemented by Rehabilitation Specialists to Treat Fear-Avoidance Beliefs in Patients With Low Back Pain: A Systematic Review	Archives of physical medicine and rehabilitation	99	11	2287-2298	OBJECTIVES: To systematically locate, critically appraise, and synthesize the available evidence regarding the effectiveness of cognitive behavioral therapies (CBTs) and psychoeducation that can be implemented by rehabilitation specialists to treat fear-avoidance beliefs in patients with acute, subacute, and chronic low back pain (LBP). DATA SOURCES: Electronic databases (CINAHL, PubMed, Psychology and Behavior Sciences Collection, SPORTDiscus, PsycINFO) were searched from inception to September 2017. STUDY SELECTION: Assessment of methodological quality was completed using the Physiotherapy Evidence Database (PEDro) scale. The Strength of Recommendation Taxonomy was used to evaluate the quality of evidence. DATA EXTRACTION: Study sample, subject demographics, CBT and/or psychoeducation intervention details, data collection time points, outcome assessments, statistical analysis, results, and conclusions were extracted from each study. In addition, effect sizes were calculated. DATA SYNTHESIS: Five high-quality studies (PEDro ≥6) were

							included. All included studies evaluated fear-avoidance beliefs. CBTs and psychoeducation strategies designed to target patient-specific fears demonstrated clinically meaningful results, while psychoeducation methodologies were not as effective. CONCLUSIONS: There is inconsistent, patient-oriented evidence (grade B) to support the use of CBTs and/or psychoeducation strategies by rehabilitation specialists to treat fear-avoidance beliefs. Patient-centered and personalized CBTs were most effective to treat these psychosocial factors in patients with LBP when compared with a control treatment.
Bager-Charleson, Sofie	2019	“She was on my side, and grounded me when I needed it.” Research supervision in the field of therapy, based on counsellors’ and psychotherapists’ views on their engagement with research	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	358–365	
Bager-Charleson, Sofie; Kasap, Zeynep	2017	Embodied situatedness and emotional entanglement in research – An autoethnographic hybrid inquiry	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	17	3	190–200	Abstract Background In clinical practice, counsellors and psychotherapists rely heavily on their emotional and embodied responses as part of their data gathering. What happens with this epistemological positioning when we generate knowledge in therapy research? Aim: As therapists? researchers, we are intrigued by what Bondi (2012, Qualitative Inquiry, 19, 9) refers to as a gap

		into the experience of doing data analysis					<p>between therapeutic practice and research. There are many angles to this 'gap?', but we have focused on the how to conceptualise and act on our embodied responses during our data analysis phase, with an interest in the emotional entanglement between researchers and the researched. Materials linguistically, personally and as an underpinning grappling with worldviews in light of the researchers' different epistemic origins. Concluding Discussion Being in a no-mans-land between old and new understandings triggered a sense of loss of theory and challenged temporarily our sense of selves. Bion (1961, Learning from experience. London: Karnac) and Gendlin (1997, A process model. New York: Focusing Institute) are examples of 'frameworks' which helped to welcome the feeling of lost-ness, rather than feeling threatened and overwhelmed. The process reminds of the epistemic positioning we learn to adopt in our therapeutic practice. Gendlin (1997) refers to this kind 'staying with' the 'body-feel' as means of generating new understandings. The purpose of this article has not been to offer a step by-step approach to data analysis, but rather to join Stanley's (2013, Journal of Contemporary Ethnography, 44, 143) 'call for accounts' about what it feels like to do research. Some stages involved excitement, growth, harmony and enrichment, other felt surprisingly unsettling as our own prior understanding expanded. This article only scrapes the surface but might stimulate further discussions around the researcher's use of self at different stages of the process. Therapists are increasingly encouraged to develop research informed practice; this article suggests that our attention also turns to practice informed research, to create platforms for discussions around</p>
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							emotional entanglement with greater epistemic congruence between relational, emotionally attuned practice for both therapists and researcher.
Bager-Charleson, Sofie; McBeath, Alistair; Du Plock, Simon	2019	The relationship between psychotherapy practice and research: A mixed-methods exploration of practitioners' views	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	3	195–205	
Baglioni, Chiara; Espie, Colin A.; Riemann, Dieter	2022	Cognitive-Behavioural Therapy for Insomnia (CBT-I) Across the Life Span. Guidelines and Clinical Protocols for Health Professionals					
Bahr, Christiane	2016	Als alte Frau zu neuer Lebensfreude finden. ber den Psychotherapie prozess mit einer lteren Frau, die ihre Angst bewltigte	Person	20	2	139–150	Der spezifisch weibliche und lnger dauernde Therapieprozess einer hheraltrigen Frau wird geschildert, die ihre Angst und Panikgefhle allmhlich berwindet und schrittweise zu einer neuen Wahrnehmung ihres Seins sowie zu neuer Lebensfreude und Kraft findet. Dabei werden die zusammenfassende Analyse sowie die wissenschaftliche Reflexion dieses mittlerweile erfolgreich abgeschlossenen klientenzentrierten Psychotherapieprozesses dargestellt, welcher im Sinne qualitativer Therapie- und Feldforschung dokumentiert

							wurde. Es wird gezeigt, wie die Klientin zu therapeutischen Wegen der Heilung aus ihrer Angst und zu beglückender Lebensqualität findet, indem sie ihre Rolle als Frau reflektiert, therapeutische Interventionen hilfreich aufgreift und erwägt, Eindrücke in sich nachgeht und normative Erwartungen seitens ihrer Umgebung allmählich durchschaut. Als betagte Ehefrau, pensionierte Geschäftsfrau und vielfache Mutter, Großmutter und Urgroßmutter lernt sie ihre Prioritäten neu zu ordnen und vorhandene soziale Netzwerke zu würdigen sowie hiermit verbundene Möglichkeiten erneut konstruktiv zu nutzen. Beschrieben wird, dass es im Verlauf des gesamten psychotherapeutischen Prozesses dabei aus therapeutischer Sicht immer wieder konkreter Praktiken bedarf, die ihr helfen neue Wege zu suchen und achtsam zu gehen.
Baker, Andrew Z.; Peluso, Paul R.; Freund, Robert; Diaz, Patricia; Ghaness, Amrita	2022	Using dynamical systems mathematical modeling to examine the impact emotional expression on the therapeutic relationship: A demonstration across three psychotherapeutic theoretical approaches	Psychotherapy research : journal of the Society for Psychotherapy Research	32	2	223–237	Objective: The purpose of this paper is to describe an approach to dynamical systems (DS) using a set of differential equations, and how an application of these equations can be used to address a critical element of the therapeutic relationship. Using APA's Three Approaches to Psychotherapy with a Female Client: The Next Generation and Three Approaches to Psychotherapy with a Male Client: The Next Generation videos, DS models were created for each of the six sessions with expert clinicians (Judith Beck, Leslie Greenberg, and Nancy McWilliams) from the three theoretical approaches. Method: A second-by-second observational coding system of the emotional exchanges of the therapists and clients was used as the data for the equations. Results: DS modeling allowed for a side-by-side comparison between the three approaches as well as between the two clients. Examining the graphs created

							by plotting the results of the DS equations (in particular, phase-space portraits) revealed that there were similarities among the three theoretical approaches, and there were notable differences between the two clients. Conclusions: DS modelling can provide researchers and clinicians with a powerful tool to investigate the complex phenomenon that is psychotherapy.
Balbo, Marina; Cavallo, Francesca; Fernandez, Isabel	2019	Integrating EMDR in psychotherapy	Journal of Psychotherapy Integration	29	1	23–31	Eye movement desensitization and reprocessing (EMDR) has significantly contributed to psychotherapy in the last 30 years. Studies support EMDR as effective for posttraumatic stress disorder symptoms. It was also applied to other disorders because it can help resolve and reprocess memories of traumatic experiences that can contribute, as risk, precipitating and predisposing factors to the development of mental disorders. What these disorders have in common is the maladaptive processing of information associated with stressful and pathogenic events. EMDR therapy has given a contribution to psychotherapy as an effective method that can help the innate processing system process all aspects of a traumatic experience. After working with traumatic memories that may be part of the patient's life story, EMDR therapy focuses on current triggers and symptoms and then provides the patient with instruments to deal with future situations that may cause anxiety. While working with this method, it is possible to enhance metacognitive skills and promote a change in dysfunctional emotions, beliefs, and behaviors. These are some common objectives that EMDR therapy shares with most psychotherapy approaches. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Balint, Elisabeth Maria; Daniele,	2023	Heart rate variability	Psychophysiology	60	1	e14150	The bio-psycho-social model highlights intra-individual and inter-individual interactions, including

<p>Viktorija; Langgartner, Dominik; Reber, Stefan O.; Rothermund, Eva; Gündel, Harald; Wietersheim, Jörn von; Buckley, Thomas; Jarczok, Marc N.</p>		<p>predicts outcome of short-term psychotherapy at the workplace</p>				<p>psychotherapy. The processing of these interactions within a person takes place, among others, in the central autonomic network (CAN). The CAN's autonomic output to the periphery can be indexed by heart rate variability (HRV), representing individual adaptive capacity. Further, the CAN influences the hypothalamus-pituitary-adrenal axis with its product cortisol. The aim consisted in investigating HRV and cortisol as well as their relation to symptom course in response to short-term psychotherapy. A single-arm, uncontrolled, explorative study was conducted at an outpatient psychotherapeutic consultation in the workplace offered to employees with mental or psychosomatic complaints. Questionnaires included symptoms of depression, irritation and functional impairment. Circadian profile of HRV and salivary cortisol concentrations collected pre and post short-term psychotherapeutic intervention (4-12 sessions) were assessed. Multilevel-linear mixed regressions were calculated. Out of 29 participants (mean age 42; 72% female), 24% were on sick leave from work. Cortisol concentrations were neither affected by intervention nor by symptom course. The proportion of individuals showing a vagally mediated HRV in the range of the lowest quartile assessed for age- and sex-matched healthy controls was reduced at follow-up (pre 34%, post 22%; $p = .017$). Higher vagally mediated HRV at baseline predicted lower symptom burden at follow-up. Thus, the results support the assumption that HRV reflects the capability of an organism to adapt and recover. Patients with reduced HRV might need additional psychotherapeutic sessions to achieve the same symptom improvements than patients with retained HRV.</p>
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Balkhausen, Diana	2023	Möglichkeiten und Grenzen experiencieller Methoden in der psychotherapeutischen Arbeit mit komplex traumatisierten Kindern und Jugendlichen					Möglichkeiten und Grenzen experiencieller Methoden der Psychotherapie bei komplexen Traumafolgestrungen bei Kindern und Jugendlichen werden vorgestellt. Neben den grundlegenden psychotherapeutischen Vorgehensweisen in verschiedenen traumatherapeutischen Anstzen werden die experienciellen Basiskonzepte Haltung, Prozessorientierung, Erlebnisorientierung und Krperorientierung beschrieben.
Ballard, Clive; Orrell, Martin; Sun, Yongzhong; Moniz-Cook, Esme; Stafford, Jane; Whitaker, Rhiannon; Woods, Bob; Corbett, Anne; Banerjee, Sube; Testad, Ingelin; Garrod, Lucy; Khan, Zunera; Woodward-Carlton, Barbara; Wenborn, Jennifer; Fossey, Jane	2017	Impact of antipsychotic review and non-pharmacological intervention on health-related quality of life in people with dementia living in care homes: WHELD-a factorial cluster randomised controlled trial	International journal of geriatric psychiatry	32	10	1094–1103	BACKGROUND: Very few interventional studies have directly examined the impact of treatment approaches on health-related quality of life (HRQL) in people with dementia. This is of particular importance in therapies to address behavioural symptoms, where HRQL is often severely affected. METHODS: Analysis within the WHELD cluster randomised factorial study in 16 UK care homes examining the impact of person-centred care in combination with antipsychotic review, social interaction and exercise interventions. This study analysed impact on HRQL through the DEMQOL-Proxy. RESULTS: Data on HRQL were available for 187 participants. People receiving antipsychotic review showed a significant worsening in two DEMQOL-Proxy domains (negative emotion: $p = 0.02$; appearance: $p = 0.04$). A best-case scenario analysis showed significant worsening for total DEMQOL-Proxy score. Social interaction intervention resulted in a significant benefit to HRQL ($p = 0.04$). There was no deterioration in HRQL in groups receiving both antipsychotic review and social interaction ($p = 0.62$). CONCLUSIONS: This demonstrates an important detrimental impact of discontinuation of antipsychotics in dementia on HRQL, highlighting the need for careful

							review of best practice guidelines regarding antipsychotic use and emphasizing the importance of providing evidence-based non-pharmacological interventions in conjunction with antipsychotic review. Copyright © 2016 John Wiley & Sons, Ltd.
Balogh, Lehel	2023	Meaning-formation and sense of purpose in Morita therapy	Journal of evaluation in clinical practice	29	7	1222–1227	Morita therapy is one of the leading alternative psychotherapeutic approaches that has emerged from Japan and has adapted with notable success to the mores and demands of the Western medical establishment. Although still on the margin, Morita therapy has the potential to offer a viable option for those who seek therapeutic assistance for various neuroses and psychosomatic illnesses that culminate in psychiatric symptoms such as generalized anxiety disorder, obsessive-compulsive disorder, or posttraumatic stress disorder. Diverging considerably from conventional Western psychiatric approaches, Morita therapy has its own modes of conceiving mental illness and offers distinct curative methods that are in some ways akin to the techniques of meaning-centred psychotherapies, but in many other ways are rather different. In this paper, the meaning-formation and the building of a constant sense of purpose in Morita therapy is explored, with a special focus on how these relate to creating a stable psychological framework for the client.
Balser, Kristin; Hollick, Ulrike	2021	Spieltherapie nach Nierentransplantation. Krankheitsbewältigung und Identitätsfindung	Gesprächspsychotherapie und Personenzentrierte Beratung	52	1	19–23	Der Artikel beschreibt die spieltherapeutische Begleitung eines Mädchens nach einer Nierentransplantation. Er zeigt die Möglichkeit auf, durch das therapeutische Spiel Kinder in Phasen, die eine Lebensveränderung bedeuten, in ihrer Identitätsentwicklung und ihrem Selbstkonzept durch das hohe Maß an Symbolisierung und Ausdrucksmöglichkeit zu unterstützen. Der Text ist zugleich ein Plädoyer für die Notwendigkeit der Bearbeitung ihrer

							Krankheitsgeschichte und belastender Erlebnisse in spieltherapeutischer Begleitung fr Kinder mit chronischen Erkrankungen. Elise war zu Beginn der spieltherapeutischen Begleitung 13 Jahre alt und seit einem Monat zum zweiten Mal nierentransplantiert. Eine Psychologin des kindernephrologischen Zentrums fhrte die spieltherapeutische Begleitung Elises im Rahmen der psychosozialen Betreuung der Familie durch.
Bamelis, Lotte L. M.; Arntz, Arnoud; Wetzelaer, Pim; Verdoorn, Ryanne; Evers, Silvia M. A. A.	2015	Economic evaluation of schema therapy and clarification-oriented psychotherapy for personality disorders: a multicenter, randomized controlled trial	The Journal of clinical psychiatry	76	11	e1432-40	<p>PURPOSE To compare from a societal perspective the cost-effectiveness and cost-utility of schema therapy, clarification-oriented psychotherapy, and treatment as usual for patients with avoidant, dependent, obsessive-compulsive, paranoid, histrionic, and/or narcissistic personality disorder.</p> <p>METHOD A multicenter, randomized controlled trial, single-blind parallel design, was conducted between May 2006 and December 2011 in 12 Dutch mental health institutes. Data from 320 patients (diagnosed according to DSM-IV criteria) randomly assigned to schema therapy (n = 145), treatment as usual (n = 134), or clarification-oriented psychotherapy (n = 41) were analyzed. Costs were repeatedly measured during 36 months by interview and patient registries. Primary outcome measures were proportion of recovered patients as measured with the Structured Clinical Interview for DSM-IV Axis II Personality Disorders for the cost-effectiveness analysis, and quality-adjusted life-years (QALYs) for the cost-utility analysis. Bootstrap replications in the cost-effectiveness and the cost-utility planes were used to estimate the probability that one treatment was more cost-effective than the other. Mixed gamma regression on net monetary benefit</p>

						<p>for different levels of willingness to pay for extra effects was used as sensitivity analysis. Additional sensitivity analyses were done to assess robustness of the results.</p> <p>RESULTS</p> <p>Due to higher clinical effects and lower costs, schema therapy was dominant over the other treatments in the cost-effectiveness analyses. Schema therapy has the probability of being the most cost-effective treatment (78% at €0 to 96% at €37,500 [\$27,375] willingness to pay per extra recovery). Treatment as usual was more cost-effective than clarification-oriented psychotherapy due to lower costs. In the cost-utility analysis, schema therapy had a stable 75% probability of being cost-effective. Sensitivity analyses confirmed these findings.</p> <p>CONCLUSIONS</p> <p>The results support the cost-effectiveness of schema therapy but not of clarification-oriented psychotherapy.</p> <p>TRIAL REGISTRATION</p> <p>Netherlands Trial Register NTR566.</p>	
Banaschewski, Tobias; Häge, Alexander; Hohmann, Sarah; Mechler, Konstantin	2023	Perspectives on ADHD in children and adolescents as a social construct amidst rising prevalence of diagnosis and medication use	Frontiers in psychiatry	14		1289157	<p>The diagnosis of attention-deficit hyperactivity disorder (ADHD) is based on the presence of pervasive, persistent symptoms of inattention and/or hyperactivity/impulsivity typically emerging early in life and resulting in significant functional impairment. In contrast to a worldwide epidemiological prevalence of approximately 5% in children and 2-3% in adults, there are significant variations in the prevalence of administrative ADHD diagnoses and medication use. We assert that in order to explore the underlying dynamics of this phenomenon, a thorough understanding of the construct ADHD is necessary. We contend that ADHD is not a natural entity that unfolds within an individual and can be understood independent from societal and environmental factors, but</p>

							rather that ADHD as a diagnosis can better be conceptualized as a valid and pragmatically useful social construct. Decisions to diagnose and treat ADHD should follow a person-centered approach and be focused on functional impairment within a socially constructed, context-dependent and environmentally contingent model.
Banham, James A.; Schweitzer, Robert D.	2017	Therapeutic conversations: Therapists' use of observational language contributes to optimal therapeutic outcomes	Psychology and psychotherapy	90	3	264–278	<p>OBJECTIVE Reflexivity is the process of critically examining one's own experience. Emerging literature suggests that reflexivity is a positive predictor of outcomes in psychotherapy. However, limited research has been conducted regarding therapists' use of reflexivity as a therapeutic technique. In particular, we have a limited understanding of how therapists use language to initiate reflexive conversations. This study investigates the characteristics of therapist language that elicit reflexivity focused on internal and external processes.</p> <p>DESIGN AND METHODS Therapeutic outcomes of 42 trainee-therapists who provided psychotherapy to 173 clients were tracked with the OQ-45.2 with the view of identifying client-trainee-therapist dyads (CTTDs) with the best and poorest outcomes. Six best outcome and six poorest outcome CTTDs were identified. Thirty-six therapy transcripts were initially coded with the Narrative Process Coding System to identify each Narrative Process Mode (NPM). Sixty external, internal, and reflexive NPMs (N = 180 NPMs) were randomly selected across all therapy transcripts for the best outcome group and the same number for the poorest outcome group. The Narrative Initiating Language Element Coding Manual, developed for this study, was used to code therapists' use of language to initiate each</p>

							<p>NPM.</p> <p>RESULTS</p> <p>Therapists belonging to the best outcome group utilized more observational language to initiate internal and reflexive NPMs. Therapists belonging to the poorest outcome group evidenced high proportions of questioning language to elicit each NPM.</p> <p>CONCLUSIONS</p> <p>Examining how therapists use language to elicit NPMs provides further insight as to how therapeutic language may contribute to successful therapeutic outcomes.</p> <p>PRACTITIONER POINTS</p> <p>Reflexive therapeutic conversations characterized by a greater use of observational language were associated with positive therapeutic outcomes. Therapeutic conversations characterized by a high proportion of questioning language were associated with poorer therapeutic outcomes. Supervisors of trainee-therapists have a key role in coaching supervisees to use language that contributes to client treatment outcomes.</p>
Bar, Mor; Saad, Amit; Slonim-Atzil, Dana; Tuval-Mashiach, Rivka; Gour, Tamir; Baron, Noga; Mendlovic, Shlomo	2021	Patient-therapist congruent exchanges engaged with the potential-to-experience is associated with better outcome of psychotherapy	Psychology and psychotherapy	94 Supp 12		304–320	<p>BACKGROUND</p> <p>The concept of potential-to-experience is a major component in psychodynamic theory and assumed to be an important component of psychotherapeutic technique. However, as this assumption has never been empirically tested, the relationship between such interventions and treatment outcome is unclear. The aim of this pilot study is to explore the relationship between patient-therapist congruence of potential-to-experience engaged statements and the outcome of psychodynamic treatments.</p> <p>METHODS</p> <p>Transcripts of 90 sessions from good- and poor-outcome</p>

						<p>treatments (N = 18) were encoded using the MATRIX - a novel content analysis tool of psychodynamic psychotherapy. Based on fixed algorithms, this observer-coding system is designed to identify different types of clinical interventions, including those which focus on the potential-to-experience. Total number of MATRIX codes analysed was 11,125. We compared the total congruence/incongruence ratio of such statements in good and poor treatments. The importance of the congruence/incongruence ratio of the potential-to-experience statements was measured by applying general linear models to classify treatment outcome.</p> <p>RESULTS</p> <p>The congruence/incongruence ratio of the potential-to-experience engaged statements was significantly higher in good treatments. In the best model for classifying treatment outcome based on the congruence/incongruence ratios of several parameters, the congruence/incongruence ratio of the potential-to-experience engaged statements was the single most important predictor.</p> <p>DISCUSSION</p> <p>Maintaining the congruence of potential-to-experience engaged statements within the therapeutic session is associated with better clinical outcome. This provides an initial empirical indication to the importance of the potential-to-experience discourse in psychotherapy praxis.</p> <p>PRACTITIONER POINTS</p> <p>The concept of potential-to-experience is a major component in psychodynamic theory and assumed to be an important component of psychotherapeutic technique. The current results suggest that the ability of</p>
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							both patient and therapist to maintain the congruence of potential-to-experience statements within the session may improve clinical outcomes. These findings suggest a practical approach for a better management of the therapeutic process. Mainly, it recommends therapists to implement a very careful, active listening to potential-to-experience-related content throughout the session, while highlighting the patient's associations for their potential to become new modus operandi. Moreover, the current study presents an integrative, micro-level tool that enables the translation of complex theoretical concepts in psychotherapy into measurable constructs, aiming at the creation of a bridge between clinical theory and evidence-based practice.
Barbosa, Eunice; Couto, Ana Bela; Basto, Isabel; Stiles, William B.; Pinto-Gouveia, Jos; Salgado, Joo	2018	Immersion and distancing during assimilation of problematic experiences in a good-outcome case of emotion-focused therapy	Psychotherapy research: journal of the Society for Psychotherapy Research	28	2	313–327	Some studies have suggested that a decrease in immersion (egocentric perspective on personal experiences) and an increase in distancing (observer perspective on personal experiences) are associated with the resolution of clinical problems and positive outcome in psychotherapy for depression. To help clarify how this change in perspectives relates to clinical change, the present study compared changes in immersion and distancing across therapy with progress in one client's assimilation of her problematic experiences. We analyzed all passages referring to the central problematic experience in a good-outcome case of emotion-focused therapy for depression using the Measure of Immersion and Distancing Speech and the Assimilation of Problematic Experiences Scale. Results showed that immersion and distancing were associated with different stages of assimilation. Immersion was associated with stages of emerging awareness and clarification of the problem and in the application of new understandings to

							daily life. Distancing was associated with problem-solving and attaining insight. The decrease of immersion and increase of distancing associated with therapeutic improvement should not be taken as a recommendation to avoid immersion and encourage distancing. Immersion and distancing may work as coordinated aspects of the processes of psychotherapeutic change.
Barbosa, Eunice; Silva, Sara; Pinto-Gouveia, José; Salgado, João	2019	How and when immersion and distancing are useful in emotion focused therapy for depression	Psychotherapy research : journal of the Society for Psychotherapy Research	29	6	737-751	Objective: The potential benefit or harm of immersion (egocentric perspective) and distancing (observer perspective) on negative experiences are unclear and have not been empirically investigated in therapy. This is a first exploratory study aimed to analyze and compare the perspectives adopted on reflection (immersion and distancing) of negative experiences across therapy and the relationship between them and depressive symptoms in contrasting therapeutic outcomes of emotion-focused therapy (EFT). Method: Three good-outcomes cases and three poor-outcomes cases of EFT, diagnosed with mild to moderate depression at the beginning of therapy, were randomly selected. Immersion and distancing on negative experiences were analyzed using the measure of immersed and distanced speech. The depressive symptoms were assessed by the Beck Depression Inventory-II. Results: Significant differences across sessions were only found in the good-outcome cases which showed a significant decrease of immersion and an increase of distancing, and this evolution pattern was found related to the reduction of symptoms. Moreover, at the beginning of therapy, distancing was higher in the poor-outcome cases rather than in the good-outcome cases. Conclusion: The progressive and significant evolution from higher immersion at the initial phase to

							higher distancing in the final phase may be helpful in EFT for depression.
Barg, Michael; Galliker, Mark; Speierer, Gert-Walter; S, Holger; Mller, Arnulf	2017	Schwerpunktthema: Wenn Seele und Krper leiden: Der Personzentrierte Ansatz in der Psychosomatik. (Mit 5 Einzelbeitrgen)	Gesprchspsychotherapie und Personzentrierte Beratung	48	2	70–88	Basierend auf Vortrgen und Workshops des Castrup-Rauxeler Gesprchspsychotherapie-Symposiums der rztlichen Gesellschaft fr Psychotherapie wird der personzentrierte Ansatz in der Psychosomatik beleuchtet. Grundlagen des Verhltnisses zwischen Leib und Seele und der personzentrierten Therapie bei somatoformen Strungen werden betrachtet sowie ein kongruenzbasiertes Behandlungskonzept erlutert und ein Blick auf psychologische Ursachen von Herz-Kreislauf-Symptomen geworfen. Inhalt - (1) M. Barg: "Hinter den Vorhang blicken": Der Personzentrierte Ansatz in der Psychosomatik (S. 70). (2) M. Galliker: Das Leib-Seele-Verhlnis: Von Descartes zu Gendlin. In Memoriam E. T. Gendlin (1926 - 2017) (S. 70-76). (3) G.-W. Speierer: Ein personzentriertes Konzept differenzieller Behandlung bei psychosomatischen Strungen (S. 76-81). (4) H. S: Personzentrierte Therapie bei somatoformen Strungen (S. 82-85). (5) A. Mller: Herzleiden oder "Herzeleid" - Erkenntnisse aus der Psychokardiologie (S. 85-88).
Barg, Michael; Kunze-Pletat, Dorothea; Fortmeier, Paul; Winter, Elena; Baumann, Barbara; Knorr, Nikola; Kies, Susanne	2017	Themenschwerpunkt: Neue Perspektiven entwickeln: Personzentrierte Supervision in der Praxis. (Mit 5 Einzelbeitrgen)	Gesprchspsychotherapie und Personzentrierte Beratung	48	1	6–29	Ein Einblick in die personzentrierte Supervision in der Praxis wird gegeben. Neben fachlichen und strukturellen Herausforderungen werden Charakteristika der europäischen Supervisionsszene beleuchtet. Darber hinaus werden an den Arbeitsfeldern der Sterbebegleitung und der Schule exemplarisch Strken des personzentrierten Ansatzes in der Supervisionspraxis verdeutlicht. Inhalt - (1) M. Barg und D. Kunze-Pletat: Gemeinsam Potenziale entdecken: Der Personzentrierte Ansatz in Supervision und Coaching (S. 6-7). (2) P. Fortmeier und E. Winter: "An der Schnittstelle von Person und Organisation" (S. 8-10). (3) B. Baumann: Viele

							Merkmale, ein Ziel: Supervision in Europa (S. 11-13). (4) N. Knorr: Supervision an der Grenze: Personzentrierte Supervision im Arbeitsfeld der ambulanten und stationären Sterbebegleitung (S. 14-22). (5) S. Kies: Personzentrierte Supervision für Lehrkräfte: Chancen für das Gesamtsystem Schule (S. 23-29).
Bar-Kalifa, Eran; Prinz, Jessica N.; Atzil-Slonim, Dana; Rubel, Julian A.; Lutz, Wolfgang; Rafaeli, Eshkol	2019	Physiological synchrony and therapeutic alliance in an imagery-based treatment	Journal of Counseling Psychology	66	4	508–517	Client–therapist synchrony in various channels (e.g., self-reported affect or physical movement) has been shown as a key process in the construction and development of therapeutic alliance. However, psychophysiological synchrony between clients and therapists has been understudied, with the few extant studies typically relying on single-session data, and no studies examining it within the context of emotion-focused techniques. The main aim of the current paper is to examine the role of client–therapist physiological synchrony during segments of one emotion-focused technique—namely, imagery (IM) work—in predicting therapeutic alliance, and to compare it to the role of synchrony during segments of more traditional cognitive–behavioral (CB) techniques. We conducted an open-trial study in which 31 clients with test anxiety received a 6-session protocol-based treatment. Both clients’ and therapists’ electrodermal activity (EDA) were continuously assessed during sessions. The physiological measures for 5 sessions each (N = 128) were used to compute client–therapist synchrony in IM and CB segments. Therapeutic alliance was assessed using the Session Alliance Inventory. Client–therapist dyads’ synchrony during IM and CB segments was, on average, greater than chance. Synchrony varied mostly at the session (vs. the dyad) level. Multilevel analyses revealed that the synchrony within IM segments (but not within CB segments) was

							significantly associated with the therapeutic bond aspect (but not the task/goal aspects) of alliance. Physiological synchrony during emotion-focused IM is tied to the bond component of the therapeutic alliance at the session level. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Barker, Paige C.; Holland, Neal P.; Shore, Oliver; Cook, Robert L.; Zhang, Yang; Warring, Carrie D.; Hagen, Melanie G.	2021	The Effect of Health Literacy on a Brief Intervention to Improve Advance Directive Completion: A Randomized Controlled Study	Journal of primary care & community health	12		2150132 7211000 221	OBJECTIVE: Completion of an advance directive (AD) document is one component of advanced care planning. We evaluated a brief intervention to enhance AD completion and assess whether the intervention effect varied according to health literacy. METHODS: A randomized controlled study was conducted in 2 internal medicine clinics. Participants were over 50, without documented AD, no diagnosis of dementia, and spoke English. Participants were screened for health literacy utilizing REALM-SF. Participants were randomized in a 1:1 ratio to the intervention, a 15-minute scripted introduction (grade 7 reading level) to our institution's AD forms (grade 11 reading level) or to the control, in which subjects were handed blank AD forms without explanation. Both groups received reminder calls at 1, 3, and 5 months. The primary outcome was AD completion at 6 months. RESULTS: Five hundred twenty-nine subjects were enrolled; half were of limited and half were of adequate health literacy. The AD completion rate was 21.7% and was similar in the intervention vs. the control group (22.4% vs 22.2%, P = .94). More participants with adequate health literacy completed an AD than those with limited health literacy (28.4% vs 16.2%, P = .0008), although the effect of the intervention was no different within adequate or limited literacy groups. CONCLUSION: A brief intervention had no impact on AD completion for subjects of adequate or limited health literacy. PRACTICE

							IMPLICATIONS: Our intervention was designed for easy implementation and to be accessible to patients of adequate or limited health literacy. This intervention was not more likely than the control (handing patients an AD form) to improve AD completion for patients of either limited or adequate health literacy. Future efforts and research to improve AD completion rates should focus on interventions that include: multiple inperson contacts with patients, contact with a trusted physician, documents at 5th grade reading level, and graphic/video decision aids. TRIAL REGISTRATION NUMBER: NCT02702284, Protocol ID IRB201500776.
Barkham, Michael	2016	Patient-centered assessment in psychotherapy: Toward a greater bandwidth of evidence	Clin Psychol Sci Pract (Clinical Psychology: Science and Practice)	23	3	284–287	
Barkham, Michael; Saxon, David; Hardy, Gillian E.; Bradburn, Mike; Galloway, Deanna; Wickramasekera, Nyantara; Keetharuth, Anju D.; Bower, Peter; King, Michael; Elliott, Robert; Gabriel,	2021	Person-centred experiential therapy versus cognitive behavioural therapy delivered in the English Improving Access to Psychological Therapies service for the treatment of	The lancet. Psychiatry	8	6	487–499	BACKGROUND: The UK Government's implementation in 2008 of the Improving Access to Psychological Therapies (IAPT) initiative in England has hugely increased the availability of cognitive behavioural therapy (CBT) for the treatment of depression and anxiety in primary care. Counselling for depression-a form of person-centred experiential therapy (PCET)-has since been included as an IAPT-approved therapy, but there is no evidence of its efficacy from randomised controlled trials (RCTs), as required for recommendations by the National Institute for Health and Care Excellence. Therefore, we aimed to examine whether PCET is cost effective and non-inferior to CBT in the treatment of moderate and severe depression within the IAPT service. METHODS: This

<p>Lynne; Kellett, Stephen; Shaw, Susan; Wilkinson, Toni; Connell, Janice; Harrison, Phillippa; Ardern, Kerry; Bishop-Edwards, Lindsey; Ashley, Kate; Ohlsen, Sally; Pilling, Stephen; Waller, Glenn; Brazier, John E.</p>		<p>moderate or severe depression (PRaCTICED): a pragmatic, randomised, non-inferiority trial</p>				<p>pragmatic, randomised, non-inferiority trial was done in the Sheffield IAPT service in England and recruited participants aged 18 years or older with moderate or severe depression on the Clinical Interview Schedule-Revised. We excluded participants presenting with an organic condition, a previous diagnosis of personality disorder, bipolar disorder, or schizophrenia, drug or alcohol dependency, an elevated clinical risk of suicide, or a long-term physical condition. Eligible participants were randomly assigned (1:1), independently of the research team, and stratified by site with permuted block sizes of two, four, or six, to receive either PCET or CBT by use of a remote, web-based system that revealed therapy after patient details were entered. Those assessing outcomes were masked to treatment allocation. Participants were seen by appropriately trained PCET counsellors and CBT therapists in accordance with the IAPT service delivery model. Depression severity and symptomatology measured by the Patient Health Questionnaire-9 (PHQ-9) at 6 months post-randomisation was the primary outcome, with the PHQ-9 score at 12 months post-randomisation being a key secondary outcome. These outcomes were analysed in the modified intention-to-treat population, which comprised all randomly assigned patients with complete data, and the per-protocol population, which comprised all participants who did not switch from their randomised treatment and received between four and 20 sessions. Safety was analysed in all randomly assigned patients. The non-inferiority margin was set a priori at 2 PHQ-9 points. Patient safety was monitored throughout the course of therapy, adhering to service risk procedures for monitoring serious adverse events. This trial is registered</p>
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						<p>at the ISRCTN Registry, ISRCTN06461651, and is complete. FINDINGS: From Nov 11, 2014, to Aug 3, 2018, 9898 patients were referred to step three treatments in the Sheffield IAPT service for common mental health problems, of whom 761 (7.7%) were referred to the trial. Of these, we recruited and randomly assigned 510 participants to receive either PCET (n=254) or CBT (n=256). In the PCET group, 138 (54%) participants were female and 116 (46%) were male, and 225 (89%) were White, 16 (6%) were non-White, and 13 (5%) had missing ethnicity data. In the CBT group, 155 (61%) participants were female and 101 (39%) were male, and 226 (88%) were White, 17 (7%) were non-White, and 13 (5%) had missing ethnicity data. The 6-month modified intention-to-treat analysis comprised 401 (79%) of the enrolled participants (201 in the PCET group; 200 in the CBT group) and the 12-month modified intention-to-treat analysis comprised 319 participants (167 in the PCET group; 152 in the CBT group). The 6-month per-protocol analysis comprised 298 participants (154 in the PCET group; 144 in the CBT group). At 6 months post-randomisation, PCET was non-inferior to CBT in the intention-to-treat population (mean PHQ-9 score 12.74 [SD 6.54] in the PCET group and 13.25 [6.35] in the CBT group; adjusted mean difference -0.35 [95% CI -1.53 to 0.84]) and in the per-protocol population (12.73 [SD 6.57] in the PCET group and 12.71 [6.33] in the CBT group; 0.27 [95% CI -1.08 to 1.62]). At 12 months post-randomisation, there was a significant adjusted between-group difference in mean PHQ-9 score in favour of CBT (1.73 [95% CI 0.26-3.19]), with a 95% CI exceeding the 2-point non-inferiority margin. There were two deaths, one death by suicide in the PCET group and one due to chronic obstructive</p>
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							<p>pulmonary disease in the CBT group. Both were assessed by the responsible clinician to be unrelated to the trial. In terms of using emergency departments for depression-related events, four people (three in the PCET group; one in the CBT group) made more than a single use and six people (three in the PCET group; three in the CBT group) made a single use. One patient in the PCET group had inpatient treatment for a depression-related event.</p> <p>INTERPRETATION: This trial is the first to examine the two most frequently administered psychological therapies in the IAPT service. The finding of non-inferiority of PCET to CBT at 6 months supports the results from large, routine, non-randomised datasets from the IAPT programme. Given the high demand for psychological therapies and the need for patient choice, our findings suggest the need for continued investment in the training and delivery of PCET for improving short-term outcomes, but suggest that PCET might be inferior to CBT at 12 months.</p> <p>FUNDING: British Association for Counselling and Psychotherapy Research Foundation.</p>
Barreto, João F.; Matos, Paula Mena	2018	Mentalizing countertransference? A model for research on the elaboration of countertransference experience in psychotherapy	Clinical psychology & psychotherapy	25	3	427–439	<p>As a construct, the elaboration of countertransference experience (ECE) is intended to depict the implicit and explicit psychological work to which therapists submit their experiences with clients. Through ECE, defined as a mentalizing process of a particular kind, therapists' experiences are presumed to acquire and increase in mental quality and become available for meaning-making and judicious clinical use. In this paper, we claim that such an ongoing process facilitates engagement with common therapeutic factors, such as the therapeutic alliance and countertransference management, enhancing therapist responsiveness in psychotherapy. We synthesize relevant literature on countertransference,</p>

							<p>mentalization, and, in particular, therapists' mentalization, informed by a systematic literature review. As a result, we propose a model for assessing ECE in psychotherapy, comprising 6 diversely mentalized countertransference positions (factual-concrete, abstract-rational, projective-impulsive, argumentative, contemplative-mindful, and mentalizing), 2 underlying primary dimensions (experiencing, reflective elaboration), and 5 complementary dimensions of elaboration. Strengths and limitations of the model are discussed.</p>
Barrett, Elizabeth Ann Manhart	2018	Star Light, Star Bright	Nursing science quarterly	31	1	99	
Bar-Sella, Avigail; Nof, Aviv; Baucom, Brian R.; Goldstein, Pavel; Romanov, Sergei; Shpakouskaya, Iryna; Kaplun, Dmitrii; Zilcha-Mano, Sigal		The prognostic role of emotion regulation dynamics in the treatment of major depressive disorder	Journal of consulting and clinical psychology	91	12		<p>Objective: The potential prognostic role of emotion regulation in the treatment of major depressive disorder (MDD) has been highlighted by transtheoretical literature and supported by promising empirical findings. The majority of the literature is based on self-report observations at a single snapshot, thus little is known about the prognostic value of moment-to-moment dynamic evolvement of emotion. The present study is the first to examine the prognostic value of both intra- and interpersonal, moment-to-moment emotion regulation dynamics, and the potential moderating effect of the type of treatment. Method: To assess the prognostic value of emotion regulation dynamics, we focused on the first session, using 6,780 talk-turns within 52 patient-therapist dyads. Emotion regulation dynamics were measured using fundamental frequencies of the voice and were calculated using empirical Bayes residuals of the actor-partner interdependence model. Symptomatic change was measured using the Hamilton Rating Scale for Depression across 16 weeks of supportive treatment (ST)</p>

							or supportive–expressive treatment (SET). Results: Findings suggest that patients who show less regulated intrapersonal dynamics during the first session show less reduction of symptoms throughout treatment ($\beta = .26$, $p = .019$). Findings further suggest that this association is mitigated when these patients receive SET, as opposed to ST ($\beta = .72$, $p = .020$). Conclusions: The findings demonstrate the ability of first-session emotion regulation dynamics to serve as a prognostic variable. The findings further suggest that the adverse effect of emotion regulation dynamics on the patient’s prognosis can be mitigated by explicit work on changing maladaptive emotional patterns. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Bar-Sella, Avigail; Randall, Ashley K.; Zilcha-Mano, Sigal	2022	Understanding interdependence of patients’ and therapists’ affect experiencing: Examination at sample and individual difference levels	Journal of Counseling Psychology	69	2	188–198	The importance of interdependence processes of patients’ and therapists’ affect experiences (AEs) over the course of treatment has been highlighted by numerous therapeutic orientations. Yet, most studies have focused on snapshot observations and there is a dearth of knowledge regarding session-to-session patient-therapist AE interdependence, through which the dynamics of AE across treatment can be explored. Using actor-partner interdependence model analysis in a sample of 70 patient–therapist dyads across 16 sessions of psychodynamic treatment, the present study investigated whether (a) at the sample level, patients’ and therapists’ changes in positive and negative AEs are interdependent throughout treatment, and (b) whether individuals’ differences in AE interdependence can be explained by patients’ anticipated or general ability to form a strong therapeutic alliance, and by the actual alliance with the therapist during treatment. Findings suggest that patients’ and therapists’ changes in positive and negative AEs are

							interdependent throughout treatment. Moderation analysis suggests that when patients report stronger anticipated ability to form a strong alliance, an increase in therapists' negative AE from one session to another predicts a greater decrease in their patients' negative AE in the following session. Additionally, focusing on patients' actual alliance with the therapist during treatment, when patients report a stronger alliance with their therapist, a subsequent increase in therapists' positive and negative AEs from one session to another predicts greater subsequent increases in their patients' positive and negative AEs in the next session. Taken together, findings suggest that patients' and therapists' AEs are interdependent throughout treatment, though individual differences exist. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Barthelmeh, Daniel	2023	Dem Prozess vertrauen. Der Bielefelder Klientenerfahrungsbogen und sein Nutzen für die personzentrierte Arbeit	Gesprächspsychotherapie und Personzentrierte Beratung	54	2	14-19	Der Bielefelder Klientenerfahrungsbogen (BIKEB) ist ein bewährtes Instrument, das Psychometrie mit personzentrierter Haltung verbindet. In der Intervention oder als Metaebene, zusammen mit Klientinnen und Klienten betrachtet, bietet er ein wertvolles Instrument prozessualer Diagnostik und Intervention. Er ist diagnostisch gesehen eine statistische Urteilsbildung, die unter anderem die Klient-Berater/Coach-Beziehung valide abbildet. Das Spannungsfeld, diagnostisch und personzentriert zugleich zu sein, ist ausgehend von Rogers häufig und viel diskutiert worden, beispielsweise ausführlich in den Lehrbüchern von Gerhard Stumm und Wolfgang Keil (Keil & Stumm, 2014) oder Jochen Eckert, Eva-Maria Biermann-Ratjen und Diether Hger (Eckert et al., 2012). Diagnostik bzw. statistische Urteilsbildung lässt sich, richtig angewandt, mit personzentrierter Haltung vereinen und letztlich sogar darin verorten. Dieser Beitrag

							mchte die Frage "Was und wie sollten wir messen?" im personzentrierten Rahmen beantworten, fr den BI- KEB als wirkmchtiges Hilfsmittel werben und uns nicht zuletzt Mut und Selbstvertrauen in einem schwierigen Coachingmarkt zusprechen.
Barthel-Rsing, Marita; Haubl, Rolf	2017	Was ist gruppenanalytische Supervision?	Gruppenpsychotherapie und Gruppendynamik	53	2	118-137	<p>Informiert wird ber die gruppenanalytische Supervision. Sie beruht auf Konzeptualisierungen von unterschiedlichen Referenztheorien und einem Verstdnis, das alle psycho- und soziodynamischen Modellvorstellungen umfasst, die ihren Fokus auf Intersubjektivitt und dabei im Besonderen auf Gruppen und andere situationsberdauernde Mehr- und Vielpersonen-Vergemeinschaftungen legen. In den Problemfeldern einer Organisation sind immer Abwehrprozesse dynamisch wirksam, die durchgearbeitet werden mssen, um die unbewussten Inhalte mit den Affekten, die an anderen Inhalten Zndstoff liefern, in Zusammenhang zu bringen und sie so bewusst und emotional zugnglich werden zu lassen. Dabei entspricht die Integration von fallbezogenen, teambezogenen und institutionellen Aspekten der gruppenanalytischen Haltung mit ihrer oszillierenden Wahrnehmung, wobei alle Aspekte grundstzlich gleichzeitig gegenwrtig sind. Die Gruppe ist in gruppenanalytischem Verstehen Resonanzboden und Agens der Wirksamkeit. Supervisor/in und Supervisionsgruppe sind Container fr das Unverarbeitete. Im professionellen Alltag sich unter dem Druck institutioneller Zwnges immer wieder Denkrume zu verschaffen und diese Zwnges durch die Kommunikation mit anderen bewusst und in ihren Zusammenhngen transparent werden zu lassen, kann zur Haltung und zur Gruppen- und Organisationskultur werden.</p>

<p>Bartholomew, Theodore T.; Gundel, Brittany E.; Sullivan, John W.; Pérez-Rojas, Andrés E.; Lockard, Allison J.</p>	<p>2019</p>	<p>Pretreatment counseling experiences, stressors, and support differences between transgender and cisgender university students seeking mental healthcare</p>	<p>Journal of clinical psychology</p>	<p>75</p>	<p>6</p>	<p>933–957</p>	<p>OBJECTIVES Our aim was to explore rates of prior counseling experiences as well as pretreatment stressors and supports among transgender university students seeking psychotherapy services in university counseling centers.</p> <p>METHODS We used regression models to explore relationships between gender identity and prior mental health experiences, risk-related experiences, traumatic experiences, and support among clients (cisgender: n = 162,305; transgender: n = 545) seeking treatment at 136 university counseling centers.</p> <p>RESULTS Results demonstrate more previous mental health service utilization and greater frequency of some prior stressors transgender clients. Findings indicate the odds of transgender clients reporting drug and alcohol concerns are lower than the reference group. Additionally, transgender clients report less familial support but more social support than cisgender clients.</p> <p>CONCLUSION We discuss the importance of these findings through a more holistic lens that recognizes both stressors as well as positive factors that may more accurately characterize the experiences of transgender clients.</p>
<p>Bartholomew, Theodore T.; Kang, Ellice; Joy, Eileen E.; Robbins, Krista A.; Maldonado-Aguiñiga, Sergio</p>	<p>2022</p>	<p>Clients' perceptions of the working alliance as a predictor of increases in positive affect</p>	<p>Journal of Psychotherapy Integration</p>	<p>32</p>	<p>3</p>	<p>310–325</p>	<p>The working alliance is routinely touted, and empirically supported, as a common factor and robust predictor of decreases in psychological distress. However, advances in more balanced, positively-oriented perspectives in psychotherapy have led to calls to conceptualize therapeutic success as both the decrease of distress and the increase of positive factors. One such positive characteristic that may be enhanced during</p>

							<p>psychotherapy is positive affect. Engendering positive affect has been considered a common process to psychotherapy but remains underexplored in relation to therapeutic processes common across. If the alliance is a robust predictor of decreases in distress, it may also predict increases in positive affect. To explore this hypothesis, we collected data for this naturalistic psychotherapy study from a doctoral training clinic. Participants (N = 102; 1,118 sessions) completed measures of positive affect, distress, and the alliance at every session. Using multilevel modeling, we disaggregated distress and alliance coefficients into within-participant and between-participants effects. Accounting for session number as a linear growth covariate, we found that increases in participants' perceptions of their alliance with their therapists significantly predicted increases in positive affect over the course of treatment. We confirmed the multilevel result using cross-lagged panel modeling via SEM, which indicated that increases in the alliance predict increases in positive affect. The alliance, though a meaningful predictor of distress reduction, is a common factor useful in predicting more than distress reduction alone. Implications for a more balanced conceptualization of outcome and applying positive psychology to psychotherapy are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Bartholomew, Theodore T.; Keum, Brian T.; Lockard, Allison J.; Pérez-Rojas, Andres E.;	2023	Measurement invariance and psychometric properties of the CCAPS-62 and -34 for	Journal of clinical psychology	79	5	1261–1279	<p>OBJECTIVES International students attending universities in the United States may encounter psychological distress related to their adjustment and experiences studying in a new context and seek services from university counseling centers. Many centers use the Counseling Center</p>

Robbins, Krista A.; Zhao, Fanghui		international student clients					<p>Assessment of Psychological Symptoms (CCAPS) to measure psychological distress in college counseling centers. However, this scale has not been tested for measurement invariance with international students. Our purpose was to explore the measurement invariance of the CCAPS-62 and -34 for international students.</p> <p>METHODS</p> <p>We tested measurement invariance for both versions of the scale using data from over 107,000 university students in psychotherapy at university counseling centers. We also examined construct validity and internal consistency.</p> <p>RESULTS</p> <p>Invariance testing indicated the measurement models of the CCAPS-62 and -34 are equivalent between both groups.</p> <p>CONCLUSION</p> <p>These findings are discussed in light of utilizing this widely-used scale in United States university/college counseling centers with international student clients.</p>
Bartholomew, Theodore T.; Pérez-Rojas, Andres E.; Lockard, Allison J.; Joy, Eileen E.; Robbins, Krista A.; Kang, Ellice; Maldonado-Aguiñiga, Sergio	2021	Therapists' cultural comfort and clients' distress: An initial exploration	Psychotherapy	58	2	275–281	<p>The extent to which therapists are comfortable discussing clients' cultural identities in psychotherapy has been considered a valuable component of how therapists integrate clients' cultures into treatment. Cultural comfort specifically reflects a therapist's way of being at ease, relaxed, and open when discussing clients' cultural identities in treatment. Some initial research has demonstrated the relationships between cultural comfort and clinical outcomes, yet this work has relied largely on cross-sectional designs. The purpose of this preliminary study was to use longitudinal psychotherapy data to explore the relationships between clients' perceptions of their therapists' cultural comfort and clients' distress over</p>

						the course of psychotherapy. Data were collected from 48 clients who attended 476 sessions in a doctoral training clinic. Multilevel modeling was used to account for the nested nature of the data. Results showed that, when session number was held constant, within-client increases in their perceptions of their therapists' cultural comfort were predictive of decreases in psychological distress. We discuss these findings in light of the multicultural orientation literature and with respect to the implications for therapists striving to be comfortable with culture in sessions. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Bartnicka-Michalska, Aneta; Oleś, Piotr K.	2022	Do interpreting artists follow the way of self-actualization?	The Humanistic Psychologist	50	4	The purpose of this article was to explore how self-concept functions in connection to motivation and well-being in artists. Specifically, we looked for such people who follow the path of self-actualization. In this article, we introduce unique nomothetic data supporting—as we argue—the existence of Rogerian self-concept in a group of interpretive artists (dancers, musicians, and singers). In a larger study focused on motivation and well-being in artists (n = 132), using k-means cluster analysis, we found a small subgroup of artists (11%) characterized by high well-being, motivation, and strength of volition accompanied by low self-concept clarity, whereas in a much larger group, and according to published results, self-concept clarity corresponds with well-being and adaptive functioning. As we argue, there are two ways of optimal psychological functioning in artists: one based on clear self-concept and another on conceptually unclear but phenomenologically obvious self-concept—Rogerian—and both connected with high well-being, motivation, and strength of volition. According to Rogers' phenomenological theory, self-concept is by definition

							flexible, which implies that low self-concept clarity is a result of the process of experience. Interpretive artists from a given group could identify themselves with their self-actualizing artistic activity and experience their selves in terms of an ongoing process; thus, they did not formulate a stable and coherent self-concept. Our reasoning is based on questionnaire data. Thus, further research should combine qualitative and quantitative data on artists' psychological functioning. (PsychInfo Database Record (c) 2022 APA, all rights reserved)
Baruah, Upasana; Varghese, Mathew; Loganathan, Santosh; Mehta, Kala M.; Gallagher-Thompson, Dolores; Zandi, Diana; Dua, Tarun; Pot, Anne Margriet	2021	Feasibility and preliminary effectiveness of an online training and support program for caregivers of people with dementia in India: A randomized controlled trial	International journal of geriatric psychiatry	36	4	606–617	Objectives: Internet-based interventions involving elements of cognitive behavior therapy, psychoeducation, relaxation and skills training for caregivers of people with dementia have been found to be promising in Western countries. Given these outcomes, the adapted version of a multi-component online caregiver skills training and support program of the World Health Organization, called iSupport, was tested for feasibility and preliminary effectiveness in India. Methods: One hundred fifty-one caregivers of family members with a diagnosis of Alzheimer's disease or dementia were randomized to either the intervention arm (iSupport; n = 74) or to the control group (an education-only e-book program; n = 77). Participants were assessed using self-rated measures of depression and perceived burden, which were the primary outcome measures, at baseline and 3-month follow-up. Person-centered attitude, self-efficacy, mastery and self-rated health were also assessed. Results: Fifty-five caregivers (29 in the iSupport group and 26 in the control condition) completed the study. The recruitment and retention rate of the study were 44.67% and 36.42% respectively. No significant differences were found between the two groups at 3-month follow-up on

						<p>the primary outcomes. Among the secondary outcomes, significant improvement was only seen in caregivers' person-centered attitude towards persons with dementia in the iSupport group ($t = 2.228$; $p < 0.05$). Conclusions: Despite efforts to recruit and retain participants to the online program, this study had a low recruitment and retention rate, which require closer attention and indicates a need for further adaptations of the Indian version of the iSupport program to improve its acceptability and accessibility. The lessons learned from this study will guide the further development of caregiver training and support interventions in India. The trial was registered with the Clinical Trials Registry-India (Trial Registration No. CTRI/2017/02/007876).</p>
Baruch, Rachel Levine; Annunziato, Rachel A.		Outcomes of combined treatment: Evaluating split versus integrated treatment for depression	Professional Psychology: Research and Practice	48	5	<p>As combined medication and psychotherapy is increasingly recommended and provided for patients with depression, clinicians frequently choose between integrated or split treatment delivery with little empirical evidence upon which to base these decisions. The purpose of the current study was to compare outcomes (satisfaction and adherence) between split and integrated treatment for patients with depression. Utilizing a cross-sectional design, 120 adults with major depressive disorder currently receiving combined treatment (60 integrated and 60 split) were recruited on Amazon.com's Mechanical Turk and at Fordham University. Participants were asked to complete measures of satisfaction, adherence, as well as predictors of these variables including preference strength, attachment, symptom severity, and alliance. Importantly, this study did not find overall significant differences in satisfaction or adherence between participants in split and integrated treatment. The results indicated that therapeutic alliance and</p>

							<p>preference strength predicted satisfaction regardless of treatment model, while secure attachment style predicted medication adherence. This study affirms the current practice trends toward split treatment as working equally well for most patients, and supports. Furthermore, findings highlight the person-centered movement's emphasis on therapeutic alliance, and nondiagnostic patient characteristics, in contributing to overall outcome. Therefore, clinicians are encouraged to consider matching patients based on projected alliance and current preference when making such treatment referrals for split or integrated treatment. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Basch, Molly C.; Faria, Felipe; Janicke, David M.	2021	Assessing the impact of weight status on pediatric decision-making and medical student awareness of its influence	Stigma and Health		23 76- 69 64(Ele ctr oni c), 23 76- 69 72(Pri nt)	397-407	<p>The objective was to investigate the influence of pediatric patient and mother weight status on assessment/treatment decisions of medical students, as well as student reaction to feedback about differential weight-based decision-making. Medical students (n = 120) viewed vignette scenes of a static virtual human pediatric patient presenting to a physician with back pain, accompanied by her mother. Cues of patient and mother weight (healthy, obesity) were manipulated across scenes. Participants provided ratings on likelihood to recommend pain assessment/treatment and perceptions about the dyad. Real-time individual-level analyses determined the influence of weight cues on decisions. Participants were informed about cue influence. Results show that 60% of participants were influenced by weight cues to make decisions, particularly when considering ordering imaging and physical therapy/psychology referrals. Patient obesity was equated with a higher likelihood to refer. Twenty-five percent of participants were influenced by weight cues when forming</p>

							perceptions; patient and mother obesity was equated with lower anticipated treatment adherence and higher need for follow-up care. Participant awareness of weight cue influence was high and interest in participating in an obesity-related training was moderate. Results suggest that the weight status of pediatric patients and their mothers play a considerable role in medical students' pain-related decision-making. Such patterns in decision-making can be appropriate and contribute to necessary differences in care. They can also be inappropriate, such as inferring adherence based on weight status, and have harmful effects. This underscores need for evidence-based research at the intersection of pediatric obesity and pain and medical education in obesity. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Basto, Isabel Morais; Stiles, William B.; Rijo, Daniel; Salgado, João	2018	Does assimilation of problematic experiences predict a decrease in symptom intensity?	Clinical psychology & psychotherapy	25	1	76–84	<p>UNLABELLED</p> <p>The assimilation model describes therapeutic change as an integration of experiences that had previously been problematic, distressing, avoided, or warded off. This study assessed whether assimilation was associated with treatment outcome in a sample of psychotherapeutic treatments for depression. Further, it assessed the direction of the association-whether increasing assimilation predicted decreases in symptom intensity or decreasing symptom intensity predicted increases in assimilation.</p> <p>METHOD</p> <p>Participants were 22 clients with mild to moderate depression drawn from a clinical trial comparing cognitive behavioral therapy with emotion-focused therapy. The direction of prediction between assimilation progress and changes in self-reported symptom intensity was assessed.</p>

							<p>RESULTS</p> <p>The assimilation progress was shown to be a better predictor of decreases in symptom intensity than the reverse.</p> <p>CONCLUSION</p> <p>The results supported the assimilation model's suggestion that assimilation progress promotes decreases in symptom intensity in the treatment of clients with major depressive disorder.</p>
Batista, João; Silva, Joana; Magalhães, Carina; Ferreira, Helena; Fernández-Navarro, Pablo; Gonçalves, Miguel M.	2020	Studying psychotherapy change in narrative terms: The innovative moments method	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	3	442-448	
Battle, Jordi de; Benítez, Ivan D.; Moncusí-Moix, Anna; Androustos, Odysseas; Angles Barbastro, Rosana; Antonini, Alessio; Arana, Eunat; Cabrera-Umpierrez, Maria Fernanda;	2023	GATEKEEPER's Strategy for the Multinational Large-Scale Piloting of an eHealth Platform: Tutorial on How to Identify Relevant Settings and Use Cases	Journal of medical Internet research	25		e42187	<p>BACKGROUND: The World Health Organization's strategy toward healthy aging fosters person-centered integrated care sustained by eHealth systems. However, there is a need for standardized frameworks or platforms accommodating and interconnecting multiple of these systems while ensuring secure, relevant, fair, trust-based data sharing and use. The H2020 project GATEKEEPER aims to implement and test an open-source, European, standard-based, interoperable, and secure framework serving broad populations of aging citizens with heterogeneous health needs. OBJECTIVE: We aim to describe the rationale for the selection of an optimal group of settings for the multinational large-scale piloting of the GATEKEEPER platform. METHODS: The selection of implementation sites and reference use cases (RUCs)</p>

<p>Cea, Gloria; Dafoulas, George E.; Folkvord, Frans; Fullaondo, Ane; Giuliani, Francesco; Huang, Hsiao- Ling; Innominato, Pasquale F.; Kardas, Przemyslaw; Lou, Vivian W. Q.; Manios, Yannis; Matsangidou, Maria; Mercalli, Franco; Mokhtari, Mounir; Pagliara, Silvio; Schellong, Julia; Stieler, Lisa; Votis, Konstantinos; Currás, Paula; Arredondo, Maria Teresa; Posada, Jorge; Guillén, Sergio; Pecchia, Leandro; Barbé,</p>																<p>was based on the adoption of a double stratification pyramid reflecting the overall health of target populations and the intensity of proposed interventions; the identification of a principles guiding implementation site selection; and the elaboration of guidelines for RUC selection, ensuring clinical relevance and scientific excellence while covering the whole spectrum of citizen complexities and intervention intensities. RESULTS: Seven European countries were selected, covering Europe's geographical and socioeconomic heterogeneity: Cyprus, Germany, Greece, Italy, Poland, Spain, and the United Kingdom. These were complemented by the following 3 Asian pilots: Hong Kong, Singapore, and Taiwan. Implementation sites consisted of local ecosystems, including health care organizations and partners from industry, civil society, academia, and government, prioritizing the highly rated European Innovation Partnership on Active and Healthy Aging reference sites. RUCs covered the whole spectrum of chronic diseases, citizen complexities, and intervention intensities while privileging clinical relevance and scientific rigor. These included lifestyle-related early detection and interventions, using artificial intelligence-based digital coaches to promote healthy lifestyle and delay the onset or worsening of chronic diseases in healthy citizens; chronic obstructive pulmonary disease and heart failure decompensations management, proposing integrated care management based on advanced wearable monitoring and machine learning (ML) to predict decompensations; management of glycemic status in diabetes mellitus, based on beat to beat monitoring and short-term ML-based prediction of glycemic dynamics; treatment decision support systems</p>
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Ferran; Torres, Gerard; Fico, Giuseppe							for Parkinson disease, continuously monitoring motor and nonmotor complications to trigger enhanced treatment strategies; primary and secondary stroke prevention, using a coaching app and educational simulations with virtual and augmented reality; management of multimorbid older patients or patients with cancer, exploring novel chronic care models based on digital coaching, and advanced monitoring and ML; high blood pressure management, with ML-based predictions based on different intensities of monitoring through self-managed apps; and COVID-19 management, with integrated management tools limiting physical contact among actors. CONCLUSIONS: This paper provides a methodology for selecting adequate settings for the large-scale piloting of eHealth frameworks and exemplifies with the decisions taken in GATEKEEPER the current views of the WHO and European Commission while moving forward toward a European Data Space.
Baucom, Donald H.; Kirby, Jennifer S.; Fischer, Melanie S.; Baucom, Brian R.; Hamer, Robert; Bulik, Cynthia M.	2017	Findings from a couple-based open trial for adult anorexia nervosa	Journal of Family Psychology	31	5	584–591	Adult anorexia nervosa (AN) often is persistent, significantly erodes quality of life for both the patient and loved ones, and carries high medical and psychiatric comorbidity. Whereas individual psychotherapy for adult AN leads to improvement in some patients, recent findings indicate that the magnitude of improvement is limited: Only a small percentage of individuals fully recover and dropout rates are high. Thus, it is important to build upon current interventions to improve treatment response. We present results from an open trial of a couple-based intervention for adult anorexia nervosa as an adjunct treatment to standard multidisciplinary care. Twenty couples received treatment over approximately 26 weeks, including a couple-based intervention, individual CBT sessions, psychiatry visits for medication

							management, and nutritional counseling sessions. The results indicate that patients improved at posttest and 3-month follow-up on a variety of AN-related measures, anxiety and depression, and relationship adjustment. Partners also improved on anxiety, depression, and relationship adjustment. In an exploratory analysis, the multicomponent couple treatment intervention was benchmarked to well-conducted randomized controlled trials of individual therapy for AN; the couple intervention seems to compare favorably on AN-related measures and was associated with a lower dropout rate. In spite of methodological limitations, the findings suggest that including partners in the treatment of adult AN holds potential for bolstering treatment outcomes. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Bauer, Amy M.; Jakupcak, Matthew; Hawrilenko, Matt; Bechtel, Jared; Arao, Rob; Fortney, John C.	2021	Outcomes of a health informatics technology-supported behavioral activation training for care managers in a collaborative care program	Families, Systems, & Health	39	1	89–100	Introduction: Health informatics-supported strategies for training and ongoing support may aid the delivery of evidence-based psychotherapies. The objective of this study was to describe the development, implementation, and practice outcomes of a scalable health informatics-supported training program for behavioral activation for patients who screened positive for posttraumatic stress disorder and/or bipolar disorder. Method: We trained 34 care managers in 12 rural health centers. They used a registry checklist to document the delivery of 10 behavioral activation skills for 4,632 sessions with 455 patients. Care managers received performance feedback based on registry data. Using encounter-level data reported by care managers, we described the implementation outcomes of patient reach and care manager skill adoption. We used cross-classified multilevel modeling to explore variation in skill delivery accounting for patient characteristics, provider

							<p>characteristics, and change over time. Results: Care managers engaged 88% of patients in behavioral activation and completed a minimum course for 57%. The average patient received 5.9 skills during treatment, with substantial variation driven more by providers (63%) than patients (29%). Care managers significantly increased the range of skills offered to patients over time. Discussion: The registry-based checklist was a feasible training and support tool for community-based providers to deliver behavioral activation. Providers received data-driven performance feedback and demonstrated skill improvement over time, promoting sustainment. Future research will examine patient-level outcomes. Results underscore the potential public health impact of a simple registry-based skills checklist coupled with a scalable remote training program for evidence-based psychotherapy. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
Baulig, Volkmar	2016	Gestalttherapeutische Arbeit mit Jugendlichen	Gestalttherapie	30	2	58–73	<p>Ein Überblick zur gestalttherapeutischen Arbeit mit Jugendlichen wird gegeben. Die Phase der Jugend ist durch Umbruch, Unsicherheit und Labilität gekennzeichnet. Gestalttherapie stellt durch die inkludierte Wachstumsvorstellung, die Hier-und-Jetzt-Orientierung und durch die Klientenzentrierung eine Chance dar, Jugendliche dosiert anzusprechen. Doch in der gestalttherapeutischen Diskussion spielt die Gestalttherapie mit Jugendlichen nur eine passagere Rolle. Daher werden erfahrungsorientierte Jugendphasen dargestellt und es wird versucht, phasenorientiert Themen und Zugangsformen für die gestalttherapeutische Arbeit zuzuordnen. Ferner werden konkrete Beispiele gestalttherapeutischer Arbeit mit Jugendlichen dargestellt.</p>

Baumann, Margarete	2022	Sexualisierte Gewalt: Die Mehrfachbelastung von Betroffenen und die Gefahr der Retraumatisierung. Bericht aus der Praxis einer personzentrierten Gesprächs- und Focusing-Therapie	Gesprächspsychotherapie und Personzentrierte Beratung	53	2	5-13	Auf der Basis von 35 Jahren personzentrierter Arbeit mit Betroffenen sexualisierter Gewalt stellt die Autorin die besondere Situation ihrer Klientinnen und Klienten dar. Der Fokus liegt auf der Mehrfachbelastung sowie den Gefahren der Retraumatisierung in Familie, Gesellschaft und Gesundheitssystem. Im Artikel wird des Weiteren die Frage gestellt, welche Unterstützung für Betroffene wirklich hilfreich sein kann. Die Autorin beschreibt allgemeine Merkmale der von ihr begleiteten therapeutischen Langzeitprozesse und benennt speziell für diese Personengruppe förderliche therapeutische Haltungen und Interventionen.
Baumgartner, Christian; Bilevicius, Elena; Khazaal, Yasser; Achab, Sophia; Schaaf, Susanne; Wenger, Andreas; Haug, Severin; Keough, Matthew; Hodgins, David; Schaub, Michael P.	2019	Efficacy of a web-based self-help tool to reduce problem gambling in Switzerland: study protocol of a two-armed randomised controlled trial	BMJ open	9	12	e032110	INTRODUCTION: The past-year prevalence of problem gambling worldwide averages 2.3%. Switzerland exhibits a slightly lower past-year prevalence rate, of 1.1%, among adults. Only a minority of these adults attend outpatient treatment. Surveyed problem gamblers have explained that they wanted to handle the problem on their own. The option of a web-based self-help programme could potentially reach those users who hesitate to approach treatment centres and help them to reduce or stop their problem gambling. The effectiveness of such web-based interventions has been shown in other countries. METHODS AND ANALYSIS: This two-armed randomised controlled trial (RCT) will examine the efficacy of a web-based self-help intervention, relative to an active control condition with a self-help manual, at reducing problem gambling. The active intervention programme, spanning 8 weeks, consists of nine modules developed to reduce gambling and attenuate psychopathological comorbidity, including depression, anxiety and stress-related disorder symptoms, relying on motivational interviewing and

							<p>cognitive behavioural therapy. With a target sample size of 352, questionnaire data will be collected at baseline, and at 8 and 24 weeks after baseline. Primary outcomes will be the number of days one has gambled in the last 30 days. Secondary outcomes will include money and time spent on gambling activities, changes in gambling-related problems (Problem Gambling Severity Index, Gambling Symptom Assessment Scale), use of alcohol and cigarettes, and psychopathological comorbidity. All data analysis will comply with the intention-to-treat principle. ETHICS AND DISSEMINATION: The RCT will be conducted in accordance with the Declaration of Helsinki; the consort eHealth Guidelines for studies on medical devices; the European Directive on medical devices 93/42/EEC, Swiss Law and Swiss Regulatory Authority requirements. The study was approved by the ethics committee of the Canton of Zurich. Results will be published in a scientific peer-reviewed journal. Participants will be informed via e-mail about study results via a lay-person-friendly summary of trial findings. TRIAL REGISTRATION NUMBER: Current Controlled Trials registry (ISRCTN16339434).</p>
Baykan, Hayriye; Can, Merve Şahin	2023	Dysfunctional Metacognitive Beliefs, Experiential Avoidance, and Behavioral Inhibition System in Depressive Disorder	Alpha psychiatry	24	4	167–173	<p>BACKGROUND: Dysfunctional metacognitive beliefs form the basis of the formation and maintenance of psychopathologies. In our study, we planned to examine the common aspects of the concepts of dysfunctional metacognition, experiential avoidance, and behavioral inhibition system in depressed patients compared to healthy individuals and their effects on each other. METHODS: Fifty-five depressed patients and as a control group 54 healthy volunteers participated in the study. Beck Depression Inventory, Beck Anxiety Inventory, Metacognitions Questionnaire 30, Acceptance and Action</p>

						<p>Questionnaire II, and Behavioral Inhibition and Behavioral Activation Scale were used in the study. RESULTS: Median (minimum-maximum) Acceptance and Action Questionnaire II score was 9 (7-35) points in the control group and 30 (9-46) points in the depressed patient group ($P < .001$). A statistically significant difference between the groups was observed only in the Behavioral Activation Scale-reward responsiveness subscale, with 20 (14-30) points in the control group and 23 (13-36) points in the patient group. A statistically significant difference was observed between the groups in all Metacognitions Questionnaire 30 subscale scores ($P < .001$). A statistically significant positive correlation was found between depression scores and experiential avoidance ($r = 0.751$; $P < .001$), reward responsiveness ($r = 0.329$; $P < .001$) and metacognition subscale scores. In addition, a positive correlation was found between experiential avoidance and metacognition subscale scores ($P < .001$). CONCLUSION: The data we obtained support the fact that as the severity of depression increases, the patients more strongly stick to dysfunctional metacognitive beliefs, exert more frequently experiential avoidance and less often impulsive behaviors. Considering these clinical features may contribute favorably to the individualized psychotherapy process.</p>
Bcker, Julia	2018	Emotionsfokussierte Therapie				<p>Im Rahmen der Reihe "Therapeutische Skills kompakt" wird eine fundierte und praxisnahe Einföhrung in die Emotionsfokussierte Therapie (EFT) gegeben. Fr die EFT sind Emotionen zentraler Bezugspunkt fr therapeutische Ziele und Interventionen. Eingebettet in die therapeutische Beziehung werden Klienten untersttzt, sich ihrem schmerzhaften emotionalen Erleben bewusst und akzeptierend zuzuwenden, dieses zum Ausdruck zu</p>

							<p>bringen und zu reflektieren. So bekommen sie Zugang zu wichtigen Bedürfnissen, Handlungsimpulsen und adaptiven Emotionen, die ein Motor für erforderliche Veränderungen sind. Die für das praktische Vorgehen relevanten Grundlagen und Konzepte werden vermittelt. Fallbeispiele und Praxistipps erleichtern das Verständnis für die zentralen Interventionsprinzipien und therapeutischen Aufgaben wie Stuhl-Dialoge oder systematisches evokatives Erschließen, die diagnosebergreifend angewendet werden können. - Inhalt: (A) Theoretische Grundlagen der Emotionsfokussierten Therapie. (1) Historische Wurzeln und Grundkonzepte der EFT. (2) Neuroaffektive Grundlagen. (3) Theorie über die menschliche Funktionsweise. (4) Emotionen im Prozess der Therapie. (5) Die emotionalen Verarbeitungsprozesse der Klienten. (6) Therapeutische Fertigkeiten und Prinzipien. (7) Die therapeutische Allianz. (8) Eine zusammenfassende Darstellung: Therapeuten als stellvertretende Informationsverarbeiter. - (B) Praktische Grundlagen der emotionsfokussierten Therapie. (9) Der therapeutische Prozess. (10) Dialogische Interventionen. (11) Die Arbeit mit Stuhl-Dialogen. (12) Rationale. (13) Indikation und Kontraindikation. (14) Forschung.</p>
Beato-Fernandez, Luis; Muñoz-Martinez, Victoria; Mata-Saenz, Beatriz; Gimeno-Clemente, Natalia; Rojo-Moreno, Luis;	2020	Attitudes towards change mediate the effect of dissociation on psychological outcome in the treatment of eating disorders	European eating disorders review : the journal of the Eating Disorders Association	28	6	724–738	<p>Abstract Objectives The study aimed to examine whether dissociation and attitudes towards change were associated with the psychopathology in patients with eating disorders (EDs) at 1-year follow-up. Method The study included 110 females with anorexia nervosa and bulimia nervosa (48 and 62 respectively). At the beginning of the study and 1 year later, they were assessed by means of the following questionnaires: Dissociative Experiences Scale, Attitudes Towards Change (ACTA), State-Trait Anxiety Inventory, Rosenberg Self-Esteem</p>

Vaz-Leal, Francisco J.; Rodriguez-Cano, Teresa							Scale, Beck Depression Inventory, Eating Attitude Test, Bulimic Investigatory Test Edinburgh and Body Shape Questionnaire (BSQ). Results No statistically significant differences were found between both diagnostic groups regarding dissociation scores. The ACTA at baseline, specifically for patients in the contemplation stage, mediate the effect of dissociation on the psychopathological outcome. Discussion These findings suggest that dissociation might be a transdiagnostic feature related to the EDs outcome. The psychotherapeutic framework must take it into account, particularly in patients in the contemplation stage.
Beblo, Thomas; Pelster, Sarah; Schilling, Christine; Kleinke, Kristian; Iffland, Benjamin; Driessen, Martin; Fernando, Silvia	2018	Breath versus emotions: The impact of different foci of attention during mindfulness meditation on the experience of negative and positive emotions	Behavior therapy	49	5	702-714	Investigated the immediate and delayed effects of breathing meditation, emotion-focused meditation, and a passive viewing control condition on the processing of negative emotions. 65 adult novice meditators (aged 18-62 years) viewed positively or negatively valenced video clips while focusing on breathing, emotion, or in a passive viewing control condition. Results indicate that breathing meditation and emotion-focused meditation may constitute effective emotion regulation strategies to improve the emotional response to negatively valenced stimuli. The effects of both mindfulness meditations appeared to be similar with few advantages for the breathing meditation. Thus, both meditations may contribute to beneficial effects of mindfulness-based therapy programs such as MBSR. Future studies to investigate the effects of mindfulness on more intense emotional states to verify whether clinicians should make breathing meditation and/or emotion-focused meditation available to patients in emotional challenging situations were suggested.

<p>Becker, Laura; Mallien, Anne S.; Pfeiffer, Natascha; Brandwein, Christiane; Talbot, Steven R.; Bleich, André; Palme, Rupert; Potschka, Heidrun; Gass, Peter</p>	<p>2023</p>	<p>Evidence-based severity assessment of the forced swim test in the rat</p>	<p>PloS one</p>	<p>18</p>	<p>10</p>	<p>e029281 6</p>	<p>The forced swim test (FST) is a traditional assay, which has been used for more than 40 years to assess antidepressant effects of novel drug candidates. In recent years, a debate about the test has focused on the assumption that the FST is highly aversive and burdening for the animals because of the earlier anthropomorphic interpretation and designation as a "behavioral despair test". The Directive 2010/63/EU and the German Animal Welfare law require a prospective severity classification of the planned experimental procedures. Still, an objective examination of the animals' burden in this test has not been performed yet. To fill this gap, we conducted an evidence-based severity assessment of the forced swim test in rats according to a 'standard protocol' with a water temperature of 25°C. We examined parameters representing the physiological and the affective state, and natural as well as locomotion-associated behaviors in three separate experiments to reflect as many dimensions as possible of the animal's condition in the test. Hypothermia was the only effect observed in all animals exposed to the FST when using this standard protocol. Additional adverse effects on body weight, food consumption, and fecal corticosterone metabolite concentrations occurred in response to administration of the antidepressant imipramine, which is frequently used as positive control when testing for antidepressant effects of new substances. We conclude that this version of the FST itself is less severe for the animals than assumed, and we suggest a severity classification of 'moderate' because of the acute and short-lasting effects of hypothermia. To refine the FST according to the 3Rs, we encourage confirming the predictive validity in warmer</p>
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						water temperatures to allow the rats to maintain physiological body temperature.
Becker, Sara J.; Helseth, Sarah A.; Frank, Hannah E.; Escobar, Katherine I.; Weeks, Brittany J.	2018	Parent preferences and experiences with psychological treatment: Results from a direct-to-consumer survey using the marketing mix framework	Professional Psychology: Research and Practice	49	2	Direct-to-consumer (DTC) marketing strategies represent an increasingly popular approach to promote patient awareness of psychological treatments (PTs). The Marketing Mix is a well-established framework used to inform marketing decisions consisting of four “P’s”: Product (or Service), Promotion, Place, and Price. We conducted the first DTC marketing survey using the Marketing Mix framework to explore how parents concerned about their adolescents’ behavioral health receive information about PTs. A sample of 411 parents (51% girls, 82% non-Hispanic White) of 12- to 19-year-old adolescents completed an online survey asking how they would prefer to receive information about PTs, including five questions spanning the Promotion, Price, and Place dimensions of the Marketing Mix. A subsample of 158 parents also reported on how they had received PT information during their adolescent’s most recent therapy experience, allowing us to compare ideal versus actual therapy experiences. We explored the extent to which experiences varied as a function of parent race/ethnicity, income per capita, parent education level, and adolescent treatment history. Bivariate analyses and multivariate logistic regressions were used to examine which of these variables were associated with parents’ responses to specific survey items. Analyses revealed that parent preferences varied as a function of income per capita, education level, and history of treatment. In addition, there were significant gaps between parents’ ideal and most recent therapy experiences. Implications for the marketing of PTs are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Becker, Sara J.; Midoun, Miriam M.; Zeithaml, Valarie A.; Clark, Melissa A.; Spirito, Anthony	2016	Dimensions of treatment quality most valued by adolescent substance users and their caregivers	Professional Psychology: Research and Practice	47	2	120-129	Professional psychologists are increasingly encouraged to document and evaluate the quality of the treatment they provide. However, there is a significant gap in knowledge about the extent to which extant definitions of treatment quality converge with patient perceptions. The primary goal of this study was to examine how adolescent substance users (ASU) and their caregivers perceive treatment quality. The secondary goal was to determine how these perceptions align with expert-derived definitions of ASU treatment quality and dimensions of perceived quality used frequently in other service disciplines. Focus groups and individual interviews were conducted with 24 ASU and 29 caregivers to explore how participants conceptualize a quality treatment experience. Content analysis identified 3 major dimensions of perceived treatment quality, each of which contained 3 subdimensions: therapeutic relationship (i.e., acceptance, caring, connection), provider characteristics (i.e., experience, communication skills, accessibility), and treatment approach (i.e., integrated care, use of structure, and parent involvement). Results revealed modest convergence between patient perceptions and existing definitions of quality, with several meaningful discrepancies. Most notably, the therapeutic relationship was the most important dimension to ASU and their caregivers, while expert-derived definitions emphasized the treatment approach. Implications for practicing psychologists to enhance training and supervision, quality improvement, and health education initiatives are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Becker-Stoll, Fabienne	2018	Bindung, Lsung und Abbruch	Gesprchspsych otherapie und	49	3	127-131	Basierend auf einem Vortrag im Rahmen des GwG- Jahreskongresses 2018 werden Bindungserfahrungen als

			Personzentrierte Beratung			zentrale Faktoren für eine gelingende Entwicklung charakterisiert und Implikationen für die psychotherapeutische Arbeit abgeleitet. Anhand von Bowlbys Bindungstheorie wird dargelegt, welchen entscheidenden Einfluss frühe Bindungserfahrungen und daraus entstandene interne Arbeitsmodelle auf die Beziehungsgestaltung über die gesamte Lebensspanne haben. Daran anknüpfend wird aufgezeigt, wie der erworbene Bindungsstil den Umgang mit Trennung und Verlust von Bindungspersonen prägt. Schließlich wird die Beziehung zwischen Therapeut und Klient aus bindungstheoretischer Sicht beleuchtet. Hierbei wird dargelegt, wie die Aspekte Bindung und Lösung in der therapeutischen Beziehung gestaltet werden können, um Klienten in Phasen von Lösung, Beziehungsabbruch und Verlusten gut begleiten zu können.
Bedford, Shannon; Repa, Lily; Renouf, Alysha	2020	Supervision in interprofessionaler education: Benefits, challenges, and lessons learned	Journal of Psychotherapy Integration	30	1	As interprofessional teamwork and collaboration in health care becomes a larger component of a psychologist's role, there is a growing need for training and supervision in this competency area. The interprofessional education (IPE) at Memorial University of Newfoundland provides psychology doctoral students with didactic and experiential training in collaborative practice supervised by a practitioner from another discipline. The cross-disciplinary supervision provided in IPE is associated with a unique supervisory experience, in which supervision of the interprofessional competency occurs in a group with students from other disciplines, and the supervisor-supervisee relationship is less clearly defined as compared with typical psychologist-trainee supervision. In this paper, three doctoral students involved in the Memorial IPE training will discuss their experiences with supervision in IPE, highlighting benefits

							and challenges of cross-disciplinary supervision, and applications of the IPE training in a clinical setting. While there are a number of differences and challenges associated with the supervision received by the three students in IPE, this training has been found to be useful preparation for working on interprofessional teams and gaining insight and appreciation into the roles of various professionals on health care teams. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Befort, Christie A.; VanWormer, Jeffrey J.; Desouza, Cyrus; Ellerbeck, Edward F.; Gajewski, Byron; Kimminau, Kim S.; Greiner, K. Allen; Perri, Michael G.; Brown, Alexandra R.; Pathak, Ram D.; Huang, Terry T-K; Eiland, Leslie; Drincic, Andjela	2021	Effect of Behavioral Therapy With In-Clinic or Telephone Group Visits vs In-Clinic Individual Visits on Weight Loss Among Patients With Obesity in Rural Clinical Practice: A Randomized Clinical Trial	JAMA	325	4	363-372	<p>IMPORTANCE Rural populations have a higher prevalence of obesity and poor access to weight loss programs. Effective models for treating obesity in rural clinical practice are needed.</p> <p>OBJECTIVE To compare the Medicare Intensive Behavioral Therapy for Obesity fee-for-service model with 2 alternatives: in-clinic group visits based on a patient-centered medical home model and telephone-based group visits based on a disease management model.</p> <p>DESIGN, SETTING, AND PARTICIPANTS Cluster randomized trial conducted in 36 primary care practices in the rural Midwestern US. Inclusion criteria included age 20 to 75 years and body mass index of 30 to 45. Participants were enrolled from February 2016 to October 2017. Final follow-up occurred in December 2019.</p> <p>INTERVENTIONS All participants received a lifestyle intervention focused on diet, physical activity, and behavior change strategies. In the fee-for-service intervention (n = 473), practice-employed clinicians provided 15-minute in-clinic individual visits at a frequency similar to that reimbursed by Medicare (weekly for 1 month, biweekly for 5 months,</p>

						<p>and monthly thereafter). In the in-clinic group intervention (n = 468), practice-employed clinicians delivered group visits that were weekly for 3 months, biweekly for 3 months, and monthly thereafter. In the telephone group intervention (n = 466), patients received the same intervention as the in-clinic group intervention, but sessions were delivered remotely via conference calls by centralized staff.</p> <p>MAIN OUTCOMES AND MEASURES</p> <p>The primary outcome was weight change at 24 months. A minimum clinically important difference was defined as 2.75 kg.</p> <p>RESULTS</p> <p>Among 1407 participants (mean age, 54.7 [SD, 11.8] years; baseline body mass index, 36.7 [SD, 4.0]; 1081 [77%] women), 1220 (87%) completed the trial. Mean weight loss at 24 months was -4.4 kg (95% CI, -5.5 to -3.4 kg) in the in-clinic group intervention, -3.9 kg (95% CI, -5.0 to -2.9 kg) in the telephone group intervention, and -2.6 kg (95% CI, -3.6 to -1.5 kg) in the in-clinic individual intervention. Compared with the in-clinic individual intervention, the mean difference in weight change was -1.9 kg (97.5% CI, -3.5 to -0.2 kg; P = .01) for the in-clinic group intervention and -1.4 kg (97.5% CI, -3.0 to 0.3 kg; P = .06) for the telephone group intervention.</p> <p>CONCLUSIONS AND RELEVANCE</p> <p>Among patients with obesity in rural primary care clinics, in-clinic group visits but not telephone-based group visits, compared with in-clinic individual visits, resulted in statistically significantly greater weight loss at 24 months. However, the differences were small in magnitude and of uncertain clinical importance.</p>
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Behme- Matthiessen, Ulrike; Pletsch, Thomas; Scholz, Michael; Klappstein, Kerstin; Hofmann, Susann	2016	Praxis Familiengruppe. Materialien zur Multifamilienthe rapie				Materialien zur Multifamilienthherapie werden prsentiert. Die Eltern-Kind-Gruppentherapie ist ein multifamilienthapeutischer Ansatz, der Eltern und Kindern Begegnungsmglichkeiten erffnet, indem sie persnliche und familire Themen gemeinsam gestalterisch bearbeiten. Sie verbindet einen erfahrungsorientierten Ansatz mit der Vermittlung von Strategien, setzt dabei am Selbsthilfedanken an und frdert somit das Zutrauen in die eigenen Mglichkeiten. Die gemeinsame gestalterische Aktion erffnet die Mglichkeit, dass Eltern und Kinder sich positiv begegnen. Untersttzt von anderen Eltern und begleitet von den Therapeuten knnen neue Strategien erarbeitet und ausprobiert werden. Dabei dient die Gruppe als Ideengeber fr gegenseitige Anregungen. Vor diesem Hintergrund wird eine bersicht geboten ber alle Gruppenaktionen, die sich in der Eltern-Kind-Gruppentherapie bewhrt haben und das Handwerkszeug zur Durchfhrung eigener Gruppen bilden. Zur Illustration der Gruppenaktionen sind werden Beispiele angefhrt. - Inhalt: (1) Einleitung. (3) Tren ffnen: Die Arbeit mit Familiengruppen (Einfhrung; Mentalisieren; Resilienz und Salutogenese). (4) Strukturen und Kontexte (Eltern-Kind-Gruppentherapie; Vater-Kind-Gruppe; Arbeit mit Familiengruppen in der Schule). (5) Gruppenaktionen (Themen: Familie und Identitt; Strken und Ressourcen; Vergangenheit und Zukunft; Kooperation; Mentalisieren; Abschluss) (6) Forschungsbeitrge (Kerstin Klappstein: Frauen in der Multifamilienthherapie!; Susanne Hoffmann: Multifamilienthherapie. Eine qualitative Interviewstudie mit teilnehmenden Eltern zur Evaluation der ressourcenfrdernden Intervention). - Das Buch wurde fr

							die vorliegende Ausgabe bearbeitet und erweitert (Die erste Ausgabe erschien unter dem Titel "Rume, Trume, Grenzen - Materialien zur themenorientierten Eltern-Kind-Gruppentherapie").
Behn, Alex J.; Errázuriz, Paula A.; Cottin, Marianne; Fischer, Candice	2018	Change in symptomatic burden and life satisfaction during short- term psychotherapy: Focusing on the role of family income	Couns and Psychother Res (Counselling and Psychotherapy Research)	18	2	133-142	
Behr, Michael	2019	"The facts are always friendly" - Wirksamkeit Personzentriert- Experienzieller Psychotherapie und Beratung	Gesprchspsych otherapie und Personzentrierte Beratung	50	3	28-37	Es wird ein berblick ber Primrstudien sowie Metaanalysen zur Wirksamkeit der personenzentriert-experienziellen Psychotherapie im Vergleich zu anderen Psychotherapieerfahren gegeben. Sowohl vergleichende Primrstudien als auch groe Metaanalysen belegten hierbei, dass die groen Psychotherapieverfahren alle hnlich wirksam waren. Die personenzentriert-experienzielle Psychotherapie schnitt hnlich gut ab wie kognitiv-behaviorale Psychotherapie, vor allem wenn die Studien die Forscherzugehrigkeit statistisch bercksichtigten. Auch in benachbarten Anwendungsfeldern wie der Filialtherapie, dem Motivational Interviewing, dem Gordon-Training und insgesamt im schulisch-erzieherischen Feld belegten Metaanalysen die signifikante Wirksamkeit personenzentrierten Vorgehens. Limitierungen der metaanalytischen Methode, vor allem bei der Auswahl der eingeschlossenen Studien, fhrten in Einzelfllen aber zu fachlich unbegrndeten Artefakten.

Behr, Michael	2020	"The facts are always friendly". Wirksamkeit Personenzentriert- Experienzieller Psychotherapie und Beratung	Person	24	2	107-118	<p>Ein Überblick in Form eines qualitativen Reviews zu den Wirksamkeitsforschungen und vor allem Metaanalysen der personenzentrierten experienziellen Psychotherapie wird gegeben. Sowohl vergleichende Primärstudien als auch große Metaanalysen belegen, dass die großen Psychotherapieverfahren alle ähnlich wirksam sind. Insbesondere die Personenzentriert-Experienzielle Psychotherapie (PZEP) schneidet ähnlich gut ab wie Kognitiv-Behaviorale Psychotherapie (CBT), vor allem wenn die Studien die Forscher-Zugehörigkeit rechnerisch berücksichtigen. Dies zeigen auch viele Studien der Kinder- und Jugendlichenpsychotherapie. Personenzentriert-Experienzielles Arbeiten schneidet im Vergleich zu klassisch klientenzentriertem noch etwas günstiger ab. Qualitative Studien bestätigen die personenzentrierte Theorie über Klient*innenprozesse und relativieren den ausschließlichen Blick auf Symptome. Gleichwohl gibt es inzwischen so viele strungsspezifische personenzentrierte Wirksamkeitsstudien, dass auch Metaanalysen strungsspezifische Wirksamkeitsmaße angeben können. Auch in benachbarten Anwendungsfeldern wie der Filialtherapie, dem Motivational Interviewing, dem Gordon-Training und insgesamt im schulisch-erzieherischen Feld belegen Metaanalysen signifikante Wirksamkeit personenzentrierten Vorgehens. Empirische Psychotherapieforschung ist schon historisch mit Rogers und dem personenzentrierten Konzept untrennbar verbunden. Sein Bonmot "the facts are always friendly" weist ihn als unbestechlichen Forscher aus. Freundlich sehen auch die meisten CBT-Forschenden PZEP. Limitierungen der metaanalytischen Methode, vor allem bei der Auswahl der eingeschlossenen Studien, führen in</p>
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							Einzelfällen aber zu fachlich unbegründeten Artefakten, eine Methode sei berlegen.
Behr, Michael; Beutel, Helmuth	2021	Erinnerungen an Reinhard Tausch	Gesprächspsych otherapie und Personzentrierte Beratung	52	4	22–23	Am 6. November 2021 wurde Reinhard Tausch 100 Jahre alt geworden. Der GwG bleibt er als einer der einflussreichsten Vertreter des Personzentrierten Ansatzes in Erinnerung. Er war Mitbegründer des Verbandes und Wegbereiter der Gesprächspsychotherapie in Deutschland. Er starb am 8. August 2013. Zwei langjährige GwGler erinnern sich zurück.
Behr, Michael; Finke, Jobst; Gahleitner, Silke Birgitta	2016	Entwicklung ist Offenheit - Antworten an Jochen Eckert. Hat die Gesprächspsych otherapie/Person zentrierte Psychotherapie eine Zukunft? Eine Stellungnahme zu dem Beitrag von Behr, M., Finke J., Gahleitner, S. B. (2016). "Personzentriert sein - Sieben Herausforderun gen der Zukunft". PERSON 40 (1):	Person	20	2	101	Eine Antwort auf J. Eckerts kritische Sicht auf die Zukunft der Personzentrierten Psychotherapie (im gleichen Heft) in Deutschland wird vorgelegt. Nach einer Würdigung Eckerts Verdienste wird auf seine einzelnen Kritikpunkte eingegangen, die sich auf Begrifflichkeiten und Terminologie bezüglich Aktualisierungstendenz, Therapietechnik, Kongruenz und Echtheit, sowie das Ausbleiben empirischer Studien, fehlende Zitationen und die deutsche gesundheitspolitische Situation beziehen.

		14-30 - im gleichen Heft					
Behr, Michael; Finke, Jobst; Gahleitner, Silke Birgitta	2016	Personzentriert sein - Sieben Herausforderungen der Zukunft. 20 Jahre PERSON und 30 Jahre nach Rogers' Tod	Person	20	1	14-30	Berichtet wird über Potenziale, den Personzentrierten Ansatz konzeptionell weiterzuentwickeln. Unter stetem Bezug auf Carl Rogers und unter Einbezug aktueller Entwicklungen werden folgende Perspektiven vorgeschlagen: personzentriertes Denken mge (1) Konzepte von Strungen in personzentrierte Konstrukte integrieren und die Aktualisierungstendenz auch strungsspezifisch beschreiben; (2) das Bindungsbedrfnis neben der Selbstaktualisierung als gleichrangiges anthropologisches Bestimmungselement der Person sehen; (3) die Symbolisierung von Erfahrungen eher als ein Konstruieren denn als ein Aufdecken verstehen; (4) die Idee der Nicht-Direktivitt entradikalisieren; (5) die Bedeutung von Interventionstechniken neben den klientenzentrierten Kernbedingungen und Grundhaltungen strker profilieren; (6) die Strungs- und Vernderungstheorie ber das klassische Inkongruenzmodell hinaus weiterentwickeln; (7) bei psychosozialen Problemlagen und in der sozialen Arbeit bzw. Beratung Interventionskonzepte entwickeln, die die Vernetzung der Person strker bercksichtigen.
Behr, Michael; Hson, Dorothea	2020	Interaktion in der Personzentrierten Spieltherapie	Gesprchspsych ootherapie und Personzentrierte Beratung	51	1	11-16	Vorgestellt werden Grundlagen der therapeutischen Interaktion im Rahmen der personzentrierten Spieltherapie mit Kindern. Von zentraler Bedeutung ist hierbei die interaktionelle Resonanz, die ein empathisches und wertschzendes Eingehen auf die Spielthemen des Kindes beschreibt, ohne Gleichgltigkeit oder Dominanz aufzuweisen. Auf diese Weise kann die Spieltherapie positive Interaktions- und Bindungserfahrungen ermöglichen und kognitive Schemata verndern, was letztlich auch zu einem

							positiveren Selbsterleben des Kindes führen kann. Zur Veranschaulichung wird abschließend die Interaktionsresonanz Skala (IRS) vorgestellt, auf der mit Hilfe von Ankerbeispielen die therapeutische Interaktionsresonanz ermittelt werden kann, die sich idealer Weise in der Mitte zwischen den Extrempolen gleichgültig/unbeteiligt und direktiv/dominant befindet.
Behr, Michael; Hsson, Dorothea; Luderer, Hans- Jürgen; Vahrenkamp, Susanne	2017	Gespräche hilfreich führen. Band 1: Praxis der Beratung und Gesprächspsych otherapie: Personzentriert - erlebnisaktiviere nd - dialogisch					Gerichtet an alle Berufsgruppen, die im psychosozialen und medizinischen Hilfesystem arbeiten, wird im ersten Band eines zweibändigen Werks zur hilfreichen Gesprächsführung Grundlagenwissen für die Praxis der Beratung und Gesprächspsychotherapie vermittelt. Dabei wird deutlich gemacht, dass person- und klientenzentriertes Vorgehen heute mehrheitlich als einfühlsam, wertschätzend und echt zu sein: Im Gespräch wird heute eine dialogische Beziehung angeboten, in der Erlebensprozesse aktiviert werden, mit konfligierenden Selbstanteilen gearbeitet wird sowie mit Träumen, Körpererfahrungen und Rollenspielen. Darüber hinaus werden Entscheidungsdilemmata und Lösungsfindungen aktiv unterstützt. Rubriken wie Theorien, Kontroverses, Historie oder Zusammenfassungen sollen das Lesen erleichtern. Zur Illustration werden Beispiele herangezogen. Lese-, Web-Tipps und ein Vernetzungs-Kosmos verorten darüber hinaus das Vorgehen in der Fachwelt. - Inhalt: (1) Die Persönlichkeitstheorie (Entwicklungstheorie; Veränderungstheorie; Interventionstheorie; Theorie seelischer Gesundheit). (2) Die helfende Beziehung: drei Kernbedingungen und zwei Beziehungsangebote (einfühlsam reagieren; bedingungslos wertschätzen; Echtheit - Kongruenz; begleitende Beziehung; dialogische Beziehung). (3) Schlüsselstellen im Ablauf von Gesprächen (Kontaktaufnahme und Bedingungsklärung;

						<p>Beziehungsaufbau; Beziehungsfestigung; Klärung von Gefühlen und Motiven; Planen und Handeln; Bewerten; Beendigung der Beratung oder Therapie; Probleme beim Beziehungsaufbau mit Hilfesuchenden). (4) Mehr als drei Kernbedingungen: Erlebnisaktivierende Methoden (Intuition und Körpergefühl - Focusing; innere Stimmen und Selbstanteile - Integration von Methoden der emotionsfokussierten Therapie; Träume; Zeichnen und Gestalten ordnen; Entscheidungsprozesse unterstützen; Problemlösen aktivieren; Konflikte mit Abwesenden im personenzentrierten Rollenspiel bearbeiten). (5) Das fachliche Umfeld der personenzentrierten Beratung und Gesprächspsychotherapie (im Kontext anderer beraterischer/therapeutischer Verfahren; Unterschiede zwischen Beratung und Psychotherapie; personenzentrierte Netzwerke).</p>
Behr, Michael; Hesson, Dorothea; Luderer, Hans-Jürgen; Vahrenkamp, Susanne	2020	Gespräche hilfreich führen. Band 2: Psychosoziale Problemlagen und psychische Strungen in personenzentrierter Beratung und Gesprächspsychotherapie				<p>Grundkompetenzen für die personenzentrierte Beratung und Psychotherapie werden vermittelt. Für komplexere beraterische Herausforderungen und für die Psychotherapie wird anwendungsbezogenes praktisches Wissen gegeben, das aber auch für andere Fachkräfte über den humanistischen Bereich hinaus interessant ist. Zunächst werden das allgemeine und das personenzentrierte Vorgehen für die wichtigsten psychischen Strungen und psychosozialen Problemlagen behandelt, und zwar so, dass dies auch die Vorbereitung auf die Heilpraktikerprüfung stützt. Hinzu kommen die Kapitel zu psychosozialen Problemlagen. Diese beiden Hauptteile werden ergänzt von einer Diskussion des immanenten Widerspruchs des personenzentriert-ganzheitlichen Menschenbildes und einer strungs- und problemlagenspezifischen Sicht - einschließlich Fragen der Diagnostik - sowie von Kapiteln zu settingspezifischem</p>

							<p>Vorgehen, der Wirksamkeit und zu Rechtsfragen. - Inhalt: (A) Psychosoziale Problemlagen. (1) Trennung und Scheidung. (2) Schwere Krankheit. (3) Palliative Care und Hospiz. (4) Trauer. (5) Mobbing (6) Burnout (7) Armut (8) Vereinsamung. (9) Schwere Vernachlässigung, körperliche und sexuelle Gewalt gegen Kinder. (10) Migration und Flucht. (11) Husliche Gewalt. - (B) Psychische Strungen. (12) Diagnosen stellen und zugleich personzentriert sein. (13) ADHS. (14) Schizophrenien. (15) Unipolare Depression und bipolare Strung. (16) Angststrungen. (17) Zwangsstrungen. (18) Trauma- und belastungsbezogene Strungen. (19) Psychische Strungen mit körperlichen Beschwerden, Krankheitsangst, körperlichen Funktionsstrungen und dissoziativen Symptomen. (20) Essstrungen. (21) Strungen durch Alkohol und andere psychotrope Substanzen. (22) Demenzen und andere psychische Strungen als Folge einer Hirnschdigung. (23) Persnlichkeitsstrungen. - (C) Zielgruppen. (23) Paare. (24) Selbsterfahrungsgruppen und Gruppenpsychotherapie. (25) Eltern und Familien - Erziehungsberatung und Familientherapie. (26) Jugendliche. - (D) Wirksamkeit: Belege fr ein personzentriertes Vorgehen. (27) "The facts are always friendly". Wirksamkeit Personzentriert- Experimentieller Psychotherapie und Beratung.</p>
Beintner, Ina; Jacobi, Corinna	2018	Are we overdosing treatment? Secondary findings from a study following women with bulimia nervosa	The International journal of eating disorders	51	8	899-905	<p>OBJECTIVE Provision of eating disorder (ED) treatment in practice is often guided by national health service structures rather than evidence-based treatment recommendations. Especially for more severely or chronically ill patients, clinicians seem to advocate a "the more the better" strategy of treatment provision. Exploring the dose-response relationship in ED treatment may shed light on both beneficial and detrimental effects of prolonged</p>

		after inpatient treatment				<p>treatment provision.</p> <p>METHOD</p> <p>We utilized data from 64 women from the treatment-as-usual (TAU) group of a randomized controlled trial on Internet-based aftercare for women with bulimia nervosa who had received inpatient treatment. We examined the relationship between treatment duration and dose and (1) baseline patient characteristics and (2) treatment outcomes (abstinence from binge eating and compensatory behaviors, frequency of binge eating and vomiting, thin ideal internalization, and general psychopathology) at 18-month follow up.</p> <p>RESULTS</p> <p>On average, the women in our study were hospitalized for 9 weeks and most received high doses of subsequent outpatient psychotherapy (median: 45 sessions). The severity of symptoms that a patient experienced at hospital admission or discharge was largely unrelated to the amount of outpatient treatment she subsequently received. Longer inpatient treatments or higher doses of subsequent outpatient treatment did not result in more favorable outcomes.</p> <p>DISCUSSION</p> <p>Our findings suggest that, instead of providing costly long treatment without evidenced benefit to patients, there is a need for further exploration of and discussion about the risks and benefits of providing high doses of treatment for both individuals and the health care system.</p>
Beitel, Mark; Myhra, Laurelle L.; Gone, Joseph P.; Barber, Jacques P.;	2018	Psychotherapy with American Indians: An exploration of therapist-rated	Psychotherapy	55	1	<p>The aim of the project was to conduct psychotherapy research in American Indian mental health clinics. To date, very little psychotherapy research has been conducted in this area. We report the findings from a multisite investigation of psychotherapy techniques used</p>

<p>Miller, Alyssa; Rasband, Aaron; Cutter, Christopher J.; Schottenfeld, Richard S.; Barry, Declan T.</p>		<p>techniques in three urban clinics</p>					<p>with American Indians. Psychotherapists, working in three American Indian clinics, were asked to self-report the therapeutic interventions that they used in sessions with 93 separate adult American Indian outpatients. Each therapist rated each client exactly once, and thus data on 93 sessions were collected. Therapists' self-reported technique use with the Multitheoretical List of Therapist Interventions (McCarthy & Barber, 2009). Ratings were made immediately following the delivery of a session. The common factors approach was the most reported approach, followed by person-centered and interpersonal approaches. However, the therapists reported using techniques from all of the main therapeutic approaches. Technique use was affected by client- (demographic and diagnostic), therapist-, and therapy-related variables. This project represents a promising start to systematic psychotherapy research in busy, urban American Indian clinics. Many psychotherapeutic techniques are utilized, and there are many avenues for future research. A replication with client and observer ratings will be an important next step. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Békés, Vera; Aafjes-van Doorn, Katie; Roberts, Kailey E.; Stukenberg, Karl; Prout, Tracy; Hoffman, Leon</p>	<p>2023</p>	<p>Adjusting to a new reality: Consensual qualitative research on therapists' experiences with teletherapy</p>	<p>Journal of clinical psychology</p>	<p>79</p>	<p>5</p>	<p>1293–1313</p>	<p>OBJECTIVE In the wake of the COVID-19 pandemic, the use of teletherapy has become more pervasive than ever. Many therapists faced this move to a remote setting with little experience or training. We aimed to qualitatively examine therapists' subjective experience of providing teletherapy, including changes in technique, the therapeutic relationship, and the therapeutic process. METHODS Thirty-one psychotherapists participated in semistructured interviews. Interviews were recorded,</p>

						<p>then transcribed and analyzed using the Consensual Qualitative Research method.</p> <p>RESULTS</p> <p>Therapists typically reported a change in the therapeutic relationship in terms of an increased sense of disconnection as well as shifts in various aspects of the relational dynamics, and they also typically experienced differences in the therapy process due to changes in patient and therapist engagement in the therapeutic work. Additionally, some therapists also reported that they became more active and directive in sessions, took a more informal, personal, or relaxed approach to interacting with patients, and while the emotional connection changed and they missed the energy and intimacy of in-person sessions, the relationship in telesessions felt more authentic and human for some, and teletherapy also provided a way to discuss new dimensions in the process.</p> <p>CONCLUSION</p> <p>Overall, these results suggest great variability in therapists' subjective experiences with teletherapy, and present teletherapy as a distinct therapy format in many aspects. Further process-level research and subsequent training is needed to better equip therapists to navigate teletherapy's challenges and harness its unique opportunities.</p>	
Belizer, Cara M.; Vagedes, Jan	2019	High-resolution infrared body surface temperature and self-perceived warmth	Journal of Psychophysiology		21 51- 21 24(Ele ctr oni	139-147	<p>Anorexia nervosa (AN) is associated with thermoregulatory disturbances such as hypothermia. However, few studies have explored body warmth in AN patients. In this study, we assessed the body surface temperature distribution in adolescent AN patients using high-resolution infrared thermal imaging and through a patient questionnaire, and explored how this differed</p>

		distribution in adolescent anorexia nervosa patients			c), 02 69- 88 03(Pri nt)		between intervention and control group and length of treatment. Adolescent AN patients admitted to a multimodal inpatient treatment programme based on an integrative perspective were assessed at three time-points: admission (t1), 6 weeks post-admission (t2), and 3 months after t2 (t3). Healthy control participants were assessed once at baseline. In both groups we assessed participants' surface temperature and the perception of warmth, using thermal imaging and a questionnaire, in the face, hands, abdomen, and feet. We recruited 40 AN patients and 40 healthy controls, who were admitted to the treatment programme for an average of 70 days (SD = 24.07). The AN patients were significantly colder in all chosen body domains, except the abdomen area, at t1 compared to healthy controls at baseline. The questionnaire findings supported this result. Differences between the intervention and control groups noted at t1 were significantly reduced by t2 and t3. Our findings suggest that abnormalities in the body warmth distribution of AN patients are reversible after having received an AN-specific treatment. Reducing the loss of warmth could improve therapeutic outcomes in AN patients and be a predictor of recovery, and should be investigated in further studies. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Bell, Toby; Dixon, Alison; Kolts, Russell	2017	Developing a Compassionate Internal Supervisor: Compassion-Focused Therapy for	Clinical psychology & psychotherapy	24	3	632-648	UNLABELLED The concept of an 'internal supervisor' has been used in psychotherapy to describe the way in which the supervisory relationship is internalized and utilized by the supervisee. This research explores the possibility, and potential benefit, of training therapists to develop a 'compassionate internal supervisor'. A training programme was developed for trainee cognitive-

		Trainee Therapists				<p>behavioural therapists using adapted versions of compassion-focused therapy interventions. The training focused on guided imagery exercises and reflective practices undertaken for a 4-week period. Seven trainee cognitive-behavioural therapists were interviewed, utilizing a semi-structured format, regarding their experience of the training programme. The resulting transcriptions were analysed using Interpretative Phenomenological Analysis (IPA). The analysis identified six super-ordinate themes: (1) the varied nature of the supervisor image, (2) blocks and their overcoming, (3) increased compassion and regulation of emotion, (4) impact on cognitive processes, (5) internalization and integration, and (6) professional and personal benefit. The themes describe the varied ways in which participants created and experienced their compassionate supervisor imagery. Working with the personal blocks encountered in the process provided participants with a deeper understanding of the nature of compassion and its potential to support them in their training, practice and personal lives. The process and impact of 'internalizing' a compassionate supervisory relationship is described by participants and then discussed for potential implications for psychotherapy training and self-practice. Copyright © 2016 John Wiley & Sons, Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>Compassion-focused therapy, and related compassionate-mind imagery exercises, can be adapted specifically to develop compassion in trainee psychotherapists. Creating, and engaging with, an 'ideal compassionate supervisor' in an imaginal form can support psychotherapy trainees in their clinical practice and development, their supervision and their personal</p>
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							lives. The cultivation of therapist self-compassion can reduce unhelpful cognitive processes such as worry, rumination and self-criticism whilst increasing self-reflection, attentional flexibility and approach behaviour. Identifying, and working with, blocks to compassion is important when cultivating clinician self-compassion. Therapist self-practice of compassion-focused exercises can provide important insights into the nature of compassion and its cultivation in clients.
Belsher, Bradley E.; Beech, Erin; Evatt, Daniel; Smolenski, Derek J.; Shea, M. Tracie; Otto, Jean Lin; Rosen, Craig S.; Schnurr, Paula P.	2019	Present-centered therapy (PCT) for post-traumatic stress disorder (PTSD) in adults	The Cochrane database of systematic reviews	2019	11		<p>BACKGROUND</p> <p>Present-centered therapy (PCT) is a non-trauma, manualized psychotherapy for adults with post-traumatic stress disorder (PTSD). PCT was originally designed as a treatment comparator in trials evaluating the effectiveness of trauma-focused cognitive-behavioral therapy (TF-CBT). Recent trials have indicated that PCT may be an effective treatment option for PTSD and that patients may drop out of PCT at lower rates relative to TF-CBT.</p> <p>OBJECTIVES</p> <p>To assess the effects of PCT for adults with PTSD. Specifically, we sought to determine whether (1) PCT is more effective in alleviating symptoms relative to control conditions, (2) PCT results in similar alleviation of symptoms compared to TF-CBT, based on an a priori minimally important differences on a semi-structured interview of PTSD symptoms, and (3) PCT is associated with lower treatment dropout as compared to TF-CBT.</p> <p>SEARCH METHODS</p> <p>We searched the Cochrane Common Mental Disorders Controlled Trials Register, the Cochrane Library, Ovid MEDLINE, Embase, PsycINFO, PubMed, and PTSDpubs (previously called the Published International Literature</p>

						<p>on Traumatic Stress (PILOTS) database) (all years to 15 February 2019 search). We also searched the World Health Organization (WHO) trials portal (ICTRP) and ClinicalTrials.gov to identify unpublished and ongoing trials. Reference lists of included studies and relevant systematic reviews were checked. Grey literature searches were also conducted to identify dissertations and theses, clinical guidelines, and regulatory agency reports.</p> <p>SELECTION CRITERIA</p> <p>We selected all randomized clinical trials (RCTs) that recruited adults diagnosed with PTSD to evaluate PCT compared to TF-CBT or a control condition. Both individual and group PCT modalities were included. The primary outcomes of interest included reduced PTSD severity as determined by a clinician-administered measure and treatment dropout rates.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>We complied with the Cochrane recommended standards for data screening and collection. Two review authors independently screened articles for inclusion and extracted relevant data from eligible studies, including the assessment of trial quality. Random-effects meta-analyses, subgroup analyses, and sensitivity analyses were conducted using mean differences (MD) and standardized mean differences (SMD) for continuous data or risk ratios (RR) and risk differences (RD) for dichotomous data. To conclude that PCT resulted in similar reductions in PTSD symptoms relative to TF-CBT, we required a MD of less than 10 points (to include the 95% confidence interval) on the Clinician-Administered PTSD Scale (CAPS). Five members of the review team convened to rate the quality of evidence across the</p>
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						<p>primary outcomes. Any disagreements were resolved through discussion. Review authors who were investigators on any of the included trials were not involved in the qualitative or quantitative syntheses.</p> <p>MAIN RESULTS</p> <p>We included 12 studies (n = 1837), of which, three compared PCT to a wait-list/minimal attention (WL/MA) group and 11 compared PCT to TF-CBT. PCT was more effective than WL/MA in reducing PTSD symptom severity (SMD -0.84, 95% CI -1.10 to -0.59; participants = 290; studies = 3; $I^2 = 0\%$). We assessed the quality of this evidence as moderate. The results of the non-inferiority analysis comparing PCT to TF-CBT did not support PCT non-inferiority, with the 95% confidence interval surpassing the clinically meaningful cut-off (MD 6.83, 95% CI 1.90 to 11.76; 6 studies, n = 607; $I^2 = 42\%$). We assessed this quality of evidence as low. CAPS differences between PCT and TF-CBT attenuated at 6-month (MD 1.59, 95% CI -0.46 to 3.63; participants = 906; studies = 6; $I^2 = 0\%$) and 12-month (MD 1.22, 95% CI -2.17 to 4.61; participants = 485; studies = 3; $I^2 = 0\%$) follow-up periods. To confirm the direction of the treatment effect using all eligible trials, we also evaluated PTSD SMD differences. These results were consistent with the primary MD outcomes, with meaningful effect size differences between PCT and TF-CBT at post-treatment (SMD 0.32, 95% CI 0.08 to 0.56; participants = 1129; studies = 9), but smaller effect size differences at six months (SMD 0.17, 95% CI 0.05 to 0.29; participants = 1339; studies = 9) and 12 months (SMD 0.17, 95% CI 0.03 to 0.31; participants = 728; studies = 5). PCT had approximately 14% lower treatment dropout rates compared to TF-CBT (RD -0.14, 95% CI -0.18 to -0.10;</p>
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							<p>participants = 1542; studies = 10). We assessed the quality of this evidence as moderate. There was no evidence of meaningful differences on self-reported PTSD (MD 4.50, 95% CI 3.09 to 5.90; participants = 983; studies = 7) or depression symptoms (MD 1.78, 95% CI -0.23 to 3.78; participants = 705; studies = 5) post-treatment.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Moderate-quality evidence indicates that PCT is more effective in reducing PTSD severity compared to control conditions. Low quality of evidence did not support PCT as a non-inferior treatment compared to TF-CBT on clinician-rated post-treatment PTSD severity. The treatment effect differences between PCT and TF-CBT may attenuate over time. PCT participants drop out of treatment at lower rates relative to TF-CBT participants. Of note, all of the included studies were primarily designed to test the effectiveness of TF-CBT which may bias results away from PCT non-inferiority. The current systematic review provides the most rigorous evaluation to date to determine whether PCT is comparably as effective as TF-CBT. Findings are generally consistent with current clinical practice guidelines that suggest that PCT may be offered as a treatment for PTSD when TF-CBT is not available.</p>
Belvederi Murri, Martino; Ferrigno, Gabriella; Penati, Simona; Muzio, Caterina; Piccinini, Giulia; Innamorati, Marco; Ricci,	2017	Mentalization and depressive symptoms in a clinical sample of adolescents and young adults	Child Adolesc Ment Health (Child and Adolescent Mental Health)	22	2	69–76	<p>BACKGROUND</p> <p>Increasing evidence supports that mentalization deficits may have a role in the genesis of young age depression; however, few studies examined this issue in clinical populations.</p> <p>METHODS</p> <p>Outpatients aged 14-21, suffering from various psychiatric disorders, were assessed using the Mentalization Questionnaire (MZQ), the Beck Depression</p>

<p>Federica; Pompili, Maurizio; Amore, Mario</p>						<p>Inventory (BDI), and the Childhood Trauma Questionnaire (CTQ), using data from age-matched healthy students for comparison. The relationship between CTQ, MZQ, and BDI scores was examined at the cross-sectional level, including mediation analyses, and longitudinally, in a subsample who underwent a psychotherapy intervention.</p> <p>RESULTS</p> <p>Of 83 subjects, 33 (39.8%) had mentalization levels that were 1 standard deviation below those of comparison subjects. In the whole sample, the levels of mentalization were inversely associated with BDI ($r = -.68, p < .001$) and CTQ scores ($r = -.30, p = .006$). Moreover, MZQ scores mediated a large part of the effect of childhood trauma on depression (total effect: 10.6, 95% CI: 5.3, 15.9; direct effect: 6.5, 95% CI: 2.1, 10.8; indirect effect: 4.1, 95% CI: 1.5, 7.4). This effect was almost entirely explained by the Affect Regulation subscale. In patients re-evaluated after four sessions ($n = 37$), the decrease in BDI scores correlated with the increase in MZQ scores ($r = .40, p = .02$).</p> <p>CONCLUSIONS</p> <p>In a juvenile clinical sample, deficits of mentalization abilities were associated with the severity of depression and explained part of the depressogenic effects of childhood trauma.</p>
<p>Belz, Martina; Schramm, Elisabeth; McCullough Jr., James P.</p>	<p>2013</p>	<p>... und nochmal mit Gefhl</p>				<p>Die Integration emotionsfokussierter Aspekte in die Therapie von Depressionen mit dem "Cognitive Behavioral Analysis System of Psychotherapy" (CBASP) wird beschrieben. Nach einer Definition der Depression als refraktre Stimmungsstrung werden Merkmale emotionaler Beeintrchtigungen und ihre Zusammenhng mit frhen Lebenserfahrungen beschrieben und am Fallbeispiel einer 49-jhrigen sdstasiatischen</p>

							depressiven Patientin verdeutlicht. Anschließend wird die Bedeutung von Emotionen in der Behandlung chronisch depressiver Patienten errtert. Neben Grundannahmen ber die Vernderung von Emotionen im CBASP wird die spezifische Rolle des Therapeuten bei der persnlichen Gestaltung der therapeutischen Beziehung basierend auf der bertragungshypothese beschrieben. Zudem werden Strategien zum Erlernen interpersoneller Auswirkungen von Verhalten und zur Modifikation refraktionrer Emotionalitt (Zukunfts-Situationsanalyse, interpersonelle Diskriminationsbung, Flooding oder Exposition und verhaltensbezogene oder imaginierte Alternativen) vorgestellt und am Fallbeispiel illustriert. Basierend auf berlegungen zu Langzeiteffekten der CBASP-Therapie wird die Bearbeitung refrakter Emotionen mit der emotionsfokussierten Therapie (EFT) in einer zweiten Behandlungsphase diskutiert.
Bender, Stephan	2017	Einfhrung in die Schematherapie aus psychodynamischer Sicht. Eine integrative, schulenbergreif ende Konzeption					Aus psychodynamischer Sicht wird ein einfhrender berblick zur Schematherapie gegeben, und es wird dargelegt, wie sie nicht nur in der Arbeit mit Erwachsenen, sondern auch bei Kindern und Jugendlichen gewinnbringend eingesetzt werden kann. Schemata representieren stabile Reaktions- und Verhaltensmuster, die im Lebenslauf erworben wurden und aktuell als Strelemente die Gestaltung der therapeutischen Beziehung erschweren knnen. Die Schematherapie fokussiert deshalb auf die therapeutische Beziehung und ihre Ausgestaltung. Das Buch richtet sich an tiefenpsychologisch fundiert arbeitende Therapeuten, die nach Mglichkeiten suchen, verhaltenstherapeutische Verfahren wissenschaftlich fundiert in ihre Therapien einzubeziehen. - Inhalt: (A) Theorie: Schematherapeutisches Modell. (1) Warum

							<p>Schematherapie? Geschichte der Entstehung der Schematherapie (Besonderheiten der Schematherapie im Vergleich zur kognitiven Verhaltenstherapie; Was kann Schematherapie nicht?). (2) Schematherapie (Was sind Schemata?; Wie entstehen Schemata?). (3) Das Moduskonzept (Kindmodi; maladaptive Bewältigungsmodi; dysfunktionale Elternmodi; der gesunde Erwachsene, das altersangemessene Kind oder der altersangemessene Jugendliche). (4) Fallkonzeption. (5) Situation in der Kinder- und Jugendlichenpsychotherapie. - (B) Wie funktioniert Schematherapie? Therapeutische Verfahren und Techniken. (6) Phase eins: Diagnostik und Psychoedukation/Etablierung des Strungsmodells. (7) Phase zwei: Veränderung (therapeutische Haltung, Beziehung zwischen Therapeut und Patient; allgemeiner Prozess; kognitive Techniken; emotionsfokussierte Techniken; Aufbrechen von Verhaltensmustern). (8) Weiterführende Literatur (Schematherapie mit Kindern und Jugendlichen; Schematherapie mit Erwachsenen). (9) Evidenz, Wirksamkeit, Ausblick.</p>
Benitez, Cinthia; Southward, Matthew W.; Altenburger, Erin M.; Howard, Kristen P.; Cheavens, Jennifer S.	2019	The within-person effects of validation and invalidation on in-session changes in affect	Personality disorders	10	5	406–415	<p>[Correction Notice: An Erratum for this article was reported in Vol 10(5) of Personality Disorders: Theory, Research, and Treatment (see record 2019-50033-001). In the article, some values in Table 1 were incorrectly marked with asterisks as significant. The corrected table appears in the erratum.] Validation is the accurate reflection of someone’s internal experiences. Validation has been theorized to enhance the process of therapy and facilitate effective outcomes (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). Additionally, validation may play an integral role in reducing emotional arousal specifically for individuals with borderline personality disorder (BPD). There is little research on the relation</p>

						<p>between validation and therapy outcomes such as affect change. In the current study, we tested the relations among self-reported validation and invalidation and in-session changes in positive and negative affect with a sample of 52 clients in treatment. Further, we examined BPD features as a moderator of the relations between self-reported validation and invalidation and in-session changes in affect. We disaggregated within-person from between-person effects using client reports of validation and invalidation during Sessions 3 to 7. Greater within-person validation was associated with decreased postsession negative affect, whereas greater within-person invalidation was associated with increased postsession NA. Neither validation nor invalidation was related to changes in positive affect. Further, at elevated levels of BPD features, validation, but not invalidation, was associated with decreases in negative affect. BPD features did not moderate the relation between validation or invalidation and postsession positive affect. These results provide empirical evidence that patient-reported validation and invalidation predict changes in negative affect during sessions. Additionally, these results suggest that patients with elevated BPD features are particularly responsive to validation during therapy sessions, and as such, provide an avenue for navigating the in-session negative emotional arousal that these patients often experience. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Benjamin, Isabel; Rodriguez-Seijas, Craig;	2023	Differences in patient satisfaction across sexual orientation and	Psychology of Sexual Orientation and Gender Diversity	10	1	<p>Sexual and gender minority individuals (SGM) experience higher rates and greater severity of psychopathology than cisgender heterosexual persons. SGM individuals also seek mental health treatment with greater frequency than cisgender heterosexual individuals. Studies have</p>

Zimmerman, Mark		gender identity in an acute care setting					investigated types of SGM affirmative mental health treatment, but few studies have examined whether standard mental health treatment is satisfactory for the SGM community. The current study took place in a general partial hospital program and compared satisfaction with an initial psychiatric meeting and with end-of-treatment satisfaction between cisgender heterosexual and SGM patients. We compared initial satisfaction between (a) cisgender heterosexual patients (N = 1253) and SGM patients (N = 334) and (b) cisgender heterosexual patients and cisgender but not heterosexual patients (N = 276), and transgender or gender diverse (TGD) patients (N = 58). We compared end-of-treatment satisfaction between (a) cisgender heterosexual patients (N = 1044) and SGM patients (N = 284) and (b) cisgender heterosexual patients and cisgender but not heterosexual patients (N = 235), TGD patients (N = 49). SGM patients were less satisfied with their initial psychiatric meeting than non-SGM patients. We found no overall differences in satisfaction between the two groups, but breakdown analyses revealed SGM patients were less satisfied with certain group therapies than non-SGM patients. This exploratory study adds to the nascent research investigating SGM patient satisfaction within one standard acute care setting. Future research into the development of assessment measures for SGM patient satisfaction is encouraged, particularly given the dearth of existing tailored satisfaction measures. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Bensel, Wolfgang	2018	Suchttherapie im Wandel - ein Plädoyer für den Erhalt eines	Gesprächspsychotherapie und Personenzentrierte Beratung	49	3	155-159	Auf der Grundlage eines historischen Rückblicks auf die Entstehung der Suchttherapie werden aktuelle Entwicklungen im Versorgungssystem kritisch reflektiert. In der Retrospektive wird aufgezeigt, wie sich in

		erfolgreichen Versorgungssystem					Deutschland schrittweise eine differenzierte Suchthilfe herausgebildet hat, wobei die Verflochtenheit der Maßnahmen mit dem jeweils vorherrschenden Zeitgeist verdeutlicht wird. Es wird auf einen Bruch dieses erfolgreichen Prozesses seit der Finanzkrise 2008 hingewiesen. Argumentiert wird, dass gesellschaftspolitische Entwicklungen dazu geführt haben, dass hierzulande trotz des etablierten und evaluierten Systems, das aus einem dichten Netz aus ambulanten, stationären, betrieblichen und komplementären Einrichtungen und Angeboten besteht, inzwischen deutlich zu wenige Betroffene tatsächlich erreicht werden. Gründe hierfür werden analysierend dargestellt und Handlungsempfehlungen als Gegenmaßnahmen zu diesem Trend ausgesprochen.
Bentley, Kate H.; Boettcher, Hannah; Bullis, Jacqueline R.; Carl, Jenna R.; Conklin, Laren R.; Sauer-Zavala, Shannon; Pierre-Louis, Catherine; Farchione, Todd J.; Barlow, David H.	2018	Development of a Single-Session, Transdiagnostic Preventive Intervention for Young Adults at Risk for Emotional Disorders	Behavior modification	42	5	781–805	Cognitive-behavioral prevention programs have demonstrated efficacy in reducing subclinical symptoms of anxiety and depression, and there is some evidence to suggest that they can lower the risk of future disorder onset. However, existing interventions tend to be relatively lengthy and target specific disorders or problem areas, both of which limit their potential for widespread dissemination. To address these limitations, we aimed to develop a single-session, transdiagnostic preventive intervention based on the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders for young adults at risk for developing anxiety and/or depressive disorders within a college setting. Results from this proof-of-concept study indicated that the intervention was viewed as highly satisfactory and acceptable. The intervention also was successful at delivering adaptive emotion management skills in its 2-hr workshop format. Future studies evaluating the efficacy

							of this novel transdiagnostic, emotion-focused prevention program are warranted.
Bentley, Kate H.; Nock, Matthew K.; Sauer-Zavala, Shannon; Gorman, Bernard S.; Barlow, David H.	2017	A functional analysis of two transdiagnostic, emotion-focused interventions on nonsuicidal self-injury	Journal of consulting and clinical psychology	85	6	632–646	Objective: Nonsuicidal self-injury (NSSI) is prevalent and associated with clinically significant consequences. Developing time-efficient and cost-effective interventions for NSSI has proven difficult given that the critical components for NSSI treatment remain largely unknown. The aim of this study was to examine the specific effects of mindful emotion awareness training and cognitive reappraisal, 2 transdiagnostic treatment strategies that purportedly address the functional processes thought to maintain self-injurious behavior, on NSSI urges and acts. Method: Using a counterbalanced, combined series (multiple baseline and data-driven phase change) aggregated single-case experimental design, the unique and combined impact of these 2 4-week interventions was evaluated among 10 diagnostically heterogeneous self-injuring adults. Ecological momentary assessment was used to provide daily ratings of NSSI urges and acts during all study phases. Results: Eight of 10 participants demonstrated clinically meaningful reductions in NSSI; 6 participants responded to 1 intervention alone, whereas 2 participants responded after the addition of the alternative intervention. Group analyses indicated statistically significant overall effects of study phase on NSSI, with fewer NSSI urges and acts occurring after the interventions were introduced. The interventions were also associated with moderate to large reductions in self-reported levels of anxiety and depression, and large improvements in mindful emotion awareness and cognitive reappraisal skills. Conclusions: Findings suggest that brief mindful emotion awareness and cognitive reappraisal interventions can lead to reductions

							in NSSI urges and acts. Transdiagnostic, emotion-focused therapeutic strategies delivered in time-limited formats may serve as practical yet powerful treatment approaches, especially for lower-risk self-injuring individuals. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Beres, Laura K.; Mwamba, Chanda; Bolton-Moore, Carolyn; Kennedy, Caitlin E.; Simbeza, Sandra; Topp, Stephanie M.; Sikombe, Kombatende; Mukamba, Njekwa; Mody, Aaloke; Schwartz, Sheree R.; Geng, Elvin; Holmes, Charles B.; Sikazwe, Izukanji; Denison, Julie A.	2023	Trajectories of re-engagement: factors and mechanisms enabling patient return to HIV care in Zambia	Journal of the International AIDS Society	26	2	e26067	INTRODUCTION: While disengagement from HIV care threatens the health of persons living with HIV (PLWH) and incidence-reduction targets, re-engagement is a critical step towards positive outcomes. Studies that establish a deeper understanding of successful return to clinical care among previously disengaged PLWH and the factors supporting re-engagement are essential to facilitate long-term care continuity. METHODS: We conducted narrative, patient-centred, in-depth interviews between January and June 2019 with 20 PLWH in Lusaka, Zambia, who had disengaged and then re-engaged in HIV care, identified through electronic medical records (EMRs). We applied narrative analysis techniques, and deductive and inductive thematic analysis to identify engagement patterns and enablers of return. RESULTS: We inductively identified five trajectories of care engagement, suggesting patterns in patient characteristics, experienced barriers and return facilitators that may aid intervention targeting including: (1) intermittent engagement;(2) mostly engaged; (3) delayed linkage after testing; (4) needs time to initiate antiretroviral therapy (ART); and (5) re-engagement with ART initiation. Patient-identified periods of disengagement from care did not always align with care gaps indicated in the EMR. Key, interactive re-engagement facilitators experienced by participants, with varied importance across trajectories, included a desire for

							<p>physical wellness and social support manifested through verbal encouragement, facility outreach or personal facility connections and family instrumental support. The mechanisms through which facilitators led to return were: (1) the promising of living out one's life priorities; (2) feeling valued; (3) fostering interpersonal accountability; (4) re-entry navigation support; (5) facilitated care and treatment access; and (6) management of significant barriers, such as depression. CONCLUSIONS: While preliminary, the identified trajectories may guide interventions to support re-engagement, such as offering flexible ART access to patients with intermittent engagement patterns instead of stable patients only. Further, for re-engagement interventions to achieve impact, they must activate mechanisms underlying re-engagement behaviours. For example, facility outreach that reminds a patient to return to care but does not affirm a patient's value or navigate re-entry is unlikely to be effective. The demonstrated importance of positive health facility connections reinforces a growing call for patient-centred care. Additionally, interventions should consider the important role communities play in fostering treatment motivation and overcoming practical barriers.</p>
Berglas, Nancy F.; Williams, Valerie; Mark, Katrina; Roberts, Sarah C. M.	2018	Should prenatal care providers offer pregnancy options counseling?	BMC pregnancy and childbirth	18	1	384	<p>BACKGROUND: Professional guidelines indicate that pregnancy options counseling should be offered to pregnant women, in particular those experiencing an unintended pregnancy. However, research on whether pregnancy options counseling would benefit women as they enter prenatal care is limited. This study examines which women might benefit from options counseling during early prenatal care and whether women are interested in receiving counseling from their prenatal care provider. METHODS: At four prenatal care facilities in</p>

						<p>Louisiana and Maryland, women entering prenatal care completed a self-administered survey and brief structured interview (N = 586). Data were analyzed through descriptive statistics, bivariate analyses, multivariate multinomial logistic regression, and coding of open-ended responses. RESULTS: At entry into prenatal care, most women reported that they planned to continue their pregnancy and raise the child. A subset (3%) scored as having low certainty about their decision on the validated Decision Conflict Scale, indicating need for counseling. In addition, 9% of women stated that they would be interested in discussing their pregnancy options with their prenatal care provider. Regression analyses indicated some sociodemographic differences among women who are in need of or interested in options counseling. Notably, women who reported food insecurity in the prior year were found to be significantly more likely to be in need of options counseling (RRR = 3.20, $p < 0.001$) and interested in options counseling (RRR = 5.48, $p < 0.001$) than those who were food secure. Most women were open to discussing with their provider if their pregnancy was planned (88%) or if they had considered abortion (81%). More than 95% stated they would be honest with their provider if asked about these topics. CONCLUSIONS: Most women are certain of their decision to continue their pregnancy at the initiation of prenatal care. However, there is a subset of women who, despite entering prenatal care, are uncertain of their decision and wish to discuss their options with their health care provider. Screening tools and/or probing questions are needed to support prenatal care providers in identifying these women and ensuring unbiased, non-directive counseling on all pregnancy options.</p>
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Berk, Lesley; Hallam, Karen T.; Colom, Francesc; Vieta, Eduard; Hasty, Melissa; Macneil, Craig; Berk, Michael	2010	Enhancing medication adherence in patients with bipolar disorder	Human psychopharmac ology	25	1	1-16	<p>OBJECTIVES Medication adherence contributes to the efficacy-effectiveness gap of treatment in patients with bipolar disorder. This paper aims to examine the challenges involved in improving medication adherence in bipolar disorder, and to extract some suggestions for future directions from the core psychosocial studies that have targeted adherence as a primary or secondary outcome.</p> <p>METHODS A search was conducted for articles that focused on medication adherence in bipolar disorder, with emphasis on publications from 1996 to 2008 using Medline, Web of Science, CINAHL PLUS, and PsychINFO. The following key words were used: adherence, compliance, alliance, adherence assessment, adherence measurement, risk factors, psychosocial interventions, and psycho-education.</p> <p>RESULTS There are a number of challenges to understanding non-adherence including the difficulty in defining and measuring it and the various risk factors that need to be considered when aiming to enhance adherence. Nevertheless, the importance of addressing adherence is evidenced by the connection between adherence problems and poor outcome. Despite these challenges, a number of small psychosocial studies targeting adherence as a primary outcome point to the potential usefulness of psycho-education aimed at improving knowledge, attitudes, and adherence behavior, but more large scale randomized controlled trials are needed in this area. Evidence of improved outcomes from larger randomized controlled trials of psychosocial interventions that target medication adherence as a</p>
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						<p>secondary outcome suggests that tackling other factors besides medication adherence may also be an advantage. While some of these larger studies demonstrate an improvement in medication adherence, the translation of these interventions into real life settings may not always be practical. A person centered approach that considers risk factors for non-adherence and barriers to other health behaviors may assist with the development of more targeted briefer interventions. Integral to improving medication adherence is the delivery of psycho-education, and attention needs to be paid to the implementation, and timing of psycho-education. Progress in the understanding of how medicines work may add to the credibility of psycho-education in the future.</p> <p>CONCLUSIONS</p> <p>Enhancement of treatment adherence in bipolar patients is a necessary and promising management component as an adjunct to pharmacotherapy. The current literature on psychosocial interventions that target medication adherence in bipolar disorder points to the possibility of refining the concept of non-adherence and adapting psycho-education to the needs of certain subgroups of people with bipolar disorder. Large scale randomized controlled trials of briefer or more condensed interventions are needed that can inform clinical practice.</p>
Berry, Natalie; Machin, Matthew; Ainsworth, John; Berry, Katherine; Edge, Dawn; Haddock,	2020	Developing a Theory-Informed Smartphone App for Early Psychosis: Learning Points	Frontiers in psychiatry	11	602861	<p>Background: Actissist is a smartphone app designed to deliver an intervention grounded in cognitive behavior therapy for early psychosis. Actissist was developed by a multidisciplinary team of academics, clinicians, experts by experience and software engineers. Actissist has been tested in two trials, the first a proof-of-concept trial where Actissist was safe, acceptable and feasible, the second, a</p>

<p>Gillian; Lewis, Shon; Morris, Rohan; Bucci, Sandra</p>		<p>From a Multidisciplinary Collaboration</p>				<p>powered randomized controlled trial. Objective: This article describes how our multidisciplinary team designed and developed Actissist. This article describes: (i) how Actissist was informed by initial qualitative interviews and focus groups and an expert reference group; (ii) refinements made to the app based on ongoing user feedback; (iii) successes and challenges encountered; and (iv) learning points and recommendations for involving stakeholders in digital health interventions. Methods: Expert reference group meetings informed the development of Actissist and design of subsequent trials, which included individuals with lived experience of psychosis, clinicians, academics, computer scientists and software engineers. Person-centered stakeholder involvement was promoted using focus groups and qualitative interviews prior to the development of the app, which informed version one of Actissist. Interviews were carried out with participants who had used Actissist. Two further versions of Actissist were developed following additional rounds of testing. Results: Multidisciplinary working throughout the Actissist project led to the development, inclusion and improvement of the app design and content. These changes and features included non-directive and compassionate content, co-designed recovery videos, relaxation exercises, psychoeducation material, ability to "favorite" areas of the app that users found helpful, and goal-setting. Challenges to collaborative working included discrepancies between what stakeholders want and what is technically possible to deliver, resource pressures, trying to deliver desired features within the boundaries of fundamental trial design considerations, and power imbalances associated with multidisciplinary</p>
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						<p>working. Conclusions: The involvement of stakeholders in the design and development and delivery of Actissist has been fundamental to our development approach. Through this collaborative process, we have identified different perspectives and ideas that would have not been generated by the research team alone. Clinical Trial Registrations: Proof-of-concept trial: http://www.isrctn.com/ISRCTN34966555 Fully-powered randomized controlled trial: https://www.isrctn.com/ISRCTN76986679.</p>
Berthold, Daniel; Gramm, Jan; Gaspar, Manfred; Sibelius, Ulf	2017	Psychotherapeutische Perspektiven am Lebensende				<p>Das Potenzial von Psychotherapie für die Begleitung Sterbender wird behandelt. Anstze und Erfahrungen zu diesem Thema werden präsentiert. Dabei beziehen die Beitrge nicht nur Position zur therapeutischen Haltung und dem ihr zugrunde liegenden Menschenbild. Im Fokus stehen ebenso praktische Einblicke in den palliativen und hospizlichen Berufsalltag sowie konkretes therapeutisch-technisches Methodenwissen. Darüber hinaus werden die Grenzen psychotherapeutischer Verfahren und neuralgische Punkte noch anstehender Entwicklungsschritte ausgelotet. - Inhalt: (A) Einleitung. (1) Heiner Melching: Bestandsaufnahme der Palliativ- und Hospizversorgung in Deutschland. (2) Bernd Oliver Maier: Zuknftige Herausforderungen der Palliativversorgung. (3) Jan Gramm und Urs Mnch: Psychologie und Psychotherapie in der bundesdeutschen Palliativversorgung. (4) Claudia Wenzel: Konzepte und Befunde zu psychotherapeutischen Interventionen am Lebensende. - (B) Psychotherapeutische Perspektiven am Lebensende. (5) Thomas Heidenreich, Annette Riedel und Johannes Michalak: Achtsamkeitsbasierte Anstze. Im Hier und Jetzt (auch) in der letzten Lebensphase. (6) Rainer F. Sonntag: Akzeptanz- und Commitment-Therapie.</p>

						<p>Akzeptanz und Engagement bis zuletzt. (7) Brigitte Dorst: Analytische Psychologie. "Den Tod als ein Ziel sehen" (C. G. Jung). (8) Konrad Stauss: Bondingpsychotherapie. Bindungsverletzungen bewältigen oder: Sein ist Beziehungssein. (9) Alexander Noyon und Thomas Heidenreich: Existenzielle Anstze. Ein Pldoyer fr Realittsorientierung und Menschlichsein. (10) Lotte Hartmann-Kottek: Gestalttherapie. Existenzielle Widerspiegelungen zwischen der Ganzheit und ihren Teilen. (11) Wolfgang Schulze und Dirk Revenstorf: Hypnotherapie. Vernderungsprozesse anstoen durch Trance. (12) Dorothea Oberegelsbacher und Mitarbeiter: Individualpsychologie. Lebensintegration durch Selbstverantwortung. (13) Wulf Mirko Weinreich: Integrale Psychotherapie. Perspektivenwechsel fr Sterbende und Angehrige. (14) Rainer Sachse und Jana Fasbender: Klrungsorientierte Psychotherapie. Problematische Schemata klren und bearbeiten. (15) Yvonne Maurer: Krperzentrierte Psychotherapie. Der Tod als neues Beziehungsgeschehen mit dem Transzendenten. (16) Jrgen Kriz: Personzentrierte Systemtheorie. Eine metatherapeutische Konzeption oder: Dem Lebensende mit erweitertem Blickfeld begegnen. (17) E. Noni Hfner und Sascha Neumann: Provokative Therapie. Wie todernst ist Sterben? Humor, Improvisation und Provokation in der Begleitung von Sterbenden. (18) Ursula Burkert und Helmwart Hierdeis: Psychoanalyse. Halt geben und loslassen oder: Sterben als Verdichtung des Unerfllten. (19) Luise Reddemann: Psychodynamisch Imaginative Traumatherapie. Wrde und Trost als Schlssel zur Selbstbegegnung. (20) Peter Gasser: Psycholytische Therapie. Leben wollen und sterben knnen. (21) Insa Sparrer: Systemische Strukturaufstellungen.</p>
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Besika, Anastasia; Collard, Patrizia C.; Coogan, Joy	2018	Attitudes of therapists towards people with learning disabilities	Couns and Psychother Res (Counselling and Psychotherapy Research)	18	1	89-101	
Besser-Siegmund, Cora; Siegmund, Lola; Klatt, Stefanie; Weiland, Frank	2019	wingwave-Coaching fr Kinder und Jugendliche					<p>Kurzzeit-Coaching mit der wingwave-Methode ist seit vielen Jahren als wirkungsvolles Stressmanagement bekannt. Bei Kindern und Jugendlichen wird das Coachingverfahren fr die Entwicklung eines tragenden Selbstbewusstseins, gegen Schul-, Lern- und Prfungsstress und fr die Kommunikationsfitness eingesetzt. Immer geht es darum, die Lebensqualitt der jungen Coachees in ihren verschiedenen Wirkungsfeldern und Entwicklungsphasen mit Freude, Tatenlust, Mut und Zuversicht zu verweben. Die Ergebnisse eines Forschungsprojekts zum Thema "Schler-Coaching mit der wingwave-Methode", das 2018 an der Deutschen Sporthochschule Kln durchgefhrte wurde, werden beschrieben. Neben den Mglichkeiten des Individualcoachings werden etliche Selbstcoaching-Ideen fr die junge Zielgruppe geboten. Die Figuren "Wing" und "Wave" fhren Kinder altersgerecht durch die Welt der Coaching-Mglichkeiten. - Inhalt: (1) Einfhrung: Coaching fr Kinder und Jugendliche - "Coaching Young". (2) Warum Coaching - und keine Therapie? (3) Eine Gebrauchsanweisung frs Gehirn - auch fr die Kleinsten.</p>

							(4) wingwave und Neurolinguistisches Coaching: Trffner fr die Erlebniswelt der Kinder. (5) Forschungsergebnisse "Schler-Coaching mit wingwave": Bessere Konzentration, wirksame Angstreduktion und mehr positives Erleben im Familien- und Schulalltag von Stefanie Klatt (geb. Httermann) & Frank Weiland. (6) Die Rolle der Eltern bei "wingwave Young". (7) Coaching Young: Voraussetzungen fr den Coach. (8) Coaching fr Babys und Kleinkinder. (9) Basisthemen fr "Coaching Young" und Coaching fr Schler zwischen sechs und zwlf Jahren. (10) Coaching fr Jugendliche zwischen 13 und 20 Jahren. (11) Coaching Young: Weitere Themen und ausgesuchte Interventionen. (12) Coaching Young: Themen fr die Zusammenarbeit mit Experten. (13) Erwachsenen-Coaching: Ressourcen fr das "innere Kind".
Best, Paul; Meireles, Matilde; Schroeder, Franziska; Montgomery, Lorna; Maddock, Alan; Davidson, Gavin; Galway, Karen; Trainor, David; Campbell, Anne; van Daele, Tom	2022	Freely Available Virtual Reality Experiences as Tools to Support Mental Health Therapy: a Systematic Scoping Review and Consensus Based Interdisciplinary Analysis	Journal of technology in behavioral science	7	1	100–114	The primary purpose of this article is to review the potential therapeutic value of freely available VR content as an addition to the practitioners 'toolkit'. Research has shown that virtual reality (VR) may be useful to extend existing guided imagery-based practices found in traditional mental health therapy. However, the use of VR technology within routine mental health practice remains low, despite recent reductions in equipment costs. A systematic scoping review and interdisciplinary analysis of freely available VR experiences was performed across two popular online databases (SteamVR and Oculus.com). A total of 1785 experiences were retrieved and screened for relevance with 46 meeting the inclusion criteria. VR content was then reviewed for potential therapeutic value by an interdisciplinary panel with experience across a number of therapeutic interventions including cognitive behavioural therapy, Rogerian counselling, mindfulness-based therapies. and family

							therapy. Eleven (22%) of the 50 freely available VR experiences were reported to have therapeutic potential as tools to support routine mental health therapy. These included support with the following mental health issues- low mood, social anxiety, stress reduction and fear of heights. Guidance of a qualified mental health practitioner was recommended in all cases to maximise the benefit of the VR experiences retrieved. While the quality is variable, freely available VR experiences may contain valuable content that could support mental health therapy. This includes as a homework activity or as an initial setting for case formulation and behavioural experiments.
Beuchat, Hélène; Grandjean, Loris; Despland, Jean-Nicolas; Pascual-Leone, Antonio; Gholam, Mehdi; Swendsen, Joel; Kramer, Ueli	2022	Ecological momentary assessment of emotional processing: An exploratory analysis comparing daily life and a psychotherapy analogue session	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	2	345-356	
Beutel, Helmuth	2021	Zum 100. Geburtstag - Erinnerungen an Reinhard Tausch (1921-2013)	Psychotherapeutenjournal	20	4	341	Anlässlich des 100. Geburtstag des Psychologen Prof. Dr. Reinhard Tausch werden seine Beiträge zur Verbreitung der von ihm so betitelten Gesprächspsychotherapie im deutschsprachigen Raum gewürdigt. Zudem wird auf seine Pionierarbeiten hingewiesen, die mit seinem Anspruch, dass seine theoretischen Erkenntnisse praktische Hilfestellungen für den Alltag leisten und auch über den akademischen Fachkreis hinaus verständlich vermittelt

							<p>werden sollten, in Verbindung standen: Ende der 1970er-Jahre, als psychotherapiebezogene Formate ein absolutes Novum im deutschen Fernsehen darstellten, machte Tausch in mehreren TV-Sendungen mit aufgezeichneten gruppentherapeutischen Gesprächen dieses Setting einer größeren Öffentlichkeit bekannt. Ein Anliegen von Tausch war es, die postulierte „therapeutische Wirkung“ einer an personenzentrierten Grundhaltungen orientierten psychologischen Beratung und Gesprächsführung in messbaren Effekten nachzuweisen. Die in diesem Sinne von ihm veranlassten Untersuchungen zu den Therapieergebnissen an der von ihm eingerichteten Beratungsstelle waren zu ihrer Zeit (1969&#150;1974), also lange bevor klinische Wirksamkeitsstudien zum Standardrepertoire in der deutschen Psychotherapie gehörten, ein richtungsweisendes Unterfangen. Zusammenfassend wird festgestellt, dass Tausch mit der Ausarbeitung und Verankerung der Grundideen der Gesprächspsychotherapie wichtige Anregungen für die Gestaltung von therapeutischer Beziehung und Gesprächsführung gegeben hat, von denen die Psychotherapie verfahrensbereit profitieren kann.</p>
Beutel, Manfred E.; Greenberg, Leslie; Lane, Richard D.; Subic-Wrana, Claudia	2019	Treating anxiety disorders by emotion-focused psychodynamic psychotherapy (EFPP) - An integrative, transdiagnostic approach	Clinical Psychology and Psychotherapy	26	1	1-13	<p>Anxiety disorders are characterized by high levels of anxiety and avoidance of anxiety-inducing situations and of negative emotions such as anger. Emotion-focused therapy (EFT) and psychodynamic psychotherapy (PP) have underscored the therapeutic significance of processing and transforming repressed or disowned conflicted or painful emotions. Although PP provides sophisticated means of processing intrapsychic and interpersonal conflict, EFT has empirically tested a set of techniques to access, deepen, symbolize, and transform</p>

							emotions consistent with current conceptualizations of emotions and memory. Based on our clinical experience, we propose that an integrative emotion-focused and psychodynamic approach opens new avenues for treating anxiety disorders effectively, and we present a transdiagnostic manual for emotion-focused psychodynamic psychotherapy. The therapeutic approach takes into account both the activation, processing, and modification of emotion and the underlying intrapsychic and interpersonal conflicts. The short-term treatment is based on the three phases of initiating treatment, therapeutic work with anxiety, and termination. Emotional poignancy (or liveliness) is an important marker for emotional processing throughout treatment. Instead of exposure to avoided situations, we endorse enacting the internal process of generating anxiety in the session providing a sense of agency and access to warded-off emotions. Interpretation serves to tie together emotional experience and insight into the patterns and the nature of underlying intrapersonal and interpersonal conflict. Treatment modules are illustrated by brief vignettes from pilot treatments.
Beutler, Larry E.; Edwards, Christopher; Someah, Kathleen	2018	Adapting psychotherapy to patient reactance level: A meta-analytic review	Journal of clinical psychology	74	11	1952– 1963	Resistance and its extreme variation, reactance, are uniformly observed across varieties of psychotherapy. Social psychologists note that reactant individuals prove to be less so when offered a receptive and nondirective environment. We provide definitions of reactance, review its frequent measures, and offer a clinical example. A meta-analysis of 13 controlled studies (1,208 patients) examined the degree to which treatment outcomes are enhanced when therapists offer less directive treatments to high-reactance patients. The results revealed a large effect size ($d = .79$), confirming that highly reactant

						individuals did better in psychotherapy when the therapist assumed a reflective and nondirective stance than a directive and authoritative one. To a lesser degree, the opposite was also true. Limitations of the research and diversity considerations are noted. Practice recommendations are provided to minimize a patient's reactant behavior.
Beynon-Pindar, Catherine	2017	Group Work in Occupational Therapy			59–85	
Bhattacharyya, Sriya; Park, Ellen Y.; Adler, Shelby; Saklad, Stephanie; Davis, Olivia		The crane project: Mixed-methods analysis of an expressive art therapy intervention to promote collective healing during the COVID-19 pandemic	Traumatology			Across the globe, societies have experienced devastating losses during the COVID-19 pandemic. Due to social distancing guidelines, funerals and other forms of commemoration were put on pause. In response to the lack of ability to honor lives and the need for personal and collective healing, a team came together and formed the Crane Project—an expressive art therapy intervention to help the community process grief and foster resilience in the form of a public art exhibit. Specifically, through workshops, individuals were encouraged to write six-word poems to describe their COVID-19 experience and create a paper crane for display with their poem inside. In total, 457 individuals created 514 poems. Using a mixed-methods study design, researchers analyzed participants' six-word poems and changes in subjective units of distress scores (SUDS) before and after the intervention. We found statistically significant decreases in mean SUDS in the full sample and within each intervention group; however, no statistically significant between group differences were found. Poems were also qualitatively coded into four main themes: (a) grief, loss, and challenges; (b) painful emotions; (c) gratitude, resilience, and hope; and (d) connection and community. Our

							quantitative and qualitative findings highlight the importance of arts-based experiential projects in processing the grief and loss experienced by individuals, as well as the critical importance of fostering hope, healing, and community in the face of tragedy. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Biancalani, Gianmarco; Orkibi, Hod; Keisari, Shoshi; Guglielmin, Maria Silvia; Bertagna, Giuseppe; Meola, Patrizia; Viezzoli, Davide; Finco, Nicoletta; Testoni, Ines	2022	Italian adolescents' perception of tele-psychodrama treatment during the COVID-19 Pandemic	Arts & health			1-14	BACKGROUND: Psychodrama is an experiential group psychotherapy that is used to enhance adolescents' wellbeing. The COVID-19 pandemic forced the adaptation of this method to an online setting. OBJECTIVE: This qualitative study investigated whether and how tele-psychodrama provides psychological support to adolescents, in order to better understand its strengths and weaknesses. PARTICIPANTS: 14 adolescents from Northern and Central Italy. METHOD: 14 interviews were conducted at the end of group tele-psychodrama treatment and were analysed with qualitative thematic analysis. RESULTS: Three themes were identified: (1) contribution of tele-psychodrama to adolescents' well-being; (2) implementation of psychodrama to the online setting; and (3) (the) shortcomings of tele-psychodrama. CONCLUSIONS: Despite the differences between online and in-person psychodrama, all the participants expressed their appreciation of group tele-psychodrama, which contributed to their overall psychological wellbeing and helped them process difficulties that emerged during the lockdowns.
Biben, Vitriana; Defi, Irma Ruslina; Surjadi, Elisa; Fajarulhuda, Muhammad;	2024	Influence of Personality on Geriatric Rehabilitation Outcomes in	Gerontology & geriatric medicine	10		2333721 4231220 831	Cauda Equina Syndrome (CES) becomes more common as the population ages, making diagnosis challenging and leading to underdiagnosis and poor management. Person-centered care is crucial for successful rehabilitation outcomes, and patient's personality influences it. Female, 77 years old, diagnosed with CES

Nurarifah, Sitti Ayu Hemas		Cauda Equina Syndrome Case				<p>caused by nucleus pulposus herniation at fourth to fifth lumbar vertebrae, with a complication of pressure injury grade IV due to immobilization. Her family's lack of caregiving skills, poverty, and histrionic personality disorder were her barriers to comply to rehabilitation program. Adding a psychotherapy based on personality on rehabilitation program increased her functional outcome. This case highlight the significance of assessing each patient's personality to optimize outcomes, emphasizing the importance of tailoring rehabilitation programs to individual needs, including psychosocial and environmental factors.</p>
Biermann- Ratjen, Eva; Eckert, Jochen; Schwartz, Hans- Joachim	2016	Gesprchspych otherapie. Vernderung durch Verstehen				<p>Die theoretischen, empirischen und methodischen Grundlagen des Klientenzentrierten Konzepts und der Gesprchspychotherapie werden dargestellt. - Inhalt: (1) Das gesprchspychotherapeutische Beziehungsangebot. (2) Vergleich des Beziehungsangebotes Gesprchspychotherapie mit anderen Formen psychotherapeutischer Einflussnahme. (3) Wissenschaftliche Prfungen des Klientenzentrierten Konzepts und der Wirksamkeit von Gesprchspychotherapie. (4) Das Entwicklungs- und Strungsmodell des Klientenzentrierten Konzepts. (5) Der "Innere Bezugsrahmen". (6) Indikation und Prognose. (7) Gesprchstherapie in der Praxis (Indikation und Prognose in der Einzeltherapie; Wahl des therapeutischen Settings; Dauer und Frequenz von Gesprchstherapie). (8) Das Klientenzentrierte Konzept in der sozialen Arbeit (Beratung). - Anhang: Skalen zur Erfassung von Klienten- und Therapeutenverhalten. Der Bielefelder Klientenerfahrungsbogen (BIKEB). Der Gruppen-Erfahrungsbogen (GEB). - Das Buch wurde fr die vorliegende zehnte Auflage aktualisiert und erweitert.</p>

<p>Biermann-Ratjen, Eva-Maria; Eckert, Jochen</p>	<p>2017</p>	<p>Gesprchspsychotherapie. Ursprung - Vorgehen - Wirksamkeit</p>				<p>In kompakter Form wird ber Wirkungsweise, praktisches Vorgehen, wissenschaftliche berprfungen und Anwendungsgebiete der Gesprchspsychotherapie informiert. Zur Veranschaulichung wird ein Fallbeispiel herangezogen. Die von Carl R. Rogers begrndete Gesprchspsychotherapie ist ein humanistisches Psychotherapieverfahren, das in Deutschland, in sterreich und in der Schweiz gesetzlich anerkannt ist. Das Menschenbild dieser Therapieform beinhaltet ein fundamentales Vertrauen in die Ressourcen des Menschen und deren Entwicklung in Beziehungen. Die Gesprchspsychotherapie besteht in der Beziehung zwischen Therapeut und Klient, wenn es gelingt, dass der Klient erlebt und annehmen kann, dass ihn der Therapeut empathisch versteht und in keiner Weise bewertet. - Inhalt: (1) Herkunft und Entwicklung. (2) Verwandtschaft mit anderen Verfahren. (3) Wissenschaftliche und therapietheoretische Grundlagen des Verfahrens. (4) Kernelemente der Diagnostik. (5) Kernelemente der Therapie. (6) Klinisches Fallbeispiel. (7) Hauptanwendungsgebiete. (8) Settings. (9) Wissenschaftliche Evidenz. (10) Empirisch gesttzte klinische Evidenz. (11) Ausblick auf die Entwicklung der Gesprchspsychotherapie. (12) Institutionelle Verankerung. (13) Informationen ber Aus-, Fort- und Weiterbildungsmglichkeiten. (14) Glossar der wichtigsten theoretischen Begriffe.</p>
<p>Biermann-Ratjen, Eva-Maria; Eckert, Jochen; Gahleitner, Silke Birgitta</p>	<p>2019</p>	<p>Die gesprchspsychotherapeutische Behandlung</p>				

<p>Binder, Annette; Hanke, Sara; Petersen, Kay Uwe; Huber, Clara; Banabak, Meryem; Preiser, Christine; Batra, Anil</p>	<p>2021</p>	<p>Opinions on Alcohol Consumption During Pregnancy and The Role of The Medical Staff as an Expert in This Regard - A Grounded Theory Analysis of Online Forum Discussions</p>	<p>Zeitschrift fur Geburtshilfe und Neonatologie</p>	<p>225</p>	<p>3</p>	<p>216-225</p>	<p>BACKGROUND: Alcohol consumption during pregnancy carries many risks for the unborn child. Despite preventive measures, some pregnant women consume alcohol. The aim of this study is to identify possible reasons for consumption during pregnancy and also to shed light on the attribution of an expert role to medical professionals by those affected. METHODS: In this study, 9 discussion threads from online forums on the topic of alcohol consumption during pregnancy with a total of 115 discussion participants were analyzed using grounded theory. The discursive validation of the results took place in the research team. RESULTS: It turned out that the individual definition of the mother role has an influence on consumer behavior. Women who are very concerned about the child's well-being occasionally used alcohol in stressful situations or on social occasions, but often reported a guilty conscience after the consumption. Women who gave more weight to their own needs were more likely to consume for pleasure or because they felt they were being patronized by prohibitions. An equitable doctor-patient relationship and detailed, non-directive information were identified as beneficial factors for ascribing the expert role to the gynecologist. On the other hand, a paternalistic attitude and the issuing of bans proved to be a hindrance. DISCUSSION: All women showed a high need for information about alcohol consumption during pregnancy. The doctor-patient relationship seems to play an important role in conveying information. In addition, it became clear that the desire for support in women striving for abstinence is not being sufficiently fulfilled. CONCLUSION: Alcohol consumption during pregnancy should be addressed regularly in the care of all pregnant women. In addition to information on</p>
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							consumption risks, information on support offers is relevant.
Binder, Ute; Binder, Hans J.	2018	Klientenzentrierte Psychotherapie bei schweren psychischen Störungen. Neue Handlungs- und Theoriekonzepte zur Veränderung					Es wird ein Konzept der Anwendung klientenzentrierter Psychotherapie bei psychisch schwer gestörten Personen vorgestellt. Dazu wird ein dynamisches Persönlichkeitsmodell entwickelt, das in eine Neuinterpretation des therapeutischen Prozesses mündet. Schlüsselbegriffe des Konzepts sind die Konstrukte "Intensität", "Power" und "Commitment" als Erlebnisqualitäten in der interpersonellen Interaktion. - Aus dem Inhaltsverzeichnis: (1) Versuche zu Alternativüberlegungen zu Personmodellen. (2) Dynamisches Veränderungskonzept Intensität. (3) Power als Sicherheitskonzept. (4) Commitment als Beziehungskonzept.
Binder, Ute; Binder, Johannes	2019	Studien zu einer strungsspezifischen klientenzentrierten Psychotherapie. Schizophrene Ordnung, psychosomatisches Erleben, depressives Leiden					Dokumentiert werden die Möglichkeiten der ambulanten psychotherapeutischen Behandlung schizophrener, depressiver und psychosomatischer Patienten, die auf dem Ansatz einer strungsspezifischen klient-zentrierten Psychotherapie mit psychisch schwer gestörten Menschen basieren. - Aus dem Inhaltsverzeichnis: (A) Schizophrene Ordnung. (1) Therapeutische Grundorientierungen. (2) Konkret praktische Beschreibung der Rahmenbedingungen. (3) Strungsspezifische Defizite. (4) Exkurs über Symbiose. (5) Symbiose in schizophranten Familien. (6) Das Nähe-Distanz-Problem. (7) Die mangelnde Ich-Abgrenzung. (8) Die Macht-Ohnmacht-Problematik. (9) Das Hierarchisierungsdefizit und das Zeiterleben. - (B) Psychosomatisches Erleben. (10) Theorie. (11) Grundstrukturen. (12) über asymbiotische Nähe. - (C) Depressives Leiden. (13) Erfahrungen mit der Unzulänglichkeit unmittelbarer Einfühlung. (14) Diskrepanz zwischen emotionalen Erlebnisgehalten und Bedürfnissen

						<p>einerseits und normativer Wertwelt andererseits. (15) Fremdbestimmung. (16) Depressive Unverwundbarkeit. (17) Bedeutung für das Therapeutenverhalten. (18) Vergleichende Wahrnehmung und depressive Ich-Schwäche. (19) Therapeutische Handlungsmöglichkeiten. (20) Ambivalenz zwischen Abhängigkeitswünschen und Autonomiestreben. (21) Priorität der Beziehungsebene. (22) Anspruch an die Verwirklichung beruflicher moralisch-ethischer Forderungen. (23) Das voluntative Defizit. (24) Erfahrungen von Berufung. (25) Omnipotenzanspruch und Omnipotenzpflicht. (26) Das rigide Entweder-Oder im Erleben. (27) Strukturelles Verstehen und spezifische Wahrnehmung. (28) Voluntatives Defizit und aggressive Regression.</p>
Bird, Brian M.; Jonnson, Melissa R.	2020	Have a seat: Supervisee perspectives on using chair-based role plays in clinical supervision		30	1	<p>Research indicates that supervision plays a critical role in the training of clinical psychologists. Nevertheless, there remain important gaps in our understanding of how particular supervision techniques are implemented, and how such techniques impact supervisees on their path to professional practice. This article presents two case illustrations demonstrating how the use of chair-based role plays in supervision can positively influence a supervisee's therapeutic confidence and empathy, and can foster the processing of emotional blocks, all of which have implications for practice. We support the illustrations with literature on the use of chair work in emotion-focused therapy and mindfulness-based role play, and we conclude with some limitations and cautions about role plays in supervision, along with recommendations for future research in the area. (PsycINFO Database Record (c) 2020 APA, all rights reserved)</p>

Bird, Joanna; Caligor, Eve	2024	A case report of the treatment of narcissistic personality disorder with transference focused psychotherapy	Journal of clinical psychology				The following case study provides a description of the transference-focused psychotherapy (TFP) treatment of a young man diagnosed with narcissistic personality disorder (NPD). TFP is an individual, psychodynamic therapy developed to treat a range of personality disorders. TFP is evidence-based for the treatment of borderline personality disorder and has been adapted for the treatment of NPD. This case illustrates the application of the strategies and techniques of TFP to treatment of NPD as well as challenges clinicians may face in arriving at timely diagnosis of the disorder. Although no specific treatment for NPD has been empirically validated, TFP utilizes the therapeutic techniques identified across modalities for successful treatment of pathological narcissism. This report describes how treatment interventions such as goal setting, developing a therapeutic alliance, using a treatment contract and addressing treatment interfering behaviors contributed to this patient's improvement in self-reflection, formation of healthier and more flexible ideas about self and other, increased self-agency, tolerance of normative disillusionments and increase in empathy.
Bird, Timothy; Mansell, Warren; Wright, Jason; Gaffney, Hannah; Tai, Sara	2018	Manage Your Life Online: A Web-Based Randomized Controlled Trial Evaluating the Effectiveness of a Problem-Solving Intervention in a Student Sample	Behavioural and cognitive psychotherapy	46	5	570–582	BACKGROUND: Evidence for the efficacy of computer-based psychological interventions is growing. A number of such interventions have been found to be effective, especially for mild to moderate cases. They largely rely on psychoeducation and 'homework tasks', and are specific to certain diagnoses (e.g. depression). AIMS: This paper presents the results of a web-based randomized controlled trial of Manage Your Life Online (MYLO), a program that uses artificial intelligence to engage the participant in a conversation across any problem topic. METHOD: Healthy volunteers (n = 213) completed a

							<p>baseline questionnaire and were randomized to the MYLO program or to an active control condition where they used the program ELIZA, which emulates a Rogerian psychotherapist. Participants completed a single session before completing post-study and 2-week follow-up measures. RESULTS: Analyses were per protocol with intent to follow-up. Both programs were associated with improvements in problem distress, anxiety and depression post-intervention, and again 2 weeks later, but MYLO was not found to be more effective than ELIZA. MYLO was rated as significantly more helpful than ELIZA, but there was no main effect of intervention on problem resolution. CONCLUSIONS: Findings are consistent with those of a previous smaller, laboratory-based trial and provide support for the acceptability and effectiveness of MYLO delivered over the internet for a non-clinical sample. The lack of a no-treatment control condition means that the effect of spontaneous recovery cannot be ruled out.</p>
<p>Bird, Victoria Jane; Sajun, Sana Zehra; Pepl, Renata; Evans-Lacko, Sara; Priebe, Stefan; Singh, Swaran; Venkatraman, Lakshmi; Ramachandran, Padmavati; Pasha, Aneeta;</p>	2023	<p>Assessing the effectiveness and cost-effectiveness of a solution-focused resource-orientated approach (DIALOG+) to improving the quality of life for people with psychosis in</p>	Trials	24	1	59	<p>BACKGROUND: Severe mental illness (SMI) presents a major challenge worldwide, affecting approximately 5-8% of the world's population. It causes significant distress to affected people, families and wider communities, generating high costs through loss of productivity and ongoing healthcare use. Over 75% of patients with psychosis receive inadequate care and experience a negative financial impact and reduced quality of life (QoL). It is therefore a priority to reduce the treatment gap by providing low-cost, effective interventions for people with psychosis. Our research project, PIECEs, is designed to explore, adapt and test a low-cost, approach (DIALOG+) that makes use of existing resources to improve community-based care for patients with</p>

Malik, Ashar; Qureshi, Onaiza		India and Pakistan-a cluster RCT					<p>psychosis. The research will be conducted in two urban sites: Karachi, Pakistan and Chennai, India. DIALOG+ is a novel, technology-assisted and resource-oriented intervention, based on QoL research, concepts of patient-centred communication, IT developments and solution-focused therapy. However, the approach has not been rigorously tested within India and Pakistan. Our randomised controlled trial (RCT) aims to test the effectiveness and cost-effectiveness of DIALOG+ in improving the QoL and clinical outcomes for individuals with long-term psychosis being treated in the community in India and Pakistan. METHODS: To assess the acceptability, feasibility, and cost effectiveness of DIALOG+, we will conduct a cluster RCT with 210 patients and 14 clinicians in each country. The intervention will be used during a routine interaction between a clinician and a patient. It consists of a patient-centred assessment (the DIALOG scale) whereby the clinician invites the patient to rate their satisfaction with different life domains and treatment aspects, which forms the active control group. The intervention group will follow this up with a four-step solution-focused approach to identify the patient's resources and develop solutions to deal with the patient's concerns (DIALOG+). DISCUSSION: If shown to be effective DIALOG+ has the potential to improve community-based care and the QoL for millions of people within India and Pakistan who experience psychosis. TRIAL REGISTRATION: The trial was registered prospectively on the ISRCTN Registry: ISRCTN13022816 on 9 February 2022.</p>
Birt, Julia; Thacher, Abigail; Steinberg,	2023	Effectiveness of DBT skills training in	Psychological Services		19 39- 14	122-129	A plethora of research highlights the effectiveness of dialectical behavioral therapy (DBT) in improving emotion regulation and psychological functioning

Hannah; Weiler, Rachel; Poplawski, Rebecca; Dobbs-Marsh, Jasmine; Robinson, Athena; Zack, Sanno		outpatient men: A naturalistic study			8X(Electronic), 15 41-15 59(Print)		transdiagnostically. However, the majority of this research has focused on women, and the limited existing research on men has concentrated on high acuity patients in forensic and inpatient settings. The present study examined the effectiveness of DBT skills groups in reducing emotion regulation difficulties in a transdiagnostic sample of adult men in a university-based clinical outpatient setting using a naturalistic design. Sixteen adult male patients completed self-report measures examining emotion regulation difficulties (Difficulties in Emotion Regulation Scale) at intake and following one 12-week module of DBT skills group. Men showed a significant reduction in overall difficulty regulating emotions with a moderate effect size ($d = 0.63$, $p = 1.06$, $N = 82$) showed significant improvements in global emotion regulation difficulties ($d = 0.71$, $p < .01$), with marked improvement across all six subscales. Implications of findings for the application of DBT for men in outpatient settings is discussed, limitations reviewed, and areas for future research suggested. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Bischkopf, Jeannette	2016	Emotion-focused therapy					
Bischkopf, Jeannette; Tatschner, Marianne	2022	(Selbst-)Stigmatisierung erkennen, verstehen und berwinden	Verhaltenstherapie und psychosoziale Praxis	54	2	259–270	(Selbst-)Stigmatisierung hat vielfltige Auswirkungen, die sich z. B. als Gefhle von Scham, Minderwertigkeit, Ohnmacht, besonderer Verletzlichkeit und Hoffnungslosigkeit zeigen knnen. Im Beitrag werden die Entwicklung und Auswirkungen der (Selbst-)Stigmatisierung vor allem auf die Entstehung von Scham diskutiert. Es wird auf die Emotionsfokussierte Therapie nach Greenberg et al. sowie die Broaden- und Build-Theorie positiver Emotionen nach Fredrickson Bezug genommen. Anschlieend werden vier Mglichkeiten

						<p>aufgezeigt, die zur Berwindung von Scham und (Selbst-) Stigmatisierung beitragen und in Beratung und Therapie genutzt werden können. Ein besonderer Fokus wird dabei auf Achtsamkeit und Selbstmitgefühl gelegt. Gerade im Umgang mit negativen Selbst-Zuschreibungen bieten sie beachtenswerte neue Möglichkeiten und eröffnen Wege aus der Selbst-Stigmatisierung. Nicht die Veränderung von Gedankeninhalten steht dabei im Vordergrund, sondern eine neue Art der Zuwendung zu den Gedanken und zu der Person, die diese Gedanken hat.</p>
Bitzer-Gavornik, Gnther	2016	Lebens- und Sozialberatung in sterreich				<p>Die Entwicklung und die aktuelle Situation der Lebens- und Sozialberatung in sterreich wird beschrieben. Lebens- und Sozialberatung umfasst die professionelle, bewusste und geplante Beratung, Betreuung und Begleitung von Menschen in Entscheidungs- und Problemsituationen. Praxisfelder und Anwendungsbereiche wie etwa Persönlichkeitsberatung, Paarberatung, Familienberatung, geschlechtsspezifische Beratung, Coaching, Mediation, Burnoutprophylaxe und Suchtberatung werden aufgezeigt. Darüber hinaus werden Methoden der Lebensberatung beschrieben, die in sterreich praktiziert werden, etwa klientenzentrierte Beratung, systemische (Familien-)Beratung und Integrative Gestaltberatung. Schlielich wird auf die Ausbildung von Beratern eingegangen. - Inhalt: (A) Die Entwicklung der Lebens- und Sozialberatung in sterreich. (1) Rotraud A. Perner: Die Entstehungsgeschichte eines "neuen" Berufs. (2) Gnther Bitzer-Gavornik: Historische, rechtliche und inhaltliche Aspekte. (3) Rene Reichel: Professionalitt und Seriositt in der psychosozialen Beratung. (4) Peter Battistich: Neurobiologie: Impulse fr Beratung und Coaching. (5) Gottfried Huemer: Krankheiten Vorbeugen. - (B) Exemplarische Praxisfelder</p>

						<p>und Anwendungsbereiche. (6) Gnther Bitzer-Gavornik: Persönlichkeitsentwicklung/Selbsterfahrung. (7) Elfriede Zrner: Gesundheitsberatung. (8) Rene Reichel: Beratungskompetenz in Organisationen. (9) Harald Herzog: Beratung bei Berufsproblemen. (10) Julia Haberstroh: Beratung und Begleitung von alten Menschen und Sterbenden. (11) Gnther Bitzer-Gavornik und Martina Gavornik: Paarbeziehung und Paarberatung. (12) Gnter Schwiefert: Sexualberatung. (13) E. Johannes Sulzbacher: Coaching mit Leib und Seele. (14) Josefa Hauck: Kinder-Jugendlichen-Eltern-Beratung. (15) Gerda Schellinger: Mobbingberatung - Schikane und Psychoterror am Arbeitsplatz. (16) Elisabeth Vallant und Pauline Leitner: Frauen fr Frauen - Die Beratungsstelle von pro humanis leben, helfen. (17) Martin Riesenhuber: Suchtberatung. (18) Sabine Volgger und Barbara Lsser: Mediation - der Beginn einer neuen Streitkultur. (19) E. Johannes Sulzbacher: Berufs- und Karriereberatung. (20) Ilse Schinner-Crsemann: Atem-Lebenshilfe in der Trauer-Weg-Begleitung. (21) Marietheres Frauendorfer: Validation. (22) Peter A. Thomaset: Mnnerspezifische Beratung. (23) Barbara-Maria Angerer: "Jede Frau ist Tochter" - Frauenspezifische Beratung. (24) Luboslav Kmet: "Brennen" ohne "auszubrennen" - Burnout-Beratung und Prophylaxe. (25) Ursula Zelzer-Lenz: Supervision im Kontext Lebens- und Sozialberatung. (26) Gnther Bitzer-Gavornik: Krisenintervention. (27) Sabrina Schober und Helga Weule: Philosophische Praxis - praktische Philosophie. Beratung als Spiel mit den persnlichen Wirklichkeitskonstruktionen. - (C) Methoden der Lebensberatung. (28) Marietheres Frauendorfer: Der personenzentrierte Ansatz in der Lebensberatung. (29) Inge Wressnig: Systemische Lebens- (Familien-) und</p>
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							<p>Sozialberatung. (30) Liselotte Nausner: Integrative Gestaltberatung als Methode der Lebens- und Sozialberatung. (31) Dagmar Vogl: Hypno-systemische Beratung - Wie Lsungen gelingen. (32) Peter Schtz: NLP - Neuro-Linguistisches Programmieren. (33) Christine Meusburger: Der mentale Beratungsansatz. (34) Erwin Bakowsky: Integrative Lebens- und Sozialberatung mit kreativen Medien. (34) Helene Drexler: Logotherapeutische und existenzanalytische Lebensberatung und Begleitung. (35) Arnold und Eva Polivka: Integrative Lebensberatung auf der Basis von Lerntheorie nach der "One-Brain-Methode". (36) Heia Weule und Sabrina Schober: Art of Counseling - die ganzheitlich-prozessorientierte "Methode". (37) Roman A. Perner: Humanistische Beratung - Im Zeichen von Gewaltverzicht und Verantwortungsethik. (38) Irene Mitterbacher: Partnerschule - eine Methode der Paarberatung. - (D) Ausbildung und Ausbildungseinrichtungen. (39) Gnther Bitzer-Gavornik: Die Ausbildung zum/zur "Diplom-Lebensberaterin". - Das Buch wurde fr die vorliegende vierte Auflage bearbeitet und ergnzt.</p>
Bjerck-Amundsen, Freja; Opsahl, Tobias; Emiliussen, Jakob	2022	The interaction between good life conceptions and psychotherapeutic practice - an interpretative phenomenological study of psychologists' experiences	Scandinavian J Psychology (Scandinavian Journal of Psychology)	63	1	8-18	<p>Based on qualitative interviews with four Danish psychologists and employing Interpretative Phenomenological Analysis (IPA), this study explored psychologists' understandings about the good life and how these influence the participants' clinical practice. The study found that the participants were quite aware of how their conceptions of the good life play a role in their work. Good life understandings that influenced therapeutic practice were quite similar amongst participants and were largely characterized by traits often associated with good mental health. Themes identified</p>

							<p>were: "Everyday well-being," "presence", and "taking care of oneself and others," and subthemes were "contact with the self," "awareness of the good things in life," "connectedness," "to mean something to others," "coping with distress," and "compassion for oneself and others." Among participants, these good life conceptions had a similar influence on different areas of their practice in terms of how the participants understand their clients' issues, which impacted what they talk to their clients about, and what they seek to achieve with the clients in therapy. Therefore, the good life conceptions influenced the methods, techniques, personal behaviors, and therapeutic approaches used to provide good and effective therapy. Another finding was that participants' clinical experiences also seemed to impact their good life conceptions. The interpretation of the participants' experiences represented a hermeneutic model suggesting that the participants' good life conceptions and their clinical practice experiences might inform and reinforce each other in a continuously expanding overlap. The actual nature of this interaction and its implications are relevant for future research.</p>
Black, Isra; Helgason, Ásgeir Rúnar	2018	Using motivational interviewing to facilitate death talk in end-of-life care: an ethical analysis	BMC palliative care	17	1	51	<p>BACKGROUND: Morbidity arising from unprepared bereavement is a problem that affects close personal relations of individuals at the end-of-life. The bereavement studies literature demonstrates that a lack of preparedness for a loved one's death is a risk factor for secondary psychological morbidity among survivors. Short awareness time of death negatively correlates to preparedness for bereavement. The absence of disclosure of end-of-life diagnosis and prognosis to close personal relations ('death talk') between patients and loved ones, or health professionals and loved ones, may</p>

							<p>contribute to short awareness time of death. To increase awareness time of death, we might attempt to increase patient first-personal disclosure of end-of-life diagnosis and prognosis to loved-ones, and/or patient consent to health professional disclosure of the same. MAIN TEXT: Interventions based on motivational interviewing in end-of-life care whose aim is to facilitate death talk, either by the patient directly, or by a health professional with the patient's consent, may offer a part solution to the problem of unprepared bereavement. This paper evaluates the ethical permissibility of such interventions. We consider two ethical objections to using motivational interviewing in this way: first, that it is inappropriate for practitioners to seek disclosure as an outcome in this setting; second, that aiming at disclosure risks manipulating individuals into death talk. While it need not be impermissible to direct individuals toward disclosure of end-of-life diagnosis/prognosis, the objection from manipulation implies that it is pro tanto ethically preferable to use motivational interviewing in a non-directive mode in death talk conversations. However, insofar as non-directive motivational interviewing requires more advanced skills, and thus may be more difficult to learn and to practise, we advance that it may be ethically permissible, all things considered, to employ directional, or specific outcome-oriented, motivational interviewing. CONCLUSION: Motivational interviewing interventions in end-of-life care whose aim is to facilitate death talk, either by the patient directly, or by a health professional with the patient's consent may be ethically permissible, all things considered.</p>
Blackwell, Christopher W.	2020	Demonstrating Nursing	Journal of transcultural	31	2	209–215	Introduction: Human Rights Campaign annually scores health care treatment of lesbian, gay, bisexual,

		Excellence Through Equality: The Relationship Between Magnet® Status and Organizational LGBTQ Client Services and Support	nursing : official journal of the Transcultural Nursing Society				transgender, and queer (LGBTQ) employees and clients among four measured dimensions in its Healthcare Equality Index (HEI). The purpose of this study was to determine if the score organizations earned on the 2018 HEI dimension measuring LGBTQ client services and support correlated with organizations' American Nurses Credentialing Center Magnet® recognition status, a distinction of nursing excellence. Method: Using a secondary data analysis approach, data obtained from Human Rights Campaign that specifically rated LGBTQ client services and support in 2018 HEI participating organizations (n = 626) were compared with the most recent inventory of American Nurses Credentialing Center Magnet health care organizations (n = 477). Results: LGBTQ client services and support HEI scores positively correlated with Magnet status (p = .0002). Discussion: Provision of LGBTQ client services and Magnet recognition is strongly related to higher quality nursing care, suggesting organizations earning Magnet recognition provide more equitable services to its LGBTQ clients.
Bland, Andrew M.	2018	Facilitating and assessing personal growth in helper development using Hart's (2014) Four Virtues	The Humanistic Psychologist	46	1	6-29	During the last decade, calls have been made for a paradigm shift in the training of helping professionals to include an increased emphasis on developing the helper as a person in addition to honing technical proficiency. Models by Ridley et al. (2011), Geller and Greenberg (2012), and Fauth et al. (2007) have identified characteristics and provided working definitions of intrapersonal helper competencies and attributes. However, these are only a descriptive starting point. More work remains in their practical implementation in helper training and research thereupon, as well as in developing appropriate tools for assessing helpers' capacities in

							these areas. One exception to this dearth of helper-as-person assessment tools is Hart and Hart's (2014) Spiritual Assessment Matrix (SAM)—which is based on Hart's (2014) Four Virtues, a model of personal growth that encourages balance among the 4 interdependent qualities of presence, heart, wisdom, and creation. In this article, I reflect upon my employment of Hart's model and the SAM to promote intrapersonal and interpersonal competence in master's students enrolled in an entry-level graduate course in Psychotherapy and Intervention Skills. After surveying Hart's model, I describe the method by which the students completed and reflected upon the results of the SAM before and after supervised experience with a client. Next, I provide a thematic analysis of the students' end-of-semester reflections with connections made to extant helper development literature. Finally, I discuss implications of Hart's model and assessment for helper training while addressing its limitations and provide suggestions for further research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Blaschke, Sarah; O'Callaghan, Clare C.; Schofield, Penelope	2020	Nature-based supportive care opportunities: a conceptual framework	BMJ supportive & palliative care	10	1	36–44	OBJECTIVE: Given preliminary evidence for positive health outcomes related to contact with nature for cancer populations, research is warranted to ascertain possible strategies for incorporating nature-based care opportunities into oncology contexts as additional strategies for addressing multidimensional aspects of cancer patients' health and recovery needs. The objective of this study was to consolidate existing research related to nature-based supportive care opportunities and generate a conceptual framework for discerning relevant applications in the supportive care setting. METHODS: Drawing on research investigating nature-based engagement in oncology contexts, a two-step analytic

						<p>process was used to construct a conceptual framework for guiding nature-based supportive care design and future research. Concept analysis methodology generated new representations of understanding by extracting and synthesising salient concepts. Newly formulated concepts were transposed to findings from related research about patient-reported and healthcare expert-developed recommendations for nature-based supportive care in oncology. RESULTS: Five theoretical concepts (themes) were formulated describing patients' reasons for engaging with nature and the underlying needs these interactions address. These included: connecting with what is genuinely valued, distancing from the cancer experience, meaning-making and reframing the cancer experience, finding comfort and safety, and vital nurturance. Eight shared patient and expert recommendations were compiled, which address the identified needs through nature-based initiatives. Eleven additional patient-reported recommendations attend to beneficial and adverse experiential qualities of patients' nature-based engagement and complete the framework. CONCLUSIONS: The framework outlines salient findings about helpful nature-based supportive care opportunities for ready access by healthcare practitioners, designers, researchers and patients themselves.</p>
Bleiberg, Kathryn L.; Markowitz, John C.		Interpersonal psychotherapy for PTSD: Treating trauma without exposure	Journal of Psychotherapy Integration	29	1	<p>Interpersonal psychotherapy (IPT) is a time-limited, diagnosis-targeted psychotherapy originally developed for the treatment of major depression. Research studies have repeatedly demonstrated its efficacy in treating mood disorders and other psychiatric disorders over the past 40 years. Because IPT is a life event-based treatment that focuses on improving interpersonal functioning, it seemed natural to adapt it for the</p>

							treatment of posttraumatic stress disorder (PTSD), a life event-based illness that affects interpersonal functioning. Preliminary data have suggested that the efficacy of IPT in alleviating PTSD symptoms is equal to that of prolonged exposure, the best tested exposure-based treatment. We describe the principles of IPT and its modifications for treating PTSD. A case illustration describes a patient with PTSD related to military trauma. The authors discuss their reluctance to integrate IPT for PTSD with other psychotherapeutic perspectives. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Blob, Friedgard	2018	Das "Nein" in der Prsenz - Grenzen setzen durch ganzkörperliche Anwesenheit	Gesprächspsychotherapie und Personzentrierte Beratung	49	4	212-216	Reflektiert wird über das vorsprachliche und auf körperlicher Ebene angelegte Ur-Nein und den Nutzen von positiven Grenzziehungen in alltäglichen Interaktionen. Anhand grundlegender Konzepte des Focusing und der Leibpsychotherapie werden körperlich basierte Abgrenzungsprozesse dargelegt, therapeutische Zugänge aufgezeigt und deren Bedeutung für den Alltag herausgearbeitet.
Blonigen, Daniel M.; Rodriguez, Allison L.; Manfredi, Luisa; Nevedal, Andrea; Rosenthal, Joel; McGuire, James F.; Smelson, David; Timko, Christine	2018	Cognitive-behavioral treatments for criminogenic thinking: Barriers and facilitators to implementation within the Veterans Health Administration	Psychological Services	15	1		Cognitive-behavioral treatments for criminogenic thinking (i.e., antisocial cognitions, attitudes, and traits) are regarded as best practices for reducing criminal recidivism among justice-involved adults. However, the barriers and facilitators to implementation of these treatments within large health care systems such as the Veterans Health Administration (VHA) are largely unknown. To address this gap, we conducted qualitative interviews with 22 Specialists from the VHA's Veterans Justice Programs who had been trained in a cognitive-behavioral treatment for criminogenic thinking (i.e., Moral Reconciliation Therapy [MRT], Thinking for a Change [T4C]). The time-intensiveness of these treatments emerged as a

						<p>barrier to implementation. Potential solutions identified were patient incentives for treatment engagement, streamlining the curriculum, and implementing the treatments within long-term/residential programs. At the program level, providers' stigma/bias toward patients with antisocial tendencies was seen as a barrier to implementation, as were time/resource constraints on providers. To address the latter, use of peer providers to deliver the treatments and partnerships between justice programs and behavioral health services were suggested. At the system level, lack of recognition of criminogenic treatments as evidence based, and uncertainty of sustained funds to support ongoing costs of these treatments emerged as implementation barriers. To address the latter, a train-the-trainers model was suggested. Our findings serve as a guide for implementation of criminogenic treatments for providers and policymakers in VHA and other large health care systems, which are increasingly called upon to provide care to justice-involved adults in the community. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Blunden, Nicola; Billie	2021	'And we are a human being': Coproduced reflections on person-centred psychotherapy in plural and dissociative identity	Psychother Politics Int (Psychotherapy and Politics International)	19	2	

<p>Bodenmann, Guy; Kessler, Mirjam; Kuhn, Rebekka; Hocker, Lauren; Randall, Ashley K.</p>	<p>2020</p>	<p>Cognitive-behavioral and emotion-focused couple therapy: Similarities and differences</p>	<p>Clinical Psychology in Europe, 2020</p>				<p>Background: Couples and families often seek therapy to deal with relational distress, which is a result of external or internal factors of the relationship. Two approaches are acknowledged to be most effective in dealing with relationship distress or psychological disorders in couples: (1) cognitive behavioral couple therapy with new directions (CBCT) and (2) emotion-focused couple therapy (EFCT). In this article we investigate how much CBCT and EFCT really differ with regard to working with emotions, which is claimed to be a major focus of EFCT, and whether there exist significant differences in efficacy between these two approaches. Method: This article critically reviews the theoretical background, process, techniques and outcomes associated with CBCT and EFCT in an effort to challenge the assumptions noted above. Results: There is no evidence that EFCT is more emotion-focused than CBCT. Both approaches were repeatedly examined with RCT studies with follow-ups. In sum, no significant differences in effect size were found between CBCT and EFCT. Conclusion: CBCT and EFCT are both effective in reducing couples' distress.</p>
<p>Boeckh, Albrecht</p>	<p>2019</p>	<p>Die Rolle der Gefhle in der Gestalttherapie</p>					<p>In einer Errterung der Rolle der Gefhle in der Gestalttherapie wird zunchst auf die Phnomenologie der Gefhle eingegangen. Die Ausfhrungen beziehen sich dabei unter anderem auf negative und positive Gefhle, pathische und aktivierende Gefhle, primre und sekundre Gefhle, groe und kleine Gefhle, Abwesenheit und Abwehr von Gefhlen, Gefhlsklte, den ganzheitlichen Charakter gefhlsmigen Erlebens und gefhlsbestimmten Handelns, Gefhle als Zentren des Wandels, Gefhlsparitten, Empathie, Gefhle der anderen als Teil des eigenen Erlebens. Im Anschluss werden Gefhle in der Theorie (theorie der Schichten der Neurose, Theorie der</p>

						organismischen Selbstregulation im Organismus-Umwelt-Feld, Theorie der Selbstfunktionen, Sozialfunktion des Selbst) und Methodik der Gestalttherapie in den Blick genommen.
Boeckh, Albrecht	2019	Die dialogische Struktur des Selbst. Perspektiven einer relationalen und emotionsorientierten Gestalttherapie				Die Einsicht in die dialogische Struktur des Selbst erweitert dessen Konzeptualisierung in der Gestalttherapie um eine soziale Funktion und sprengt damit deren vor allem auf Selbsterhalt gerichtete Konzeption. Mit dieser Erkenntnis wird eine Theoriegrundlage für die relationale und emotionsorientierte Gestalttherapie geschaffen. Die praktische Anwendbarkeit des Konzepts in Psychotherapie, Supervision und Coaching wird aufgezeigt, das Verhältnis von Gestalttherapie und Psychodrama wird veranschaulicht, und die Gestalttherapie wird innerhalb der humanistischen Psychotherapie positioniert. Auf diese Weise wird den therapeutischen, beratenden wie auch pädagogischen Bereichen ein neues Konzept des Selbst zur Verfügung gestellt und die Entwicklung der Gestalttherapie als zentrales humanistisches Therapieverfahren wird hervorgehoben. - Inhalt: (1) Grundlagen einer relationalen Gestalttherapie (Die dialogische Struktur des Selbst. Psychologische und philosophische Gedanken in psychotherapeutischer Absicht; Anerkennung - Intersubjektivität - Selbstentwicklung. Konsequenzen für die Theorie der Gestalttherapie; Gestalttherapie: Ethik und soziale Verantwortung). (2) Grundlagen einer emotionsorientierten Gestalttherapie (Rolle der Gefühle in der Gestalttherapie; Negative Gefühle. Soziale Funktion und Rolle in der Therapie; Gestalttherapie bei Angststörungen; Gestalttherapie, Aggression und Selbstverwirklichung). (3) Gestalttherapeutische Theorie

							und Praxis im gesellschaftlichen Kontext (Spaltungen in der Gesellschaft und in der Theorie der Gestalttherapie; Gestalttherapeutische Supervision und Coaching. Ein Beitrag zur Humanisierung der Arbeitswelt). (4) Gestalttherapie und andere humanistische Therapieverfahren (Gestalttherapie und ihre dialektische Entwicklung im Verhältnis zu anderen humanistischen Therapieverfahren; Gestalttherapie und Psychodrama).
Boecking, Benjamin; Brueggemann, Petra; Rose, Matthias; Mazurek, Birgit	2023	Chronic tinnitus: An interplay between somatic and psychological factors	HNO	71	11	719-730	Chronic tinnitus is a common, sometimes highly distressing phenomenon that can be triggered and maintained by an interplay of physical and psychological factors. Partnering with clinical psychology and psychosomatic medicine, modern otolaryngology integrates both medical (e.g., hearing loss) and psychological influences (e.g., interactions between biographical experiences, personality traits, subjective evaluation of intrapsychic and interpersonal stimuli, emotional states, and intrapsychic or interpersonal emotion regulation strategies). Both groups of variables can influence the intensity and course of chronic tinnitus symptomatology both directly and indirectly, whereby the quality and relative degrees of psychological and physical components in a person's self-experience can fluctuate. With this in mind, the present article distinguishes between chronic tinnitus symptomatology with or without hearing loss-and strongly advocates for an integrated understanding of the symptomatology within a holistic psychological frame of reference. After a brief introduction to the principles of psychosomatic medicine and psychotherapy, the article discusses psychological case conceptualization using a vulnerability-stress-coping (VSC) model as an example, outlines clinical aspects and diagnostics of chronic tinnitus

							symptomatology, and concludes with a conceptualization of chronic tinnitus-related distress as a function of person-centered VSC interactions.
Boelen, Paul A.; Lenferink, Lonneke I. M.; Spuij, Mariken	2021	CBT for Prolonged Grief in Children and Adolescents: A Randomized Clinical Trial	The American journal of psychiatry	178	4	294–304	<p>OBJECTIVE: Prolonged grief disorder was newly included in ICD-11 and resembles persistent complex bereavement disorder, newly included in DSM-5. Although prolonged grief disorder in adults can be successfully treated by cognitive-behavioral therapy (CBT), there is no evidence yet that CBT interventions can successfully alleviate the disorder in children and adolescents. The goal of this randomized clinical trial was to examine the effects of a CBT program, CBT Grief-Help, for prolonged grief disorder in children and adolescents in comparison with the effects of nondirective supportive counseling. METHODS: A total of 134 children and adolescents with prolonged grief disorder (mean age, 13.10 years [SD=2.84], bereaved a mean of 37.79 months [SD=36.23] earlier) were randomly assigned to receive either CBT Grief-Help (N=74) or supportive counseling (N=60). Both treatment conditions encompassed nine individual sessions with children and adolescents paralleled by five counseling sessions with parents or caretakers. Children and adolescents completed measures of prolonged grief disorder, depression, and posttraumatic stress disorder (PTSD), and their parents or caretakers completed measures of their children's problem behavior before treatment, immediately after treatment, and 3, 6, and 12 months after treatment. RESULTS: Both treatments yielded moderate to large effect sizes across prolonged grief disorder and most other outcome measures. Compared with supportive counseling, CBT Grief-Help resulted in significantly greater reductions in prolonged grief disorder symptoms</p>

						at all posttreatment assessments, and it was more successful in alleviating depression, PTSD symptoms, and internalizing problems 6 and 12 months after treatment. CONCLUSIONS: Prolonged grief disorder and its symptoms in bereaved children and adolescents can be effectively treated by CBT interventions. The superior long-term effects of CBT Grief-Help relative to supportive counseling suggest that this treatment successfully strengthens children and adolescents in facing challenges brought about by bereavement.
Bogart, Laura M.; Phaladze, Nthabiseng; Kgotlaetsile, Keonayang; Klein, David J.; Goggin, Kathy; Mosepele, Mosepele	2023	Pilot Test of Mopati, a Multi-Level Adherence Intervention for People Living with HIV and Their Treatment Partners in Botswana	International journal of behavioral medicine			BACKGROUND: Low-cost, scalable strategies are necessary to reach the UNAIDS 2030 target of ending HIV as a public health threat. Use of treatment partners, informal caregivers selected by people living with HIV to support antiretroviral therapy adherence, is one such strategy that is included in many countries' HIV guidelines, including Botswana, a country with high HIV prevalence. METHOD: From June 2021 to June 2022, we pilot tested a clinic-based treatment partner intervention ("Mopati"), including standardized language for providers to guide patients on treatment partner selection and workshops to train treatment partners on providing non-directive support to patients using a non-confrontational, non-judgmental approach. Sixty unsuppressed patients (30 per clinic) and 45 treatment partners (17 intervention, 28 control) were recruited from an intervention-control clinic matched-pair in Gaborone, Botswana. RESULTS: Mopati had medium-to-large effects on increasing patients' adherence, adherence self-efficacy, intrinsic adherence motivation, and perceived non-directive support from treatment partners, and decreasing treatment partner caregiver burden. Aggregate viral suppression rates significantly increased in the

							intervention (vs. control) clinic. Qualitative data from 14 clinic staff, 21 patients, and 16 treatment partners indicated that Mopati was viewed as effective. Providers said the guidance empowered them to be proactive in communicating about adherence; most reported using the guidance. CONCLUSION: This study shows preliminary support for the use of treatment partners in HIV care, and further evidence for interventions that leverage patients' existing support. This research can inform ways to improve adherence to HIV treatment as well as the treatment of HIV-related comorbid conditions in lower-resource settings. TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT04796610.
Boico, Vasile; Humblestone, Susan; Moutoussis, Michael; Selai, Caroline	2023	Group psychotherapy format guided self-help for patients with FNSD awaiting inpatient multidisciplinary treatment: A pilot study	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Bonfils, Kelsey A.; Dreison, Kimberly C.; Luther, Lauren; Fukui, Sadaaki; Dempsey, Abigail E.; Rapp, Charles A.; Salyers, Michelle P.	2018	Implementing CommonGround in a community mental health center: Lessons in a computerized decision support system	Psychiatric Rehabilitation Journal	41	3		Objective: Although shared decision making (SDM) is a key element of client-centered care, it has not been widely adopted. Accordingly, interventions have been developed to promote SDM. The aim of this study was to explore the implementation process of one SDM intervention, CommonGround, which utilizes peer specialists and a computerized decision support center to promote SDM. Method: As part of a larger study, CommonGround was implemented in 4 treatment teams in a community mental health center. The

							<p>implementation process was examined by conducting semistructured interviews with 12 staff members that were integral to the CommonGround implementation. Responses were analyzed using content analysis. Program fidelity and client program use were also examined. Results: Although key informants identified several client and staff benefits to using CommonGround, including improved treatment engagement and availability of peer specialists, most clients did not use CommonGround consistently throughout the implementation. Key informants and fidelity reports indicated a number of program (e.g., technological difficulties, increased staff burden) and contextual barriers (e.g., poor fit with service structure, decision support center location, low staff investment and high turnover) to the successful implementation of CommonGround. Strategies to maximize the implementation by increasing awareness, buy-in, and utilization are also reported. Conclusions and Implications for Practice: This implementation of CommonGround was limited in its success partly as a result of program and contextual barriers. Future implementations may benefit from incorporating the strategies identified to maximize implementation in order to obtain the full program benefits. (PsyInfo Database Record (c) 2020 APA, all rights reserved)</p>
Bonnaire, Céline; Liddle, Howard; Har, Alexandre; Phan, Olivier	2020	Searching for change mechanisms in emotion-focused work with adolescents	Couple and Family Psychology: Research and Practice		21 60- 41 0X(Ele ctr oni	100-121	<p>Disconnection and disengagement are frequent characteristics of interactions between parents and adolescents who present with substance use disorders. Excessive blame, defensiveness, and recrimination characterize day-to-day interactions within these families. Developmental psychopathology research reveals both short- and long-term effects of negative</p>

		and parents: An example from multidimensional family therapy			c), 21 60- 40 96(Pri nt)		emotional patterns between parents and adolescents on the young person's development, as well as on the parents' functioning and their parenting practices in particular. Persistent expression and experience of negative emotions are also associated with poor treatment outcome, as they act as barriers to treatment engagement and change. This article demonstrates how research-based knowledge can guide therapeutic strategy and how emotions can be transformed in an empirically supported, family-based treatment: multidimensional family therapy. Transcripts with commentary from an adolescent, a parent, and from family therapy sessions illustrate emotion-related interactional transactions and interventions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Bonnet, Udo; Winter, Elena	2020	"Internetbasierte Verfahren können die Hoffnung auf den Therapieerfolg verstärken"	Gesprächspsychotherapie und Personenzentrierte Beratung	51	1	17-18	Die Digitalisierung hat enormen Einfluss auf unser Kommunikationsverhalten und auf die Art unserer Beziehungsgestaltung. Dabei führen die neuen Medien und die immer verfügbare "Online-Welt" im realen Leben oft in die soziale Isolation. Aber sie bergen auch neue Möglichkeiten für Hilfsangebote: Prof. Dr. med. Udo Bonnet, Chefarzt der Klinik für Psychiatrie, Psychotherapie und Psychosomatik am Evangelischen Krankenhaus in Castrop-Rauxel, spricht in einem Interview über PC-gestützte Psychotherapie bei depressiven Patienten am Beispiel des Online-Therapieprogramms Deprexis.
Boritz, Tali; Barnhart, Ryan; Angus, Lynne; Constantino, Michael J.	2017	Narrative flexibility in brief psychotherapy for depression	Psychotherapy research : journal of the Society for Psychotherapy Research	27	6	666-676	OBJECTIVE: This study aimed to further understand how narrative flexibility contributes to therapeutic outcome in brief psychotherapy for depression utilizing the Narrative-Emotion Process Coding System (NEPCS), an observational measure that identifies specific markers of narrative and emotion integration in therapy sessions. METHOD: The present study investigated narrative

						flexibility by examining the contribution of NEPCS shifting (i.e., movement between NEPCS markers) in early, middle, and late sessions of client-centred therapy (CCT), emotion-focused therapy (EFT), and cognitive therapy (CT) and treatment outcome (recovered versus unchanged at the therapy termination). A logistic regression, with Wald tests of parameter estimates and pairwise comparisons, was used to test the study hypotheses. RESULTS: Results demonstrated that for recovered clients, the probability of shifting over the course of a therapy session was constant, whereas the probability of shifting declined for unchanged clients as the session progressed. There was also evidence that longer duration of time spent in any single NEPCS marker was negatively associated with shifting for both recovered and unchanged clients, although the effect was stronger for unchanged clients. CONCLUSIONS: The results provided preliminary support for the contribution of narrative flexibility to treatment outcomes in EFT, CCT, and CT treatments of depression.	
Bose, Deepika; Pettit, Jeremy W.; Silk, Jennifer S.; Ladouceur, Cecile D.; Olino, Thomas M.; Forbes, Erika E.; Siegle, Greg J.; Dahl, Ronald E.; Kendall, Phillip C.; Ryan, Neal D.; McMakin, Dana L.	2023	Therapeutic Alliance, Attendance, and Outcomes in Youths Receiving CBT or Client-Centered Therapy for Anxiety	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53			1-11	OBJECTIVE: Positive associations between therapeutic alliance and outcome (e.g. youth symptom severity) have been documented in the youth anxiety literature; however, little is known about the conditions under which early alliance contributes to positive outcomes in youth. The present study examined the relations between therapeutic alliance, session attendance, and outcomes in youths (N = 135; 55.6% female) who participated in a randomized clinical trial testing the efficacy of cognitive-behavioral therapy or client-centered therapy for anxiety. METHOD: We evaluated a conceptual model wherein: (1) early alliance indirectly contributes to positive outcomes by improving session attendance; (2) alliance-outcome

							associations differ by intervention type, with stronger associations in cognitive-behavioral therapy compared to client-centered therapy; and (3) alliance-outcome associations vary across outcome measurement timepoints, with the effect of early alliance on outcomes decaying over time. RESULTS: Contrary to hypotheses, provider ratings of early alliance predicted greater youth-rated anxiety symptom severity post-treatment (i.e. worse treatment outcomes). Session attendance predicted positive youth-rated outcomes, though there was no indirect effect of early alliance on outcomes through session attendance. CONCLUSIONS: Results show that increasing session attendance is important for enhancing outcomes and do not support early alliance as a predictor of outcomes.
Bosgraaf, Liesbeth; Spreen, Marinus; Pattiselanno, Kim; van Hooren, Susan	2020	Art Therapy for Psychosocial Problems in Children and Adolescents: A Systematic Narrative Review on Art Therapeutic Means and Forms of Expression, Therapist Behavior, and Supposed Mechanisms of Change	Frontiers in psychology	11		584685	Background: Art therapy (AT) is frequently offered to children and adolescents with psychosocial problems. AT is an experiential form of treatment in which the use of art materials, the process of creation in the presence and guidance of an art therapist, and the resulting artwork are assumed to contribute to the reduction of psychosocial problems. Although previous research reports positive effects, there is a lack of knowledge on which (combination of) art therapeutic components contribute to the reduction of psychosocial problems in children and adolescents. Method: A systematic narrative review was conducted to give an overview of AT interventions for children and adolescents with psychosocial problems. Fourteen databases and four electronic journals up to January 2020 were systematically searched. The applied means and forms of expression, therapist behavior, supposed mechanisms of change, and effects were extracted and coded. Results: Thirty-seven studies out of

						<p>1,299 studies met the inclusion criteria. This concerned 16 randomized controlled trials, eight controlled trials, and 13 single-group pre-post design studies. AT interventions for children and adolescents are characterized by a variety of materials/techniques, forms of structure such as giving topics or assignments, and the use of language. Three forms of therapist behavior were seen: non-directive, directive, and eclectic. All three forms of therapist behavior, in combination with a variety of means and forms of expression, showed significant effects on psychosocial problems. Conclusions: The results showed that the use of means and forms of expression and therapist behavior is applied flexibly. This suggests the responsiveness of AT, in which means and forms of expression and therapist behavior are applied to respond to the client's needs and circumstances, thereby giving positive results for psychosocial outcomes. For future studies, presenting detailed information on the potential beneficial effects of used therapeutic perspectives, means, art techniques, and therapist behavior is recommended to get a better insight into (un)successful art therapeutic elements.</p>
<p>Bosnjak Kuharic, Dina; Kekin, Ivana; Hew, Joanne; Rojnic Kuzman, Martina; Puljak, Livia</p>	2019	Interventions for prodromal stage of psychosis	The Cochrane database of systematic reviews	2019	11	<p>BACKGROUND Psychosis is a serious mental condition characterised by a loss of contact with reality. There may be a prodromal period or stage of psychosis, where early signs of symptoms indicating onset of first episode psychosis (FEP) occur. A number of services, incorporating multimodal treatment approaches (pharmacotherapy, psychotherapy and psychosocial interventions), developed worldwide, now focus on this prodromal period with the aim of preventing psychosis in people at risk of developing FEP.</p>

						<p>OBJECTIVES The primary objective is to assess the safety and efficacy of early interventions for people in the prodromal stage of psychosis. The secondary objective is, if possible, to compare the effectiveness of the various different interventions.</p> <p>SEARCH METHODS We searched Cochrane Schizophrenia's study-based Register of studies (including trials registers) on 8 June 2016 and 4 August 2017.</p> <p>SELECTION CRITERIA All randomised controlled trials (RCTs) evaluating interventions for participants older than 12 years, who had developed a prodromal stage of psychosis.</p> <p>DATA COLLECTION AND ANALYSIS Review authors independently inspected citations, selected studies, extracted data, and assessed study quality.</p> <p>MAIN RESULTS We included 20 studies with 2151 participants. The studies analysed 13 different comparisons. Group A comparisons explored the absolute effects of the experimental intervention. Group B were comparisons within which we could not be clear whether differential interactive effects were also ongoing. Group C comparisons explored differential effects between clearly distinct treatments. A key outcome for this review was 'transition to psychosis'. For details of other main outcomes please see 'Summary of findings' tables. In Group A (comparisons of absolute effects) we found no clear difference between amino acids and placebo (risk ratio (RR) 0.48 95% confidence interval (CI) 0.08 to 2.98; 2 RCTs, 52 participants; very low-quality evidence). When</p>
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						<p>omega-3 fatty acids were compared to placebo, fewer participants given the omega-3 (10%) transitioned to psychosis compared to the placebo group (33%) during long-term follow-up of seven years (RR 0.24 95% CI 0.09 to 0.67; 1 RCT, 81 participants; low-quality evidence). In Group B (comparisons where complex interactions are probable) and in the subgroup focusing on antipsychotic drugs added to specific care packages, the amisulpiride + needs-focused intervention (NFI) compared to NFI comparison (no reporting of transition to psychosis; 1 RCT, 102 participants; very low-quality evidence) and the olanzapine + supportive intervention compared to supportive intervention alone comparison (RR 0.58 95% CI 0.28 to 1.18; 1 RCT, 60 participants; very low-quality evidence) showed no clear differences between groups. In the second Group B subgroup (cognitive behavioural therapies (CBT)), when CBT + supportive therapy was compared with supportive therapy alone around 8% of participants allocated to the combination of CBT and supportive therapy group transitioned to psychosis during follow-up by 18 months, compared with double that percentage in the supportive therapy alone group (RR 0.45 95% CI 0.23 to 0.89; 2 RCTs, 252 participants; very low-quality evidence). The CBT + risperidone versus CBT + placebo comparison identified no clear difference between treatments (RR 1.02 95% CI 0.39 to 2.67; 1 RCT, 87 participants; very low-quality evidence) and this also applies to the CBT + needs-based intervention (NBI) + risperidone versus NBI comparison (RR 0.75 95% CI 0.39 to 1.46; 1 RCT, 59 participants; very low-quality evidence). Group C (differential effects) also involved six comparisons. The first compared CBT with supportive therapy. No clear difference was found for the 'transition</p>
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						<p>to psychosis' outcome (RR 0.74 95% CI 0.28 to 1.98; 1 RCT, 72 participants; very low-quality evidence). The second subgroup compared CBT + supportive intervention was compared with a NBI + supportive intervention, again, data were equivocal, few and of very low quality (RR 6.32 95% CI 0.34 to 117.09; 1 RCT, 57 participants). In the CBT + risperidone versus supportive therapy comparison, again there was no clear difference between groups (RR 0.76 95% CI 0.28 to 2.03; 1 RCT, 71 participants; very low-quality evidence). The three other comparisons in Group C demonstrated no clear differences between treatment groups. When cognitive training was compared to active control (tablet games) (no reporting of transition to psychosis; 1 RCT, 62 participants; very low quality data), family treatment compared with enhanced care comparison (RR 0.54 95% CI 0.18 to 1.59; 2 RCTs, 229 participants; very low-quality evidence) and integrated treatment compared to standard treatment comparison (RR 0.57 95% CI 0.28 to 1.15; 1 RCT, 79 participants; very low-quality evidence) no effects of any of these approaches was evident.</p> <p>AUTHORS' CONCLUSIONS</p> <p>There has been considerable research effort in this area and several interventions have been trialled. The evidence available suggests that omega-3 fatty acids may prevent transition to psychosis but this evidence is low quality and more research is needed to confirm this finding. Other comparisons did not show any clear differences in effect for preventing transition to psychosis but again, the quality of this evidence is very low or low and not strong enough to make firm conclusions.</p> <p>پیشینه: سایکوز یک وضعیت روانی جدی است که با از دست دادن ارتباط با واقعیت شناخته می‌شود. ممکن است یک دوره هشدار دهنده (prodromal) یا</p>
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مرحله سایکوز وجود داشته باشد، که در آن علائم اولیه نشانه‌ها نشان از شروع دارند (first episode psychosis; FEP) رخداد نخستین اپیزود سایکوز تعدادی از خدمات، با ترکیب رویکردهای چندوجهی درمانی (مداخلات دارودرمانی، روان‌درمانی و روانی‌اجتماعی)، در سراسر جهان توسعه یافته‌اند که در حال حاضر بر این دوره هشداردهنده با هدف پیشگیری از سایکوز در تمرکز دارند. اهداف: هدف اولیه ارزیابی FEP افراد در معرض خطر ابتلا به ایمنی و اثربخشی مداخلات اولیه برای افراد در مرحله هشداردهنده سایکوز است. هدف دوم، در صورت امکان، مقایسه اثربخشی مداخلات مختلف متفاوت است. روش‌های جست‌وجو: ما پایگاه ثبت مطالعات مبتنی بر گروه اسکیزوفرنی در کاکرین (از جمله پایگاه ثبت کارآزمایی‌ها) را در 8 جون 2016 و 4 آگوست جست‌وجو کردیم. معیارهای انتخاب: همه کارآزمایی‌های تصادفی‌سازی 2017 که به ارزیابی (randomised controlled trials; RCTs) و کنترل شده مداخلات برای شرکت‌کنندگان بیشتر از 12 سال پرداختند، که به یک مرحله هشداردهنده سایکوز مبتلا شده بودند. گردآوری و تجزیه‌وتحلیل داده‌ها، نویسندگان مرور به‌طور مستقل از هم استنادات را بررسی، مطالعات را انتخاب داده‌ها را استخراج و کیفیت مطالعه را ارزیابی کردند. نتایج اصلی: ما 20 مطالعه را با 2151 شرکت‌کننده وارد کردیم. مطالعات 13 مقایسه مختلف را اثرات مطلق مداخله تجربی را بررسی، A آنالیز کردند. مقایسه‌های گروه مقایسه‌هایی بودند که در آن ما نمی‌توانستیم مطمئن باشیم آیا B کردند. گروه اثرات، C اثرات افتراقی تعاملی در جریان هستند یا خیر. مقایسه‌های گروه افتراقی را بین درمان‌های به وضوح متمایز از هم بررسی کرد. پیامد کلیدی برای این مرور «پیشرفت به سوی سایکوز» بود. برای جزئیات دیگر پیامدهای مقایسه‌های A اصلی، لطفاً جداول «خلاصه‌ای از یافته‌ها» را ببینید. در گروه اثرات مطلق)، ما هیچ تفاوت واضحی را بین آمینو اسیدها و دارونما ؛ 95% فاصله (risk ratio; RR): 0.48 (نیافتیم (خطر نسبی (placebo) ؛ 0.08 تا 2.98؛ 52 شرکت‌کننده، شواهد با کیفیت بسیار پایین (CI) اطمینان زمانی که اسیدهای چرب امگا-3 با دارونما مقایسه شدند، شرکت‌کنندگان کمتری که امگا-3 دریافت کرده بودند (10%)، در مقایسه با گروه دارونما (33%) در (RR: طول دوره پیگیری که 7 سال بود، به سمت سایکوز سوق داده شدند ؛ 81 شرکت‌کننده؛ شواهد با کیفیت RCT ؛ 0.09 تا 0.67 ؛ CI1 ؛ 0.2495 (مقایسه‌هایی که در آنها تعاملات پیچیده احتمالی هستند) و در B پائین). در گروه زیرگروه متمرکز بر داروهای آنتی‌سایکوتیک افزوده شده به بسته‌های مراقبت (needs-based) مداخله متمرکز بر نیازها + (amisulpiride) خاص، آمیسولپیراید

						<p>مقایسه شد (بدون گزارش از NFI با NFI) focused intervention; NFI)؛ 102 شرکت‌کننده؛ شواهد با کیفیت بسیار RCT پیشرفت به سوی سایکوز؛ 1 مداخله حمایتی با مداخله حمایتی به‌تنهایی + (olanzapine) پایین) و الانزاپین ؛ RCT60؛ 0.28 تا 1.18؛ CI1؛ 0.5895؛ RR) مقایسه شد شرکت‌کننده؛ شواهد بسیار با کیفیت پایین) که تفاوت روشنی بین گروه‌ها دیده (cognitive behavioural therapies; CBT) در مان شناختی رفتاری) B نشد. در دومین زیرگروه از گروه درمان حمایتی با + CBT هنگامی که، (CBT)) درمان حمایتی به‌تنهایی مقایسه شد، حدود 8% از شرکت‌کنندگان اختصاص یافته و درمان حمایتی در طول دوره 18 ماه پیگیری، به CBT به ترکیبی از گروه سمت سایکوز پیشرفت کردند، در مقایسه با دو برابر آن درصد در گروه درمان ؛ RCTs252؛ 0.23 تا 0.89؛ CI2؛ 0.4595؛ RR) حمایتی به‌تنهایی ریسپریدون + CBT شرکت‌کننده؛ شواهد با کیفیت بسیار پائین). مقایسه دارونما، تفاوت روشنی را بین درمان‌ها + CBT در مقابل (risperidone) ؛ RCT87؛ 0.39 تا 2.67؛ CI1؛ 1.0295؛ RR) شناسایی نکرد CBT شرکت‌کننده؛ شواهد با کیفیت بسیار پائین) و این موضوع در مورد مقایسه + (needs-based intervention; NBI) مداخله مبتنی بر نیازها + ؛ 0.39 تا 1.46؛ CI1؛ 0.7595؛ RR) NBI ریسپریدون در مقابل مقایسه ؛ C 59 شرکت‌کننده؛ شواهد با کیفیت بسیار پائین) نیز مشهود بود. گروه RCT را با درمان CBT (اثرات افتراقی) نیز شامل شش مقایسه بود. نخستین مورد «حمایتی مقایسه کرد. هیچ تفاوت روشنی برای پیامد «پیشرفت به سوی سایکوز ؛ 72 شرکت‌کننده؛ RCT؛ 0.28 تا 1.98؛ CI1؛ 0.7495؛ RR) پیدا نشد NBI مداخله حمایتی را با + CBT، شواهد با کیفیت بسیار پائین). زیرگروه دوم مداخله حمایتی مقایسه کرد، دوباره، داده‌ها مبهم، اندک و با کیفیت بسیار پائین + ؛ 57 شرکت‌کننده؛ RCT؛ 0.34 تا 117.09؛ CI1؛ 6.3295؛ RR) بودند ریسپریدون در مقابل درمان حمایتی، دوباره تفاوت روشنی + CBT در مقایسه ؛ RCT؛ 0.28 تا 2.03؛ CI1؛ 0.7695؛ RR) بین گروه‌ها وجود نداشت C شرکت‌کننده؛ شواهد با کیفیت بسیار پائین). سه مقایسه دیگر در گروه 71 تفاوت واضحی را بین گروه‌های درمانی نشان ندادند. هنگامی که آموزش شناختی با کنترل فعال (بازی‌های تبلت) مقایسه شده بود (هیچ گزارشی از ؛ 62 شرکت‌کننده؛ داده‌ها با RCT پیشرفت به سوی سایکوز وجود نداشت؛ 1 RR: کیفیت بسیار پائین)، درمان خانواده با مراقبت‌های پیشرفته مقایسه شد ؛ 229 شرکت‌کننده؛ شواهد با RCTs؛ 0.18 تا 1.59؛ CI2؛ 0.5495؛ RR</p>
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							RR: 0.57؛ کیفیت بسیار پایین) و درمان یکپارچه در مقایسه درمان استاندارد 9
Bossarte, Robert M.; Kessler, Ronald C.; Nierenberg, Andrew A.; Chattopadhyay, Ambarish; Cuijpers, Pim; Enrique, Angel; Foxworth, Phyllis M.; Gildea, Sarah M.; Belnap, Bea Herbeck; Haut, Marc W.; Law, Kari B.; Lewis, William D.; Liu, Howard; Luedtke, Alexander R.; Pigeon, Wilfred R.; Rhodes, Larry A.; Richards, Derek; Rollman, Bruce L.; Sampson, Nancy A.; Stokes, Cara M.; Torous, John; Webb, Tyler D.;	2022	The Appalachia Mind Health Initiative (AMHI): a pragmatic randomized clinical trial of adjunctive internet-based cognitive behavior therapy for treating major depressive disorder among primary care patients	Trials	23	1	520	BACKGROUND: Major depressive disorder (MDD) is a leading cause of disease morbidity. Combined treatment with antidepressant medication (ADM) plus psychotherapy yields a much higher MDD remission rate than ADM only. But 77% of US MDD patients are nonetheless treated with ADM only despite strong patient preferences for psychotherapy. This mismatch is due at least in part to a combination of cost considerations and limited availability of psychotherapists, although stigma and reluctance of PCPs to refer patients for psychotherapy are also involved. Internet-based cognitive behavioral therapy (i-CBT) addresses all of these problems. METHODS: Enrolled patients (n = 3360) will be those who are beginning ADM-only treatment of MDD in primary care facilities throughout West Virginia, one of the poorest and most rural states in the country. Participating treatment providers and study staff at West Virginia University School of Medicine (WVU) will recruit patients and, after obtaining informed consent, administer a baseline self-report questionnaire (SRQ) and then randomize patients to 1 of 3 treatment arms with equal allocation: ADM only, ADM + self-guided i-CBT, and ADM + guided i-CBT. Follow-up SRQs will be administered 2, 4, 8, 13, 16, 26, 39, and 52 weeks after randomization. The trial has two primary objectives: to evaluate aggregate comparative treatment effects across the 3 arms and to estimate heterogeneity of treatment effects (HTE). The primary outcome will be episode remission based on a modified version of the patient-centered Remission from Depression Questionnaire (RDQ). The sample was powered to detect predictors of HTE that

Zubizarreta, Jose R.							<p>would increase the proportional remission rate by 20% by optimally assigning individuals as opposed to randomly assigning them into three treatment groups of equal size. Aggregate comparative treatment effects will be estimated using intent-to-treat analysis methods. Cumulative inverse probability weights will be used to deal with loss to follow-up. A wide range of self-report predictors of MDD heterogeneity of treatment effects based on previous studies will be included in the baseline SRQ. A state-of-the-art ensemble machine learning method will be used to estimate HTE. DISCUSSION: The study is innovative in using a rich baseline assessment and in having a sample large enough to carry out a well-powered analysis of heterogeneity of treatment effects. We anticipate finding that self-guided and guided i-CBT will both improve outcomes compared to ADM only. We also anticipate finding that the comparative advantages of adding i-CBT to ADM will vary significantly across patients. We hope to develop a stable individualized treatment rule that will allow patients and treatment providers to improve aggregate treatment outcomes by deciding collaboratively when ADM treatment should be augmented with i-CBT. TRIAL REGISTRATION: ClinicalTrials.gov NCT04120285 . Registered on October 19, 2019.</p>
Boswell, James F.; Bugatti, Matteo		An exploratory analysis of the impact of specific interventions: Some clients reveal more than others	Journal of Counseling Psychology	63	6		<p>Recent work has highlighted that process–outcome relationships are likely to vary depending on the client, yet there is little direct evidence regarding specific intervention effects in individual clients. This study attempted to address the hypothesis that some clients reveal more than others regarding the impact of specific interventions. Intensive case study analyses were applied to 2 clients with principal major depressive disorder and</p>

							<p>comorbid anxiety disorders receiving transdiagnostic psychotherapy. Clients completed a battery of symptom and psychological assessments of mindfulness, cognitive reappraisal use, and emotion avoidance on many occasions throughout treatment. Time series analyses were applied to symptom and change construct data. Results included: (a) significant decreases in depression, anxiety, and emotion avoidance from baseline to posttreatment were observed, as well as significant increases in mindfulness and reappraisal; and (b) in one case, intervention strategies exerted little influence on changes in key variables; in the other, emotion exposure strategies had the strongest influence on increases in mindfulness and present-focused awareness strategies had the strongest influence on reductions in emotion avoidance. Even when different clients appear to similarly benefit from the same treatment, specific intervention effects on putative change factors may be more prevalent for some clients and less prevalent for others. Regular assessment is needed to determine if a client requires an alternative set of specific intervention strategies. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Boswell, James F.; Constantino, Michael J.; Kraus, David R.	2017	Harnessing the Therapist Effect in Patient-Centered Mental Health Care Decision Making	Administration and policy in mental health	44	5	724–728	<p>In this commentary, we address the critical importance of the research literature documenting therapist differences in skill and outcomes. In particular, we focus on the implications of therapist differences for patient-centered decision making, including the matching of patients to specific psychotherapists who have empirically-based track records of positive performance. In addition, we present preliminary results from a grant supported study of patients' values and preferences regarding the use of</p>

						provider performance track records in routine mental health care decision making.
Boswell, James F.; Constantino, Michael J.; Oswald, Jennifer M.; Bugatti, Matteo; Goodwin, Brien; Yucel, Recai	2018	Mental health care consumers' relative valuing of clinician performance information	Journal of consulting and clinical psychology	86	4	<p>Background: Research demonstrates significant variability in mental health clinicians' overall and domain-specific effectiveness with their patients. Despite calls to increase patient access to performance information, little is known about patients' relative valuing of this information in the context of other treatment factors.</p> <p>Objective: We aimed to obtain an understanding of patients' relative valuing of provider performance track records and other therapist and treatment characteristics for their mental health care decision making. Method: Participants were 403 (Mage = 41.20; 66.5% female) community mental health patients who completed a multicomponent survey that included an adapted delayed-discounting paradigm to examine the relative valuing. Multiple descriptive, quantitative indices of relative valuing were calculated, as well as an exploratory latent profile analysis to ascertain the presence of homogenous relative-valuing subgroups. Results: Overall, participants valued provider track record information. They also evidenced relatively higher preference values for working with therapists who had specific efficacy in treating their primary problem domain, charged less, and with whom there is a high likelihood of establishing a good alliance. Two latent profiles were identified: one representing higher valuing of provider performance and another consistently representing less emphasis. Participants with higher track-record valuing were younger, believed that therapists are not interchangeable, and endorsed trust in the collection and use of performance information. Conclusion: Harnessing clinician information to make more personalized and</p>

							informed treatment decisions could potentially promote better treatment engagement, retention, and outcomes. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Boterhoven de Haan, Katrina L.; Fassbinder, Eva; Hayes, Chris; Lee, Christopher W.	2019	A schema therapy approach to the treatment of posttraumatic stress disorder	Journal of Psychotherapy Integration	29	1	54–64	<p>Posttraumatic stress disorder (PTSD) is a complex condition often influenced by personality characteristics and comorbidity with other psychiatric disorders. More recent understandings of PTSD have suggested that schemas play a role in the development and maintenance of this condition. Schema therapy (ST) was developed to address more characterological disturbances in chronic disorders. It is an integrative approach for treatment that incorporates practices from other therapeutic orientations. The purpose of this article is to describe some key components of ST and how these can be applied to the treatment of patients with more chronic or complex forms of PTSD. These components include formulating a patients' symptom presentation in terms of their early maladaptive schemas (EMSs) and modes. The assessment of EMS, in particular, takes into account a patients' developmental history and how it has impacted their response to a trauma. In addition, emotion-oriented and experiential techniques are key interventions in ST. Finally, ST has a unique perspective on the therapy relationship, which has been described as "limited reparenting." A case study will be used to demonstrate how these components of ST were effective for intervention where previous techniques had failed. The article concludes with some of the research that supports these components of ST. Specific recommendations are made for future research. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>

Bottari, Sarah A.; Trifilio, Erin R.; Janicke, David M.; Porges, Eric C.; Cohen, Ronald A.; Jaffee, Michael S.; Williamson, John B.	2023	Effects of sleep disturbance on trauma-focused psychotherapy outcomes in posttraumatic stress disorder: A systematic review	Annals of the New York Academy of Sciences	1526	1	30–49	This study aimed to synthesize existing research on the effects of sleep disturbances on trauma-focused psychotherapy outcomes in adults with posttraumatic stress disorder (PTSD). A systematic review using PubMed, PsycINFO, Embase, Web of Science, and PTSDpubs was performed up to April 2021. Two independent reviewers screened articles for inclusion, performed data extraction, and assessed risk of bias and certainty of the evidence. Narrative synthesis was conducted based on the type of sleep disorder symptom assessed. Sixteen primary studies were included in this review, the majority of which had a high overall risk of bias. Results suggested that sleep disorder symptoms were associated with higher overall PTSD severity across treatment; however, they did not interfere with treatment effectiveness, with the exception of sleep-disordered breathing. Improvements in insomnia, sleep duration, and sleep quality during treatment were associated with greater treatment gains. Certainty of the evidence ranged from low to very low. These results suggest that it may not be necessary to address sleep disorder symptoms prior to initiating trauma-focused psychotherapy. Instead, concurrent treatment of sleep- and trauma-related symptoms may be most beneficial. Continued research is needed to clarify the mechanistic relationship between sleep and treatment outcomes and to guide clinical decision-making.
Bottesi, Gioia; Caudek, Corrado; Malerba, Anna; Caselli, Gabriele; Gallo,	2024	Agreement and discrepancies in patient–clinician reports of DSM-5-TR section III	Personality Disorders: Theory, Research, and Treatment		19 49- 27 23(Ele ctr	94–99	The assessment of personality pathology based on dimensional models may improve self–other agreement, but previous research mainly adopted a categorical approach and overlooked the role of the person of the therapist. Our study examined patient–clinician agreement in a mixed sample of Italian outpatients using

<p>Gabriella; Melli, Gabriele; Marsigli, Nicola; Offredi, Alessia; Sica, Claudio</p>		<p>maladaptive personality traits: A study on a mixed outpatient sample</p>			<p>onic), 19 49- 27 15(Print)</p>		<p>the Personality Inventory for DSM-5 (PID-5) and the PID-5-Informant Form (PID-5-IRF). Moreover, the role of clinician personality traits on agreement was preliminary explored. Sixty-eight outpatients (51.4% male, M = 30.30, SD = 12.05 years) and their treating clinicians (N = 22; 77.3% female, M = 43.77 ± 8.45 years) entered the study. Patients completed the PID-5, whereas clinicians filled-in the PID-5-Brief Form (PID-5-BF) and the PID-5-IRF for each patient they involved. A multilevel Bayesian analysis showed that rank-order agreement was large for domains (mean r = .60) and moderate for facets (mean r = .44). As regards mean-level agreement, patient ratings on cognitive/perceptual dysregulation, distractibility, eccentricity, and emotional lability were higher than clinician ratings, whereas patients' scores on depressivity were lower than clinicians' ones. Scores on the PID-5-BF detachment positively predicted agreement on anhedonia, anxiousness, depressivity, distractibility, separation insecurity, and suspiciousness, while scores on the PID-5-BF negative affectivity, antagonism, and disinhibition negatively predicted agreement on few specific facets. Current findings suggest that clinician personality traits may contribute to agreement on maladaptive personality traits, but areas of discrepancies remain in case of low observable internal ones. Since patient-clinician agreement is crucially involved in therapeutic alliance, further research on this issue is highly encouraged. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
<p>Boudreaux, Michael J.; Lengel, Gregory J.; Oltmanns,</p>	<p>2021</p>	<p>Assessment of self-related problems in functioning:</p>	<p>Psychological Assessment</p>	<p>33</p>	<p>6</p>	<p>526-540</p>	<p>This article describes the development and validation of the Intrapersonal Problems Rating Scales (IPRS), a multidimensional measure of self-related problems in personality functioning. Results from a series of factor</p>

Thomas F.; Ozer, Daniel J.		Intrapersonal Problems Rating Scales					<p>analyses performed on self-ratings of over 200 problems revealed seven distinct but interrelated domains of intrapersonal problems: Emotion Dysregulation, Internalizing, Lack of Will, Externalizing, Scrupulousness, Fantasy Proneness, and Apathy. Items were selected and scales built for an efficient assessment of each problem area. The psychometric properties of the resulting scales were then evaluated in an independent sample. Convergent and discriminant validity support for the IPRS was obtained via correlations with respect to three measures of social, emotional, and behavioral problems. The scales associated with a range of personal styles and dispositions and predicted diverse self-reported attitudinal and behavioral criteria even after the effects of normal and maladaptive-range personality traits were removed. Two scoring systems (normative and ipsative, or person-centered, scoring) revealed a differential pattern of associations both internally and with external measures. Interpretive differences between the two scoring procedures are highlighted and potential practical applications of the IPRS are discussed. The instrument can provide additional information not fully accounted for by measures of traits or social functioning and be useful to researchers and practitioners alike to identify, understand, and track changes in a range of intrapersonal problems. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
Bounoua, Nadia; Abbott, Caroline; Zisk, Abigail; Herres, Joanna;		Emotion regulation and spillover of interpersonal stressors to postsession	Journal of consulting and clinical psychology	86	7		<p>Objective: Little is known about the extent to which previous weeks' stressful events spill over and influence adolescents' abilities to derive insight from treatment sessions. Even less is known about factors that moderate clients' vulnerabilities to these spillover effects. The current study examined the spillover of negative</p>

Diamond, Guy; Kobak, Roger		insight among depressed and suicidal adolescents					interpersonal events to postsession insight and the role of difficulties in emotion regulation in this spillover effect. Method: Participants were 129 adolescents with moderate to severe depressive symptoms and suicidal ideation (Mage = 14.96, 83% female, 56% African American/Black) participating in a comparative efficacy trial of Attachment-Based Family Therapy (ABFT) and Family-Enhanced Nondirective Supportive Therapy (FE-NST). A within-subject mediation model tested pre-session negative affect as a mediator of spillover of past week's events on postsession insight. We then examined baseline difficulties in emotion regulation (DERS) as a between-subjects moderator of the mediation model. Results: Negative affect partially mediated (44%) the spillover of the past week's negative events on adolescents' ratings of postsession insight ($p = .03$, 95% confidence interval, CI [-.09, -.002]). Baseline DERS increased adolescents' vulnerabilities to spillover effects ($p = .01$, 95% CI [-.28, -.03]). Negative interpersonal events from the past week influence pre-session negative affect and spill over to adolescents' abilities to gain insight from their treatment sessions. Adolescents who began treatment with greater DERS were particularly vulnerable to these spillover effects. Findings indicate the need for therapists to adapt sessions to individual differences in depressed and suicidal adolescents' exposure to negative interpersonal events preceding treatment and in their vulnerabilities to spillover and emotion dysregulation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Bouras, A. F.; Ioos, E.; Aoudia, A.; Kaci, H.;	2019	The vision and role of geriatric oncology in	Journal of visceral surgery	156	1	37-44	The phenomenon of population aging is constantly on the rise, as are the medical needs of elderly subjects. Oncological treatment concerns an ever larger number of

Benaibouche, D.; Merad-Boudia, F.		surgical treatment of the elderly patient				<p>elderly patients, raising a number of not only practical and medical questions, but also the ethical interrogations associated with therapeutic decision-making, quality of life and therapeutic obstinacy (futile medical care). Surgeons are increasingly preoccupied by elderly patients on account of the cancer rate among them, and they are compelled to cope with challenges such as morbimortality and prolonged hospitalization. Geriatric oncology is a discipline of increasing importance of which the goal consists in comprehensive care of the elderly cancer patient, care taking into full account his physical and psychological aging, his somatic and cognitive comorbidities, and, last but not least, his life expectancy. The opinions and recommendations of geriatric oncologists provide increasingly more orientation for the oncological therapeutic decision-making processes. The objective of this attempt at clarification is to discuss the contributions of this discipline to everyday surgical activity, to provide surgeons with some tools facilitating initial evaluation of their patients, and to remind the reader of situations in which oncological assistance is of paramount importance.</p>
Bouwuis-Van Keulen, Annette J.; Koelen, Jurriijn; Eurelings-Bontekoe, Liesbeth; Hoekstra-Oomen, Christien; Glas, Gerrit	2023	The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of	Psychotherapy research : journal of the Society for Psychotherapy Research		1-14	<p>OBJECTIVE: Psychotherapies are increasingly incorporating spiritual and religious systems of belief and practice, which aligns with recent developments toward person-centered treatments. The main objective of this meta-analysis was to compare the efficacy of a religion and spiritually-based (R/S) therapy to non-R/S treatments. METHOD: A multi-level meta-analysis was conducted to compare randomized controlled studies of the efficacy between R/S-based and regular treatments in mental health care setting. Inclusion criteria were diagnosis, psychotherapeutic treatment, and explicitly</p>

		randomized controlled trials					religion/spirituality therapy. Outcome was assessed for symptoms and for functioning separately, and combined. We also examined several moderators, such as type of comparison, outcome domain, and diagnosis. RESULTS: Overall effect sizes obtained from 23 studies and 27 comparison groups indicated that a R/S treatment is moderately more efficacious compared to regular treatments at posttreatment ($g = .52, p < .01$) and at follow-up ($g = .72, p < .01$) (only available for symptoms). Results were similar for symptoms ($g = .44, p < .01$) and functioning ($g = .62, p < .01$). CONCLUSION: In patients with a strong religious and spiritual affiliation, treatments with a focus on religious and spiritual issues are more efficacious than non-R/S-based therapy. Limitations as well as future directions are discussed.
Braga, Cátia; Ribeiro, António P.; Gonçalves, Miguel M.; Oliveira, João Tiago; Botelho, Alexandra; Ferreira, Helena; Sousa, Inês	2018	Ambivalence resolution in brief psychotherapy for depression	Clinical psychology & psychotherapy	25	3	369–377	Ambivalence in the process of psychotherapeutic change should be addressed and resolved if we are to avoid psychotherapeutic failure and promote sustained change. In this context, ambivalence can be defined as the cyclical conflictual relation between two opposed positions of the self: one expressed as an innovation, and a subsequent one expressed in a trivialization or rejection of the innovation (problematic position). This conflict may be resolved in two different ways: (a) the dominance of the innovative position and the consequent inhibition of the problematic one and (b) the negotiation between the innovative and the problematic positions. In this study, we sought to study the evolution of the dominance and the negotiation processes in recovered and unchanged cases; to analyse if different therapeutic models produce different results on the evolution of the dominance and negotiation processes, and finally, to study if these processes are predictive of ambivalence resolution. The

							complete sessions of 22 clinical cases of depression (6 cognitive-behavioural therapy, 10 narrative therapy, and 6 emotion-focused therapy cases) were independently coded for innovative moments, ambivalence, and ambivalence resolution. Results revealed that recovered cases had a progressively higher proportion of negotiation along treatment, whereas in unchanged cases, negotiation was virtually absent throughout treatment. Both dominance and negotiation were significant predictors of ambivalence reduction, however, negotiation had a higher impact than dominance. Overall, these results did not significantly differ for the 3 therapeutic models. The theoretical implications of these findings are discussed, and theoretical derived suggestions for clinicians are presented.
Braga, Ctia; Oliveira, Joo Tiago; Ribeiro, Antnio P.; Goncalves, Miguel M.	2018	Ambivalence resolution in emotion-focused therapy: The successful case of Sarah	Psychotherapy research: journal of the Society for Psychotherapy Research	28	3	423-432	Ambivalence can be understood as a cyclical movement between two opposing positions of the self: one expressed in a novelty-an innovative moment (IM)-and another one conveyed by a return to the maladaptive pattern. If not properly addressed and resolved during therapy, ambivalence can prevent change and lead to psychotherapeutic failure. Two processes of ambivalence resolution have been suggested: (1) the dominance of the innovative position and consequent inhibition of the problematic position and (2) the negotiation between both positions. To empirically study both processes of ambivalence resolution in a successful case of emotion-focused therapy. Sessions were independently coded with three coding systems-the IMs, the return to the problem and the ambivalence resolution. Ambivalence tended to be resolved from the initial to the final sessions. Although resolutions through dominance tended to decrease and resolutions through negotiation seemingly

							increased along treatment, dominance was, nonetheless, the most prominent process of resolution along the whole treatment. Although it has been suggested that integrating opposing parts of the self is a necessary process for psychotherapeutic success, a less integrative process of ambivalence resolution may also be an important resource along the process.
Bragesjö, Maria; Arnberg, Filip K.; Andersson, Erik	2021	Prevention of post-traumatic stress disorder: Lessons learned from a terminated RCT of prolonged exposure	PloS one	16	5	e0251898	The main purpose of the current trial was to test if a brief trauma-focused cognitive-behaviour therapy protocol (prolonged exposure; PE) provided within 72 h after a traumatic event could be effective in decreasing the incidence of post-traumatic stress disorder (PTSD), thus replicating and extending the findings from an earlier trial. After a pilot study (N = 10), which indicated feasible and deliverable study procedures and interventions, we launched an RCT with a target sample size of 352 participants randomised to either three sessions of PE or non-directive support. Due to an unforeseen major reorganisation at the hospital, the RCT was discontinued after 32 included participants. In this paper, we highlight obstacles and lessons learned from our feasibility work that are relevant for preventive psychological interventions for PTSD in emergency settings. One important finding was the high degree of attrition, and only 75% and 34%, respectively, came back for the 2-month and 6-month assessments. There were also difficulties in reaching eligible patients immediately after the event. Based on our experiences, we envisage that alternative models of implementation might overcome these obstacles, for example, with remote delivery of both assessments and interventions via the internet or smartphones combined with multiple recruitment

							procedures. Lessons learned from this terminated RCT are discussed in depth.
Brakemeier, Eva-Lotta; Hauck, Sophie; Harder, Florian	2023	Interpersonelle Psychotherapie (IPT). Ein evidenzbasiertes und praxisorientiertes Update zur Wirksamkeit, Durchführung und zu Weiterentwicklungen	PSYCH up2date	17	4	337–357	Depressionen und andere psychische Strungen werden häufig durch interpersonelle Probleme (wie Konflikte, Rollenwechsel, komplizierte Trauer oder Isolation) ausgelöst oder aufrechterhalten. Die interpersonelle Psychotherapie (IPT) hat sich in vielen Studien als eine wirksame Psychotherapie für Menschen mit derartigen interpersonellen Problemen erwiesen. Dieser Beitrag gibt ein evidenzbasiertes und praxisorientiertes Update zur Wirksamkeit, Durchführung und zu Weiterentwicklungen der IPT. (c) Thieme. All rights reserved.
Brakemeier, Eva-Lotta; Jacobi, Frank	2017	Verhaltenstherapie in der Praxis					In einem Lehrbuch wird Psychotherapeuten in Ausbildung, zu Beginn der Berufstätigkeit, aber auch nach langjähriger Berufserfahrung das Handwerkszeug moderner Verhaltenstherapie und ihrer aktuellen Weiterentwicklungen vermittelt. Verhaltenstherapeutische Strategien, Techniken und Haltungen werden mithilfe von Fallbeispielen und Therapiedialogen vorgestellt. Zudem werden besondere Herausforderungen professioneller Praxis behandelt, wie etwa Nebenwirkungen von Psychotherapie, interkulturelle Aspekte und schwierige Situationen zu Therapiebeginn. - Inhalt: (A) Zum Einstieg: die aktive Gestaltung der therapeutischen Beziehung. (1) Agnes Justen-Horsten: Psychotherapeutische vs. alltägliche Beziehungsgestaltung. (2) Franz Caspar und Martina Belz: Motivorientierte Beziehungsgestaltung. (3) Ren Noack und Jana Mrose: Motivierende Gesprächsführung. (4) Eva-Lotta Brakemeier, Eva Fabinder und Christian Stiglmayr: Spezielle Beziehungsgestaltungstechniken aus neueren

						<p> verhaltenstherapeutischen Methoden. (5) Fank Jacobi, Jan Spies und Eva-Lotta Brakemeier: Umgang mit schwierigen Situationen zu Beginn einer Therapie. - (B) Vom Erstkontakt zur Fallkonzeption. (6) Miki Kanale, Ruth Uwer und Frank Jacobi: Erstkontakt und Vorbereitung der Therapie. (7) Frank Jacobi: Diagnostik zur Therapieplanung, Verlaufskontrolle und Ergebnisbewertung. (8) Tom Bschor: Der psychopathologische Befund. (9) Peter Neudeck und Sergio Abel Cortez-Robles: Verhaltensanalyse. (10) Franz Caspar und Martina Belz: Plananalyse. (11) Johannes Zimmermann und Cord Benecke: Diagnostik von Persönlichkeitsstrungen und die Erweiterungen nach DSM-5. (12) Joachim Kosfelder und Frank Jacobi: Fallkonzeption und Therapieplanung. - (C) Basistechniken der Verhaltenstherapie. (13) Stephan Mhlig, Antje Manthey und Jeanine Paulick: Psychoedukation. (14) Sylvia Helbig-Land und Lydia Fehm: Verhaltenstherapeutische Hausaufgaben. (15) Ulrike Willutzki und Tobias Teismann: Ressourcenorientierung. (16) Rainer Lutz: Euthyme Techniken (Genusstherapie). (17) Marzena Mucha und Eva-Lotta Brakemeier: Aktivittsaufbau. (18) Thomas Lang, Andre Pittig und Frank Jacobi: Expositions- und Konfrontationsverfahren. (19) Dominik Ismann und Andrea Ertle: Kognitive Umstrukturierung und Verhaltensexperimente. (20) Nikola M. Stenzel und Anna Radkovsky: Training sozialer Kompetenz. (21) Nikola M. Stenzel und Stefan Krumm: Problemlsetraining. (22) Sarah Weusthoff: Kommunikationstraining (23) Eva-Lotta Brakemeier: Situationsanalyse. (24) Dominik Ismann: Selbstmanagement. (25) Tobias Teismann: Krisenintervention und Suizidalitt. (26) Thomas </p>
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						<p>Heidenreich, Paula Krger und Johannes Michalak: Entspannungsverfahren. (27) Harald Rau: Biofeedback. (28) Vincent Bohnacker und Eva-Lotta Brakemeier: Rckfallprophylaxe und Therapiebeendigung. - (D) Integrative Techniken in der Verhaltenstherapie. (29) Sabine Weidenfeller, Thomas Heidenreich und Johannes Michalak: Achtsamkeit und Akzeptanz. (30) Laura Seebauer, Eva Fabinder und Gitta Jacob: Imagination. (31) Helen Niemeyer und Christine Knaevelsrud: Imagery Rescripting. (32) Martin Sack: EMDR. (33) Christian Aljoscha Lukas und Matthias Berking: Emotionsregulationstraining. (34) Gitta Jacob, Eva Fabinder und Laura Seebauer: Stuhldialoge. (35) Friederike Potreck-Rose: Selbstwertstrkende Techniken. - (E) Strungsorientierte Behandlung. (36) Sabine Rau: Abhngigkeitsstrungen. (37) Tania Lincoln: Psychotische Strungen. (38) Thomas D. Meyer: Bipolare Strungen. (39) Nikola M. Stenzel, Simon Bollmann und Eva-Lotta Brakemeier: Depression. (40) Frank Jacobi, Andreas Poldrack und Peter Neudeck: Angststrungen. (41) Rdiger Spielberg, Eva Kischkel und Norbert Kathmann: Zwangsstrungen. (42) Maria Bttche und Christine Knaevelsrud: Posttraumatische Belastungsstrung. (43) Ricarda Mewes und Urs M. Nater: Somatoforme Strungen. (44) Beate Ditzen, Sandra Kamping und Herta Flor: Schmerzstrungen. (45) Florian Weck: Hypochondrie und Krankheitsangst. (46) Brunna Tuschen-Caffier und Jennifer Svaldi: Essstrungen. (47) Elisabeth Hertenstein, Christoph Nissen und Dieter Riemann: Insomnie. (48) Kirsten von Sydow: Sexuelle Strungen und Probleme. (49) Joachim Kosfelder und Frank Jacobi: Persnlichkeitsstrungen. (50) Christian Stiglmayr: Borderline-Persnlichkeitsstrung. (51) Florian H. Schultz</p>
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						<p>und Andreas Mokros: Psychopathie. (52) Elisabeth Nyberg und Rolf-Dieter Stieglitz: ADHS im Erwachsenenalter. (53) Martina Radtke: Autismus-Spektrum-Strungen. - (F) Integrative Weiterentwicklungen und die "dritte Welle" der Verhaltenstherapie. (54) Mareike Pleger, Ronald Burian und Claudia Dambacher: Akzeptanz- und Commitmenttherapie (ACT). (55) Ulrich Schweiger und Valerija Sipos: Behavioral Activation (BA). (56) Eva-Lotta Brakemeier, Rebecca Knoop und Simon Bollmann: Cognitive Behavioral Analysis System of Psychotherapy (CBASP). (57) Christian Stiglmayr: Dialektisch-Behaviorale Therapie (DBT). (58) Lars Auszra, Imke R. Herrmann und Martin grosse Holtforth: Emotionsfokussierte Therapie (EFT). (59) Rebecca Schneibel, Christine Scholz und Eva-Lotta Brakemeier: Interpersonelle Psychotherapie (IPT). (60) Johannes Michalak, Sabine Weidenfeller und Thomas Heidenreich: Mindfulness-Based Cognitive Therapy (MBCT). (61) Michael Simons und Tobias Teismann: Metakognitive Therapie (MCT). (62) Eva Fabinder, gitta Jacob und Laura Seebauer: Schematherapie (ST). (63) Christian Aljoscha Lukas und Matthias Berking: Training emotionaler Kompetenzen (TEK). (64) Jan Spies, Nikola M. Stenzel und Eva-Lotta Brakemeier: Well-Being Therapy (WBT). - (G) Diversitt in der Verhaltenstherapie: besondere Gruppen, Probleme, Settings. (65) Charlotte Jaite, Harriet Salbach und Babette Renneberg: Verhaltenstherapie an der Schnittstelle zum Erwachsenenalter. (66) Simon Bollmann, Eva-Marie Kessler und Eva-Lotta Brakemeier: Verhaltenstherapie bei lteren. (67) Eva-Lotta Brakemeier und Hansjrg Znoj: Verhaltenstherapie bei komplizierter Trauer. (68) Samuel Elstner: Verhaltenstherapie bei geistiger Behinderung. (69) Beate Muschalla:</p>
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							Verhaltenstherapie bei Arbeitsproblemen. (70) Reinhard Pietrowsky: Behandlung von Alpträumen in der Verhaltenstherapie. (71) Angela Merkl: Geschlechtsspezifische Aspekte. (72) Ulrike von Lersner: Interkulturelle Aspekte und kultursensible Psychotherapie. (73) Valerija Sipos und Ulrich Schweiger: Verhaltenstherapie in Gruppen. (74) Thomas Berger, Jan Philipp Klein und Steffen Moritz: Internetbasierte Interventionen. (75) Johannes A. C. Laferton und Nikola M. Stenzel: Verhaltensmedizin. - (H) Weitere Aspekte professioneller Praxis. (76) Martin Stellpflug und Frank Jacobi: Ethik und Berufsrecht. (77) Miki Kandale und Kai Rugenstein: Die Approbationsprüfung. (78) Eva-Lotta Brakemeier, Yvonne Nestoriuc und Frank Jacobi: Nebenwirkungen von Psychotherapie. (79) Frank Jacobi, Timo Storck und Eva-Lotta Brakemeier: Integration von Methoden und Verfahren.
Brandes, Petra; Kunstmann, Anne-Christin; Radke, Julia; Welge, Silke	2018	Die Entwicklung und Arbeit der Projektgruppe "Qualitätssicherung von Weiterbildungen"	Gesprächspsychotherapie und Personenzentrierte Beratung	49	4	198–200	Vorgelegt wird eine Zusammenfassung der bisherigen Arbeit und der Ergebnisse der Projektgruppe "Qualitätssicherung von Weiterbildungen" innerhalb der Gesellschaft für Personenzentrierte Psychotherapie und Beratung (GwG). Beschrieben werden verschiedene Prozessphasen ausgehend von der Formulierung der Arbeitsaufträge über die Erstellung eines Evaluationsbogens, den Entwurf eines Methodenkoffers und einer Handreichung bis hin zu weiteren geplanten Schritten.
Brandmeyer, Tracy; Delorme, Arnaud	2018	Reduced mind wandering in experienced meditators and associated EEG correlates	Experimental brain research	236	9	2519–2528	One outstanding question in the contemplative science literature relates to the direct impact of meditation experience on the monitoring of internal states and its respective correspondence with neural activity. In particular, to what extent does meditation influence the awareness, duration and frequency of the tendency of the

						<p>mind to wander. To assess the relation between mind wandering and meditation, we tested 2 groups of meditators, one with a moderate level of experience (non-expert) and those who are well advanced in their practice (expert). We designed a novel paradigm using self-reports of internal mental states based on an experiential sampling probe paradigm presented during ~1 h of seated concentration meditation to gain insight into the dynamic measures of electroencephalography (EEG) during absorption in meditation as compared to reported mind wandering episodes. Our results show that expert meditation practitioners report a greater depth and frequency of sustained meditation, whereas non-expert practitioners report a greater depth and frequency of mind wandering episodes. This is one of the first direct behavioral indices of meditation expertise and its associated impact on the reduced frequency of mind wandering, with corresponding EEG activations showing increased frontal midline theta and somatosensory alpha rhythms during meditation as compared to mind wandering in expert practitioners. Frontal midline theta and somatosensory alpha rhythms are often observed during executive functioning, cognitive control and the active monitoring of sensory information. Our study thus provides additional new evidence to support the hypothesis that the maintenance of both internal and external orientations of attention may be maintained by similar neural mechanisms and that these mechanisms may be modulated by meditation training.</p>
Braun, Alexandra; Evdokimov, Dimitar; Frank,	2020	Clustering fibromyalgia patients: A combination of	PLoS ONE, 2020			<p>Background: Coping strategies and their efficacy vary greatly in patients suffering from fibromyalgia syndrome (FMS). Objective: We aimed to identify somatic and psychosocial factors that might contribute to different</p>

Johanna; Pauli, Paul; ceyler, Nurcan; Sommer, Claudia		psychosocial and somatic factors leads to resilient coping in a subgroup of fibromyalgia patients				<p> coping strategies and resilience levels in FMS. Subjects and methods: Standardized questionnaires were used to assess coping, pain, and psychological variables in a cohort of 156 FMS patients. Quantitative real-time polymerase chain reaction (qRT-PCR) determined gene expression of selected cytokines in white blood cells of 136 FMS patients and 25 healthy controls. Data of skin innervation, functional and structural sensory profiles of peripheral nociceptive nerve fibers of a previous study were included into the statistics. An exploratory factor analysis was used to define variance explaining factors, which were then included into cluster analysis. Results: 54.9% of the variance was explained by four factors which we termed (1) affective load, (2) coping, (3) pain, and (4) pro-inflammatory cytokines ($p < 0.05$). Considering differences in the emerged factors, coping strategies, cytokine profiles, and disability levels, 118 FMS patients could be categorized into four clusters which we named "maladaptive", "adaptive", "vulnerable", and "resilient" ($p < 0.05$). The adaptive cluster had low scores in disability and in all symptom categories in contrast to the vulnerable cluster, which was characterized by high scores in catastrophizing and disability ($p < 0.05$). The resilient vs. the maladaptive cluster was characterized by better coping and a less pro-inflammatory cytokine pattern ($p < 0.05$). Conclusion: Our data suggest that problem- and emotion-focused coping strategies and an anti-inflammatory cytokine pattern are associated with reduced disability and might promote resilience. Additional personal factors such as low anxiety scores, ability of acceptance, and persistence further favor a resilient phenotype. Individualized therapy should take these factors into account.</p>
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Braun, Esther; Gaillard, Anne-Sophie; Vollmann, Jochen; Gather, Jakov; Scholten, Matthé	2023	Mental Health Service Users' Perspectives on Psychiatric Advance Directives: A Systematic Review	Psychiatric services (Washington, D.C.)	74	4	381–392	<p>OBJECTIVE: Psychiatric advance directives (PADs) are documents that allow users of mental health services to express their preferences for treatment in future mental health crises. To increase the use of PADs in psychiatric practice, it is helpful to consider how service users view PADs and the factors that facilitate or hinder PAD creation and implementation. A systematic review of the empirical literature on this topic may help inform evidence-based policy making. METHODS: A systematic review concordant with PRISMA guidelines was conducted. Relevant electronic databases were searched up to July 2, 2021. Articles containing original empirical data on service users' perspectives on PADs were included. Data were analyzed thematically, tabulated, and narratively synthesized. RESULTS: Fifty-three articles were identified and included. The following categories were identified: general preferences regarding factors such as legal force and revocability; benefits of PADs at the personal, treatment-related, and social levels; challenges and barriers concerning PAD creation and application; and possible and experienced facilitators of PAD creation. CONCLUSIONS: Users of mental health services are highly interested in PADs and regard them as tools to improve their involvement in care. They generally prefer legally binding PADs that can be revoked only when users are competent to consent. Barriers reported by service users were mainly related to the creation and application of PADs, and support in PAD creation was the most important facilitator identified. The involvement of mental health professionals in creating PADs appears essential to realize the benefits of PADs and to reduce barriers to their use.</p>
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<p>Brave Heart, Maria Yellow Horse; Chase, Josephine; Myers, Orrin; Elkins, Jennifer; Skipper, Betty; Schmitt, Cheryl; Mootz, Jennifer; Waldorf, V. Ann</p>		<p>Iwankapiya American Indian pilot clinical trial: Historical trauma and group interpersonal psychotherapy</p>	<p>Psychotherapy</p>	<p>57</p>	<p>2</p>	<p>American Indians face pervasive trauma exposure, collective histories of communal suffering, and elevated risk for depression and posttraumatic stress disorder. In addition to socioeconomic barriers, access to culturally responsive treatment is limited, which may compromise treatment engagement. The Iwankapiya study piloted the Historical Trauma and Unresolved Grief Intervention (HTUG), combined with Group Interpersonal Psychotherapy (IPT), to reduce symptoms of depression and related trauma and grief. The study hypothesized that HTUG + IPT would lead to greater group engagement and decreased depression and related symptoms compared with IPT-Only. American Indian adults (n = 52) were randomized into one of two 12-session interventions, HTUG + IPT or IPT-Only, at two tribal sites: one Northern Plains reservation (n = 26) and one Southwest urban clinic (n = 26). Standardized measures assessed depression, posttraumatic stress disorder, grief, trauma, and substance use. Data were collected at screening, baseline, end of intervention, and 8 weeks postintervention; depression and group engagement measures were also collected at Weeks 4 and 8 of the intervention. Depression scores significantly decreased for both treatments, but there were no significant differences in depression between the two groups: IPT-Only (30.2 ± 6.4 at baseline to 16.7 ± 12.1 at follow-up) and HTUG + IPT (30.2 ± 8.1 at baseline to 19.9 ± 8.8 at follow-up). However, HTUG + IPT participants demonstrated significantly greater group engagement. Postintervention, clinicians expressed preference for HTUG + IPT based upon qualitative observations of greater perceived gains among participants. Given the degree of trauma exposure in tribal communities, these</p>
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							findings in a relatively small sample suggest HTUG should be further examined in context of treatment engagement. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Brckl, Marieluise	2020	Personzentriertes diagnostisches Verstehen und der ganzheitliche Blick auf das Individuum	Psychotherapie Forum	24	1-2	55-62	Diagnostik im personzentrierten Verständnis ist ein Teil der Therapie bzw. eine den Prozess begleitende Diagnostik und wird an Hand der Arbeit mit einer fünfzehnjährigen Jugendlichen beschrieben. Nach einer kurzen Darstellung der Therapieeingangsdagnostik werden die Entwicklung beziehungsweise die Stagnation des Selbstkonzeptes und daraus entstehende Inkongruenzkonstellationen sowie die Beziehungsfähigkeit der Klientin bzw. ihre Beziehungsgestaltung im Kontakt zur Therapeutin hinsichtlich ihrer Relevanz für den diagnostischen Prozess und für den Verlauf der Psychotherapie genauer beschrieben. Außerdem wird während des Prozesses darauf Wert gelegt, die Erfahrungen der Jugendlichen konsequent aus ihrem inneren Bezugsrahmen heraus zu verstehen.
Breil, Janine; Sachse, Rainer	2018	Klärungsorientierte Psychotherapie der Borderline-Persönlichkeitsstörung					Möglichkeiten der klärungsorientierten Psychotherapie der Borderline-Persönlichkeitsstörung (BPS) werden beschrieben. Während für die Emotionsregulationsstörung der Borderline-Persönlichkeitsstörung mit der dialektisch-behavioralen Therapie ein wirksames Behandlungskonzept vorliegt, mangelt es in der klinischen Praxis an Unterstützung beim Umgang mit dem typischen dysfunktionalen Interaktionsverhalten bei dieser Störung. Die klärungsorientierte Psychotherapie wird als eine Lösung für dieses Problem präsentiert. Zunächst verschiedene Dimensionen zur Konzeptualisierung der BPS vorgeschlagen und mit dazu passenden Störungsmodellen beschrieben. Anschließend wird auf die konkrete praktische Umsetzung im Therapieprozess

							<p>eingegangen: berlegungen zur Therapieplanung bei gleichzeitigem Vorliegen verschiedener Problembereiche werden angestellt, und es wird dargelegt, wie Methoden der Beziehungsgestaltung integriert werden knnen. Auch die Konfrontation mit der Spielebene und die Klrung und Bearbeitung von Schemata anhand eines mit unterschiedlichen Persnlichkeitsanteilen arbeitenden Rahmenmodells wird besprochen. Das konkrete Vorgehen wird durch Beispiele und Transkripte veranschaulich. - Inhalt: (1) Charakteristika und Merkmale der Borderline-Persnlichkeitsstrung. (2) Weitergehende Beschreibung der Borderline-Persnlichkeitsstrung. (3) Problemfeld: Emotionsregulationsstrung. (4) Problemfeld: Schwierigkeiten in Beziehungen. (5) Das Verhlttnis der Problemfelder zueinander. (6) Strungsmodell fr das Problemfeld Schwierigkeiten in Beziehungen. (7) Therapie. (8) Beziehungsaufbau. (9) Diagnostik und Therapieplanung. (10) Konfrontation mit der Spielebene. (11) Schemaklrung und -bearbeitung. (12) Das kombinierte therapeutische Vorgehen. (13) Umgang mit manipulativen Aspekten von Selbstverletzungen. (14) Umgang mit manipulativer Suizidalitt. (15) Erneute Traumatisierung. (16) Transkripte zur Illustration von Therapie.</p>
Breitbart, William; Pessin, Hayley; Rosenfeld, Barry; Applebaum, Allison J.; Lichtenthal,	2018	Individual meaning-centered psychotherapy for the treatment of psychological and existential	Cancer	124	15	3231–3239	<p>BACKGROUND: Patients with advanced cancer have high rates of psychological distress, including depression, anxiety, and spiritual despair. This study examined the effectiveness of individual meaning-centered psychotherapy (IMCP) in comparison with supportive psychotherapy (SP) and enhanced usual care (EUC) in improving spiritual well-being and quality of life and reducing psychological distress in patients with advanced</p>

Wendy G.; Li, Yuelin; Saracino, Rebecca M.; Marziliano, Allison M.; Masterson, Melissa; Tobias, Kristen; Fenn, Natalie		distress: A randomized controlled trial in patients with advanced cancer					cancer. METHODS: Patients (n = 321) were randomly assigned to IMCP (n = 109), SP (n = 108), or EUC (n = 104). Assessments were conducted at 4 time points: before intervention, midtreatment (4 weeks), 8 weeks after treatment, and 16 weeks after treatment. RESULTS: Significant treatment effects (small to medium in magnitude) were observed for IMCP, in comparison with EUC, for 5 of 7 outcome variables (quality of life, sense of meaning, spiritual well-being, anxiety, and desire for hastened death), with Cohen's d ranging from 0.1 to 0.34; no significant improvement was observed for patients receiving SP (d < 0.15 and P > .05 for all variables). The effect of IMCP was significantly greater than the effect of SP for quality of life and sense of meaning (d = 0.19) but not for the remaining study variables. CONCLUSIONS: This study provides further support for the efficacy of IMCP as a treatment for psychological and existential/spiritual distress in patients with advanced cancer. Significant treatment effects (small to moderate effect sizes) were observed in comparison with usual care, and somewhat more modest differences in improvement (small effect sizes) were observed in comparison with SP. Thus, the benefits of meaning-centered psychotherapy appear to be unique to the intervention and highlight the importance of addressing existential issues with patients approaching the end of life. Cancer 2018. © 2018 American Cancer Society.
Breitenstein, Susan M.; Laurent, Stacy; Pabalan, Laura; Risser, Heather J.; Roper,	2019	Implementation findings from an effectiveness-implementation trial of tablet-based parent	Families, Systems, & Health	37	4	282-290	Introduction: The use of mobile delivery to deliver parent training can address barriers to access and improve the translation of interventions in existing settings like pediatric primary care. Studying implementation provides critical information to identify and address barriers and facilitators and inform sustainability efforts. Method: This

Pamela; Saba, Mary T.; Schoeny, Michael		training in pediatric primary care					<p>study was a descriptive evaluation using the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework as part of a Hybrid Type I Effectiveness-Implementation trial of the ezParent Program within 4 pediatric primary care clinics. We collected data before, during, and after implementation to evaluate provider implementation and their perspectives on program benefits and barriers to implementation. Results: On average, 14% of eligible parents were introduced to the study. Of these parents, 78% expressed interest in participating and 37% enrolled in the study. Seventy-eight percent of staff providers (n = 36) implemented the procedures at least once, and among those who implemented 3 or more times (n = 24), 79% maintained implementation for 6 months. Barriers to implementation include limited time, lack of information, and full practice buy-in and engagement. Discussion: Implementation fidelity may improve with additional education and training of the interdisciplinary team, clear messaging regarding the purpose and content of the ezParent program, defining roles within the care team, identifying practice champions, and use of the electronic health record. Findings from this evaluation, including data from the randomized controlled trial and literature to support intervention effectiveness and implementation, will be used to develop an implementation toolkit to include specific strategies for implementation and ideas for local adaptations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Brem, Meagan J.; Shorey, Ryan C.; Anderson,	2017	Depression, anxiety, and compulsive sexual	Clinical psychology & psychotherapy	24	6	1246–1253	<p>Nearly one-third of individuals in treatment for substance use disorders endorse at-risk levels of compulsive sexual behaviours (CSBs). Untreated sexual compulsivity may facilitate relapse for treatment-seeking men. Previous</p>

<p>Scott; Stuart, Gregory L.</p>		<p>behaviour among men in residential treatment for substance use disorders: The role of experiential avoidance</p>				<p>research and theory suggest that CSBs are maintained by efforts to escape or alter negative affect (e.g., depression and anxiety). However, this hypothesis has not been examined within a sample of men in treatment for substance use disorders. In an effort to better understand CSBs within a population of men with substance use disorders, the present study is the first to examine experiential avoidance as one potential mechanism underlying the relation between men's symptoms of depression and anxiety and their use of CSBs. The present study reviewed medical records of 150 men in residential treatment for substance use disorders. Structural equation modelling was used to examine pathways from men's depression and anxiety symptoms to CSBs directly and indirectly through experiential avoidance while controlling for alcohol/drug problems and use. Results revealed significant indirect effects of both depression and anxiety symptoms on CSB through experiential avoidance. These results support and extend existing research on CSB in a treatment population. Findings suggest that intervention efforts for CSB may benefit by targeting men's avoidance of painful internal events. KEY PRACTITIONER MESSAGE: Compulsive sexual behaviour is related to symptoms of depression and anxiety amongst men in residential treatment for substance use disorders. Experiential avoidance is positively related to compulsive sexual behaviour amongst men with substance use disorders. For men in treatment for substance use disorders, the relation between symptoms of depression and anxiety and compulsive sexual behaviour is explained, in part, by experiential avoidance. Helping men with substance use disorders develop more adaptive methods of processing</p>
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							aversive experiences, as opposed to escaping them, may reduce their use of compulsive sexual behaviours when faced with aversive affect.
Brenes, Gretchen A.; Danhauer, Suzanne C.; Lyles, Mary F.; Anderson, Andrea; Miller, Michael E.	2016	Effects of Telephone-Delivered Cognitive-Behavioral Therapy and Nondirective Supportive Therapy on Sleep, Health-Related Quality of Life, and Disability	The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry	24	10	846-854	<p>OBJECTIVES: The purpose of this study was to compare the effects of cognitive-behavioral therapy delivered by telephone (CBT-T) and telephone-delivered nondirective supportive therapy (NST-T) on sleep, health-related quality of life, and physical disability in rural older adults with generalized anxiety disorder. METHODS: This was a secondary analysis of a randomized clinical trial on 141 rural-dwelling adults 60 years and older diagnosed with generalized anxiety disorder. Sleep was assessed with the Insomnia Severity Index. Health-related quality of life was assessed with the 36-item Short-Form Health Survey (SF-36). Physical disability was assessed with the Pepper Center Tool for Disability. Assessments occurred at baseline, 4 months, 9 months, and 15 months. RESULTS: Insomnia declined in both groups from baseline to 4 months, with a significantly greater improvement among participants who received CBT-T. Similarly, Mental and Physical Component Summaries of the SF-36 declined in both groups, with a differential effect favoring CBT-T. Participants in both interventions reported declines in physical disability, although there were no significant differences between the two interventions. Improvements in insomnia were maintained at the 15-month assessment, whereas between-group differences shrank on the Mental and Physical Component Summaries of the SF-36 by the 15-month assessment. CONCLUSION: CBT-T was superior to NST-T in reducing insomnia and improving health-related quality of life. The effects of CBT-T on sleep were maintained 1 year after completing the treatment.</p>

<p>Brenes, Gretchen A.; Danhauer, Suzanne C.; Lyles, Mary F.; Anderson, Andrea; Miller, Michael E.</p>	<p>2017</p>	<p>Long-Term Effects of Telephone-Delivered Psychotherapy for Late-Life GAD</p>	<p>The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry</p>	<p>25</p>	<p>11</p>	<p>1249-1257</p>	<p>OBJECTIVE: To examine the long-term effects of telephone-delivered cognitive-behavioral therapy (CBT-T) compared with nondirective supportive therapy (NST-T) in rural older adults with generalized anxiety disorder (GAD). METHODS: 141 adults aged 60 years and older with a principal/co-principal diagnosis of GAD were randomized to either CBT-T or NST-T. CBT-T consisted of up to 11 sessions (9 were required) focused on recognition of anxiety symptoms, relaxation, cognitive restructuring and use of coping statements, problem-solving, worry control, behavioral activation, exposure therapy, and relapse prevention, with optional chapters on sleep and pain. NST-T consisted of 10 sessions focused on providing a supportive atmosphere in which participants could share and discuss their feelings and did not provide any direct suggestions. Primary outcomes included interviewer-rated anxiety severity and self-report worry severity measured at 9 months and 15 months after randomization. Mood-specific secondary outcomes included self-report GAD symptoms and depressive symptoms. RESULTS: At 15 months, after adjustment for multiple testing, there was a significantly greater decline in general anxiety symptoms (difference in improvement: 3.31; 95% CI: 0.45-6.17; t = 2.29; df = 136; p = 0.024) and worry (difference in improvement: 3.13; 95% CI: 0.59-5.68; t = 2.43; df = 136; p = 0.016) among participants in CBT-T compared with those in the NST-T group. There were no significant differences between the conditions in terms of depressive symptoms (difference in improvement: 2.88; 95% CI: 0.17-5.60; t = 2.10; df = 136; p = 0.0376) and GAD symptoms (difference in improvement: 1.65; 95% CI: -0.20 to 3.50; t = 1.76; df = 136; p = 0.080). CONCLUSIONS: CBT-T is superior to NST-</p>
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							T in reducing worry and anxiety symptoms 1 year after completing treatment.
Brenig-Eggebrecht, Margit	2017	Transponibles, integratives, prozessuales Psychotherapie modell TIPP. Das Praxishandbuch					<p>Im Rahmen eines Praxishandbuchs wird das Transponible Integrative Prozessuale Therapiemodell (TIPP) für Psychotherapie und Beratung vorgestellt. TIPP ist ein neuartiges leichtes Modell zur Integration vieler Variablen des therapeutischen Prozesses und Elemente unterschiedlicher Therapieansätze. Kern des Modells ist eine Abbildung, die anhand farbiger Symbole Vergangenes, Gegenwärtiges und Zukünftiges im Leben der Klienten erfasst und damit auf einen Blick darstellt. Ebenso können die Symbole für Elemente verschiedener Therapieansätze stehen, mit denen im weiteren Verlauf gearbeitet werden kann. Therapeuten und Klienten erstellen die Abbildung schrittweise gemeinsam und machen so das Erleben der Klienten und daraus hervorgehende Therapieziele sowie deren Bearbeitungsmöglichkeiten anschaulich und greifbar. Darüber hinaus bietet TIPP Hilfestellungen für Berichte an den Gutachter. Bei einem Download-Code erhält man Zugang zur PDF-Version des Buchs. - Inhalt: (1) Einführung in die Arbeit mit TIPP (Struktur des Bildes; Symbolik). (2) Einordnung von TIPP (Bild und Grafik; Projektionsfläche; Psychotherapiemodell; psychotherapeutische Methode; humanistische Tradition; wissenschaftstheoretische Überlegungen; Neuartigkeit). (3) Sprache und Metaphern (Semiotik und Sprachphilosophie; Metaphorik; Metaphern in der Psychotherapie). (4) Integrativität. (5) Transponibilität verschiedener Behandlungsansätze auf TIPP (Verhaltenstherapie (multimodale Therapie: BASIC-ID; Konsistenztheorie und Plananalyse; kognitive Verhaltenstherapie der Depression; CBASP in der Behandlung chronisch depressiver Patienten;</p>

							Schematherapie; Dialektisch-Behaviorale Therapie; Akzeptanz- und Commitmenttherapie); psychodynamische Therapie; klientenzentrierte Psychotherapie; Gestalttherapie; emotionsfokussierte Psychotherapie). (6) Einsatzmöglichkeiten (Einzels psychotherapie; Familien- und Paartherapie; Psychotherapiegruppe; Kinder- und Jugendlichenpsychotherapie; Supervision; einstieg in TIPP). (7) Bericht an den Gutachter. (8) Falldarstellung: Soziale Phobie. (9) Erste Anstze zur Evaluation. (10) Zusammenfassung, Interpretation, Bewertung und Ausblick.
Brenner, Rachel E.; Cornish, Marilyn A.; Heath, Patrick J.; Lannin, Daniel G.; Losby, Madelyn M.	2020	Seeking help despite the stigma: Experiential avoidance as a moderated mediator	Journal of Counseling Psychology	67	1	132-140	The help-seeking literature identifies a model wherein public stigma of seeking help is internalized as self-stigma of seeking help, which, in turn, decreases help-seeking outcomes. The current study considered whether experiential avoidance, or a tendency to avoid painful thoughts or emotions, moderates how strongly these stigmata relate to help-seeking intentions among university students. Specifically, this study tested whether experiential avoidance moderates (a) the direct relationship between self-stigma of seeking psychological help and help-seeking intentions and (b) the indirect relationship between public stigma and help-seeking intentions. Conditional process modeling in a university student sample (N = 235) supported these hypotheses. The direct relationship between self-stigma and help-seeking intentions was nonsignificant and weaker for those who reported low experiential avoidance than for those who reported high experiential avoidance. Results also demonstrated a moderated indirect effect wherein the relationship between self-stigma and intentions was nonsignificant among those reporting low levels of

						<p>experiential avoidance. This suggests that self-stigma may predict help-seeking intentions when avoidance of therapy functions as a means for avoiding unpleasant emotions. These findings suggest that interventions designed to decrease experiential avoidance by increasing openness to unpleasant emotions may offer a novel avenue to attenuate the impact of self-stigma on help-seeking intentions without requiring the difficult task of reducing stigma altogether. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Breywisch, Ute; Zepperitz, Sabine	2022	Ein entwicklungsba siertes Wohngruppenko nzept fr Menschen mit schwerer und schwerster intellektueller Beeintrchtigung				<p>Ein auf dem SEED-Modell (Skala der Emotionalen Entwicklung - Diagnostik; SEED) grndendes entwicklungsangemessenes Wohngruppenkonzept fr Menschen mit schwerer und schwerster intellektueller Beeintrchtigung wird beschrieben. Nach einer Begrndung des SEED-basierten Wohnkonzepts wird im Einzelnen auf folgende Aspekte eingegangen: Rahmenbedingungen (Team, Arbeitsorganisation, Ort), Umsetzung der SEED-basierten Begleitung (Gestaltung von Nhe zu Bezugspersonen, Gestaltung von Sicherheit und Vorhersehbarkeit bei fehlender Objektpermanenz, Umgang mit Emotionen und Affektregulation, Gestaltung von Kommunikation, Umgang mit Material/Aktivitten), personenzentrierte Teilhabe (Gesundheitsfrsorge, Evaluation). Erfahrungen mit diesem Ansatz werden an einem Fallbeispiel sowie in Bezug auf die Kostentrger berichtet. In tabellarischer Form werden abschlieend Empfehlungen zur Umsetzung eines entwicklungsgerechten Wohnkonzepts fr Menschen mit schwerer und schwerster intellektueller Entwicklungsstrung wiedergegeben.</p>

Bringmann, Holger C.; Bringmann, Nicole; Jeitler, Michael; Brunnhuber, Stefan; Michalsen, Andreas; Sedlmeier, Peter	2021	Meditation Based Lifestyle Modification (MBLM) in outpatients with mild to moderate depression: A mixed-methods feasibility study	Complementary therapies in medicine	56		102598	<p>BACKGROUND: Integrative mental health care can be applied to treat depression with a person-centered, lifestyle-modifying, and more salutogenic approach to mental health and human flourishing. In this article, we report on the feasibility and acceptability of a new mind-body program, Meditation Based Lifestyle Modification (MBLM), in outpatients with mild or moderate depression.</p> <p>METHODS: This is a single-arm mixed-methods feasibility study of n = 25 outpatients in psychiatric care. Depressive symptoms, scores for mindfulness, aspects of spirituality, and eudaemonic well-being based on yoga philosophy were assessed at baseline and at the end of the intervention. Adherence was monitored and face-to-face interviews were held after the program to explore the acceptability and feasibility of MBLM.</p> <p>RESULTS: Twenty patients (75 %) completed at least six sessions of the course. Adherence was 87.5 % of allocated sessions. In qualitative analysis, more than half of the participants experienced novelty and inspiration through practicing the ethical aspects of yoga (e.g., nonviolence, truthfulness, etc.). Almost all participants experienced a decrease in emotional distress. Virtually all participants reported more self-confidence and self-acceptance. In quantitative analysis, participants reported a clinically important decrease in depressive symptoms of 39.23 % (p = .002), eudaemonic well-being increased significantly in a range of related scales and scores for mindfulness increased (p < .001).</p> <p>CONCLUSION: MBLM is a highly acceptable and feasible program for outpatients with mild to moderate depression. This comprehensive, lifestyle-modifying approach is highly relevant to preventing and treating mental illness, and treating</p>
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							psychic comorbidities in patients with chronic somatic illness.
Brintzinger, Miriam; Tschacher, Wolfgang; Endtner, Katrin; Bachmann, Kurt; Reicherts, Michael; Znoj, Hansjörg; Pfammatter, Mario		Patients' style of emotional processing moderates the impact of common factors in psychotherapy	Psychotherapy	58	4		This study examined how patient characteristics concerning processing of emotions interact with common factors in psychotherapy. We focused on common factors of emotional processing in psychotherapy with regard to depression outcome. A total of 93 psychiatric outpatients were included. Patients completed preassessments and postassessments regarding depression symptoms and emotional processing style. In addition, the subjectively perceived activation of common factors related to emotional processing in therapy was assessed by the patients after each therapy session. Depending on patients' pretreatment characteristics in emotional processing, activation of the emotion-related common factor mindfulness in treatment had varying impact on depression outcome: The perceived activation of mindfulness had a positive impact on depression reduction only in patients with pretreatment deficits in cognitive representation and communication of emotions. In patients who did not show such deficits, the perceived activation of this common factor during treatment was negatively correlated with outcome. It appears that common factors in psychotherapy must match with patient characteristics to gain therapeutic significance. Examining the interplay of patient characteristics with common factors provides a promising approach to tailor psychotherapeutic procedures in the sense of a personalized psychotherapy. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Brody, Janet L.; Scherer, David	2018	A Conceptual Model and	Family process	57	2	510–524	Individual and group-based psychotherapeutic interventions increasingly incorporate mindfulness-based

<p>G.; Turner, Charles W.; Annett, Robert D.; Dalen, Jeanne</p>		<p>Clinical Framework for Integrating Mindfulness into Family Therapy with Adolescents</p>				<p>principles and practices. These practices include a versatile set of skills such as labeling and attending to present-moment experiences, acting with awareness, and avoiding automatic reactivity. A primary motivation for integrating mindfulness into these therapies is compelling evidence that it enhances emotion regulation. Research also demonstrates that family relationships have a profound influence on emotion regulation capacities, which are central to family functioning and prosocial behavior more broadly. Despite this evidence, no framework exists to describe how mindfulness might integrate into family therapy. This paper describes the benefits of mindfulness-based interventions, highlighting how and why informal mindfulness practices might enhance emotion regulation when integrated with family therapy. We provide a clinical framework for integrating mindfulness into family therapy, particularly as it applies to families with adolescents. A brief case example details sample methods showing how incorporating mindfulness practices into family therapy may enhance treatment outcomes. A range of assessment modalities from biological to behavioral demonstrates the breadth with which the benefits of a family-based mindfulness intervention might be evaluated.</p> <p>Las intervenciones psicoterapéuticas individuales y grupales incorporan cada vez más principios y prácticas basados en la conciencia plena. Estas prácticas incluyen un conjunto polivalente de habilidades, por ejemplo, etiquetar y estar atento a experiencias del momento actual, actuar con conciencia y evitar la reacción automática. Una motivación fundamental para integrar la conciencia plena en estas terapias es la prueba convincente de que mejora la regulación de emociones.</p>
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						<p>Las investigaciones también demuestran que las relaciones familiares tienen una profunda influencia en las habilidades de regulación de las emociones, que son fundamentales para el funcionamiento familiar y el comportamiento prosocial en líneas generales. A pesar de esta prueba, no existe un marco que describa cómo la conciencia plena podría integrarse en la terapia familiar. Este artículo describe los beneficios de las intervenciones basadas en la conciencia plena y destaca cómo y por qué las prácticas de conciencia plena informal podrían mejorar la regulación de emociones cuando se las integra con la terapia familiar. Ofrecemos un marco clínico para integrar la conciencia plena en la terapia familiar, particularmente para aplicarla a familias con adolescentes. Un breve caso práctico detalla métodos que muestran cómo la incorporación de las prácticas de conciencia plena en la terapia familiar puede mejorar los resultados de los tratamientos. Diversas modalidades de evaluación, desde biológicas hasta conductuales, demuestran la amplitud con la cual podrían evaluarse los beneficios de una intervención familiar con conciencia plena.</p> <p>以正念为基础的原则和实践日益被纳入个人和群体为基础的心理治疗干预措施。这些做法包括一系列多样化技能,例如标识和着意当前经历,有意识的行动,以及避免自动反应性。将正念纳入心理治疗的一个主要动机是有力的证据表明正念可以增强情绪管理。研究还表明家庭关系对于情绪管理能力有重要影响,而情绪管理能力对于更广泛的家庭功能和健康社会行为至关重要。尽管有这些证据,目前还没有框架来描述如何将正念纳入家庭心理治</p>
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						<p>疗。本文描述了正念为基础干预措施的益处,并强调将非正式正念做法纳入家庭心理治疗如何以及为什么可能提升情绪管理。我们为将正念纳入家庭心理治疗提供了临床框架,特别是将其应用与有青少年的家庭中。一个简短的案例详细阐明样本方法,表明将正念做法纳入家庭心理治疗如何能够提升治疗效果。一系列评估模型(从生物学到行为学)表明以家庭为基础正念干预措施疗效可以被评估的广度。</p>
<p>Brokuslaus, Ilona; Welke, Thorsten; Edel, Arno</p>	<p>2021</p>	<p>Bewegen statt Erstarren!. Das Praxisbuch fr DBT-Krperskills</p>				<p>Die Dialektisch Behaviorale Therapie (DBT) ist eine emotionsfokussierte und erfahrungsorientierte Verhaltenstherapie. Emotionen drcken sich wesentlich im Krper aus und sind ber diesen erfahr- und auch vernderbar. Aus diesem Grund ist es in der DBT besonders sinnvoll, den "Erfahrungsraum Krper" in die Behandlung von Borderline-Patientinnen und -Patienten zu integrieren. Vor diesem Hintergrund werden die DBT-Krperskills vorgestellt, die in der Einzel- oder Gruppentherapie vermittelt werden knnen. Das Themenspektrum reicht von Warm-Up-bungen ber Atembungen, den Umgang mit Nhe und Distanz, den Einbezug der Krpersprache bis hin zu Selbstwert und Grundbungen des Jonglierens. In der Einbettung in die umfassende DBT-Behandlung knnen so die Leitsymptome der Borderline-Strung wie Anspannungs- und Dissoziationsphnomene mittels Bewegung und krperlicher Aktivitt funktional bewtigt werden. Das Buch richtet sich an: Psychotherapeutinnen und Psychotherapeuten, Psychiaterinnen und Psychiater, Pflegekrfte, Sozialarbeiterinnen und Sozialarbeiter, Mitarbeiterinnen und Mitarbeiter von DBT-Stationen und</p>

							allgemeinpsychiatrischen Stationen sowie Borderline-Patientinnen und -Patienten. - Inhalt: (1) Grundlagen. (2) Struktur, Ziele und Modalitäten der DBT-Körpertherapie. (3) Der Erstkontakt. (4) Basisübungen. (5) Die Bewegungsanalyse. (6) Warm-up-übungen. (7) Körperbezogene Achtsamkeitsübungen. (8) Stresstoleranz-Skills. (9) Antidissoziative Skills. (10) Heimliche Skills. (11) Atemübungen. (12) Körperwahrnehmung. (13) Nähe und Distanz. (14) Selbstwert. (15) Anhang (übungen - bersicht; Arbeits- und bersichtsbücher; bersicht Checkliste Erstkontakt; "Atemübungen": "Fugashebelatmung", "Mittelfingerpressatmung", "Pranayama", "Schnffelatmung", "Windmhlenatmung").
Broman-Fulks, Joshua J.; Bergquist, John J.; Hall, Christian A.; Thomas, Kelsey; Kelso, Kerry C.	2023	Incremental Validity of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy Mechanisms for Anxiety and Panic Symptomology	Journal of cognitive psychotherapy	37	1	43–62	Background: acceptance and commitment therapy (ACT) and cognitive-behavioral therapy (CBT) are empirically supported treatments for anxiety and panic disorder (PD), though they differ in their putative vulnerability and maintenance processes. The present study examined the incremental validity of several of these models' proposed core processes, including anxiety sensitivity (AS), dispositional avoidance, experiential avoidance (EA), cognitive fusion (CF), and mindfulness, as well as the interaction of the processes within each model, in the prediction of anxiety and panic symptomology. Methods: a sample of US adults (n = 316) completed self-report measures of AS, dispositional avoidance, EA, CF, mindfulness, anxiety, and PD symptoms. A series of hierarchical multiple regression analyses were conducted. Results: hierarchical regression analyses indicated that AS, dispositional avoidance, and EA predicted anxiety and panic symptoms even after controlling for one another, CF, mindfulness, and demographic variables. Although mindfulness and CF

							<p>was correlated with anxiety and panic at the univariate level, they did not predict either outcome above and beyond AS, dispositional avoidance, and EA. When interaction terms were added to the models, the interaction between AS and -dispositional avoidance was a significant predictor of panic and anxiety symptoms, whereas the interaction between EA and CF only predicted panic symptoms. None of the interactions that included mindfulness were significant predictors. Conclusions: these findings provide support the independent and interactive predictive value of traditional CBT (AS, dispositional avoidance, and AS-dispositional avoidance) and ACT (EA) processes for anxiety and panic symptoms, but raise questions about the incremental predictive utility of CF and mindfulness.</p>
Bros, Ignasi; Notó, Pere; Bulbena, Antoni	2017	Effectiveness of Short-Term Dynamic Group Psychotherapy in Primary Care for Patients with Depressive Symptoms	Clinical psychology & psychotherapy	24	4	826–834	<p>UNLABELLED</p> <p>An open prospective controlled study was designed to compare the efficacy of short-term dynamic group psychotherapy with the standard treatment in patients with depressive symptoms attended in the primary care setting. A total of 115 patients with depressive symptoms were assigned to receive psychotherapy (75 min) over 9 months (37 to 39 sessions) (n = 70) or the standard care (n = 45). Outcome measures were the differences between baseline and post-treatment in the 17-item Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HAM-A) and the Short-Form Health Survey (SF-12) questionnaire in the two study groups. At the end of dynamic group psychotherapy, statistically significant improvements in the mean scores of all questionnaires were observed, whereas in control patients, significant improvements were only observed in the HDRS-17 scale and in the Mental Component</p>

							<p>Summary score of the SF-12. The mean changes after treatment were also higher in the psychotherapy group than in controls in all outcome measures, with statistically significant differences in the mean differences in favour of the psychotherapy group. In summary, implementation of short-term dynamic group psychotherapy run by experienced psychotherapists for patients with depressive symptoms attended in routine primary care centres is feasible and effective. © 2016 The Authors. Clinical Psychology & Psychotherapy published by John Wiley & Sons Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>Short-term dynamic group psychotherapy was delivered as a non-pharmacological intervention to improve depressive symptoms. Statistically significant differences as compared with a control group were observed in 17-item Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HAM-A) and the Short-Form Health Survey (SF-12) questionnaire. Implementation of short-term dynamic group psychotherapy run by experienced psychotherapists for patients with depressive symptoms attended in routine primary care centres is feasible and effective.</p>
Brouwer, Brenda; Bryant, Dianne; Garland, S. Jayne	2018	Effectiveness of Client-Centered "Tune-Ups" on Community Reintegration, Mobility, and Quality of Life After Stroke: A Randomized Controlled Trial	Archives of physical medicine and rehabilitation	99	7	1325–1332	<p>OBJECTIVE: To explore the effectiveness of a 2-week client-centered rehabilitation intervention (tune-up) delivered 6 months after inpatient discharge on community reintegration at 1 year in people with stroke. DESIGN: A multicenter randomized controlled trial with 2 groups: an intervention ("tune-up") group and a control group having the same exposure to assessment. SETTING: Three research laboratories. PARTICIPANTS: Participants (N=103) with hemiparetic stroke recruited from inpatient rehabilitation units at the time of</p>

							<p>discharge. INTERVENTIONS: Participants randomized to the tune-up group received 1-hour therapy sessions in their home 3times/wk for 2 weeks at 6 months postdischarge focusing on identified mobility-related goals. A second tune-up was provided at 12 months. MAIN OUTCOME MEASURES: Community reintegration measured by the Subjective Index of Physical and Social Outcome at 12 months and secondary outcomes included the Berg Balance Scale and measures of mobility and health-related quality of life up to 15 months. RESULTS: At 12 months, both groups showed significant improvement in community reintegration ($P < .05$), a trend evident at all time points, with no difference between groups (mean difference, -0.5; 95% confidence interval, -1.8 to 2.7; $P = .68$). Similarly, a main effect of time reflected improvement in mobility-related and quality of life outcomes for both groups ($P \leq .05$), but no group differences ($P \geq .30$). CONCLUSIONS: All participants in the tune-up group met or exceeded at least 1 mobility-related goal; however, the intervention did not differentially improve community reintegration. The improvements in mobility and quality of life over the 15-month postdischarge period may be secondary to high activity levels in both study groups and exposure to regular assessment.</p>
Brown, Elissa J.; Goodman, Robin F.; Cohen, Judith A.; Mannarino, Anthony P.; Chaplin, William F.	2020	An Exploratory Trial of Cognitive-Behavioral vs Client-Centered Therapies for Child-Mother	Journal of child & adolescent trauma	13	1	113-125	<p>The study was an evaluation of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT; Cohen et al. 2017) with child-caregiver dyads who experienced the death of a loved one from terrorism, using a hybrid efficacy/effectiveness design in which there were no required minimum symptom levels. Forty children ages 4-17 years old whose fathers died in the line of duty on 9/11/2001 and their mothers participated in an RCT</p>

		Dyads Bereaved from Terrorism					comparing TF-CBT and Client-Centered Therapy (CCT). At baseline, mothers' PTSD, depression, and prolonged grief symptoms were highly elevated, whereas children's were at normative levels. Using intent-to-treat analysis, condition-by-time interactions showed significantly greater symptom reduction for mothers receiving CBT than those receiving CCT. For the children, both treatments led to significant symptom improvements.
Brown, Jason; Wiendels, Samantha; Eyre, Vanessa	2019	Social justice competencies for counselling and psychotherapy: Perceptions of experienced practitioners and implications for contemporary practice	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	533-543	
Brown, Kirk Warren; Berry, Daniel; Eichel, Kristina; Beloborodova, Polina; Rahrig, Hadley; Britton, Willoughby B.	2022	Comparing impacts of meditation training in focused attention, open monitoring, and mindfulness-based cognitive therapy on emotion reactivity and regulation:	Psychophysiology	59	7	e14024	Commonly conducted mindfulness-based trainings such as Mindfulness-based Stress Reduction (MBSR) and Mindfulness-based Cognitive Therapy (MBCT) highlight training in two key forms of meditation: focused attention (FA) and open monitoring (OM). Largely unknown is what each of these mindfulness practices contributes to emotional and other important training outcomes. This dismantling trial compared the effects of structurally equivalent trainings in MBCT, FA, and OM on neural and subjective markers of emotional reactivity and regulation among community adults, with the aim to better understand which forms of training represent active ingredients in mindfulness trainings. Participants with

		Neural and subjective evidence from a dismantling study					<p>varying levels of depressive symptoms were randomized to one of the three trainings. Before and after each 8-week training, N = 89 participants completed a modified version of the Emotional Reactivity and Regulation Task while electroencephalographic (EEG) and self-reported emotional responses to negative, positive, and neutral photographic images were collected. Examination of EEG-based frontal alpha band asymmetry during passive viewing (reactivity) and active regulation phases of the task showed that FA and MBCT trainings produced significant leftward hemispheric shifts in frontal alpha asymmetry, commonly associated with a shift toward approach-based positive affect. Self-reported emotional responses to negative images corroborated these results, suggesting salutary changes in both emotional reactivity and regulation. OM training had limited beneficial effects, restricted to the subjective outcomes. The findings suggest that MBCT may derive its greatest benefit from training in FA rather than OM. Discussion highlights the potential value of FA training for emotional health.</p>
Brown, Lily A.; Belli, Gina; Suzuki, Noah; Capaldi, Sandy; Foa, Edna B.	2020	Reduction in Suicidal Ideation from Prolonged Exposure Therapy for Adolescents	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53	49	5	651-659	<p>OBJECTIVE: Adolescents with posttraumatic stress disorder (PTSD) are at higher risk for suicide compared to adolescents without PTSD. This study aimed to explore whether PTSD treatment reduces suicidal ideation in adolescents and whether the degree of reduction in PTSD was associated with reduction in suicidal ideation.</p> <p>METHODS: Adolescent females with PTSD from a sexual assault (55% Black, 15.3 years, SD = 1.5) were randomized to either prolonged exposure therapy for adolescents (PE-A, n= 31) or client-centered therapy (CCT, n = 30). They reported on suicidal ideation, depression and PTSD at pre- and post-treatment, every therapy session, and follow-up, and about 40% endorsed</p>

						<p>suicidal ideation at baseline. RESULTS: There was a significant reduction in a single-item measure of suicidal ideation during treatment across all participants. The Time in Treatment × Condition interaction was significant ($p < .05$, $d = 0.52$), indicating a significantly steeper reduction in suicidal ideation in PE-A compared to in CCT. The degree of reduction in PTSD ($ps < .05$, $d = 0.26-0.54$) and depression symptoms ($ps < .05$, $d = 0.54-0.81$) in treatment and follow-up was associated with the speed of suicidal ideation reduction in treatment and follow-up. CONCLUSIONS: Adolescents randomized to PE-A had significantly faster reductions in suicidal ideation compared to those randomized to CCT. Greater reduction in PTSD and depression symptoms were associated with faster reduction in suicidal ideation. Clinically, this study demonstrates that adolescents who have suicidal ideation without current intent may benefit from PE-A.</p>
<p>Browne, Jonathan D.; Boland, David M.; Baum, Jaxon T.; Ikemiya, Kayla; Harris, Quincy; Phillips, Marin; Neufeld, Eric V.; Gomez, David; Goldman, Phillip; Dolezal, Brett A.</p>	2021	<p>Lifestyle Modification Using a Wearable Biometric Ring and Guided Feedback Improve Sleep and Exercise Behaviors: A 12-Month Randomized, Placebo-Controlled Study</p>	<p>Frontiers in physiology</p>	12	777874	<p>Purpose: Wearable biometric monitoring devices (WBMD) show promise as a cutting edge means to improve health and prevent disease through increasing accountability. By regularly providing real-time quantitative data regarding activity, sleep quality, and recovery, users may become more aware of the impact that their lifestyle has on their health. The purpose of this study was to examine the efficacy of a biometric tracking ring on improving sleep quality and increasing physical fitness over a one-year period. Methods: Fifty-six participants received a biometric tracking ring and were placed in one of two groups. One group received a 3-month interactive behavioral modification intervention (INT) that was delivered virtually via a smartphone app with guided text message feedback (GTF). The other received a 3-month non-directive wellness education control (CON). After</p>

							<p>three months, the INT group was divided into a long-term feedback group (LT-GTF) that continued to receive GTF for another nine months or short-term feedback group (ST-GTF) that stopped receiving GTF. Weight, body composition, and VO(2)max were assessed at baseline, 3months, and 12months for all participants and additionally at 6 and 9months for the ST-GTF and LT-GTF groups. To establish baseline measurements, sleep and physical activity data were collected daily over a 30-day period. Daily measurements were also conducted throughout the 12-month duration of the study. Results: Over the first 3months, the INT group had significant ($p<0.001$) improvements in sleep onset latency, daily step count, % time jogging, VO(2)max, body fat percentage, and heart rate variability (rMSSD HRV) compared to the CON group. Over the next 9months, the LT-GTF group continued to improve significantly ($p<0.001$) in sleep onset latency, daily step count, % time jogging, VO(2)max, and rMSSD HRV. The ST-GTF group neither improved nor regressed over the latter 9months except for a small increase in sleep latency. Conclusion: Using a WBMD concomitantly with personalized education, encouragement, and feedback, elicits greater change than using a WBMD alone. Additionally, the improvements achieved from a short duration of personalized coaching are largely maintained with the continued use of a WBMD.</p>
Brownlow, Janeese A.; McLean, Carmen P.; Gehrman, Philip R.; Harb,	2016	Influence of Sleep Disturbance on Global Functioning After	J. Traum. Stress (Journal of Traumatic Stress)	29	6	515–521	<p>Chronic insomnia and recurrent nightmares are prominent features of posttraumatic stress disorder (PTSD). Evidence from adult research indicates that these sleep disturbances do not respond as well to cognitive-behavioral therapies for PTSD and are associated with poorer functional outcomes. This study examined the</p>

Gerlinde C.; Ross, Richard J.; Foa, Edna B.		Posttraumatic Stress Disorder Treatment				effect of prolonged exposure therapy for adolescents versus client-centered therapy on posttraumatic sleep disturbance, and the extent to which sleep symptoms impacted global functioning among adolescents with sexual abuse-related PTSD. Participants included 61 adolescent girls seeking treatment at a rape crisis center. The Child PTSD Symptom Scale-Interview (Foa, Johnson, Feeny, & Treadwell, 2001) was used to assess PTSD diagnosis and severity of symptoms, including insomnia and nightmares. The Children's Global Assessment Scale (Shaffer et al., 1983) was used to assess global functioning. There were significant main effects of time and treatment on insomnia symptoms. Additionally, there was a main effect of time on nightmares. Results also showed that insomnia and nightmares significantly predicted poorer global functioning posttreatment ($R^2 = .21$). Despite significant improvements in posttraumatic sleep disturbance, there were still clinically significant insomnia symptoms after treatment, suggesting that additional interventions may be warranted to address residual sleep disturbance in PTSD.
Brubacher, Lorrie L.	2020	Wegweiser Emotionsfokuss ierte Paartherapie. Paare prozess- und bindungsorienti ert durch den Dschungel der Gefhle begleiten				In einem Nachschlagewerk und Manual wird ein Gesamtberblick ber die Emotionsfokussierte Paartherapie (EFT) gegeben. Mit der Bindungsbrille der EFT wird aus chaotischen Beziehungsdynamiken von Paaren der (aktuell) bestmgliche Versuch, die bedrohte Bindung zu erhalten. Diese Sichtweise ffnet den Raum zum Erkennen der ganz spezifischen Dynamik eines jeden Paares. Sie gibt auch das Ziel vor, nmlich die Wiederherstellung einer sicheren Basis zwischen den Partnern. Interessierte Paartherapeuten und Paartherapeuten sowie EFT-Therapeutinnen und -therapeuten in Ausbildung und in langjhriger Praxis

						<p>werden durch den therapeutischen Prozess mit all seinen Tcken und Fallstricken begleitet. Dabei handelt es sich um einen Prozess, der in der EFT zugleich klar strukturiert und erlebensbasiert ist. Wie dieser Spagat glckt und Schlsselmomente der Vernderung ihre Wirkung entfalten knnen, wird anschaulich und praxisnah verdeutlicht. Hinweise auf die Forschung zur Wirksamkeit der EFT runden den Band ab. - Inhalt: (A) Emotionsfokussierte Paartherapie: Liebe als Bindungsprozess. (1) Einfhrung in die emotionsfokussierte Paartherapie (EFT). (2) Schlsselbestandteile der Vernderung auf der EFT-Landkarte. (3) Liebe als Bindungsbeziehung - ein revolutionr neuer Ansatz. - (B) Wenn die Bindungseemotionen Alarm schlagen: Deeskalation negativer Zyklen in Phase 1 der EFT. (4) Assessment und Aufbau einer Allianz: Bindungserleben in Schritt 1 und 2. (5) Die Tyrannei unbeachteter Emotionen: das Auffchern der Emotionen im Vernderungsereignis Deeskalation (Schritt 3 und 4). - (C) Emotionen als Motor der Vernderung: die Neugestaltung der Bindung in Phase 2 der EFT. (6) Das Vernderungsereignis "Wiedereinbindung des Rckzglers": Emotionen als Motor der Vernderung (Schritte 5-7). (7) Das Vernderungsereignis "Erweichen des Anklgers": Emotionen als Motor der Vernderung (Schritte 5-7). - (D) Integration und Konsolidierung. (8) Phase 3: Sichere Bindung konsolidieren (Schritt 8 und 9). (9) Implementierung und Konsolidierung der EFT-Landkarte von Vernderung. - (E) Hufige Hrden in der EFT-Therapie. (10) Suchtprozesse als Bindungsersatz. (11) Zerbrochene Bindungen reparieren: Vergebung und Vershnung mit dem EFT-Modell zur berwindung von Bindungsverletzungen. - (F) Die nchsten Schritte. (12) Das</p>
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							bindungs-basierte Konzept der EFT auf Einzeltherapie erweitern. (13) Ihr zukünftiger Weg mit der EFT.
Brugnera, Agostino; Carlucci, Samantha; Compare, Angelo; Tasca, Giorgio A.	2019	Persistence of friendly and submissive interpersonal styles among those with binge-eating disorder: Comparisons with matched controls and outcomes after group therapy	Clin. Psychol. Psychother. (Clinical psychology & psychotherapy)	26	5	603-615	Abstract Interpersonal problems play a prominent role in the development of binge-eating disorder (BED), so reducing their intensity may be a key focus of many psychological interventions. In recent years, several interpersonal treatments for BED were developed, which posit that binge eating arises to manage relational problems. However, few studies have evaluated the prototypical interpersonal problems, and no studies evaluated the longitudinal changes in interpersonal functioning after treatment within this population. We investigated the severity and prototypicality of interpersonal problems of 101 overweight women with BED from pre-group psychodynamic?interpersonal psychotherapy (GPIP) to 12 months post-GPIP. At baseline, we compared patients' interpersonal problems with two groups of matched controls (46 overweight and 49 normal weight women without a diagnosis of BED) and examined circular correlations between relational problems, depressive symptoms, and binge-eating frequency. Results showed that participants with BED had significantly higher levels of interpersonal problems compared with the matched control samples, with predominantly nonassertive and exploitable styles. Depressive symptoms were related to the presence of friendly?submissive interpersonal problems only among those with BED. Although the intensity of nonassertive interpersonal problems of patients with BED decreased post-group treatment, their profiles remained prototypically nonassertive and exploitable across all time points. Women with BED experience higher levels of interpersonal difficulties exemplified by an

							exploitable/nonassertive style that significantly improve but continue to prevail even after treatment. Clinicians might modify interventions to focus on increasing interpersonal skills and decreasing interpersonal dysfunctions among those with BED.
Bruijniks, Sanne J. E.; Meeter, Martijn; Lemmens, Lotte H. J. M.; Peeters, Frenk; Cuijpers, Pim; Huibers, Marcus J. H.	2022	Temporal and specific pathways of change in cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) for depression	Behaviour Research and Therapy, 2022				Abstract not released by publisher.
Bruijniks, Sanne J. E.; Meeter, Martijn; Lemmens, Lotte; Peeters, Frenk; Cuijpers, Pim; Renner, Fritz; Huibers, Marcus J. H.	2022	Mechanistic pathways of change in twice weekly versus once weekly sessions of psychotherapy for depression	Behaviour Research and Therapy, 2022				Abstract not released by publisher.
Bruijniks, Sanne J. E.; van Bronswijk, Suzanne C.; DeRubeis, Robert J.; Delgadillo,		Individual differences in response to once versus twice weekly sessions of CBT	Journal of consulting and clinical psychology	90	1		Objective: The Personalized Advantage Index (PAI) is a method to guide treatment selection by investigating which of two or more treatments is optimal for a given individual. Recently, it was shown that, on average, twice-weekly sessions of psychotherapy for depression lead to better outcomes compared to once-weekly sessions. The present study applied the PAI method to assess if

Jaime; Cuijpers, Pim; Huibers, Marcus J. H.		and IPT for depression					subgroups of patients may have a differential response to psychotherapy frequency. Method: Data came from a clinical trial (n = 200) randomizing depressed patients into different session frequencies: weekly sessions versus twice-weekly sessions. Machine-learning techniques were used to select pretreatment variables and develop a multivariable prediction model that calculated each patient's PAI. Differences in observed depression post-treatment scores (Beck Depression Inventory-II [BDI-II]) were tested between patients that received their PAI-indicated versus non-indicated session frequency. Between-group effect sizes (Cohen's d) were reported. Results: We identified prognostic indicators generally associated with lower post-treatment BDI-II regardless of treatment assignment. In addition, we identified specific demographic and psychometric features associated with differential response to weekly- versus twice-weekly therapy sessions. Observed post-treatment BDI-II scores were significantly different between individuals receiving the PAI-indicated versus non-indicated session frequency (d = .37). Conclusions: Although a higher session frequency is more effective on average, different session frequencies seem beneficial for different patients. Future studies should externally validate these findings before they can be generalized to other settings. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)
Bucci, Wilma; Crisafulli, Giuseppe	2021	Linguistic Measures of the Therapeutic Process in Carl Rogers's Case of Miss Vib	Journal of psycholinguistic research	50	1	169-192	In the "parallel studies" project led by Carl Rogers at the Counseling Center of the University of Chicago over 70 years ago, measures of personality organization and other clinical ratings were applied to 10 recorded and transcribed cases. This paper applied computerized measures of the referential process to the treatment by Rogers of the client known as Miss Vib. The treatment was

							considered successful and used by Rogers to illustrate his theory of personality, and his view of the therapeutic process. Using the DAAP system, the measures were applied to therapist and client speech at embedded levels of magnification, including measures for the treatment as a whole to be compared to other treatments in the referential process data base; measures for individual sessions to show progression across the trajectory of a treatment for comparison with the clinical ratings; and measures representing word by word variation within a session to enable close examination of the process. The initial prediction concerning the relation of the referential process measures to the clinical measures was not confirmed. Close examination of pivotal sessions provided an account of the results beyond that emphasized in the client-centered approach.
Buchmeier, Amanda L.; Baker, Jonathan C.; Reuter-Yuill, Lilith M.; MacNeill, Brian R.	2018	Considerations for preference and reinforcer assessments with older adults with developmental disabilities	Behavior Analysis: Research and Practice		23 72- 94 14(Ele ctr oni c)	103-116	Assessing preference among older adults is an integral part to effective and therapeutic programming. Although much of the research on preference assessments in this population has focused on typically developing older adults, there is a dearth of research focusing on older adults with intellectual and developmental disabilities (Braddock, 1999; LeBlanc & Matson, 1997). The following case conceptualization addresses some challenges to identifying preferred stimuli and assessing reinforcers among older adults with disabilities and demonstrates the utility of a practitioner model to overcoming these barriers (Karsten, Carr, & Lepper, 2011). (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Budge, Stephanie L.; Chin, Mun Yuk; Minero, Laura P.	2017	Trans individuals' facilitative coping: An	Journal of Counseling Psychology	64	1		Existing research on trans individuals has primarily focused on their negative experiences and has disproportionately examined coming-out processes and identity development stages. Using a grounded theory

		analysis of internal and external processes				approach, this qualitative study sought to examine facilitative coping processes among trans-identified individuals. Facilitative coping was operationalized as processes whereby individuals seek social support, learn new skills, change behaviors to positively adapt, and find alternative means to seek personal growth and acceptance. The sample included 15 participants who self-identified with a gender identity that was different from their assigned sex at birth. Results yielded a total of nine overarching themes: Accepting Support from Others, Actions to Increase Protection, Active Engagement Throughout the Transition Process, Actively Seeking Social Interactions, Engaging in Exploration, Internal Processes Leading to Self-Acceptance, Self-Efficacy, Shifts Leading to Embracing Change and Flexibility, and Utilization of Agency. Based on the analysis, a theoretical model emerged that highlighted the importance of internal and external coping processes in facilitating gender identity development and navigating stressors among trans individuals. Clinical implications focusing on how to implement facilitative coping processes are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Budge, Stephanie L.; Guo, Eileen; Mauk, Ezra; Tebbe, Elliot A.	2021	The development of an observational coding scheme to assess transgender and nonbinary clients' reported		58	2	Trans and nonbinary individuals experience high rates of identity-based stigma and stress (minority stress) in U.S. society. Despite research empirically linking minority stress with adverse mental health outcomes, the extent to which minority stress experiences are discussed in psychotherapy and how therapists respond is unknown. The primary aim of the present study was to develop and test an observational coding scheme, the Minority Stress Experiences and Interactions (MSEI) scheme. With this scheme, observational data from psychotherapy sessions

		minority stress experiences					with 19 transgender and nonbinary adult psychotherapy client participants were coded to provide pilot data for the initial development of the MSEI coding scheme. A total of 19 clients' entire 50-min psychotherapy sessions were coded over 3 phases of psychotherapy: beginning (Session 1), middle (Session 2), and end (Session 10/11). Results indicate that the MSEI scheme was reliable for most codes. Codes revealed that all (N = 19; 100%) clients in the study reported at least 1 minority stress event (MSE) over the course of the 3 sessions, with the mean number of MSEs being 7 per client. The most frequent proximal stressor reported by clients was related to internalized stigma and the most frequent distal stressor reported by clients was prejudice. A total of 2 clients' clinical exchanges with their therapists centered on MSEs are highlighted to demonstrate the nuance of how MSEs are discussed in session, specifically regarding multiple minority identities. Implications for the current study include the need for therapist training regarding minority stress interventions and attention to power and oppression within sessions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Budziszewska, Magdalena; Jonsson, Sofia Elisabet		Talking about climate change and eco-anxiety in psychotherapy: A qualitative analysis of patients' experiences	Psychotherapy	59	4		Citizens' worries about climate change are often realistic and legitimate. Simultaneously, these worries can also become a source of distress so severe as to impair everyday functioning and prompt someone to seek psychotherapy. These emergent phenomena are often referred to as "climate anxiety" or "climate depression" by the popular culture and by patients themselves. Psychotherapists around the world report seeing more and more patients who report that they are experiencing distress due to climate change. This article documents a study that involved engaging 10 Swedish adults who

						<p>sought help for climate change-related emotional distress in in-depth conversations about their psychotherapeutic experience. This was followed by analyzing accounts of psychotherapeutic processes to understand patients' experiences and outcomes. Interviews were examined with interpretative phenomenological analysis (IPA). Therapists' knowledge about climate change and competence in coping with it, validation of climate change-related emotions, and learning to manage these emotions were salient aspects of psychotherapy from the patients' perspective. Connecting psychotherapy to personal values and action orientation, resulting in an enhanced sense of meaning and sense of community, was also considered important. In conclusion, based on participants' experience, we offer practical guidance for practitioners. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Bumbacea, Dragos; Panaitescu, Carmen; Bumbacea, Roxana Silvia	2021	Patient and Physician Perspectives on Asthma and Its Therapy in Romania: Results of a Multicenter Survey	Medicina (Kaunas, Lithuania)	57	10	<p>Background and Objectives: Patient's behaviours, attitudes and beliefs related to asthma and its treatment were shown to influence the adherence to therapy and the level of asthma control. This survey aimed to assess the level of asthma control and patient-reported behaviours, attitudes and expectations related to their disease in Romanian patients. Materials and Methods: This cross-sectional quantitative survey was performed in February-March 2019 and enrolled 70 specialist physicians experienced in asthma management and 433 asthma patients under their care. Results: Of the 433 patients enrolled, 19.4% had mild asthma, 60.5% moderate asthma and 20.1% severe asthma. For the previous 12 months, asthma symptoms, exacerbations and emergency room visits were common in the sample analysed, with significantly higher figures in severe</p>

							<p>asthma patients ($p < 0.001$). The most important treatment goal for asthma patients was participation in all activities of daily living, while for physicians this was preventing asthma exacerbations. The valuation of the treatment goals was different between patients with severe asthma and those with mild and moderate forms. Based on the patients' responses, 3 attitude clusters were identified: empowered savvy (36.5% of the patients), pessimistic non-compliers (43.2%), and anxious strugglers (20.3%). "Empowered savvy" had the lowest frequency of severe asthma, the highest adherence to maintenance therapy and the highest level of confidence in the effectiveness of asthma medication. The opposite of this attitude cluster is the "anxious strugglers", containing more patients with severe asthma, a higher score for worries about asthma therapy and better self-reported knowledge of their treatment, contrasting with a proportion of 25% taking maintenance therapy only when having breathing difficulties. Conclusion: Asthma control in Romania remains poor, with frequent exacerbations and hospitalizations. The differences in treatment goals found between patients and physicians and between different asthma severity groups suggest the need for more patient-centred approaches.</p>
Bumer, Franz-Josef; Winter, Elena; Vogt, Dietmar; Well, Anke; Kingreen, Tilman; Germing, Cathrin; Overmans,	2017	Themenschwerpunkt: Glauben, hoffen, strken: Der Personzentrierte Ansatz in der kirchlichen Arbeit. (Mit 8 Einzelbeitrgen)	Gesprchspsychotherapie und Personzentrierte Beratung	48	4	182-204	<p>Der Einsatz des personzentrierten Ansatzes in der kirchlichen Arbeit wird beleuchtet. Unter anderem wird auf Seelsorge, Coaching, personzentrierte Gemeindegarbeit, Sinnbedrfnis, Beziehungssuche und Pastoren als Fhrungskrfte eingegangen. Inhalt - (1) F.-J. Bumer und E. Winter: Religiöse Verschiedenheit nicht nur aushalten, sondern wnschen (S. 182). (2) D. Vogt: Der Personzentrierte Ansatz in der kirchlichen Arbeit (S. 183-186). (3) A. Well: Die Seelsorge ist die Muttersprache der</p>

Isabel; Schwab, Markus; Finke, Jobst						Kirche - ein Praxisbericht (S. 186-189). (4) T. Kingreen: Coaching in der Kirche (S. 189-191). (5) C. Germing: Schulseelsorge und personzentrierte Beratung (S. 191-195). (6) I. Overmans: Der Stille eine Stimme: Der Personzentrierte Ansatz in der TelefonSeelsorge (S. 196-199). (7) M. Schwab und E. Winter: Raum schaffen fr Schmerz und Trauer (S. 200). (8) J. Finke: Sinnbedrfnis und Beziehungssuche - Themen der Spiritualitt im personzentrierten Gesprch (S. 201-204).
Burbach, Christiane	2019	Handbuch Personzentrierte Seelsorge und Beratung				Im Rahmen eines Handbuchs werden die Grundlagen des personzentrierten Ansatzes in Beratung und Seelsorge in aktualisierter und konzentrierter Form dargestellt. Die Grundlage bilden die Entstehungsgeschichte des Ansatzes unter Carl R. Rogers sowie aktuelle neurobiologische Erkenntnisse in Bezug auf Beratung und Seelsorge. Bezge zur katholischen, protestantisch-theologischen, philosophischen und pdagogischen Anthropologie sowie zu Anstzen in Tiefenpsychologie, Verhaltenstherapie und Systemik werden hergestellt. Neben der Bedeutung der Seelsorge in den beiden groen Kirchen, in Diakonie und Caritas sowie dem Stellenwert des personzentrierten Ansatzes im Schulunterricht und der Schulentwicklung widmet sich das Handbuch konkreten gesellschaftlichen und lebensnahen Themen wie Interkulturalitt, Gender, Depression, Soziale Arbeit, Hospiz oder Gemeindeseelsorge. Lernziele und Vorgehensweisen verschiedener Beratungsformate wie Coaching, Supervision, Organisationsentwicklung oder geistliche Begleitung werden aufgezeigt. Standards, Curricula, Organisationsformen und Bildungsziele verschiedener Sektoren der Beratungsausbildung werden vorgestellt, etwa die Weiterbildung in personzentrierter Seelsorge und Beratung, die Fort- und Weiterbildung zum

						<p>personenzentrierten Coach und Supervisor oder entsprechende Ausbildungen in Priesterseminar und Vikariat. - Inhalt: (A) Grundlagen Personenzentrierter Seelsorge und Beratung. (1) Christiane Burbach: Lebens-Prozesse - Grundannahmen Personenzentrierter Seelsorge und Beratung. (2) Tilman Kingreen: Was ist der Mensch? Zum Menschenbild im Personenzentrierten Ansatz. (3) Joachim Schlr: Carl R. Rogers und die Entstehung des Personenzentrierten Ansatzes. (4) Michael Lux: Der Personenzentrierte Ansatz aus neurowissenschaftlicher Sicht. (5) Diederik Noordveld: Das Humanistische Menschenbild im Dialog mit evangelisch-theologischer Anthropologie. (6) Martin Kempen: Geheimnistrger Mensch - Rahners radikaler Ansatz im Gesprch mit der Humanistischen Psychologie Rogers'. (7) Sarah-Magdalena Kingreen: Das Personenzentrierte Menschenbild im Dialog mit ausgewhlten philosophiegeschichtlichen und reformpdagogischen Positionen. (8) Anne Steinmeier: Das Selbst und seine Entwicklung - tiefenpsychologische Konzepte in Resonanz mit dem Personenzentrierten Ansatz. (9) Martin Moser: Tiefenpsychologie der Jung-Schule und Personenzentriertes Vorgehen - arbeiten mit inneren Bildern, Trumen, Imaginationen und biblischen Geschichten in der Seelsorge. (10) Ernst Kern: Personenzentrierte Psychotherapie und Verhaltenstherapie - Konvergenzen und Divergenzen. (11) Sarah-Magdalena Kingreen und Jan Kingreen: Grundannahmen der Systemischen Therapie und Beratung im Dialog mit dem Personenzentrierten Ansatz. - (B) Personenzentrierte Seelsorge und Beratung in den Institutionen. (12) Matthias Ball: Zum Verstdnis von Seelsorge in der katholischen Kirche - ein Blick zurck. (13) Christiane Burbach: Seelsorge in der protestantischen Kirche. (14) Joachim Schmidt:</p>
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						<p>Personzentrierte Haltungen in Unterricht und Schulentwicklung. (15) Peter Abel: Personzentrierte Beratung und Seelsorge in Caritas und Diakonie. - (C) Personzentrierte Seelsorge und Beratung in verschiedenen Lebenslagen und Feldern der Gesellschaft. (16) Klaus Kieling: Interkulturalitt und (Nicht-)Verstehen - Gastfreundschaft als Ermglichen von Seelsorge. (17) Claudia Schubert und Dietmar Vogt: Genderaspekte in Seelsorge und Beratung. (18) Klaus Kieling: "Der Glaube, in der Hlle zu sein" - Seelsorge bei Seelenfinsternis. (19) Gabriele Lademann-Priemer: Umgang mit Problemen von Menschen aus religisen Gruppierungen und anderen Religionen. (20) Ulrich Schweingel: Ohne Person keine Organisation - Seelsorge im Alltag der Gemeinde. (21) Mathias Jggi: Seelsorge und Beratung in Feldern der Sozialen Arbeit. (22) Franziska Oberheide: Seelsorge in der Schule. (23) Dietmar Vogt: Personzentrierte Seelsorge im Krankenhaus. (24) Verena Begemann: "Wachet mit mir" - Mitgefhl in solidarischer Gemeinschaft (Seelsorge und Hospiz). (25) Ilka Greunig: Seelsorge in der Psychiatrie - eine Begegnung auf Augenhhe. (26) Karsten Willemer: Notfallseelsorge - fr Menschen in Not da sein. (27) Ursula Zeh: Ehe- und Partnerschafts-, Familien- und Lebensberatung - ein psychologischer Fachdienst der Seelsorge. (28) Martin Moser: Personzentrierte Seelsorge in und durch Gruppen. - (D) Personzentrierte Beratungsformate in der Praxis. (29) Tilman Kingreen: Personzentriertes Coaching in der Personalberatung der Kirche. (30) Michael Schlechtriemen: Personzentrierte Supervision - Kongruenz in der Arbeitswelt. (31) Christin Hemeier: Personzentrierte Organisationsentwicklung - ein Werkstattbericht aus einem</p>
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Burnette, C. Blair; Luzier, Jessica L.; Weisenmuller, Chantel M.; Boutté, Rachel L.	2022	A systematic review of sociodemographic reporting and representation in eating disorder psychotherapy treatment trials in the United States	The International journal of eating disorders	55	4	423–454	<p>OBJECTIVE Eating disorders (EDs) were once conceptualized as primarily affecting affluent, White women, a misconception that informed research and practice for many years. Abundant evidence now discredits this stereotype, but it is unclear if prevailing "evidence-based" treatments have been evaluated in samples representative of the diversity of individuals affected by EDs. Our goal was to evaluate the reporting, inclusion, and analysis of sociodemographic variables in ED psychotherapeutic treatment randomized controlled trials (RCTs) in the US through 2020.</p> <p>METHODS We conducted a systematic review of ED</p>

						<p>psychotherapeutic treatment RCTs in the US and examined the reporting and inclusion of gender identity, age, race/ethnicity, sexual orientation, and socioeconomic status (SES) of enrolled participants, as well as recruitment methods, power analyses, and discussion of limitations and generalizability.</p> <p>RESULTS</p> <p>Our search yielded 58 studies meeting inclusion criteria dating back to 1985. Reporting was at times incomplete, absent, or centered on the racial/gender majority group. No studies reported gender diverse participants, and men and people of color were underrepresented generally, with differences noted across diagnoses. A minority of papers considered sociodemographic variables in analyses or acknowledged limitations related to sample characteristics. Some progress was made across the decades, with studies increasingly providing full racial and ethnic data, and more men included over time. Although racial and ethnic diversity improved somewhat, progress appeared to stall in the last decade.</p> <p>DISCUSSION</p> <p>We summarize findings, consider context and challenges for RCT researchers, and offer suggestions for researchers, journal editors, and reviewers on improving representation, reporting, and analytic practices.</p> <p>PUBLIC SIGNIFICANCE</p> <p>Randomized controlled trials of eating disorder psychotherapeutic treatment in the US are increasingly reporting full race/ethnicity data, but information on SES is inconsistent and sexual orientation absent. White women still comprise the overwhelming majority of participants, with few men and people of color, and no gender-diverse individuals. Findings underscore the need</p>
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						<p>to improve reporting and increase representation to ensure evidence-based treatments are effective across and within diverse groups.</p> <p>OBJETIVO</p> <p>Los trastornos de la conducta alimentaria (TCA) alguna vez se conceptualizaron como enfermedades que afectaban principalmente a las mujeres blancas, adineradas, un concepto erróneo que informó la investigación y la práctica clínica durante muchos años. Abundante evidencia ahora desacredita este estereotipo, pero no está claro si los tratamientos prevalecientes "basados en la evidencia" se han evaluado en muestras representativas de la diversidad de individuos afectados por los TCA. Nuestro objetivo fue evaluar el informe, la inclusión y el análisis de las variables sociodemográficas en los ensayos controlados aleatorios (ECA) del tratamiento psicoterapéutico para TCA en los Estados Unidos hasta 2020. MÉTODOS: Se realizó una revisión sistemática de los ECA de tratamiento psicoterapéutico de los TCA en los Estados Unidos y se examinó el informe y la inclusión de la identidad de género, la edad, la raza/etnia, la orientación sexual y el estado socioeconómico (ESE) de los participantes inscritos, así como los métodos de reclutamiento, los análisis de poder y la discusión de las limitaciones y la generalización.</p> <p>RESULTADOS</p> <p>La búsqueda arrojó 58 estudios que cumplieron los criterios de inclusión que datan de 1985. Los informes a veces eran incompletos, ausentes o centrados en el grupo mayoritario racial / de género. Ningún estudio informó participantes con diversidad de género, y los hombres y las personas de color estuvieron</p>
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						<p>subrepresentados en general, con diferencias observadas entre los diagnósticos. Una minoría de los artículos consideró variables sociodemográficas en los análisis o reconoció limitaciones relacionadas con las características de la muestra. Se lograron algunos avances a lo largo de las décadas, con estudios que proporcionan cada vez más datos raciales y étnicos completos, y más hombres incluidos con el tiempo. Aunque la diversidad racial y étnica mejoró un poco, el progreso pareció estancarse en la última década.</p> <p>DISCUSIÓN: Resumimos los hallazgos, consideramos el contexto y los desafíos para los investigadores de ECA, y ofrecemos sugerencias para investigadores, editores de revistas y revisores sobre cómo mejorar la representación, el informe y las prácticas analíticas.</p>
<p>Burt, Joshua B.; Preller, Katrin H.; Demirtas, Murat; Ji, Jie Lisa; Krystal, John H.; Vollenweider, Franz X.; Anticevic, Alan; Murray, John D.</p>	2021	<p>Transcriptomics-informed large-scale cortical model captures topography of pharmacological neuroimaging effects of LSD</p>	eLife	10		<p>Psychoactive drugs can transiently perturb brain physiology while preserving brain structure. The role of physiological state in shaping neural function can therefore be investigated through neuroimaging of pharmacologically induced effects. Previously, using pharmacological neuroimaging, we found that neural and experiential effects of lysergic acid diethylamide (LSD) are attributable to agonism of the serotonin-2A receptor (Preller et al., 2018). Here, we integrate brain-wide transcriptomics with biophysically based circuit modeling to simulate acute neuromodulatory effects of LSD on human cortical large-scale spatiotemporal dynamics. Our model captures the inter-areal topography of LSD-induced changes in cortical blood oxygen level-dependent (BOLD) functional connectivity. These findings suggest that serotonin-2A-mediated modulation of pyramidal-neuronal gain is a circuit mechanism through which LSD alters cortical functional topography.</p>

							Individual-subject model fitting captures patterns of individual neural differences in pharmacological response related to altered states of consciousness. This work establishes a framework for linking molecular-level manipulations to systems-level functional alterations, with implications for precision medicine.
Burton, Mark S.; Sherrill, Andrew M.; Zwiebach, Liza C.; Fenton, Emily E.; Rauch, Sheila A. M.; Rothbaum, Barbara O.	2023	Consultation competencies in prolonged exposure therapy for posttraumatic stress disorder	Psychological Trauma: Theory, Research, Practice, and Policy	15	2		Introduction: The Emory University Prolonged Exposure (PE) Consultant Training Program seeks to develop a national network of competent PE consultants. Comprehensive training in empirically supported treatment (EST), such as PE, includes a didactic training followed by a period of experiential learning through consultation during real-world clinical practice (Karlin & Cross, 2014). Expert consultants are needed to meet demand as ESTs are disseminated. Method: The Emory program has developed a training model to develop 18 consultation skills within five competency domains: the consultation relationship, general psychotherapy skills, PE-specific skills, trainee barriers to delivery, and implementation. Results: The current article outlines these domains and discusses their theoretical background and applied value for PE consultant training, drawing on examples from the Emory program. Discussion: Just as manualizing therapy has allowed for EST dissemination, the operationalizing of consultation competencies can provide a first step in disseminating evidence-based consultation practice. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Bushkov, F. A.; Razumov, A. N.; Sichinava, N. V.	2021	Patient-centered approach using COPM, GAS scores in	Voprosy kurortologii, fizioterapii, i lechebnoi	98	5	5-13	OBJECTIVE: To study the efficacy of the patient- and task-oriented approach and specific therapeutic exercises (TE) for the arms in patients after spinal cord injury at the cervical level. MATERIAL AND METHODS: The study included 119 patients with a history of spinal injury of

		medical rehabilitation of patients with tetraplegia after spinal cord injury	fizicheskoi kulture			<p>more than one year. They were divided into three demographically comparable groups. Group 1 patients (control) received standard of care: TE, physiotherapeutic treatment, social adaptation (SA), and massage; Group 2- standard of care and specific TE for the arms as part of the SA; Group 3-the same as Group 2 combined with the patient- and task-oriented approach (patient-selected activities were trained). Outcomes were assessed at the beginning (T(1)), end (T(2)), and at 1 year (T(3)) after a 30-day medical rehabilitation course. RESULTS: No statistically significant differences between the groups in demographic, neurological (ISCSI score), motor (FIMm, VLT scores), psychological parameters (depression, anxiety), quality of life (WHOQOL-BREF score) before the medical rehabilitation (T(1)) were observed. At the end of the medical rehabilitation course (T(2)), the increase in functional scores was 6.0±5.4 points of FIMm score, 6.0±4.6 points of VLT score in group 1; 8.0±7.6 points of FIMm score, 7.0±7.1 points of VLT score in group 2; 9.0±6.9 points of FIMm score, 8.0±7.6 points of VLT in group 3. Significant differences were found between groups 1 and 2 and 3 on the domains of «finger I» (13.6±9.64 points vs. 15.2±9.40 and 15.3±9.21 points respectively), «fingers II-V» (9.4±6.76 points vs. 11.3±6.41 and 11.6±6.76 points respectively) of VLT score; between groups 3 and 1 on the domains «self-care» (25.9±9.67 points vs. 23.1±9.8 points), «transfer» (11.7±6.21 points vs. 10.6±6.1 points) of the FIMm score, and also the group 3 patients had a higher quality of life by 3.0±1.8 points. At delayed follow-up (T(3)-T(2)), no changes of the FIMm and VLT scores were detected within groups. In group 3, 69% of problems were identified in self-care (COPM); subjective assessment of functional improvement for</p>
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							<p>COPM (T(2)-T(1)) was as follows: «performance» 4.7±1.27 points, «satisfaction» 3.8±1.63 points; for GAS the T-score at the end of rehabilitation was 1.3±0.55 points, and the greatest significance of change was noted for COPM under «performance» (ES=0.73), with the correlation coefficient between FIMm and COPM being 0.55 and 0.63 for «performance» and «satisfaction» domains, respectively. CONCLUSION: Patient- and task-oriented approach implemented by using COPM questionnaire and GAS score together with specific TE for arms is an effective method of motor medical rehabilitation of patients with posttraumatic cervical tetraplegia. This approach improves their quality of life, while parameters of subjective scores (COPM, GAS) have the same sensitivity in comparison with the conventional motor scores (FIMm, VLT).</p>
<p>Butcher, Elizabeth; Walker, Robert; Wyeth, Emma; Samaranayaka, Ari; Schollum, John; Derrett, Sarah</p>	2022	<p>Health-Related Quality of Life and Disability Among Older New Zealanders With Kidney Failure: A Prospective Study</p>	<p>Canadian journal of kidney health and disease</p>	9		<p>2054358 1221094 712</p>	<p>BACKGROUND: Disability is prevalent in individuals with kidney failure and can contribute to significantly reduced quality of life and survival. In older individuals with kidney failure, disability can be caused by a combination of factors, including issues directly related to their kidney disease and/or treatment, including weakness, low energy, and low activity. Few studies have investigated health-related quality of life (HRQoL) as a possible predictor of disability among older individuals experiencing kidney failure. OBJECTIVE: This study aimed to determine if patient-reported HRQoL, and/or other factors at baseline, predicts disability in people with kidney failure, aged ≥65 years, after 12 months of follow-up. DESIGN: The DOS65+ study was an accelerated longitudinal cohort design comprising of both cross-sectional and longitudinal components. Participants were eligible if they were aged ≥65 years, had chronic kidney</p>

						<p>disease stage 5G (CKD 5G) (estimated glomerular filtration rate (eGFR) <15 ml/min/1.73 m²), and had: commenced kidney replacement education, or were on an active conservative pathway, or were newly incident dialysis patients commencing dialysis therapy or prevalent on dialysis. SETTING: Three New Zealand District Health Board (DHB) nephrology units (Counties Manukau, Hawke's Bay, and Southern DHB) were involved in the study. PARTICIPANTS: Participants were eligible if they were aged ≥65 years, had CKD 5G (eGFR <15 ml/min/1.73 m²), and had: commenced kidney replacement education, or were on an active conservative pathway, or were newly incident dialysis patients commencing dialysis therapy or prevalent on dialysis. MEASUREMENTS: Disability and HRQoL were measured by EQ-5D-3L, a WHO Disability Assessment Schedule (WHODAS) 2.0. METHODS: Baseline and 12-month data from our longitudinal dialysis outcomes in older New Zealanders' study were analyzed to determine if HRQoL at baseline predicted disability outcomes 12 months later. RESULTS: Of the 223 participants at baseline, 157 participants completed a follow-up interview 12 months later. Individuals with "considerable disability" at baseline had a significantly (86%) higher risk of experiencing "considerable disability" at 12 months compared with those with "lesser/no disability" at baseline. Two thirds of those with ≥3 comorbidities were experiencing "considerable disability." In addition, those with problems with EQ-5D-3L self-care, EQ-5D-3L usual activities, and EQ-5D-3L anxiety/depression reported higher rates of disability. LIMITATIONS: Selection bias is likely to have been an issue in this study as participants were excluded from the follow-up interview if they had an</p>
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							<p>intercurrent illness requiring hospitalization within 2 weeks of the survey interview or if the treating nephrologist judged that the individual's ability to take part was significantly impaired. Sample size meant there were a limited number of explanatory/confounding variables that could be investigated in the multivariable model. CONCLUSIONS: EQ-5D-3L mobility and self-care may be useful in predicting subsequent disability for individuals with CKD 5G. Although individuals with kidney failure often experience disability, previous studies have not clearly identified HRQoL or disability as predictors of later disability for individuals with kidney failure. Therefore, we would recommend the assessment of mobility and self-care, in conjunction with existing disabilities in the clinical review and pre-dialysis education of individuals with kidney failure as they approach the need for kidney replacement therapy. Trial registration: the Australian and New Zealand clinical trials registry: ACTRN12611000024943.</p>
Butcher, Howard K.	2022	Unitary Caring Science: A Hermeneutic-Phenomenological Research Method	Nursing science quarterly	35	2	148-159	<p>All phenomenological research, including descriptive phenomenological methods, are theory based. The knowledge in a discipline is built using discipline-specific methods. The purpose of this article is to develop and describe the processes of a mode of inquiry specific to caring in nursing theories housed within the unitary caring paradigm. Morgan's practical framework examining ontological-epistemological-methodological linkages was used to develop the unitary-caring hermeneutic phenomenological research method. The method is specific to conducting hermeneutic phenomenological research within Watson's unitary caring science and Smith's theory of unitary caring. The method includes a process of linking and interpreting themes generated from</p>

							the textual analysis of participant descriptions of the caring phenomena to concepts in the specific unitary caring theory that informs the researcher's a priori theoretical perspective to develop a theoretical understanding of the experience and contribute to the development of unitary caring nursing science.
Butryn, Meghan L.; Kerrigan, Stephanie; Arigo, Danielle; Raggio, Greer; Forman, Evan M.	2018	Pilot Test of an Acceptance-Based Behavioral Intervention to Promote Physical Activity During Weight Loss Maintenance	Behavioral medicine (Washington, D.C.)	44	1	77–87	Behavioral interventions for obesity reliably facilitate short-term weight loss, but weight regain is normative. A high level of aerobic exercise may promote weight loss maintenance. However, adopting and maintaining a high level of exercise is challenging, and experiential acceptance may be important. The aim of this study was to pilot test the feasibility and efficacy of an acceptance-based behavioral treatment to promote moderate-to-vigorous physical activity (MVPA) among individuals who had recently lost weight. Adults (n = 16) who had recently lost ≥ 5% of weight were provided with a 12-week, group-based treatment. At 12 weeks, complete analyses indicated that participants had increased activity 69% (completing an average of 198.27 minutes/week of bouts MVPA, i.e., episodes of at least 10 minutes in duration). Medium-to-large effect sizes were observed for changes in process measures, including experiential acceptance. Future research to test this approach using an experimental design, a larger sample, and a longer period of observation is warranted.
Buus, Niels; Kragh Jacobsen, Elise; Bojesen, Anders Bo; Bikic, Aida; Müller-Nielsen, Klaus; Aagaard,	2019	The association between Open Dialogue to young Danes in acute psychiatric crisis and their	International journal of nursing studies	91		119–127	BACKGROUND: Although most mental disorders have their onset in early life, the mental health needs of young people are often not addressed adequately. Open Dialogue is a need-adapted approach that mobilizes psychosocial resources in a crisis struck person's social network. Open Dialogue is organised as a series of network meetings and seeks to promote collaborative

<p>Jørgen; Erlangsen, Annette</p>		<p>use of health care and social services: A retrospective register-based cohort study</p>				<p>integrated care, and a non-directive psychotherapeutic stance. Its effectiveness for young people has not previously been assessed. OBJECTIVES: The aim of the study was to examine whether a Danish Open Dialogue approach directed at young people, who sought help from Child and Adolescent Mental Health Services, reduced their utilisation of psychiatric and other health services, compared to peers receiving usual psychiatric treatment. DESIGN: A retrospective register-based cohort study. METHODS: Using clinical and national register data, a cohort of patients aged 14-19 years (n = 503) enrolled from one region during 2000 to 2015 were compared to a matched comparison group from two other regions using propensity scores. Utilisation of psychiatric health services, GP services, and social markers were assessed after 1, 2, 5 and 10 year of follow-up using logistic and Poisson regression models. RESULTS: Patients receiving Open Dialogue intervention had more psychiatric outpatient treatments at one year of follow-up (RR = 1.2, CI: 1.1-1.4) than the comparison group, but not at subsequent follow-ups. Recipients of the intervention had fewer emergency psychiatric treatments (1 year follow-up: RR = 0.2, CI: 0.1-0.5; 10 years follow-up: RR = 0.5, CI: 0.3-0.8) and less use of general practitioner services (1 year follow-up: RR = 0.90, CI: 0.82-0.99; 10 years follow-up: RR = 0.85, CI: 0.78-0.92). There was no significant reduction in the number of psychiatric hospitalisation contacts or treatment days. CONCLUSIONS: Open Dialogue was significantly associated with some reduced risks of utilising health care services. These mixed results should be tested in a randomized design.</p>
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<p>Buus, Niels; Ong, Ben; McCloughen, Andrea</p>	<p>2023</p>	<p>Open dialogue trainees' perspectives on learning processes and psychotherapeutic practice: A prospective focus group study</p>	<p>Family process</p>	<p>62</p>	<p>3</p>	<p>993-1005</p>	<p>Open Dialogue is a collaborative approach to mental health care emphasizing integrated services and a dialogical psychotherapy approach. Open Dialogue training programs eschew traditional didactic teaching of technical therapeutic skills in favor of more experiential learning processes. It is unclear how these training programs affect trainees and shape their perspectives on Open Dialogue. Our aim was to follow up a group of Australian Open Dialogue trainees and explore their perspectives on learning processes and psychotherapeutic practice. We utilized a prospective focus group design with data from audio-recorded focus groups convened before (n = 2) and after (n = 3) participants completing an advanced Open Dialogue training program. Data were subjected to reflective thematic analysis. We identified the theme "Extending possibilities by holding ideas lightly," which represented a universal principle that participants applied to multiple aspects of their practice, for example, favoring multiple perspectives and approaches to therapy, including those other than Open Dialogue. This theme had two sub-themes: (1) "Allowing intimacy by being aware of personal biographies" and (2) "Learning by joining others," which reflected an increased willingness by participants to reflect on and share their inner experiences and an emphasis on joint experiential exercises in the training program. "Extending possibilities by holding ideas lightly" facilitated a means of incorporating a dialogical perspective into existing practices thus avoiding the potential barriers to a wholesale implementation of Open Dialogue. Findings indicated that the participants were not learning how to practice a therapeutic technique or</p>
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							propositional knowledge, but were socialized into a dialogical way of being.
Byron, Katie; Howard, Dana	2017	'Hey everybody, don't get pregnant': Zika, WHO and an ethical framework for advising	Journal of medical ethics	43	5	334–338	WHO recently issued new guidance on the prevention of sexual transmission of Zika virus. The updated guidance states that '[c]ountry health programmes should ensure that... [i]n order to prevent adverse pregnancy and fetal outcomes, men and women of reproductive age, living in areas where local transmission of Zika virus is known to occur, be correctly informed and oriented to consider delaying pregnancy'. While the media has reported this advice as WHO telling couples in Zika-affected regions to avoid pregnancy, WHO states that they are not doing that. In an interview with the New York Times, a spokesperson from WHO stated, 'it's important to understand that this is not WHO saying, "Hey everybody, don't get pregnant." It's that they should be advised about this, so they themselves can make the final decision'. In this statement, the WHO's spokesperson distinguishes between actively directing individuals to delay pregnancy and advising them, which is portrayed as a merely informative act that facilitates but does not direct an individual's final decision. This paper proposes that advising should not be understood as a purely informational and non-directive act. The choices that agencies make in what advice to offer and to whom to offer the advice are ethical choices with practical implications. We will thus lay out a framework for considering the ethical issues that arise in the context of advising and demonstrate how it can be used to evaluate the WHO guidance.
Cabaniss, Deborah L.; Cherry, Sabrina;	2017	Psychodynamic psychotherapy.					

Douglas, Carolyn J.; Schwartz, Anna		A clinical manual					
Cai, Xiaoyan; Zhou, Lu; Han, Peiying; Deng, Xiaolan; Zhu, Huanhuan; Fang, Fang; Zhang, Zhi	2021	Narrative review: recent advances in doll therapy for Alzheimer's disease	Annals of palliative medicine	10	4	4878–4881	Alzheimer's disease (AD) is a severe neurodegenerative disease which impacts the quality of life in elderly patients and imposes a significant burden to families and caregivers. The prolonged life expectancy and rapidly increasing world population significantly increased the morbidity. Although it has been widely reported that the aggregation of Beta amyloid and neurofilaments is the most significant pathological change. Currently, there is no effective drug therapy for AD, and the potential risks of pharmacotherapy remain concerns. This article reviews the recent research on Doll therapy (DT), a widely used non-drug therapy on AD patients, especially its clinical effectiveness and precautions in treating AD, with an attempt to further alleviate the mental symptoms and improve the health status of AD patients. Thus, nonpharmacological treatments of AD have become an area of intense research interest in recent years. DT is a person-centered therapy that can improve both the mental and cognitive status and the quality of life in AD patients. Although there remains ethical controversy about the DT on AD patients, its positive effect has been proved. Moreover, a standards manual is required to stipulate the range of application, the time course for treatment and withdraw the toy from the patients.
Cain, Lylli; Hilsenroth, Mark	2020	Examining the relationship between object relations and interpersonal	Clinical psychology & psychotherapy	27	5	760–769	The goal of the present study was to explore the relationship between patients' object relational functioning (Social Cognition and Object Relations Scale-Global Ratings) as rated by clinicians during the course of outpatient psychodynamic psychotherapy in a university-based clinic and patient self-reported interpersonal

		distress in a clinical sample					vulnerabilities (Inventory of Interpersonal Problems-64). Participants (n = 112) were outpatients entering treatment at a university-based psychotherapy clinic and were diagnosed primarily with mood disorders as well as Axis II relational problems and features. Participants completed the IIP-64 prior to receiving therapy, and SCORS-G ratings were based on patients' level of relational functioning during the evaluation process (i.e., the semistructured interview, follow-up and feedback) and across the first two psychotherapy sessions. Results showed a significant relationship between the IIP-64 Total score with SCORS-G Self-Esteem ($r = -.21, p < .05$) and Affective Quality of Representations ($r = -.20, p < .05$), wherein self-reported interpersonal dysfunction was greater among patients who had lower self-worth and perceived others as more malevolent. These findings suggest that patients who rated themselves as having more significant interpersonal difficulty reported more negative expectations and experiences of relationships in their psychotherapy narratives. The utility of the SCORS-G and the IIP-64 as two different avenues of assessing patient relational functioning is explored.
Cammuso, Karen; Vorderstrasse, Valerie	2020	Anxiety in autism spectrum disorder: Diagnosis and therapy	Child Adolescent Behavior (The Brown University Child and Adolescent Behavior Letter)	36	11	1-4	
Campbell, Sarah B.; Erbes, Christopher; Grubbs,	2020	Social Support Moderates the Association Between	J. Traum. Stress (Journal of Traumatic Stress)	33	4	391-400	Abstract For patients participating in trauma-focused psychotherapies for posttraumatic stress disorder (PTSD), such as cognitive processing therapy (CPT), pretreatment characteristics may moderate treatment effectiveness.

Kathleen; Fortney, John		Posttraumatic Stress Disorder Treatment Duration and Treatment Outcomes in Telemedicine- Based Treatment Among Rural Veterans					For instance, preexisting supportive relationships may encourage skill utilization or provide contrasts to maladaptive cognitive biases highlighted in trauma-focused treatments for PTSD. Such pretreatment characteristics are important to study in rural individuals, who may experience barriers to initiating and completing treatment. The aim of this study was to examine whether pretreatment social support, measured using the Medical Outcomes Study Social Support Survey, would moderate the association between CPT duration (i.e., number of sessions attended) and change in PTSD symptoms, using data from a pragmatic randomized controlled trial of a telemedicine-based collaborative care intervention for rural veterans (N = 225). Social support moderated the association between CPT duration and PTSD symptom change, $B = .016$, $SE = .006$; 95% CI [.028, .005], such that increased duration was associated with more PTSD symptom change only at average or higher levels of support. This effect was found for overall and emotional support but not tangible support. Additionally, on average, among participants who attended eight or more CPT sessions, only those at or above 1 standard deviation above the mean social support score demonstrated a reliable change in PTSD symptoms. The results indicate that the link between CPT treatment duration and treatment outcomes may be stronger for veterans with higher levels of pretreatment social support.
Can, Doğan; Marín, Rebeca A.; Georgiou, Panayiotis G.; Imel, Zac E.; Atkins, David C.;	2016	“It sounds like...”: A natural language processing approach to detecting	Journal of Counseling Psychology	63	3	343–350	The dissemination and evaluation of evidence-based behavioral treatments for substance abuse problems rely on the evaluation of counselor interventions. In Motivational Interviewing (MI), a treatment that directs the therapist to utilize a particular linguistic style, proficiency is assessed via behavioral coding—a time

Narayanan, Shrikanth S.		counselor reflections in motivational interviewing					<p>consuming, nontechnological approach. Natural language processing techniques have the potential to scale up the evaluation of behavioral treatments such as MI. We present a novel computational approach to assessing components of MI, focusing on 1 specific counselor behavior—reflections, which are believed to be a critical MI ingredient. Using 57 sessions from 3 MI clinical trials, we automatically detected counselor reflections in a maximum entropy Markov modeling framework using the raw linguistic data derived from session transcripts. We achieved 93% recall, 90% specificity, and 73% precision. Results provide insight into the linguistic information used by coders to make ratings and demonstrate the feasibility of new computational approaches to scaling up the evaluation of behavioral treatments. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Cannistrà, Flavio; Piccirilli, Federico; Paolo D'Alia, Pier; Giannetti, Angelica; Piva, Lorenza; Gobbato, Ferruccio; Guzzardi, Roberta; Ghisoni, Alice; Pietrabissa, Giada	2020	Examining the Incidence and Clients' Experiences of Single Session Therapy in Italy: A Feasibility Study	ANZ J of Family Therapy (Australian and New Zealand Journal of Family Therapy)	41	3	271–282	

Cannon, Margeaux; Credé, Marcus; Kimber, Justin M.; Brunkow, Alexandria; Nelson, Rebecca; McAndrew, Lisa M.	2022	The common-sense model and mental illness outcomes: A meta-analysis	Clinical psychology & psychotherapy	29	4	1186–1202	<p>Psychotherapists can improve their patients' outcomes during and after therapy by improving patients' self-management. Patients who do not effectively manage their mental illness generally have worse outcomes. Leventhal's Common-Sense Model of Self-Regulation theorizes that patients' perceptions of their illness (illness representations) guide their self-management, influencing health outcomes. The present study quantified the relations between illness representations, self-management and outcomes for mental illnesses. We conducted a meta-analysis and included articles if they reported (1) on adults with mental illnesses and (2) the correlation between mental illness representations and mental illness outcomes. Twenty-five articles were included which represented 28 independent samples. The pattern of correlations among illness representations (identity, consequences, timeline, control, coherence and emotional representations), self-management strategies (attendance, engagement and adherence to treatment) and mental illness outcomes (symptom severity and quality of life) was consistent with analyses from previous studies of mental and physical illnesses. The results found threat-related illness representations mostly had a large relationship with worse mental illness outcomes and self-management. Protective illness representations had a small-to-large relationship with better mental illness outcomes and self-management. The results suggest patients' perceptions of their mental illness may be a critical indicator of their mental illness outcomes, including symptom severity and quality of life. This theory-driven meta-analysis supports calls for the inclusion of illness representations in psychotherapy for mental illness.</p>
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Cao, Lingyun; Blackman, Jerome S.; Xu, Guangxing	2018	Societal change and language change in China: Language- switching during multilingual dynamic psychotherapy	Psychoanalytic Psychology	35	2	224–230	The use of multiple languages during psychotherapies has been noted for over 100 years, since Breuer’s famous Viennese patient, Anna O., spoke in English. In this article, the authors demonstrate the meanings of language usage to 3 Chinese people in treatment in Shanghai, China. Like many educated people in Shanghai in the 21st century, they were trilingual, in Mandarin, Shanghainese, and English. Their switches in language during treatment suggested that their current problems had been generated by culture, Chinese governmental policy, social factors, interpersonal and intrapsychic conflicts involving self-states, and the enduring effects of unresolved childhood trauma. Their language-switching was noted during therapy and proved to be useful in resolving their presenting problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Capaldi, Sandra; Asnaani, Anu; Zandberg, Laurie J.; Carpenter, Joseph K.; Foa, Edna B.	2016	Therapeutic Alliance during Prolonged Exposure Versus Client-Centered Therapy for Adolescent Posttraumatic Stress Disorder	Journal of clinical psychology	72	10	1026– 1036	OBJECTIVES: To examine the relationship between improvements in adolescent ratings of therapeutic alliance and reductions in posttraumatic stress disorder (PTSD) severity over time among adolescent girls during prolonged exposure therapy for adolescents (PE-A) versus client-centered therapy (CCT), as well as to examine differences in changes in alliance between treatment groups. METHOD: A total of 61 adolescent girls (aged 13-18 years) with sexual assault-related PTSD received PE-A or CCT in a randomized controlled trial. Participants rated alliance at session 3, midtreatment, and posttreatment. RESULTS: The rate of improvement in adolescent-rated alliance was greater in PE-A than CCT over the course of treatment. In addition, improvement in adolescent-rated alliance significantly contributed to improvements in PTSD (regardless of treatment condition), but not vice versa. CONCLUSIONS: Contrary to beliefs that trauma-

							focused treatments fail to establish strong therapeutic alliance in sexually abused adolescents, improvement in adolescent ratings of alliance were greater in PE-A compared to CCT, and improvements in adolescent-rated alliance were significantly associated with better treatment outcome across both types of treatments.
Carducci, Bernardo J.	2020	The Wiley Encyclopedia of Personality and Individual Differences, Clinical, Applied, and Cross-Cultural Research					Cover -- Title Page -- Copyright Page -- Contents -- Contributor Biographies -- Clinical Applications of Psychodynamic Theories of Personality -- Personality Theory -- Psychodynamic Psychodiagnostic Systems -- Self-Representation Perspective -- Personality Assessment -- Treatment Planning -- See Also -- References -- Clinical Applications of Behavioral Theory of Personality -- History of Learning Theory -- Origins of Clinical Psychology -- Behavioral Conceptualizations of Personality -- Applications of Behavioral Theories in Assessment -- Applications of Behavioral Theories in Treatment -- Future Directions -- See Also -- References -- Further Reading -- Clinical Applications of Humanistic Theory of Personality -- Humanism: The Third Force in Psychology -- Existence and Essence -- Relationship -- Why Humanistic Therapy? -- Organizations and Publications -- A Clinical Operational Guide -- Be Present: Client and Therapist -- Act Responsibly: Client and Therapist -- Listen: Client and Therapist -- Provide a Stimulating Environment -- Provide a Safe Environment - - Look for Client Code Words -- Respect a Developmental Base -- Realize That Affective Discharge May Precede Cognitive Restructuring -- Have a Willingness to Be Vulnerable: Client and Therapist -- Be Aware That All Choices Are for Self-Enhancement -- Therapy: A Rush To Fix Things? -- See Also -- References -- Further Reading -- Clinical Applications of Cognitive Behavioral Theory of

							Personality -- What Is CBT? -- Historical Perspectives -- Basic Principles -- Levels of Cognition -- Negative Automatic Thoughts (NATs) -- Core Beliefs -- Dysfunctional Assumptions (DAs) -- Applications and Efficacy -- Conclusion -- See Also -- References -- Further Reading -- Social Anxiety and Social Anxiety Disorder -- Negative Self-Perception -- Social Standards -- Social Deficits and Social Costs.
Carducci, Bernardo J.; Nave, Christopher S.	2020	The Wiley encyclopedia of personality and individual differences					
Carlile, Nolan; Link, Jared S.; Cowan, Allison; Sarnoski, Elizabeth G.	2019	ACTing Like a Psychiatrist	Innovations in clinical neuroscience	16	9-10	17-21	Acceptance and commitment therapy (ACT), a form of cognitive behavioral therapy, predominately focuses on addressing one's relationship with thoughts and emotions rather than attempting to alter them. The use of ACT has demonstrated efficacy in interactions with patients suffering from a variety of mental health concerns. While there are no specific criteria for the use of ACT, one compelling argument that exists in support of its use is that ACT may be more efficacious than other control-based protocols in treating experiential avoidance. Further, there is some evidence available to suggest that ACT is more effective than other active treatments for depression. Here, the six core processes of ACT therapy are discussed and the application of ACT techniques in clinical practice is explored.
Carper, Matthew M.; Silk, Jennifer S.; Ladouceur, Cecile D.;	2022	Changes in Affective Network Variability Among Youth	Child psychiatry and human development	53	3	526-537	Cognitive behavioral therapy (CBT) has been shown to be an efficacious treatment for youth anxiety, but we need to know more about the process of change. Affective network variability, or the "spread" of positive and negative emotions activated across a given time period,

Forbes, Erika E.; McMakin, Dana; Ryan, Neal; Kendall, Philip C.		Treated for Anxiety Disorders					<p>has been found to be positively associated with anxiety disorder symptomatology, but it is not yet known how this construct changes in response to intervention or its association with anxiety-focused treatment outcomes. The present study used a dynamical systems framework to model ecological momentary assessment (EMA) data collected via a cellular telephone from 114 youth aged 9-14 years (M(age) = 10.94, SD = 1.46) who were seeking treatment for a primary anxiety disorder. We examined patterns of affective network variability over time and across (a) CBT and (b) client-centered therapy (CCT) to determine whether affective network changes were specific to CBT or due to nonspecific factors. Associations between treatment outcomes and patterns of affect at pretreatment and over the course of the treatments were also examined. Results revealed significant decreases in affective network variability over the course of treatment for youth who received CBT, but not for youth who received CCT. Changes in affective network variability over the course of treatment did not predict treatment outcomes. Findings provide initial support for the dynamical systems approach to examining changes that occur during treatment. Implications and future research are discussed.</p>
Carrera, María; Cabero, Andrés; González, Sonia; Rodríguez, Nuria; García, Carlos; Hernández,	2016	Solution- focused group therapy for common mental health problems: Outcome assessment in	Psychology and psychotherapy	89	3	294–307	<p>OBJECTIVES This study aimed to assess the effectiveness of solution-focused group therapy (SFGT) for psychological distress and mild to moderate depression in a routine clinical practice setting.</p> <p>DESIGN AND METHODS A naturalistic pre/post-study involving 132 mental health service users was carried out. Clients received seven structured sessions of SFGT, and pre-therapy self-report</p>

Lara; Manjón, Javier		routine clinical practice				<p>scores (Spanish brief version of Beck Depression Inventory and Hospital Anxiety and Depression Scale) were compared with post-therapy scores. Additional data on effectiveness of intervention (discharges, clients returning for help and dropout rate) were analysed at 6, 12, and 24 months after initiating intervention and compared with a control sample (132 mental health service users, frequency-matched by local health board, clinical diagnosis, and gender to the group intervention) receiving usual care (UC: Psychotropic medication and/or individual psychotherapy).</p> <p>RESULTS</p> <p>Mean post-SFGT levels were significantly lower than mean pre-SFGT levels on each self-report measure in the SFGT sample. In addition, SFGT showed a significantly higher percentage of discharges and fewer clients returning for help than with UC.</p> <p>CONCLUSIONS</p> <p>SFGT included in routine clinical practice may enhance the effectiveness of treatment in clients who suffer from depression and/or psychological distress.</p> <p>PRACTITIONER POINTS</p> <p>Therapists could use SFGT as a brief and effective tool to deal with the most prevalent mental health problems at mental healthcare centres (MHCs) in Spain, without changing day-to-day clinical routines. SFGT might be effectively incorporated in routine clinical practice for helping people with psychological distress and depressive episodes of mild and moderate severity. This study should encourage systemic therapists and strategically oriented clinicians to continue delivering and offering outcome measures of solution-focused therapy.</p>
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Carroll, Andrew; McSherry, Bernadette	2018	Making defensible decisions in the era of recovery and rights	Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists	26	5	474-477	OBJECTIVES: Our aim was to develop a framework for clinical decision-making that can be used to take into account risk in an era of recovery and rights. CONCLUSION: We developed a framework influenced by civil liability law to develop a guide for clinical decision-making which emphasises collaboration, clarification of the available information and communication of decisions as essential components of recovery-oriented risk management.
Carrotte, Elise; Hartup, Michael; Blanchard, Michelle	2019	“It's very hard for me to say anything positive”: A qualitative investigation into borderline personality disorder treatment experiences in the Australian context	Australian Psychologist	54	6	526-535	Objective To identify in the Australian context: (a) treatment and support services that are accessed by people living with borderline personality disorder (BPD) and their carers, (b) perceived benefits and challenges associated with these services, and (c) changes these individuals would like to see with regards to service provision and access. Method This project involved semi-structured qualitative interviews with 12 participants (75% female, M age=?39.9, SD=?11.7), nine with lived experience of BPD, three carers and two identifying with both roles. Additionally, two online focus groups were conducted via online peer support communities involving 11 participants in total. Interview transcripts and focus group text were analysed thematically. Results Participants described mixed experiences across a range of treatment types, locations and intensities. Themes were: identity and discovery, (mis)communication, complexities of care, finding what works (for me), an uncertain future, and carer empowerment. Participants described community-based psychotherapy as being critical for reducing symptoms of BPD and improving quality of life, but reported challenges at the macro and micro level with regards to costs, service access, clinician factors and client factors. Experiences were often not

							aligned with a recovery model of mental health. Conclusions The current Australian mental health system is not designed to best meet the needs of people living with BPD, which remains highly stigmatised and misunderstood. Future research should consider how the system could be modified or restructured to better support recovery for these individuals and others with complex mental illness.
Carter, Allison; Loutfy, Mona; Pokomandy, Alexandra de; Colley, Guillaume; Zhang, Wendy; Sereda, Paul; O'Brien, Nadia; Proulx-Boucher, Karène; Nicholson, Valerie; Beaver, Kerrigan; Kaida, Angela	2018	Health-related quality-of-life and receipt of women-centered HIV care among women living with HIV in Canada	Women & health	58	5	498–518	We measured health-related quality of life (HRQOL) using the SF-12 among women living with HIV (WLWH) in Canada between August 2013 and May 2015. We investigated differences by perceived receipt of women-centered HIV care (WCHC), assessed using an evidence-based definition with a 5-point Likert item: "Overall, I think that the care I have received from my HIV clinic in the last year has been women-centered" (dichotomized into agree vs. disagree/neutral). Of 1308 participants, 26.3 percent were from British Columbia, 48.2 percent from Ontario, and 25.5 percent from Québec. The median age was 43 years (interquartile range = 36-51). Most (42.2 percent) were White, 29.4 percent African/Caribbean/Black, and 21.0 percent Indigenous. Overall, 53.4 percent perceived having received WCHC. Mean physical and mental HRQOL scores were 43.8 (standard deviation [SD] = 14.4) and 41.7 (SD = 14.2), respectively. Women perceiving having received WCHC had higher mean physical (44.7; SD = 14.0) and mental (43.7; SD = 14.1) HRQOL scores than those not perceiving having received WCHC (42.9; SD = 14.8 and 39.5; SD = 14.0, respectively; $p < .001$). In multivariable linear regression, perceived WCHC was associated with higher mental ($\beta = 3.48$; 95 percent confidence interval: 1.90, 5.06) but not physical HRQOL. Improving HRQOL among

							Canadian WLWH, which was lower than general population estimates, is needed, including examining the potential of WCHC as an effective model of clinical care.
Casajuana Kögel, Cristina; López-Pelayo, Hugo; Oliveras, Clara; Colom, Joan; Gual, Antoni; Balcells-Oliveró, María Mercedes	2021	The relationship between motivations for cannabis consumption and problematic use	Adicciones	33	1	31–42	INTRODUCTION: Systematic screening of problematic cannabis use does not include the motivations that lead to consumption, although from a person-centered perspective this is fundamental. The present study explores the motivations for cannabis use in adults and its relationship with cannabis use patterns and problematic use. METHOD: Adult cannabis users (previous 60 days) were recruited in the province of Barcelona (n = 468). Information on their sociodemographic data, cannabis use pattern, Cannabis Abuse Screening Test (CAST) and the main motivation for use were collected. Motivations were categorized a posteriori according to the Marijuana Motives Measures (MMM). A descriptive and inferential analysis was carried out to link the motivations to sociodemographic variables, consumption pattern and probability of suffering problematic cannabis use (CAST). RESULTS: Using cannabis to heighten positive feelings (35%), out of habit (29%) and to cope with negative feelings (25%) were the most frequent motivations. In comparison to other motivations, coping is related to a greater quantity of cannabis used (4 vs 3 joints per day, p = 0.005), higher probability of problematic cannabis use (77% vs 64%, p = 0.05), and greater social vulnerability (unemployment 56% vs 37%, p = 0.001; and low educational level 14% vs 8%, p = 0.042). CONCLUSIONS: Coping as a motivation for cannabis use is present in one out of four users and is a marker of social vulnerability, greater quantity of cannabis used and higher risk of problematic use. Patient-centered care together with preventive (emotional

							and social education) and clinical strategies (psychotherapy) can be useful for this population at higher risk.
Casey, Brieger; Webb, Margaret	2019	Imaging Journeys of Recovery and Learning: A Participatory Arts-Based Inquiry	Qualitative health research	29	6	833–845	The relationship between processes of mental health recovery and lifelong learning is an area of increasing international interest. Experiences of transformation, positive effects on self-esteem, self-insight, and empowerment have been identified regarding both endeavors. Recognition of these benefits has stimulated collaborative development of educational programs in personal development, self-efficacy, and recovery principles. The importance of evaluating this educational provision has been emphasized; however, there has been little detailed exploration of students' experiences and perceptions of recovery and learning in the context of recovery education programs. In this article, we present a participatory arts-based inquiry with 14 women, including mental health service users, who undertook a recovery training program to support their roles as mental health support workers in Ireland. Participatory visual analysis revealed three recurring themes; the interrelatedness of learning and recovery journeys, knowledge as a source of stability and rescue and the need for resilience in learning and recovery.
Caspar, Franz; Barlow, David H.; Farchione, Todd J.; Sauer?Zavala, Shannon; Murray Latin, Heather; Ellard, Kristen K.;	2019	Transdiagnostische Behandlung emotionaler Strungen. Therapeutenmanual					In einem Therapeutenmanual zur auf traditionell kognitiv-behavioralen Prinzipien basierenden transdiagnostischen Behandlung emotionaler Strungen werden neben Hintergrundinformationen ber das Behandlungsprogramm praktische Anleitungen zur Untersttzung der Behandlung und Durchfhrung der Sitzungen vermittelt. Seit ber 40 Jahren hat sich ein groer Teil der Psychotherapieforschung auf die Entwicklung spezifischer Anstze fr bestimmte Strungen konzentriert.

<p>Bullis, Jacqueline R.; Bentley, Kate H.; Boettcher, Hannah T.; Cassiello?Robbins, Clair</p>							<p>Mit dem Erfolg des strungsspezifischen Ansatzes wurden aber auch seine Grenzen deutlich. Das Kompetenzniveau, auf das hin Therapeuten in Wirksamkeitsstudien zu spezialisierten Therapieanstzen trainiert werden, knnen Therapeuten normalerweise nur fr ein oder zwei Anstze erreichen und aufrechterhalten. Die meisten Therapeuten knnen und wollen sich in der Praxis aber nicht auf nur eine oder zwei Strungen spezialisieren. Dieser Fakt sowie Komorbiditten, die eher die Regel als die Ausnahme sind, sprechen gegen eine extreme Spezialisierung. Ein Ausweg wird darin ausgemacht, die berstarke Spezialisierung wieder rckgngig zu machen und sich auf das Gemeinsame in der Behandlung einer greren Gruppe von Strungen zu besinnen. Die im Manual beschriebene transdiagnostische Behandlung emotionaler Strungen ist auf alle Angststrungen und unipolare affektive Strungen sowie andere Strungen mit starker emotionaler Beteiligung, wie etwa viele somatoforme und dissoziative Strungen, anwendbar. - Inhalt: (A) Hintergrund fr Therapeuten. (1) Einfhrung zur transdiagnostischen Behandlung emotionaler Strungen (Unified Protocol). (2) Grundprinzipien der Behandlung und bersicht des Behandlungsablaufs. (3) Zustzliche Informationen fr Therapeuten. (4) berblick zum generellen Format, Aufbau und Ablauf der Behandlung. - (B) Behandlungsmodule. (5) Sitzung 1: Funktionale Messung und Einfhrung in die Behandlung. (6) Modul 1: Ziele setzen und Motivation aufrechterhalten. (7) Modul 2: Emotionen verstehen. (8) Modul 3: Achtsame Bewusstheit fr Emotionen. (9) Modul 4: Kognitive Flexibilit. (10) Modul 5: Emotionsbezogenem Verhalten entgegenhalten. (11) Modul 6: Krperliche Empfindungen verstehen und angehen. (12) Modul 7: Emotions-Expositionen. (13)</p>
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							Medikation für Angst, Depression und ähnliche emotionale Störungen. (14) Modul 8: Das Erreichte anerkennen und in die Zukunft schauen. (15) Das UP in einem Gruppensetting nutzen.
Caspar, Franz; Barlow, David H.; Sauer?Zavala, Shannon; Farchione, Todd J.; Murray Latin, Heather; Ellard, Kristen K.; Bullis, Jacqueline R.; Bentley, Kate H.; Boettcher, Hannah T.; Cassiello?Robbins, Clair	2019	Transdiagnostische Behandlung emotionaler Störungen. Arbeitsbuch					Ein parallel zum Therapeutenmanual zur kognitiv-verhaltenstherapeutisch fundierten transdiagnostischen Behandlung emotionaler Störungen aufgebautes Arbeitsbuch für Patientinnen und Patienten wird präsentiert. Es enthält Erklärungen zu emotionalen Problemen und deren Behandlung sowie Anleitungen zum Verändern - selbstständig und in Abstimmung mit dem Therapeuten. Ziel ist es, den Betroffenen zur optimalen Kooperation zu befähigen, aber auch zur Selbstständigkeit beizutragen. Das klar strukturierte Arbeitsbuch beinhaltet zahlreiche Selbsttests, Übungsbilder und Anregungen für die Praxis. - Inhalt: (A) Arbeitsbuch. (1) Was sind emotionale Störungen? (2) über diese Behandlung. (3) Lernen Sie, Ihre Erfahrungen aufzuzeichnen. (4) Ziele setzen und Motivation aufrechterhalten. (5) Ihre Emotionen verstehen - Was ist eine Emotion? (6) Ihre Emotionen verstehen - Dem Verlauf der Emotion folgen. (7) Achtsame Bewusstheit für Emotionen. (8) Kognitive Flexibilität. (9) Emotionsbezogenes Verhalten entgegenhalten. (10) Körperliche Empfindungen verstehen und angehen. (11) Umsetzen in der Praxis - Emotions-Expositionen. (12) Die Rolle der Medikation in der Behandlung emotionaler Störungen. (13) Weiter von hier: Das Erreichte anerkennen und in Ihre Zukunft schauen. (B) Anhang. (14) Anhang A: Antworten zu den Selbstbeurteilungen. (15) Anhang B: Beispielformulare. (16) Anhang C: Definition von Schlüsselbegriffen.

<p>Caspar, Franz; Berger, Thomas; grosse Holtforth, Martin; Babl, Anna; Heer, Sara; Lin, Mu; Sthli, Annabarbara; Gmez Penedo, Juan Martn; Holstein, Dominique; Egenolf, Yvonne; Frischknecht, Eveline; Krieger, Tobias; Ramseyer, Fabian; Regli, Daniel; Schmied, Emma; Flckiger, Christoph; Brodbeck, Jeannette; Greenberg, Les; Carver, Charles S.; Castonguay, Louis; Kramer, Ueli; Auszra, Lars; Herrmann, Imke; Belz, Martina</p>	<p>2023</p>	<p>The impact of integrating emotion focused components into psychological therapy: A randomized controlled trial</p>	<p>Journal of clinical psychology</p>	<p>79</p>	<p>2</p>	<p>296–315</p>	<p>Objectives: This paper presents a randomized controlled trial on assimilative integration, which is aimed at integrating elements from other orientations within one approach to enrich its conceptual and practical repertoire. Elements from Emotion-Focused Therapy (EFT) were integrated into a form of cognitive behavior therapy: Psychological Therapy (PT). In one treatment condition, EFT was added to PT (+EFT) with the intent to enhance therapists' working with emotions. In the other condition, concepts and interventions based on the socialpsychological self-regulation approach were added to PT (+SR). Our assumption was that the +EFT would lead to greater and deeper change, particularly in the follow-up assessments. Method: Patients (n = 104) with anxiety, depression, or adjustment disorders were randomized to the two conditions and treated by 38 therapists who self-selected between the conditions. Primary outcome was symptom severity at 12-month follow-up; secondary outcomes included several measures such as interpersonal problems and quality of life. Variables were assessed at baseline, after 8 and 16 sessions, at posttreatment, and at 6- and 12-month follow-up. Results: Contrary to our hypothesis, no significant between-group effects were found. Conclusion: The findings first suggest the difficulty of topping an already very effective approach to psychotherapy. Alternative interpretations were that the EFT training, while corresponding to regular practice in AI, was not sufficient to make a difference in outcome, or that while profiting from the enhancement of abilities for working with emotions, this was outbalanced by negative effects of difficulties related to the implementation of the new elements.</p>
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Caspari, Cornelia; Ritter, Lisa	2019	Gemeinsam tragen - kann erleichtern. Eine qualitative Studie zur Psychodynamik von nonverbalen und verbalen Gruppentherapien bei Brustkrebs	Gruppenanalyse	29	2	132-147	Der folgende Artikel untersucht im Rahmen einer qualitativen Studie die Erwartungen und ngste von Brustkrebspatientinnen in einer psychodynamischen Gruppentherapie. Diese umfasst zwlf Termine mit Kunst- und Tanztherapie sowie Gesprchstherapie. Die Interviews mit den Patientinnen wurden jeweils vor und nach den Gruppentherapien erhoben und inhaltsanalytisch ausgewertet. Interessant dabei ist die Darstellung der Dynamiken innerhalb der Gruppenteilnehmerinnen und den Therapierichtungen (verbal und nonverbal). Deutlich werden auch die Zusammenhnge von gesprten ngsten, die zu Ressourcen werden knnen, wenn das Potential bzw. der Raum zum offenen Ansprechen und Durcharbeiten der schweren Gefhle gegeben wird.
Caspari, Cornelia; Ritter, Lisa; Hrtl, Kristin	2020	Warum knnen Gruppentherapien bei Krebspatienten hilfreich sein?. Eine qualitative Studie zu psychodynamischer Kunst-, Tanz- und Gruppenpsychotherapie mit Brustkrebspatientinnen	PiD - Psychotherapie im Dialog	21	2	54-57	Eine qualitative Studie zur Untersuchung der Erwartungen, ngste und Erfahrungen von Brustkrebspatientinnen in einer psychodynamischen Gruppenpsychotherapie wird vorgestellt. Drei Gruppenteilnehmerinnen im Alter von 44, 48 und 52 Jahren in unterschiedlichen Krankheitsstadien wurden vor und nach der Gruppentherapie befragt. Diese umfasste zwlf Termine mit Kunst- und Tanztherapie sowie im Wechsel psychodynamisch orientierte Gesprchstherapie. Als wesentliche Inhalte wurden die Ambivalenz der sozialen Untersttzung, der Umgang mit ngsten und Unsicherheiten sowie als hilfreich erlebte Gruppenerfahrungen thematisiert. In den Interviews mit den Patientinnen wurde deutlich, dass ngste zu Ressourcen umgewandelt werden konnten, wenn das Potenzial bzw. der Raum zum offenen Ansprechen und Durcharbeiten der schweren Gefhle gegeben wurden. (c) ZPID

Cavicchioli, Marco; Kraslavski, Alexandra; Movalli, Mariagrazia; Maffei, Cesare; Ogliari, Anna	2022	The investigation of mechanisms underlying addictive behaviors: a case-control study	Journal of addictive diseases	40	3	306–325	<p>Background: The contradictory nature of behavioral addictions has sustained a nondefinitive debate regarding their construct validity. Objective(s): The current study aims at exploring mechanisms underlying two distinct classes of behaviors-behavioral addictions characterized by core alterations in reward processing systems (ARPS) and behaviors with a main function of maladaptive coping. Methods: This case-control study included 99 treatment-seeking individuals with a primary diagnosis of alcohol use disorder (male: N = 68; female: N = 31) and 74 healthy control (HC) subjects (male: N = 38; female: N = 36). The severity of maladaptive behaviors was measured through the Shorter PROMIS Questionnaire (SPQ). Latent mechanisms were assessed by the Disinhibition Domain of the Personality Inventory for DSM-5 (PID-5-DI) and the Acceptance and Action Questionnaire-II (AAQ-II). Results: The clinical group showed higher severity of behavioral addictions than HC. This difference was not replicated for the other class of maladaptive behaviors, except for compulsive buying. Ordinal regression analysis showed that the clinical group significantly predicted SPQ scores reflecting ARPS, SPQ shopping and starving subscales. This was not replicated for the overall SPQ score capturing maladaptive coping and binge eating behaviors. Controlling for PID-5-DI and AAQ-II scores, which were significantly associated to SPQ subscales, effects of the aforementioned clinical group were not significant. Conclusions: The study highlighted distinct and common mechanisms underlying different classes of maladaptive behaviors. Results supported future neuroscience research for clarifying the role of ARPS in compulsive sex and buying in order to consider them as addictive disorders.</p>
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Cavicchioli, Marco; Scalabrini, Andrea; Northoff, Georg; Mucci, Clara; Ogliari, Anna; Maffei, Cesare	2021	Dissociation and emotion regulation strategies: A meta-analytic review	Journal of psychiatric research	143		370–387	<p>OBJECTIVE: Clinical and neurobiological models posited that dissociative mechanisms might affect processes involved in emotional generation and regulation. However, there is a lack of a comprehensive theoretical framework that systematically includes dissociation within emotional functioning. METHODS: The current study aims at conducting a meta-analytic review on the relationship between dissociation and emotion regulation in order to empirically estimate to what extent dissociation is related to emotion regulation processes. The meta-analysis was based on r coefficient as effect size measure, using a random-effect approach. RESULTS: The meta-analysis included 57 independent studies for a total of 11596 individuals. Findings showed an overall moderate relationship between dissociation and emotion regulation ($r(w) = .32$; $p < .05$). The association between dissociation and emotion regulation was the same among clinical samples than non-clinical ones. Furthermore, dissociation showed moderate to large relationships with maladaptive domains of emotion regulation, namely disengagement ($r(w) = 0.34$; $p < .01$) (i.e., behavioral avoidance, experiential avoidance, thought and emotional suppression) and aversive cognitive perseveration ($r(w) = 0.38$; $p < .001$) (i.e., rumination, worry and nonacceptance). The analysis did not find significant relationship between dissociation and adaptive domain of emotional regulation (i.e., problem solving, mindfulness). CONCLUSION: Dissociation in the context of emotion regulation might be viewed as a basic neuro-mental mechanism that automatically contribute to the over-modulation of emotional states through avoidance reactions from internal and external reality. Future longitudinal studies are needed to clarify the</p>
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							causal relationships between dissociation and emotion regulation.
Celenza, Andrea	2022	Stance, Set, Transference: The Differentiation of Two Modes of Clinical Technique	Journal of the American Psychoanalytic Association	70	2	283–305	Comparative approaches to psychoanalytic theory are a major source of exposure to different theoretical orientations and clinical technique. However, it is not always clear what the analyst actually does when translating theory into practice. As an attempt at clarification, descriptions are provided of two listening stances or attentional sets that are associated with different modes of analytic listening. These modes reside at a relatively low level of abstraction and are experience-near. The two listening stances are (1) a directed attentional set aimed at the identification of conscious or unconscious repetitive patterns, and (2) a diffuse attentional set receptive to emergent phenomena for the purpose of elaborating unconscious fantasy. These listening modes are combined in everyday practice and usually occur in an oscillating fashion; thus, separation of these listening modes in this discussion is for heuristic purposes. At the same time, these modes are prioritized differently among various theoretical models depending on the analyst's intention and goals. They also can be correlated with different types of transferences, evoking different types of clinical material that correspond to the analyst's goals and/or to phases in treatment. Because these attentional modes are governed by different neurophysiological substrates, it is helpful for analysts to have these modes clearly differentiated in their minds, even though engaging these modes tends to be spontaneous and rapidly oscillating. Two clinical vignettes are provided that illustrate the use of these two modes of listening where one or the other is prioritized.

Centonze, Antonella; Popolo, Raffaele; MacBeth, Angus; Dimaggio, Giancarlo	2021	Building the alliance and using experiential techniques in the early phases of psychotherapy for avoidant personality disorder	Journal of clinical psychology	77	5	1219–1232	Individuals experiencing avoidant personality disorder (AvPD) tend to make sense of social interactions via maladaptive self-and other attributions. They also experience difficulties in recognizing emotions. A further feature of AvPD psychopathology is the tendency to resort to maladaptive coping strategies, such as behavioral avoidance and perfectionism. Despite its impact, psychological treatments for AvPD remains poorly investigated. Herein, we describe the first five sessions of Metacognitive Interpersonal Therapy with a 28-year-old woman, whose treatment goal was to reduce social avoidance. We describe how this goal was achieved through a combination of working through the therapeutic relationship, alongside experiential techniques such as guided imagery, rescripting, and bodily work. Through this treatment configuration, the patient was able to increase self-awareness of her own emotions, enabling her to realize that she was guided by rigid schemas; specifically seeing herself as inadequate and others as judgmental. Finally, implications for the treatment of AvPD are discussed.
Centonze, Antonella; Popolo, Raffaele; Panagou, Corinna; MacBeth, Angus; Dimaggio, Giancarlo	2023	Experiential techniques and therapeutic relationship in the treatment of narcissistic personality disorder: The case of Laura	Journal of clinical psychology	79	7	1656–1669	Experiential techniques can be used to address maladaptive interpersonal patterns in patients with personality disorders (PDs) as long as they are delivered minding about the therapeutic relationship. We present the case study of Laura, a 38-year-old woman presenting with covert narcissism, generalized anxiety disorder, depression, and complicated grief treated with metacognitive interpersonal therapy. Laura initially refused to engage in any experiential work out of fear of being judged and abandoned by her therapist. To navigate this therapeutic obstacle, the therapist focused on exploring and eventually repairing early alliance ruptures.

							Thereafter, Laura engaged in experiential work, which helped her address her narcissistic interpersonal patterns. After 2 years, Laura's symptoms and narcissistic problematic behaviors decreased. This case study can help us understand how experiential techniques can be successfully used in PD psychotherapy as long as attention to the therapy relationship is paid.
Cerbone, Armand R.	2017	Introduction: Science, Sexuality, and Psychotherapy: Shifting Paradigms	Journal of clinical psychology	73	8	926–928	This introduction presents an overview of the current issue (73, 8) of Journal of Clinical Psychology: In Session. This issue features a series of articles, with clinical cases, each presented to illustrate the challenges faced by individuals and couples whose sexual and gender identities and expressions do not comport with traditional and cultural norms. These articles also document the challenges to the therapists who treat them. Considered individually, each article underscores the need to recognize the importance of evidence in guiding psychotherapy in cases involving sexuality. The discussions in each article offer recommendations meant to help and guide psychotherapists. Considered collectively, they raise important questions and considerations about shifting paradigms of human sexuality. Implications for assessment and treatment of cases involving sexuality and gender identity are discussed and recommended.
Cereda, Emanuele; Clavé, Pere; Collins, Peter F.; Holdoway, Anne; Wischmeyer, Paul E.	2021	Recovery Focused Nutritional Therapy across the Continuum of Care: Learning from COVID-19	Nutrients	13	9		Targeted nutritional therapy should be started early in severe illness and sustained through to recovery if clinical and patient-centred outcomes are to be optimised. The coronavirus disease 2019 (COVID-19) pandemic has shone a light on this need. The literature on nutrition and COVID-19 mainly focuses on the importance of nutrition to preserve life and prevent clinical deterioration during the acute phase of illness. However, there is a lack of

							information guiding practice across the whole patient journey (e.g., hospital to home) with a focus on targeting recovery (e.g., long COVID). This review paper is of relevance to doctors and other healthcare professionals in acute care and primary care worldwide, since it addresses early, multi-modal individualised nutrition interventions across the continuum of care to improve COVID-19 patient outcomes. It is of relevance to nutrition experts and non-nutrition experts and can be used to promote inter-professional and inter-organisational knowledge transfer on the topic. The primary goal is to prevent complications and support recovery to enable COVID-19 patients to achieve the best possible nutritional, physical, functional and mental health status and to apply the learning to date from the COVID-19 pandemic to other patient groups experiencing acute severe illness.
Cerolini, Silvia; Lombardo, Caterina	2022	Training for Emotion Regulation in Patients with Insomnia Disorder				207–213	
Cerone, Victoria L.	2019	A Brief Psychodynamic and Person-Centered Approach to Address Anticipatory Loss in Acute Care Settings()	Journal of social work in end-of-life & palliative care	15	4	145–156	Palliative care addresses the biopsychosocial and spiritual distress of people with critical and chronic illness. Depending on the trajectory of an illness, a social worker in an acute care setting may have a limited number of opportunities to engage in meaningful interaction with an emotionally distressed patient. The social worker is often faced with providing care to a patient who is having the dual experience of maintaining hope for medical improvement and anticipating loss. This article offers therapeutic practice skills needed by social

							workers to address the experience of anticipatory loss in an acute care setting. Brief psychodynamic and person-centered therapy, provided in combination, are highlighted as one method to explore a patient's feelings and wishes in the face of critical illness. Case-based vignettes illustrate how five open-ended questions help mitigate suffering and heighten a patient's sense of autonomy and self-worth.
Chalker, Samantha A.; Martinez Ceren, Camila S.; Ehret, Blaire C.; Depp, Colin A.	2023	Suicide-focused group therapy: A scoping review	Crisis: The Journal of Crisis Intervention and Suicide Prevention	44	6	485–496	Background: Although there are several studies focusing on group models for therapy specific to suicidal thoughts and behaviors, scoping reviews providing an overview of these studies' findings are limited. Aims: The aim of this paper was to conduct a scoping review of group therapies that explicitly target suicidal thoughts and behaviors (i.e., suicide-focused) for adults and their suicide-related outcomes. Methods: Following the PRISMA-ScR guidelines, a literature search using PubMed, Cochrane Library, and PsycINFO to identify relevant records published between 2000 and 2021 as well as a review of reference lists from relevant records was conducted. Results: There were 14 records identified with 12 unique suicide-focused group therapies. Even with variable methodological designs, sample sizes (M = 136, SD = 98), and population targeted, all records showed reductions in suicide-related outcomes by the end of the therapy; although most were not powered to determine effectiveness. Limitations: This review only included records written in English and excluded support groups that were led by peers as the focus was on therapy groups and gray literature. Conclusions: There are few evaluated therapy groups that explicitly address suicidal thoughts and behaviors. Available data indicate suicide-focused group therapy are generally feasible, acceptable, and may

							reduce suicidal-related outcomes. This is encouraging for future research; recommendations to include randomized controlled trials of the efficacy of suicide-focused group therapy are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Chamberlin, D. Eric	2022	The Active Inference Model of Coherence Therapy	Frontiers in human neuroscience	16		955558	Coherence Therapy is an empirically derived experiential psychotherapy based on Psychological Constructivism. Symptoms are viewed as necessary output from an implicit model of the world. The therapist curates experiences and directs attention toward discovering the model. Rendered explicit, the model is juxtaposed with contradictory knowledge driving memory re-consolidation with resolution of the symptom. The Bayesian Brain views perception and action as inferential processes. Prior beliefs are combined in a generative model to explain the hidden causes of sensations through a process of Active Inference. Prior beliefs that are poor fits to the real world are suboptimal. Suboptimal priors with optimal inference produce Bayes Optimal Pathology with behavioral symptoms. The Active Inference Model of Coherence Therapy posits that Coherence Therapy is a dyadic act of therapist guided Active Inference that renders the (probable) hidden causes of a client's behavior conscious. The therapist's sustained attention on the goal of inference helps to overcome memory control bias against retrieval of the affectively charged suboptimal prior. Serial experiences cue memory retrieval and re-instantiation of the physiological/affective state that necessitates production of the symptom in a particular context. As this process continues there is a break in modularity with assimilation into broader networks of experience. Typically, the symptom produced by optimal inference with the suboptimal prior is

							experienced as unnecessary/inappropriate when taken out of the particular context. The implicit construct has been re-represented and rendered consciously accessible, by a more complex but more accurate model in which the symptom is necessary in some contexts but not others. There is an experience of agency and control in symptom creation, accompanied by the spontaneous production of context appropriate behavior. The capacity for inference has been restored. The Active Inference Model of Coherence Therapy provides a framework for Coherence Therapy as a computational process which can serve as the basis for new therapeutic interventions and experimental designs integrating biological, cognitive, behavioral, and environmental factors.
Chambers, David; Simpson, Lisa; Hill-Briggs, Felicia; Neta, Gila; Vinson, Cynthia; Beidas, Rinad; Marcus, Steven; Aarons, Gregory; Hoagwood, Kimberly; Schoenwald, Sonja; Evans, Arthur; Hurford, Matthew; Rubin, Ronnie; Hadley, Trevor; Barg, Frances; Walsh, Lucia; Adams,	2016	Proceedings of the 8th Annual Conference on the Science of Dissemination and Implementation : Washington, DC, USA. 14-15 December 2015	Implementation science : IS	11 Suppl 2	Su ppl 2	100	A1 Introduction to the 8(th) Annual Conference on the Science of Dissemination and Implementation: Optimizing Personal and Population Health David Chambers, Lisa Simpson D1 Discussion forum: Population health D&I research Felicia Hill-Briggs D2 Discussion forum: Global health D&I research Gila Neta, Cynthia Vinson D3 Discussion forum: Precision medicine and D&I research David Chambers S1 Predictors of community therapists' use of therapy techniques in a large public mental health system Rinad Beidas, Steven Marcus, Gregory Aarons, Kimberly Hoagwood, Sonja Schoenwald, Arthur Evans, Matthew Hurford, Ronnie Rubin, Trevor Hadley, Frances Barg, Lucia Walsh, Danielle Adams, David Mandell S2 Implementing brief cognitive behavioral therapy (CBT) in primary care: Clinicians' experiences from the field Lindsey Martin, Joseph Mignogna, Juliette Mott, Natalie Hundt, Michael Kauth, Mark Kunik, Aanand Naik, Jeffrey Cully S3 Clinician competence: Natural variation, factors affecting, and

<p>Danielle; Mandell, David; Martin, Lindsey; Mignogna, Joseph; Mott, Juliette; Hundt, Natalie; Kauth, Michael; Kunik, Mark; Naik, Aanand; Cully, Jeffrey; McGuire, Alan; White, Dominique; Bartholomew, Tom; McGrew, John; Luther, Lauren; Rollins, Angie; Salyers, Michelle; Cooper, Brittany; Funaiole, Angie; Richards, Julie; Lee, Amy; Lapham, Gwen; Caldeiro, Ryan; Lozano, Paula; Gildred, Tory; Achtmeyer, Carol; Ludman, Evette; Addis, Megan; Marx,</p>										<p>effect on patient outcomes Alan McGuire, Dominique White, Tom Bartholomew, John McGrew, Lauren Luther, Angie Rollins, Michelle Salyers S4 Exploring the multifaceted nature of sustainability in community-based prevention: A mixed-method approach Brittany Cooper, Angie Funaiole S5 Theory informed behavioral health integration in primary care: Mixed methods evaluation of the implementation of routine depression and alcohol screening and assessment Julie Richards, Amy Lee, Gwen Lapham, Ryan Caldeiro, Paula Lozano, Tory Gildred, Carol Achtmeyer, Evette Ludman, Megan Addis, Larry Marx, Katharine Bradley S6 Enhancing the evidence for specialty mental health probation through a hybrid efficacy and implementation study Tonya VanDeinse, Amy Blank Wilson, Burgin Stacey, Byron Powell, Alicia Bunger, Gary Cuddeback S7 Personalizing evidence-based child mental health care within a fiscally mandated policy reform Miya Barnett, Nicole Stadnick, Lauren Brookman-Fraze, Anna Lau S8 Leveraging an existing resource for technical assistance: Community-based supervisors in public mental health Shannon Dorsey, Michael Pullmann S9 SBIRT implementation for adolescents in urban federally qualified health centers: Implementation outcomes Shannon Mitchell, Robert Schwartz, Arethusia Kirk, Kristi Dusek, Marla Oros, Colleen Hosler, Jan Gryczynski, Carolina Barbosa, Laura Dunlap, David Lounsbury, Kevin O'Grady, Barry Brown S10 PANEL: Tailoring Implementation Strategies to Context - Expert recommendations for tailoring strategies to context Laura Damschroder, Thomas Waltz, Byron Powell S11 PANEL: Tailoring Implementation Strategies to Context - Extreme facilitation: Helping challenged healthcare settings implement complex programs Mona Ritchie S12 PANEL:</p>
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Larry; Bradley,
Katharine;
VanDeinse,
Tonya; Wilson,
Amy Blank;
Stacey, Burgin;
Powell, Byron et
al.

Tailoring Implementation Strategies to Context - Using menu-based choice tasks to obtain expert recommendations for implementing three high-priority practices in the VA Thomas Waltz S13 PANEL: The Use of Technology to Improve Efficient Monitoring of Implementation of Evidence-based Programs - Siri, rate my therapist: Using technology to automate fidelity ratings of motivational interviewing David Atkins, Zac E. Imel, Bo Xiao, Doğan Can, Panayiotis Georgiou, Shrikanth Narayanan S14 PANEL: The Use of Technology to Improve Efficient Monitoring of Implementation of Evidence-based Programs - Identifying indicators of implementation quality for computer-based ratings Cady Berkel, Carlos Gallo, Irwin Sandler, C. Hendricks Brown, Sharlene Wolchik, Anne Marie Mauricio S15 PANEL: The Use of Technology to Improve Efficient Monitoring of Implementation of Evidence-based Programs - Improving implementation of behavioral interventions by monitoring emotion in spoken speech Carlos Gallo, C. Hendricks Brown, Sanjay Mehrotra S16 Scorecards and dashboards to assure data quality of health management information system (HMIS) using R Dharmendra Chandurkar, Siddhartha Bora, Arup Das, Anand Tripathi, Niranjana Saggurti, Anita Raj S17 A big data approach for discovering and implementing patient safety insights Eric Hughes, Brian Jacobs, Eric Kirkendall S18 Improving the efficacy of a depression registry for use in a collaborative care model Danielle Loeb, Katy Trinkley, Michael Yang, Andrew Sprowell, Donald Nease S19 Measurement feedback systems as a strategy to support implementation of measurement-based care in behavioral health Aaron Lyon, Cara Lewis, Meredith Boyd, Abigail Melvin, Semret Nicodimos, Freda Liu, Nathaniel

							<p>Jungbluth S20 PANEL: Implementation Science and Learning Health Systems: Intersections and Commonalities - Common loop assay: Methods of supporting learning collaboratives Allen Flynn S21 PANEL: Implementation Science and Learning Health Systems: Intersections and Commonalities - Innovating audit and feedback using message tailoring models for learning health systems Zach Landis-Lewis S22 PANEL: Implementation Science and Learning Health Systems: Intersections and Commonalities - Implementation science and learning health systems: Connecting the dots Anne Sales S23 Facilitation activities of Critical Access Hospitals during TeamSTEPPS implementation Jure Baloh, Marcia Ward, Xi Zhu S24 Organizational and social context of federally qualified health centers and variation in maternal depression outcomes Ian Bennett, Jurgen Unutzer, Johnny Mao, Enola Proctor, Mindy Vredevoogd, Ya-Fen Chan, Nathaniel Williams, Phillip Green S25 Decision support to enhance treatment of hospitalized smokers: A randomized trial Steven Bernstein, June-Marie Rosner, Michelle DeWitt, Jeanette Tetrault, James Dziura, Allen Hsiao, Scott Sussman, Patrick O'Connor, Benjamin Toll S26 PANEL: Developing Sustainable Strategies for the Implementation of Patient-Centered Care across Diverse US Healthcare Systems - A patient-centered approach to successful community transition after catastrophic injury Michael Jones, Julie Gassaway S27 PANEL: Developing Sustainable Strategies for the Implementation of Patient-Centered Care across Diverse US Healthcare Systems - Conducting PCOR to integrate mental health and cancer screening services in primary care Jonathan Tobin S28 PANEL: Developing Sustainable Strategies for the Implementation of Patient-</p>
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						<p>Centered Care across Diverse US Healthcare Systems - A comparative effectiveness trial of optimal patient-centered care for US trauma care systems Douglas Zatzick S29 Preferences for in-person communication among patients in a multi-center randomized study of in-person versus telephone communication of genetic test results for cancer susceptibility Angela R Bradbury, Linda Patrick-Miller, Brian Egleston, Olufunmilayo I Olopade, Michael J Hall, Mary B Daly, Linda Fleisher, Generosa Grana, Pamela Ganschow, Dominique Fetzer, Amanda Brandt, Dana Farengo-Clark, Andrea Forman, Rikki S Gaber, Cassandra Gulden, Janice Horte, Jessica Long, Rachelle Lorenz Chambers, Terra Lucas, Shreshtha Madaan, Kristin Mattie, Danielle McKenna, Susan Montgomery, Sarah Nielsen, Jacquelyn Powers, Kim Rainey, Christina Rybak, Michelle Savage, Christina Seelaus, Jessica Stoll, Jill Stopfer, Shirley Yao and Susan Domchek S30 Working towards de-implementation: A mixed methods study in breast cancer surveillance care Erin Hahn, Corrine Munoz-Plaza, Jianjin Wang, Jazmine Garcia Delgadillo, Brian Mittman Michael Gould S31 Integrating evidence-based practices for increasing cancer screenings in safety-net primary care systems: A multiple case study using the consolidated framework for implementation research Shuting (Lily) Liang, Michelle C. Kegler, Megan Cotter, Emily Phillips, April Hermstad, Rentonia Morton, Derrick Beasley, Jeremy Martinez, Kara Riehman S32 Observations from implementing an mHealth intervention in an FQHC David Gustafson, Lisa Marsch, Louise Mares, Andrew Quanbeck, Fiona McTavish, Helene McDowell, Randall Brown, Chantelle Thomas, Joseph Glass, Joseph Isham, Dhavan Shah S33 A multicomponent intervention to improve primary care</p>
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						<p>provider adherence to chronic opioid therapy guidelines and reduce opioid misuse: A cluster randomized controlled trial protocol Jane Liebschutz, Karen Lasser S34 Implementing collaborative care for substance use disorders in primary care: Preliminary findings from the summit study Katherine Watkins, Allison Ober, Sarah Hunter, Karen Lamp, Brett Ewing S35 Sustaining a task-shifting strategy for blood pressure control in Ghana: A stakeholder analysis Juliet Iwelunmor, Joyce Gyamfi, Sarah Blackstone, Nana Kofi Quakyi, Jacob Plange-Rhule, Gbenga Ogedegbe S36 Contextual adaptation of the consolidated framework for implementation research (CFIR) in a tobacco cessation study in Vietnam Pritika Kumar, Nancy Van Devanter, Nam Nguyen, Linh Nguyen, Trang Nguyen, Nguyet Phuong, Donna Shelley S37 Evidence check: A knowledge brokering approach to systematic reviews for policy Sian Rudge S38 Using Evidence Synthesis to Strengthen Complex Health Systems in Low- and Middle-Income Countries Etienne Langlois S39 Does it matter: timeliness or accuracy of results? The choice of rapid reviews or systematic reviews to inform decision-making Andrea Tricco S40 Evaluation of the veterans choice program using lean six sigma at a VA medical center to identify benefits and overcome obstacles Sherry Ball, Anne Lambert-Kerzner, Christine Sulc, Carol Simmons, Jeneen Shell-Boyd, Taryn Oestreich, Ashley O'Connor, Emily Neely, Marina McCreight, Amy Labebue, Doreen DiFiore, Diana Brostow, P. Michael Ho, David Aron S41 The influence of local context on multi-stakeholder alliance quality improvement activities: A multiple case study Jillian Harvey, Megan McHugh, Dennis Scanlon S42 Increasing physical activity in early care and education:</p>
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							Sustainability via active garden education (SAGE) Rebecca Lee, Erica Soltero, Nathan Parker, Lorna McNeill, Tracey Ledoux S43 Marking a decade of policy implementation: The successes and continuing challenges of a provincial school food and nutrition policy in Canada Jessie-Lee McIsaac, Kate MacLeod, Nicole Ata, Sherry Jarvis
Chambers-Baltz, Stephanie; Knutson, Douglas; Becerra, Monica; Hughes, Anna; Cantu Cantu, Lizbeth; Cadaret, Michael	2021	Determined to improve: An exploration of therapist perspectives about their development	Psychotherapy	58	4	437-448	Scholars note that therapist performance is one of many factors that contribute to client treatment outcomes. Given that the performance of therapists matters, researchers have identified several methods and models for improving therapist effectiveness. However, scholars have yet to explore highly effective therapists' perspectives on their motivation to develop, the methods they use, and the impact of their efforts to develop. The present study used a consensual qualitative research (Hill & Knox, 2021) approach to explore dynamics underlying therapist development of expertise. Semistructured interviews were conducted with 12 therapists whose outcome data placed them in the top 25% of clinicians of their respective clinics, according to their supervisors. The researchers reached consensus at each stage of analysis as they organized data into domains, core ideas, and cross-analysis. Domains and corresponding subdomains were: (a) struggle with personal, external, and response to barriers subdomains, (b) therapist characteristics with striving, presence, skills, and values subdomains, and (c) development with early career, formal, feedback, relational, personal/identity subdomains. Implications for practice and areas for future research are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<p>Chan, Wilson Y. K.; Lee, Pamela P. W.; Lee, Vincent; Chan, Godfrey C. F.; Leung, Wing; Ha, S. Y.; Cheuk, Daniel K. L.</p>	<p>2021</p>	<p>Outcomes of allogeneic transplantation for hemoglobin Bart's hydrops fetalis syndrome in Hong Kong</p>	<p>Pediatric transplantation</p>	<p>25</p>	<p>6</p>	<p>e14037</p>	<p>BACKGROUND: Hemoglobin Bart's hydrops fetalis syndrome (BHFS) was once considered a fatal condition universally. Medical advances over the past three decades have resulted in increasing numbers of BHFS survivors. This retrospective review summarized local territory-wide experience and outcomes of BHFS patients who received allogeneic hematopoietic stem cell transplantation (HSCT) in Hong Kong. METHODS: All BHFS patients who underwent allogeneic HSCT in Hong Kong, either in one of the two former pediatric transplant centers (Queen Mary Hospital and Prince of Wales Hospital) on or before 2019 or in the single territory-wide pediatric transplant center (Hong Kong Children's Hospital) since 2019, from January 1, 1996, till December 31, 2020, were included. Basic demographic data, perinatal history, transplant details, long-term outcomes, and morbidities were reviewed. RESULTS: Total five allogeneic HSCT were performed in two males and three females at a median age of 22 months, which include one 8/8 matched-sibling bone marrow transplant, one 5/6 matched-sibling cord blood transplant with HLA-DR antigenic mismatch, two 12/12 matched-unrelated peripheral blood stem cell transplant (PBSCT), and one haploidentical PBSCT with TCRαβ/CD45RA depletion from maternal donor. Neutrophil and platelet engrafted (>20 × 10⁹ /L) at a median of 15 and 22 days, respectively. All achieved near full donor chimerism at 1 month. All patients survived and remained transfusion-independent without significant morbidities with median follow-up duration of 10 years. CONCLUSION: To conclude, local data demonstrated favorable outcome of allogeneic HSCT for BHFS patients, but sample number is</p>
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							small. Non-directive approach in counseling and international collaboration is recommended.
Chang, Doris F.; Hung, Tiffany; Ng, Nancy; Ling, Ariane; Chen, Teddy; Cao, Yuping; Zhang, Yalin	2016	Taoist cognitive therapy: Treatment of generalized anxiety disorder in a Chinese immigrant woman	Asian American Journal of Psychology	7	3		This case report describes the application of Taoist cognitive therapy (TCT) to a 32-year old Chinese (Fujianese) American immigrant woman with generalized anxiety disorder (GAD). TCT is a manualized adaptation of an indigenous psychotherapy developed in China (Zhang & Young, 1998; Zhang et al., 2002). Mrs. Liu received 16 sessions of TCT administered in Mandarin by a Chinese American social worker in conjunction with psychopharmacologic treatment. Sources of data included case notes, transcripts of session recordings, client thought records, and a battery of standardized measures. Mrs. Liu presented with significant guilt regarding her perceived failures to fulfill her filial obligations postmigration, which resulted in constant worry about family members' health, reassurance-seeking, and controlling behavior. Her anxiety and worry were conceptualized as the result of rigid attachments to beliefs, goals, and desires that are not reflective of the natural order of the universe (Tao). Mrs. Liu was guided in reevaluating stressful situations from the perspective of 8 Taoist principles that promote collective benefit, noncompetition, moderation, acceptance, humility, flexibility, wuwei (nonaction), and harmony with the laws of nature. Clinically significant reductions in anxiety, worry, and experiential avoidance were observed after 16 sessions. However, results were attenuated by the 4-month follow-up due to acute stress surrounding her husband's deportation proceedings. This case highlights how immigration-related stressors, including transnational family separation and cultural values, can shape the experience and expression of GAD. Further, the

							positive treatment response provides some evidence of the acceptability and applicability of TCT to Chinese immigrants with GAD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Charbonneau-Dahlen, Barbara K.	2016	Quilting a Field Pattern Portrait Using Butcher's Methodology	Journal of holistic nursing : official journal of the American Holistic Nurses' Association	34	3	253-258	The nursing profession acknowledges Martha Rogers to the foundation of nursing theory as a true visionary. Butcher developed a method that ensures scientific rigor in the application of Rogerian theory, unitary field pattern portrait (UFPP), which was used to explore new phenomenon of inquiry resulting in insights into Rogerian pandimensionality. In this intervention, an American Indian tradition, quilting, became a culturally appropriate way for a nurse to facilitate healing through the application of Rogerian theory. In Rogers's theory of the science of unitary human beings, pattern unfolding becomes a way of knowing through expansion, evolving, blossoming, revealing, and openness. Rogers's theory was used to encourage healing as an American Indian mother and deeply depressed daughter created a quilting story based on Rogerian principles: resonancy, helicy, and integrality. This aesthetic field patterning modality using Butcher's UFPP captured the intervention as clients were engaged in health patterning through the American Indian tradition of quilting. Field notes with reflective journaling as recommended by Butcher assisted in the crystallization of a UFPP drawn from Rogerian nursing theory.
Chatziagorakis, Alexandros; Fitzgerald, Gearoid	2016	Psychiatry Core Trainees' Perception of Homophobia in Psychoanalytic Psychotherapy:	Brit J Psychotherapy (British Journal of Psychotherapy)	32	4	517-531	

		A Preliminary Survey					
Chaudhury, Pourabi; Banerjee, Debanjan	2020	"Recovering With Nature": A Review of Ecotherapy and Implications for the COVID-19 Pandemic	Frontiers in public health	8		604440	Connection with nature has been considered beneficial for psychological well-being since times of evolution. Differences in Indian and Western thoughts have viewed natural elements in different lights, varying between eco-centrism to anthropocentrism. The intrusion of technology and digitalized lives as a result of globalization has decreased connectedness with nature. Ecotherapy is a novel form of psychotherapeutic technique based on explicit environmental or ecological interventions. Social and therapeutic horticulture, animal-assisted interventions, care farming, green exercise, environmental conservation and wilderness therapy are some of the ecosystem-based approaches used in mental health. Based on the principles of positive and client-centered psychology, ecotherapy-related techniques have been shown to be effective in medical disorders like hypertension, obesity, post-surgical recovery and psychosocial conditions like depression, stress reduction, post-traumatic stress disorder (PTSD), attention deficit hyperkinetic disorder (ADHD) and adjustment disorders. The principles of ecotherapy have been integrated into other psychotherapeutic techniques for better efficacy. This review attempts provides an overview of techniques, applications and challenges related to ecotherapy in psychology. The implications of its use during the ongoing Coronavirus 2019 (COVID-19) crisis, social isolation and consequent psychosocial aftermath are also discussed.
Cheli, Simone; MacBeth, Angus; Popolo,	2020	The intertwined path of perfectionism	Journal of clinical psychology	76	11	2055–2066	Psychotherapy for obsessive-compulsive personality disorder (OCPD), where perfectionism is a defining criterion, is understudied. Despite a high prevalence few

Raffaele; Dimaggio, Giancarlo		and self-criticism in a client with obsessive-compulsive personality disorder					evidence-based treatments are available for the presentation. Here we describe the course of a 6-month program of metacognitive interpersonal therapy with an OCPD patient with prominent perfectionism and self-criticism, which were considered primary outcomes of the case study. Therapy aimed initially at increasing awareness of maladaptive interpersonal schemas and promoting a healthy self. First, behavioral experiments were used to try and counteract perfectionism. Second, experiential techniques, such as guided imagery and rescripting, were used to help the client in connect with different, healthier aspects of the self, thus increasing personal and interpersonal wellbeing. Qualitative and quantitative outcomes at the intervention end and at 1-month follow-up are summarized. Finally, we reflect on how this case study can inform treatment of perfectionism in OCPD.
Chen, Cassandra Siyun; Chan, Sally Wai-Chi; Chan, Moon Fai; Yap, Suk Foon; Wang, Wenru; Kowitlawakul, Yanika	2017	Nurses' Perceptions of Psychosocial Care and Barriers to Its Provision: A Qualitative Study	The journal of nursing research : JNR	25	6	411-418	BACKGROUND: Psychosocial care is the culturally sensitive provision of psychological, social, and spiritual care through therapeutic communication. Current evidence suggests that effective psychosocial care improves patients' health outcomes and quality of life. PURPOSE: The aim of this study was to explore nurses' perceptions and experiences in providing psychosocial care to patients and to identify the related barriers and challenges. METHODS: An exploratory qualitative design using semistructured, individual, face-to-face interviews was adopted. A purposive sample of 18 registered nurses was recruited from the geriatric, medical, and surgical wards in an acute general hospital in Singapore. Interviews were audio-recorded, transcribed, and analyzed thematically. RESULTS: Four major themes emerged: patient-centered care, communication,

							<p>interprofessional care, and barriers to psychosocial care. Nurses perceived that psychosocial care consists of providing holistic care, spiritual care, support to the patient and family members, and showing empathy. Furthermore, psychosocial care is composed of communication between nurses and the patient and family members as well as communication among nurses. In addition, psychosocial care involves collaboration between healthcare professionals as well as multidisciplinary care. Barriers that are perceived by nurses include lack of time, language barriers, being task-oriented, excessive documentation, lack of family involvement, and fear of complaints. CONCLUSIONS: This study highlighted the perceptions of nurses regarding psychosocial care and the challenges in providing this care. Future studies are needed to explore ways to overcome these barriers and to enhance nurses' competencies in providing psychosocial care. The findings indicate a need to plan future interventions to provide nurses with both skill development and support to improve their ability to integrate psychosocial care, which will improve patient outcomes.</p>
Chen, Cory K.	2016	Defiance, denial, and defining limits: Helping family caregivers of individuals with dementia distinguish the tap-out from the cop-out	Journal of Psychotherapy Integration	26	4	353–365	<p>An approach to psychotherapy that integrates cognitive-behavioral, existential, experiential, and psychodynamic perspectives can help family members caring for an individual with dementia approach the challenges and stresses of caregiving in more effective, thoughtful, and connected ways. This article focuses on the process of helping caregivers differentiate challenges that require perseverance from goals that are unrealistic, face emotions evoked when limits are reached, and stumble toward acceptance and growth. The progressive nature of dementia presents caregivers with a constant barrage of</p>

							new challenges, which demand that caregivers dynamically shift between (a) accessing grit and meaning making as fuel for perseverance and (b) recognizing their limits. While the refusal to recognize limits has been valorized by society, a failure of “limit recognition” may represent attempts to avoid painful emotions such as hopelessness. The experience of hopelessness may function as an important signal of one’s limitations and, if incorporated into caregiver experience effectively, may paradoxically allow for a broader range of possibility and creativity as limits are recognized, mourned, and accepted. I argue that the process of moving from denial to despair to acceptance is largely unwilling. The therapist’s capacity to face and transform his or her own experience of hopelessness into acceptance may be an important prerequisite to helping caregivers to do the same. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Chen, Cory K.; Dognin, Joanna S.	2017	Addressing the influence of hegemonic masculinity on veterans through brief dynamic interpersonal therapy	Psychology of Men & Masculinity	18	3	238–242	This paper explores a concept of masculinity that can emerge among veterans seeking psychotherapy. Specifically, we outline the impact of hegemonic masculinity, a view of masculinity that emphasizes hierarchically defined relationships, on the psychotherapeutic process. Within the hierarchy defined by hegemonic masculinity, toughness, aggression, dominance, and control are privileged and vulnerability, dependency, and uncertainty are devalued. We discuss the adaptation of Brief Dynamic Interpersonal Therapy (DIT), an evidence-based short-term psychodynamic psychotherapy, to veterans that privilege hegemonic masculine ideals. We describe the ways that a pattern of feelings evoked in these veterans’ experiences of self and other may function as a way of avoiding anxiety-provoking

						<p>experiences such as acknowledging needs and vulnerability. In particular, we discuss the impact of these patterns on some veterans by examining their (a) reactions to distress, (b) experience in their relationships, and (c) reactions to the psychotherapeutic process. A case study is presented to illustrate the ways interpersonal patterns influenced by hegemonic masculine ideals can affect the veterans' relationships with family, health-care providers, and the psychotherapist. The case also illustrates ways that clinicians can tailor an intervention to the range of issues that emerge when this pattern arises among veterans who seek psychotherapy. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Chen, Cory K.; Nehrig, Nicole; Wash, Lauren; Wang, Binhuan		The impact of brief dynamic interpersonal therapy (DIT) on veteran depression and anxiety	Psychotherapy	57	3	<p>A significant proportion of veterans continue to experience depression or anxiety following treatment with the empirically supported psychotherapies offered by the Veterans Health Administration. Continued development and testing of new treatments may be useful. Brief dynamic interpersonal therapy (DIT) is a short-term psychodynamic therapy developed for depression in the United Kingdom and is being disseminated as an alternative to cognitive behavioral therapy within the National Health Service. This study represents the first evaluation of DIT in the United States, implemented at a veterans affairs medical center for veterans with depression and/or anxiety. Electronic medical records of veterans receiving DIT from 2012 to 2018 at a New York-based veterans affairs medical center were reviewed. Linear mixed-effects models were used to analyze depression and anxiety scores collected at each session from the Patient Health Questionnaire and the Generalized Anxiety Disorder seven-item scale. Following</p>

							DIT, patients presenting with clinically significant depression and/or anxiety reported a 46% reduction in Patient Health Questionnaire-9 scores (N = 60) and a 43% reduction in Generalized Anxiety Disorder seven-item scale scores (N = 46). Large effect sizes on both measures were found (d = 1.17, 95% CI [0.88, 1.47], pd = 1.24, 95% CI [0.90, 1.58], p < .0001, respectively). DIT is a promising alternative to currently offered psychotherapies for veterans with depression and anxiety. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Chen, Jessica A.; Fortney, John C.; Bergman, Hannah E.; Browne, Kendall C.; Grubbs, Kathleen M.; Hudson, Teresa J.; Raue, Patrick J.	2020	Therapeutic alliance across trauma-focused and non-trauma-focused psychotherapies among veterans with PTSD	Psychological Services	17	4	452–460	Trauma-focused psychotherapies for posttraumatic stress disorder (PTSD) are not widely utilized. Clinicians report concerns that direct discussion of traumatic experiences could undermine the therapeutic alliance, which may negatively impact retention and outcome. Studies among adolescents with PTSD found no difference in alliance between trauma-focused and non-trauma-focused psychotherapies, but this has not been tested among adults. The present study is a secondary analysis of a randomized trial of collaborative care, also known as care management, for PTSD. We examined patient-reported therapeutic alliance among 117 veterans with PTSD who participated in cognitive processing therapy (CPT, now called CPT + A; n = 54) or non-trauma-focused supportive psychotherapy for PTSD (n = 73) at VA community outpatient clinics. We tested the hypothesis that alliance in CPT would be noninferior to (i.e., not significantly worse than) non-trauma-focused psychotherapy using patient ratings on the Revised Helping Alliance Questionnaire. Patients' therapeutic alliance scores were high across both groups (CPT: M = 5.13, SD = 0.71, 95% CI [4.96, 5.30]; non-trauma-focused

							psychotherapy: M = 4.89, SD = 0.64, 95% CI [4.73, 5.05]). The difference between groups (0.23, 95% CI [0.01, 0.48]) was less than the “noninferiority margin” based on suggested clinical cutoffs (0.58 points on a 1–6 scale). These results held even after adjusting for veterans’ demographic and clinical characteristics and change in PTSD symptoms from baseline to follow-up. Although there are concerns that direct discussion of traumatic experiences could worsen therapeutic alliance, patients report similar levels of alliance in CPT and non-trauma-focused supportive psychotherapy. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Chen, Lijie; Wang, Qi; Xu, Tianchao	2023	Working memory function in patients with major depression disorder: A narrative review	Clinical psychology & psychotherapy	30	2	281–293	Working memory (WM) deficits are recognized as serious cognitive impairment in patients with major depressive disorder (MDD). This review aims to clarify the effects of impaired WM function in patients with MDD and explore non-invasive and effective treatments that can be adopted in clinical practice. This review (1) synthesizes extant literature examining brain function and brain areas in terms of WM in individuals with depression, (2) utilizes the outcomes of the studies presented in this review to discuss the effects of impaired WM function on cognitive processing in individuals with depression, (3) integrates the treatments explored in current studies and (4) provides some suggestions for future research. We found that (1) central executive (CE) components affect the processing of WM, and this might be one of the factors influencing cognitive biases, as it is implicated in repetitive negative thinking and rumination; (2) the left dorsal anterior cingulate cortex (dACC), the left dorsolateral prefrontal cortex (DLPFC) and the regions of the default mode network (DMN) play a vital role in CE functioning; and (3) psychotherapy, cognitive training,

							exercise and physical therapy can be used as complementary treatments for MDD.
Chen, Meng-Hsiang; Lin, Hsiu-Man; Sue, Yu-Ru; Yu, Yun-Chen; Yeh, Pin-Yang	2023	Meta-analysis reveals a reduced surface area of the amygdala in individuals with attention deficit/hyperactivity disorder	Couns and Psychother Res (Counselling and Psychotherapy Research)	60	9	e14308	Abstract Despite the reported lack of structural alterations in the amygdala of individuals with attention deficit/hyperactivity disorder (ADHD) in previous meta-analyses, subsequent observational studies produced conflicting results. Through incorporating the updated data from observational studies on structural features of the amygdala in ADHD, the primary goal of this study was to examine the anatomical differences in amygdala between subjects with ADHD and their neurotypical controls. Using the appropriate keyword strings, we searched the PubMed, Embase, and Web of Science databases for English articles from inception to February 2022. Eligibility criteria included observational studies comparing the structure of the amygdala between ADHD subjects and their comparators using magnetic resonance imaging (MRI). Subgroup analyses were conducted focusing on the amygdala side, as well as the use of different scanners and approach to segmentation. The effects of other continuous variables, such as age, intelligence quotient, and male percentage, on amygdala size were also investigated. Of the 5703 participants in 16 eligible studies, 2928 were diagnosed with ADHD. Compared with neurotypical controls, subjects with ADHD had a smaller amygdala surface area (particularly in the left hemisphere) but without a significant difference in volume between the two groups. Subgroup analysis of MRI scanners and different approaches to segmentation showed no statistically significant difference. There was no significant correlation between continuous variables and amygdala size. Our results showed consistent surface morphological alterations of the amygdala, in

							particular on the left side, in subjects with ADHD. However, the preliminary findings based on the limited data available for analysis warrant future studies for verification.
Chen, Roei; Rafaeli, Eshkol; Ziv-Beiman, Sharon; Bar-Kalifa, Eran; Solomonov, Nili; Barber, Jacques P.; Peri, Tuvia; Atzil-Slonim, Dana	2020	Therapeutic technique diversity is linked to quality of working alliance and client functioning following alliance ruptures	Journal of consulting and clinical psychology	88	9	844–858	Objective: The current investigation aimed to examine the possible association between therapists' flexibility in use of therapeutic techniques from different therapy orientations (i.e., therapeutic technique diversity; TTD) and subsequent improvement in client-reported (a) global functioning, as well as (b) quality of the working alliance, following sessions in which alliance ruptures occurred. Method: Clients (n = 81) who received time-limited psychodynamic therapy in a community clinic, completed session-by-session reports of working alliance and global functioning. Therapists (n = 56) completed session-by-session reports of working alliance and their use of therapeutic techniques across different therapeutic orientations, using the Multitheoretical List of Interventions (MULTI-30). Results: We found a curvilinear association between TTD in rupture sessions and client-reported global functioning at the sessions subsequent to rupture sessions, such that moderate levels of TTD were associated with greater subsequent improvement in functioning, compared with low and high levels of TTD. However, TTD was not significantly associated with subsequent changes in the quality of working alliance. Conclusions: Our results suggest that moderate levels of TTD in the face of alliance ruptures are tied to clients' global functioning improvement during psychodynamic psychotherapy. These findings highlight the importance of further investigation of a varied delivery of therapeutic techniques, especially in the face of alliance ruptures.

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Chen, Yadi; Boswell, James F.; Schwartzman, Carly M.; Iles, Brittany R.	2017	Psychotherapy clients' recalled treatment experiences: A survey of perceived evidence-based practice elements	Journal of clinical psychology	73	11	1534–1542	Abstract Evidence-based practice (EBPs) elements can be observed across treatment approaches for commonly occurring problems. Little is known about the prevalence or pervasiveness of EBP elements from the routine client's perspective. We assessed psychotherapy clients' self-reported retrospective treatment experiences with regard to common EBP elements. Participants (N = 592) were consenting university undergraduate students who accessed a web survey that included (a) demographic items; (b) an item assessing the problem domain(s) of focus during their therapy; and (c) the presence/absence of 8 EBP elements and the extent to which they were a focus of their psychotherapy. Overall, routine psychotherapy clients recalled receiving a variety of EBP elements, the most common being a focus on positive emotions. Future work should continue to focus on clients' experience of psychotherapy elements, including what was/is most and least helpful to assist in the refinement and implementation of EBPs.
Chen, Yiming; Magnin, Charline; Brunelin, Jérôme; Leaute, Edouard; Fang, Yiru; Poulet, Emmanuel	2021	Can seizure therapies and noninvasive brain stimulations prevent suicidality? A systematic review	Brain and behavior	11	5	e02144	BACKGROUND Suicide is a major public health issue and the majority of those who attempt suicide suffer from mental disorders. Beyond psychopharmacotherapy, seizure therapies and noninvasive brain stimulation interventions have been used to treat such patients. However, the effect of these nonpharmacological treatments on the suicidal ideation and incidence of suicidality remains unclear. Here, we aimed to provide an update on the effects of seizure therapies and noninvasive brain stimulation on suicidality. METHODS

							<p>We conducted a systematic review of the literature in the PubMed, EMBASE, Cochrane Central Register of Controlled Trials, Elsevier ScienceDirect, and Wiley Online Library databases using the MeSH terms "Electroconvulsive Therapy", "Magnetic Seizure Stimulation", "repetitive Transcranial Magnetic Stimulation", "transcranial Direct Current Stimulation", "Cranial Electrostimulation" and "suicide". We included studies using seizure therapies and noninvasive brain stimulation as a main intervention that evaluated suicidality, regardless of diagnosis.</p> <p>RESULTS</p> <p>Among 1,019 records screened, 26 studies met the inclusion criteria using either electroconvulsive therapy (n = 14), magnetic seizure therapy (n = 2), repetitive transcranial magnetic stimulation (n = 9), or transcranial direct current stimulation (n = 1). We observed that studies reported significant results, suggesting these techniques can be effective on the suicidal dimension of mental health pathologies, but a general statement regarding their efficacy is premature due to limitations.</p> <p>CONCLUSIONS</p> <p>Future enquiry is necessary to address methodological limitations and evaluate the long-term efficacy of these methods both alone and in combination with pharmacotherapy and/or psychotherapy.</p>
Cheng, Qi; Shi, Congrong; Yan, Chao; Ren, Zhihong; Chan, Sunny Ho-Wan; Xiong, Sijia;	2022	Sequential multiple mediation of cognitive fusion and experiential avoidance in the relationship	Anxiety, stress, and coping	35	3	354–364	<p>BACKGROUND AND OBJECTIVES: The potential mechanism by which rumination influences social anxiety through cognitive fusion and experiential avoidance proposed by the Acceptance and Commitment Therapy model has not been well-documented. This study, therefore, aimed to examine the sequential multiple mediation of the two processes. DESIGN: A</p>

Zhang, Tao; Zheng, Hong		between rumination and social anxiety among Chinese adolescents					cross-sectional survey was conducted. METHOD: A total of 233 Chinese adolescents (42.06% girls) completed a set of printed self-report questionnaires measuring rumination, cognitive fusion, experiential avoidance, and social anxiety. The SPSS macro PROCESS (model 6) was used to test a sequential mediating model. A 95% confidence interval (CI) was calculated with 5000 bootstrapping re-samples. RESULTS: Bootstrap analyses indicated that there were indirect effects of rumination on social anxiety mediated by cognitive fusion together with experiential avoidance (B = 0.098, BootSE = 0.032, CI = 0.045 to 0.170), or solely by experiential avoidance (B = 0.048, BootSE = 0.020, CI = 0.014 to 0.093). The mediation of cognitive fusion alone was not significant (B = 0.065, BootSE = 0.038, CI = -0.006 to 0.144). CONCLUSIONS: The results indicated the sequential mediating role of cognitive fusion and experiential avoidance, and the relative prominence of the latter in the association between rumination and social anxiety.
Chesin, Megan S.; Brodsky, Beth S.; Beeler, Brandon; Benjamin-Phillips, Christopher A.; Taghavi, Ida; Stanley, Barbara	2018	Perceptions of adjunctive mindfulness-based cognitive therapy to prevent suicidal behavior among high suicide-risk outpatient participants	Crisis: The Journal of Crisis Intervention and Suicide Prevention	39	6	451–460	Background: Few investigations of patient perceptions of suicide prevention interventions exist, limiting our understanding of the processes and components of treatment that may be engaging and effective for high suicide-risk patients. Aims: Building on promising quantitative data that showed that adjunct mindfulness-based cognitive therapy to prevent suicidal behavior (MBCT-S) reduced suicidal thinking and depression among high suicide-risk patients, we subjected MBCT-S to qualitative inspection by patient participants. Method: Data were provided by 15 patients who completed MBCT-S during a focus group and/or via a survey. Qualitative data were coded using thematic analysis. Themes were summarized using descriptive analysis. Results: Most

							<p>patients viewed the intervention as acceptable and feasible. Patients attributed MBCT-S treatment engagement and clinical improvement to improved emotion regulation. A minority of patients indicated that factors related to the group treatment modality were helpful. A small percentage of patients found that aspects of the treatment increased emotional distress and triggered suicidal thinking. These experiences, however, were described as fleeting and were not linked to suicidal behavior. Limitations: The sample size was small. Conclusion: Information gathered from this study may assist in refining MBCT-S and treatments to prevent suicidal behavior among high suicide-risk patients generally. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Cheston, Richard; Ivanecka, Ada	2017	Individual and group psychotherapy with people diagnosed with dementia: a systematic review of the literature	International journal of geriatric psychiatry	32	1	3–31	<p>Objectives Psychotherapy provides a means of helping participants to resolve emotional threats and play an active role in their lives. Consequently, psychotherapy is increasingly used within dementia care. This paper reviews the existing evidence base for individual and group psychotherapy with people affected by dementia. Design The protocol was registered. We searched electronic databases, relevant websites and reference lists for records of psychotherapy with people affected by Alzheimer's Disease, Vascular dementia, Lewy-body dementia or a mixed condition between 1997 and 2015. We included studies of therapies which met British Association of Counselling and Psychotherapy definitions (e.g. occurs regularly, focuses on talking about life events and facilitates understand of the illness). Art therapy, Cognitive Stimulation and Rehabilitation, Life Review, Reminiscence Therapy and family therapy were excluded. Studies which included people with frontal?temporal</p>

							<p>dementia and mild cognitive impairment were excluded. Data was extracted using a bespoke form, and risk of bias assessments were carried out independently by both authors. Meta-analysis was not possible because of the heterogeneity of data. Results A total of 1397 papers were screened with 26 papers using randomised, non-randomised controlled trials or repeated measured designs being included. A broad mix of therapeutic modalities, types, lengths and settings were described, focussing largely on people with mild levels of cognitive impairment living in the community. Conclusions This study was limited to only those studies published in English. The strongest evidence supported the use of short-term group therapy after diagnosis and an intensive, multi-faceted intervention for Nursing Home residents. Many areas of psychotherapy need further research. Copyright ? 2016 John Wiley & Sons, Ltd.</p>
<p>Chew, B. H.; Vos, R. C.; Stellato, R. K.; Ismail, M.; Rutten, G. E. H. M.</p>	2018	<p>The effectiveness of an emotion-focused educational programme in reducing diabetes distress in adults with Type 2 diabetes mellitus (VEMOFIT): a cluster randomized controlled trial</p>	<p>Diabetic medicine : a journal of the British Diabetic Association</p>	35	6	750-759	<p>AIMS To evaluate the effectiveness of a brief, value-based emotion-focused educational programme (VEMOFIT) in Malay adults with Type 2 diabetes mellitus compared with a programme of active listening to participants' emotional experiences, social support and their opinion on the health clinic diabetes care services (attention control). METHODS Malay adults with severe diabetes distress [Diabetes Distress Scale (DDS-17) mean score \geq 3] were included. VEMOFIT consisted of four biweekly group sessions, a booster session after 3 months and a follow-up 6 months post intervention. The attention control programme consisted of three sessions over the same period. Outcomes included diabetes distress, depressive symptoms, self-efficacy and disease control. Required</p>

							<p>total sample size was 165.</p> <p>RESULTS</p> <p>Participants (n = 124) were randomized to either VEMOFIT (n = 53) or the attention control programme (n = 71). Participants had a mean (sd) age of 55.7 (9.7) years, median diabetes duration of 7.0 (8.0) years and mean HbA1c level of 82 mmol/mol (9.7%). The mean DDS-17 level decreased significantly in both the VEMOFIT and the attention control programmes (3.4 to 2.9 vs. 3.1 to 2.7, respectively). The adjusted between-group DDS-17 difference was not significant [-0.01, 95% confidence interval (CI) -0.38, 0.35]. The proportion of individuals with severe diabetes distress decreased in both groups, from 89% to 47% vs. 69% to 39% (odds ratio 0.88; 95% CI 0.26, 2.90). Other outcomes did not differ between groups.</p> <p>CONCLUSIONS</p> <p>Both interventions decreased diabetes distress significantly. The theory-based VEMOFIT programme was not superior to the attention control programme. The latter approach is a simpler way to decrease severe diabetes distress (Trial registration: NCT02730078; NMRR-15-1144-24803).</p>
Chew, Boon How; Vos, Rimke C.; Metzendorf, Maria-Inti; Scholten, Rob Jpm; Rutten, Guy Ehm	2017	Psychological interventions for diabetes-related distress in adults with type 2 diabetes mellitus	The Cochrane database of systematic reviews	9	9	CD011469	<p>BACKGROUND</p> <p>Many adults with type 2 diabetes mellitus (T2DM) experience a psychosocial burden and mental health problems associated with the disease. Diabetes-related distress (DRD) has distinct effects on self-care behaviours and disease control. Improving DRD in adults with T2DM could enhance psychological well-being, health-related quality of life, self-care abilities and disease control, also reducing depressive symptoms.</p> <p>OBJECTIVES</p>

						<p>To assess the effects of psychological interventions for diabetes-related distress in adults with T2DM.</p> <p>SEARCH METHODS</p> <p>We searched the Cochrane Library, MEDLINE, Embase, PsycINFO, CINAHL, BASE, WHO ICTRP Search Portal and ClinicalTrials.gov. The date of the last search was December 2014 for BASE and 21 September 2016 for all other databases.</p> <p>SELECTION CRITERIA</p> <p>We included randomised controlled trials (RCTs) on the effects of psychological interventions for DRD in adults (18 years and older) with T2DM. We included trials if they compared different psychological interventions or compared a psychological intervention with usual care. Primary outcomes were DRD, health-related quality of life (HRQoL) and adverse events. Secondary outcomes were self-efficacy, glycosylated haemoglobin A1c (HbA1c), blood pressure, diabetes-related complications, all-cause mortality and socioeconomic effects.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>Two review authors independently identified publications for inclusion and extracted data. We classified interventions according to their focus on emotion, cognition or emotion-cognition. We performed random-effects meta-analyses to compute overall estimates.</p> <p>MAIN RESULTS</p> <p>We identified 30 RCTs with 9177 participants. Sixteen trials were parallel two-arm RCTs, and seven were three-arm parallel trials. There were also seven cluster-randomised trials: two had four arms, and the remaining five had two arms. The median duration of the intervention was six months (range 1 week to 24 months), and the median follow-up period was 12 months (range 0</p>
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						<p>to 12 months). The trials included a wide spectrum of interventions and were both individual- and group-based. A meta-analysis of all psychological interventions combined versus usual care showed no firm effect on DRD (standardised mean difference (SMD) -0.07; 95% CI -0.16 to 0.03; P = 0.17; 3315 participants; 12 trials; low-quality evidence), HRQoL (SMD 0.01; 95% CI -0.09 to 0.11; P = 0.87; 1932 participants; 5 trials; low-quality evidence), all-cause mortality (11 per 1000 versus 11 per 1000; risk ratio (RR) 1.01; 95% CI 0.17 to 6.03; P = 0.99; 1376 participants; 3 trials; low-quality evidence) or adverse events (17 per 1000 versus 41 per 1000; RR 2.40; 95% CI 0.78 to 7.39; P = 0.13; 438 participants; 3 trials; low-quality evidence). We saw small beneficial effects on self-efficacy and HbA1c at medium-term follow-up (6 to 12 months): on self-efficacy the SMD was 0.15 (95% CI 0.00 to 0.30; P = 0.05; 2675 participants; 6 trials; low-quality evidence) in favour of psychological interventions; on HbA1c there was a mean difference (MD) of -0.14% (95% CI -0.27 to 0.00; P = 0.05; 3165 participants; 11 trials; low-quality evidence) in favour of psychological interventions. Our included trials did not report diabetes-related complications or socioeconomic effects. Many trials were small and were at high risk of bias for incomplete outcome data as well as possible performance and detection biases in the subjective questionnaire-based outcomes assessment, and some appeared to be at risk of selective reporting. There are four trials awaiting further classification. These are parallel RCTs with cognition-focused and emotion-cognition focused interventions. There are another 18 ongoing trials, likely focusing on emotion-cognition or cognition, assessing interventions such as diabetes self-</p>
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							<p>management support, telephone-based cognitive behavioural therapy, stress management and a web application for problem solving in diabetes management. Most of these trials have a community setting and are based in the USA.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Low-quality evidence showed that none of the psychological interventions would improve DRD more than usual care. Low-quality evidence is available for improved self-efficacy and HbA1c after psychological interventions. This means that we are uncertain about the effects of psychological interventions on these outcomes. However, psychological interventions probably have no substantial adverse events compared to usual care. More high-quality research with emotion-focused programmes, in non-US and non-European settings and in low- and middle-income countries, is needed.</p>
Chiauzzi, Emil; Clayton, Ashley; Huh-Yoo, Jina	2020	Videoconferencing-Based Telemental Health: Important Questions for the COVID-19 Era From Clinical and Patient-Centered Perspectives	JMIR mental health	7	12	e24021	<p>The COVID-19 pandemic has intensified the search for digital approaches in mental health treatment, particularly due to patients and clinicians practicing social distancing. This has resulted in the dramatic growth of videoconferencing-based telemental health (V-TMH) services. It is critical for behavioral health providers and those in the mental health field to understand the implications of V-TMH expansion on the stakeholders who use such services, such as patients and clinicians, to provide the service that addresses both patient and clinical needs. Several key questions arise as a result, such as the following: (1) in what ways does V-TMH affect the practice of psychotherapy (ie, clinical needs), (2) to what extent are ethical and patient-centered concerns warranted in terms of V-TMH services (ie, patient needs),</p>

							and (3) how do factors related to user experience affect treatment dynamics for both the patient and therapist (ie, patient and clinical needs)? We discuss how behavioral health providers can consider the future delivery of mental health care services based on these questions, which pose strong implications for technological innovation, the adaptation of treatments to new technologies, and training professionals in the delivery of V-TMH services and other digital health interventions.
Chieffo, Daniela Pia Rosaria; Lafuenti, Letizia; Mastrilli, Ludovica; Paola, Rebecca de; Vannuccini, Sofia; Morra, Marina; Salvi, Fulvia; Boškoski, Ivo; Salutari, Vanda; Ferrandina, Gabriella; Scambia, Giovanni	2022	Medi-Cinema: A Pilot Study on Cinematherapy and Cancer as A New Psychological Approach on 30 Gynecological Oncological Patients	Cancers	14	13		Background: Several subjects affected by cancer experience a significant level of multidimensional disease. This longitudinal study aims to evaluate the effectiveness of psycho-oncological support using Cinema as an emotional mediator and to promote perceived well-being by personalized psychological treatment. Methods: Thirty women diagnosed with gynecological cancer watched 12 movies and participated in a psychotherapy group co-conducted by two psychotherapists. Patients completed nine questionnaires at T0 (baseline), T1 (3 months) and T2 (6 months). Results: Patients observed significant improvements (CORE-OM: $p < 0.001$) in psychological well-being. The results showed statistically significant differences, even in several other dimensions, such as Anxiety (STAY-Y1-2: $p < 0.001$), Empathy (BEES, $p < 0.001$), Coping (COPE: $p < 0.001$), QoL (QLQ-C30, $p: 0.026$), couple relationship (DAS, Satisfaction: $p: 0.013$; Cohesion: $p: 0.004$) and alexithymia (TAS-20, Difficulty Identifying Feeling: $p: 0.002$; Externally-Oriented Thinking: $p: 0.003$). Conclusions: The data show that cinema, as an innovative psychological approach, could be a valid instrument to support patients in oncological pathways as well as facilitating the process of recognizing

							themselves in other patients and communicating about their own feelings.
Chien, Wai Tong; Clifton, Andrew V.; Zhao, Sai; Lui, Steve	2019	Peer support for people with schizophrenia or other serious mental illness	The Cochrane database of systematic reviews	4	4	CD01088 0	<p>BACKGROUND</p> <p>Peer support provides the opportunity for peers with experiential knowledge of a mental illness to give emotional, appraisal and informational assistance to current service users, and is becoming an important recovery-oriented approach in healthcare for people with mental illness.</p> <p>OBJECTIVES</p> <p>To assess the effects of peer-support interventions for people with schizophrenia or other serious mental disorders, compared to standard care or other supportive or psychosocial interventions not from peers.</p> <p>SEARCH METHODS</p> <p>We searched the Cochrane Schizophrenia Group's Study-Based Register of Trials on 27 July 2016 and 4 July 2017. There were no limitations regarding language, date, document type or publication status.</p> <p>SELECTION CRITERIA</p> <p>We selected all randomised controlled clinical studies involving people diagnosed with schizophrenia or other related serious mental illness that compared peer support to standard care or other psychosocial interventions and that did not involve 'peer' individual/group(s). We included studies that met our inclusion criteria and reported useable data. Our primary outcomes were service use and global state (relapse).</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>The authors of this review complied with the Cochrane recommended standard of conduct for data screening and collection. Two review authors independently screened the studies, extracted data and assessed the</p>

						<p>risk of bias of the included studies. Any disagreement was resolved by discussion until the authors reached a consensus. We calculated the risk ratio (RR) and 95% confidence interval (CI) for binary data, and the mean difference and its 95% CI for continuous data. We used a random-effects model for analyses. We assessed the quality of evidence and created a 'Summary of findings' table using the GRADE approach.</p> <p>MAIN RESULTS</p> <p>This review included 13 studies with 2479 participants. All included studies compared peer support in addition to standard care with standard care alone. We had significant concern regarding risk of bias of included studies as over half had an unclear risk of bias for the majority of the risk domains (i.e. random sequence generation, allocation concealment, blinding, attrition and selective reporting). Additional concerns regarding blinding of participants and outcome assessment, attrition and selective reporting were especially serious, as about a quarter of the included studies were at high risk of bias for these domains. All included studies provided useable data for analyses but only two trials provided useable data for two of our main outcomes of interest, and there were no data for one of our primary outcomes, relapse. Peer support appeared to have little or no effect on hospital admission at medium term (RR 0.44, 95% CI 0.11 to 1.75; participants = 19; studies = 1, very low-quality evidence) or all-cause death in the long term (RR 1.52, 95% CI 0.43 to 5.31; participants = 555; studies = 1, very low-quality evidence). There were no useable data for our other prespecified important outcomes: days in hospital, clinically important change in global state (improvement), clinically important change in</p>
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							<p>quality of life for peer supporter and service user, or increased cost to society. One trial compared peer support with clinician-led support but did not report any useable data for the above main outcomes.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Currently, very limited data are available for the effects of peer support for people with schizophrenia. The risk of bias within trials is of concern and we were unable to use the majority of data reported in the included trials. In addition, the few that were available, were of very low quality. The current body of evidence is insufficient to either refute or support the use of peer-support interventions for people with schizophrenia and other mental illness.</p>
Chiesa, Marco; Luyten, Patrick; Fonagy, Peter	2021	Two-year follow-up and changes in reflective functioning in specialist and nonspecialist treatment models for personality disorder	Personality disorders	12	3	249–260	<p>There is a growing body of studies linking impairments in mentalizing or reflective functioning (RF) with childhood adversity, the development of personality disorder (PD), and psychiatric morbidity. Fewer studies have investigated the purported role of changes in RF in relation to clinical outcome in treatments focusing on this capacity. Moreover, it is as yet unclear whether specialist and nonspecialist treatment models are equally effective in bringing about change in RF in conjunction with symptomatic improvement. This study aimed to investigate the association between changes in RF in 3 samples of individuals with PD treated in 2 specialist psychosocial programs (a mixed residential and community-based step-down program [RT-CBP] and a residential-only psychotherapy treatment program [RT]) and in an outpatient general psychiatric service over a 2-year period after intake into treatment. RF was assessed using the Reflective Functioning Scale scored on the Adult Attachment Interview, and clinical outcome was</p>

							assessed in terms of psychiatric distress, social adjustment, and global functioning. Changes in RF were most marked in RT-CBP compared with RT and general psychiatric service. Changes in RF explained differences between treatment models for social and global adjustment outcomes, but not for disparities in psychiatric distress. A medium-intensity treatment approach to PD such as RT-CBP was more effective in improving RF and provided a balance between psychotherapy input and efforts at social integration, by bringing patients into closer contact with their social world. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Childs-Fegredo, Jasmine; Fontana, Elisa; Moran, Mary; Faulkner, Paul	2023	Yoga-integrated psychotherapy for emotion dysregulation: A pilot study	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	3	638–652	
Ching, Terence H. W.; Grazioplene, Rachael; Bohner, Calvin; Kichuk, Stephen A.; DePalmer, Giuliana; D'Amico, Elizabeth; Eilbott, Jeffrey; Jankovsky, Anastasia; Burke, Michelle;	2023	Safety, tolerability, and clinical and neural effects of single-dose psilocybin in obsessive-compulsive disorder: protocol for a randomized, double-blind, placebo-	Frontiers in psychiatry	14		1178529	BACKGROUND: Psilocybin may help treat obsessive-compulsive disorder (OCD). To date, only one open-label study of psilocybin for OCD exists, necessitating further investigation with a randomized controlled design. The neural correlates of psilocybin's effects on OCD have also not been studied. OBJECTIVES: This first-of-its-kind trial aims to evaluate the feasibility, safety, and tolerability of psilocybin in the treatment of OCD, provide preliminary evidence on the effects of psilocybin on OCD symptoms, and elucidate neural mechanisms that may mediate psilocybin's effects on OCD. DESIGN: We use a randomized (1:1), double-blind, placebo-controlled, non-crossover design to examine the clinical and neural effects of either a single dose of oral psilocybin (0.25

Hokanson, Jamila; Martins, Brad; Witherow, Chelsea; Patel, Prerana; Amoroso, Lucia; Schaer, Henry; Pittenger, Christopher; Kelmendi, Benjamin		controlled, non-crossover trial					mg/kg) or active placebo-control agent (250 mg of niacin) on OCD symptoms. METHODS AND ANALYSIS: We are enrolling 30 adult participants at a single site in Connecticut, USA who have failed at least one trial of standard care treatment (medication/psychotherapy) for OCD. All participants will also receive unstructured, non-directive psychological support during visits. Aside from safety, primary outcomes include OCD symptoms over the past 24 h, assessed by the Acute Yale-Brown Obsessive-Compulsive Scale and Visual Analog Scale ratings. These are collected by blinded, independent raters at baseline and the primary endpoint of 48 h post-dosing. Total follow-up is 12 weeks post-dosing. Resting state neuroimaging data will be collected at baseline and primary endpoint. Participants randomized to placebo will be offered the chance to return for an open-label dose of 0.25 mg/kg. ETHICS STATEMENT: All participants will be required to provide written informed consent. The trial (protocol v. 5.2) was approved by the institutional review board (HIC #2000020355) and registered with ClinicalTrials.gov (NCT03356483). DISCUSSION: This study may represent an advance in our ability to treat refractory OCD, and pave the way for future studies of neurobiological mechanisms of OCD that may respond to psilocybin.
Chiu, Angela W.; Falk, Avital; Pelcovitz, Michelle; Zendegui, Elaina; Bennett, Shannon M.	2022	Considerations for implementing evidence-based practices for youth anxiety in an acute	Professional Psychology: Research and Practice		19-39-1323(Electronic),	286-294	Adolescent partial hospitalization programs (PHP) provide specialized, intensive, interdisciplinary day treatment for youth with significant psychopathology warranting a higher level of care than outpatient therapy, but less intensive than admission to an inpatient unit. Although partial hospital programs are becoming increasingly utilized for youth with severe psychiatric disorders (Del Conte et al., 2016; Leffler et al., 2017), there is scarce

		psychiatric care setting			07 35- 70 28(Pri nt)		research on the effectiveness of these programs and little is known about the extent to which evidence-based practices (EBPs) for youth are typically provided through these programs. Shortened lengths of stay, fluctuating patient acuity, diagnostic heterogeneity, and clinical complexity are significant and enduring barriers to successful implementation of EBPs in acute care facilities. As such, process descriptions of initiatives to implement EBPs in acute care settings are limited in the literature. Consequently, it is of importance to the field to elucidate the challenges of adapting EBPs for acute care contexts, strategies for managing these hurdles, strengths from which to build upon, and specific examples of what facilitates successful implementation. This article focuses on the lessons learned through a team's efforts using an implementation science framework to implement EBPs for youth anxiety in an adolescent partial hospitalization program in the context of a large academic medical center situated in a metropolitan area of the northeast. Reflecting on steps and missteps, the article offers seven considerations that may be informative for teams preparing to integrate EBPs into acute psychiatric care settings. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Chmyłko-Terlikowska, Dorota; Pęska, Agnieszka; Lucci, Kamil; Bryńska, Anita	2022	Factors affecting the length of hospitalization in people diagnosed with anorexia nervosa - study review	Psychiatria polska	56	1	77-87	Anorexia nervosa is a physical and mental health condition with high mortality and long-term history. Its most characteristic symptom is a significant underweight caused and maintained by a patient who is perceived as an obese person and sets a low weight limit. The course of treatment is usually long-term, involving a large group of specialists, and, depending on the patient's condition, outpatient care, day care or - in the event of high weight loss or malnutrition complications - hospitalization for

							<p>several months is necessary. Currently, there is a tendency to shorten the length of stay in the inpatient ward of patients with AN in favor of other forms of care. The aim of this article is to collect and present the results of a small number of studies on factors affecting the length of hospitalization in the treatment of anorexia nervosa. Based on the currently available tests, the body mass index at admission should be considered as a factor significantly affecting the length of hospitalization. However, the discussion remains open and further research in this area is advisable. Clarification of the above issue may provide the basis for a more patient-oriented determination of the duration of hospital treatment. Further research on factors identified in individual studies and their relationships will also be needed.</p>
Choi, Bryan H.; Pos, Alberta E.; Magnusson, Magnus S.	2016	Emotional change process in resolving self-criticism during experiential treatment of depression	Psychotherapy research : journal of the Society for Psychotherapy Research	26	4	484-499	<p>OBJECTIVE: This study tested emotion-focused therapy (EFT) theory assumptions concerning optimal emotion schematic processing during experiential psychotherapies. Emotion schematic change was investigated in the particular problem context of resolving self-criticism, an emotion schematic vulnerability to depression identified across all major psychotherapy theories. METHOD: The sample was nine highly self-critical depressed clients who received experiential treatment (n = 5 resolved while n = 4 did not resolve their self-criticism by termination). Emotion episodes (EEs) were exhaustively sampled from five sessions across three therapy phases (early, working phase, and termination) for each client. All their EEs across therapy were coded using a process measure called the Classification of Affective-Meaning States. Three complementary analytic procedures were used to</p>

							<p>examine emotion schematic changes within and across phases of therapy: graphical/descriptive, linear mixed modelling, and THEME sequential pattern analysis. RESULTS: Convergent evidence from these analyses supported EFT theory. Good resolvers of self-criticism decreased expression of secondary emotions and increased expression of primary adaptive emotions. Good resolvers also exhibited more sequences of EEs consistent with transformation of secondary and maladaptive emotions to adaptive emotions. Future directions of this research are discussed.</p>
Chompoonimit, A.; Nualnetr, N.	2016	The impact of task-oriented client-centered training on individuals with spinal cord injury in the community	Spinal cord	54	10	849-854	<p>STUDY DESIGN: Quasi-experimental study. OBJECTIVES: The objective of this study was to evaluate the impact of an 8-week, task-oriented client-centered training (TOCCT) on physical function, perception of performance and satisfaction with the activities and achievement of training goals of individuals with spinal cord injury (SCI). SETTING: Khon Kaen, Thailand. METHODS: Participants were 12 persons with SCI living in Ubolratana District, Khon Kaen Province, Thailand. Outcome measures consisted of physical function and perception of performance and satisfaction with the activities, which were assessed at pre- and post-training periods by using the Spinal Cord Independence Measure version III and the Canadian Occupational Performance Measure, respectively. The achievement of training goals was also determined by the Goal Attainment Scale. Data were analyzed by using paired t-tests. RESULTS: The 8-week, TOCCT significantly improved physical function of the participants (P=0.001, 95% confidence interval (CI) 3.22-7.12). Another positive impact of the training was found in the perceived levels of performance and satisfaction with the activities (P=0.001, 95% CI 1.31-3.49 and 1.68-3.67,</p>

							respectively). Furthermore, at the end of the study, most of the participants could reach their expected training goals. CONCLUSION: The 8-week, TOCCT significantly improved physical function and perception of performance and satisfaction with the activities of individuals with SCI when compared with the pre-training period. The training could also help most of the participants to achieve their training goals. Future studies with randomized controlled trial and longitudinal design are suggested to reveal further benefits of such training on individuals with SCI.
Chou, Jessica L.; Patton, Rikki; Zaarur, Asif; Katafiasz, Heather; Swint, Phyllis; Dang, Yue; Feeney, Erika	2023	Understanding families impacted by opioid use: Outcomes of a therapist training program	Families, Systems, & Health				Introduction: Increasing the substance use workforce is vital in addressing the many complexities of opioid use among families. The purpose of the present research was to examine 6-month outcomes of a training program focusing on opioid use among families, for master-level family therapy (MFT) and community mental health counseling (CMHC) students. Method: In total, 58 students participated in self-reported survey assessments at baseline and 6-month follow-up across the following domains: attitudes about substance use, interpersonal professional collaboration, trainee confidence, professional quality of life, and cross-cultural counseling competence. Results: The study results indicated a significant improvement between scores on attitudes of working with families impacted by substance use disorders from baseline to follow-up. There was a significant positive change in cross-cultural competency, interprofessional competency, and trainee confidence from baseline to follow-up. Discussion: The findings contribute to extant literature by examining the potential role of participating in substance use training for graduate-level MFT and CMHC trainees and

							considerations for implementing specific substance use training components among graduate-level trainees. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Chouliara, Zoë; Karatzias, Thanos; Gullone, Angela; Ferguson, Sandra; Cosgrove, Katie; Burke Draucker, Claire	2020	Therapeutic Change in Group Therapy For Interpersonal Trauma: A Relational Framework for Research and Clinical Practice	Journal of interpersonal violence	35	15-16	2897–2916	Our understanding of therapeutic change processes in group therapy for complex interpersonal trauma has been limited. The present study aimed at addressing this gap by developing a framework of therapeutic change in this field from a survivor and therapist perspective. This is a qualitative study, which utilized semistructured individual interviews. Transcripts were analyzed using interpretative phenomenological analysis (IPA) to identify recurrent themes. A final sample of n = 16 patients and n = 5 facilitators completed the interview. Main change processes identified by survivors were as follows: self versus others, trust versus threat, confrontation versus avoidance, and "patching up" versus true healing. Therapeutic processes identified by therapist facilitators included managing group dynamics, unpredictability and uncertainty, and process versus content. The proposed framework explains therapeutic change in group therapy in relational terms, that is, therapeutic dissonance, the dynamic interaction of self and experience as well as building empathic trusting relations. The importance of managing dissonance to aid personally meaningful recovery was highlighted. These findings have implications for the usefulness of relational and person-centered approaches to clinical practice in the area of interpersonal and complex trauma, especially in the early identification, prevention, and management of dropouts.
Christophe, V.; Duprez, C.; Congard, A.;	2016	Evaluate the subjective experience of	European journal of cancer care	25	5	734–743	The impact of the disease experience on the quality of life of the relatives of patients with cancer is now well documented. However, few scales specifically address

Fournier, E.; Lesur, A.; Antoine, P.; Vanlemmens, L.		the disease and its treatment in the partners of young women with non-metastatic breast cancer					the partners' subjective quality of life. This study aims to validate a questionnaire assessing the impact of cancer on the quality of life of the partners of young women with breast cancer. Partners (n = 499) of women aged <45 when diagnosed with a non-metastatic breast cancer completed a self-reported questionnaire generated from non-directive interviews led in an initial study. The structure of the scale was examined by exploratory and confirmatory factor analyses. Internal consistency, test-retest reliability and concurrent validity were assessed. The final Partner-YW-BCI contained 36 items and assessed eight dimensions of the subjective experience of partners: (1) feeling of couple cohesion, (2) negative affectivity and apprehension about the future, (3) body image and sexuality, (4) career management, (5) deterioration of the relationships with close relatives, (6) management of child(ren) and of everyday life, (7) financial difficulties, and (8) sharing and support from close relatives. The scale showed adequate psychometric properties, and will help clinicians to identify the problems of partners and to respond to them by an optimal care management.
Chui, Harold; Chong, Eddie S. K.; Atzil-Slonim, Dana; Sahin, Zeynep; Solomonov, Nili; Minges, Mary V.; Kuprian, Nadia; Barber, Jacques P.	2021	Beyond symptom reduction: Development and validation of the Complementary Measure of Psychotherapy Outcome (COMPO)		68	5		Most measures of psychotherapy outcome focus on symptomatic change. However, clients often report other changes through therapy, such as increased self-acceptance. This study reports on the development and validation of the Complementary Measure of Psychotherapy Outcome (COMPO) that assesses different areas of psychological functioning deemed important by clients and therapists. Items were written based on a literature review of client-reported change and feedback from experienced therapists. Exploratory factor analysis was conducted on the initial 42-item COMPO

						administered to 264 psychotherapy clients. Iterative item reduction resulted in the final 12-item, four-factor solution, with factors named self-acceptance, self-knowledge, relationship quality, and consideration of others. This factor structure, along with a bifactor model that contains a general factor and the four domain-specific factors, was replicated on a sample of 571 adults in the community. The 12-item COMPO exhibits convergent validity with measures of self-esteem, insight, social support, and empathy; demonstrates 2-week test-retest reliability; and predicts life satisfaction. The 12-item COMPO was further administered to 28 clients in short-term psychodynamic therapy for depression. Except for consideration of others, COMPO subscales and total scale scores improved from pre- to posttherapy. Posttherapy COMPO scores were also higher among clients who experienced clinically significant change compared to those who did not. The COMPO was negatively associated with depressive symptoms and impairments in functioning across the three samples. The brevity of the COMPO makes it a convenient tool to supplement symptom-based measures for a more comprehensive assessment of outcome in psychotherapy. (PsycInfo Database Record (c) 2023 APA, all rights reserved)	
Chui, Harold; Li, Xu; Luk, Sarah	2022	Therapist emotion and emotional change with clients: Effects on perceived empathy and session quality	Psychotherapy		19-39-1536(Electronic),	594-605	Therapists' emotion and therapist-client emotional congruence are associated with psychotherapy process and outcome. However, their pre-session emotional states are not consistently accounted for across studies, and the underlying mechanism is unclear. This study introduces the concepts of directional correspondence (DC), where therapists' and clients' emotions move in a similar direction from pre to post-session, and absolute

					00 33- 32 04(Pri nt)		<p>agreement (AA), where therapist and client become closer in emotions from pre to postsession, to examine congruence in emotional change in therapist and client from pre to postsession. In addition, clients' perception of therapist empathy was investigated as a mediator between therapists' emotion/therapist–client emotional congruence and session outcome. Sixty nine clients and 49 therapists participated in this study over the course of therapy (593 sessions in total). They rated their emotions before and after each session, and clients rated therapist empathy and session quality after each session. Multilevel models showed that therapist pre-session emotions, therapist–client pre-session emotional similarity, and DC did not predict therapist empathy and session quality. However, AA predicted better therapist empathy, which in turn predicted better session quality. The partial mediation path was also stronger when therapist and client had more dissimilar pre-session emotions. Thus, clients may rate a session based on their perception of therapist empathy, which may reflect therapist and client moving toward more similar emotions over a session. In addition, the positive effect of therapist and client growing closer in emotions is especially pronounced when they start sessions in different emotional states. Implications of the findings are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Chui, Harold; McGann, Kevin J.; Ziemer, Kathryn S.; Hoffman, Mary	2018	Trainees' use of supervision for therapy with sexual minority clients: A qualitative study	Journal of Counseling Psychology	65	1	36–50	In the supervision literature, research on sexual orientation considerations often focuses on sexual minority supervisees and less often on their work with sexual minority clients. Yet both heterosexual and sexual minority supervisees serve sexual minority clients and may have different supervision needs. Twelve predoctoral

Ann; Stahl, Jessica							interns from 12 APA-accredited counseling center internships were interviewed about how they made use of supervision for their work with a sexual minority client. The sample consisted of 6 heterosexual-identified supervisees and 6 supervisees who identified as lesbian, gay, or queer (LGQ). Data were analyzed using consensual qualitative research. All participants reported positive gains from supervision that carried over to their work with heterosexual and sexual minority clients, even when not all supervisors disclosed or discussed their own sexual orientation. Heterosexual supervisees used supervision to ensure that their heterosexuality does not interfere with an affirmative experience for their sexual minority client, whereas LGQ supervisees used supervision to explore differences in sexual identity development between themselves and their client to minimize the negative impact of overidentification. Thus, affirmative supervision may unfold with different foci depending on supervisees' sexual identity. Implications for training and supervision are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Cioffi, Camille C.; Browning O'Hagan, Anastasia M.; Halvorson, Sven; DeGarmo, David S.	2023	A randomized controlled trial to improve fathering among fathers with substance use disorders: Fathering in recovery intervention	Journal of Family Psychology	37	8	1303–1314	In early recovery for substance use disorders (SUDs), fathers may experience a desire to become more active in their role as a parent but may need support in using effective parenting strategies. Parent management training programs may be effective for fathers in recovery from SUD as they have been shown to improve parenting knowledge, self-efficacy, parenting practices, and child behavior, as well as decrease parent substance use. Using the Parent Management Training-Oregon model, we adapted a video-based program for text delivery to fathers in their first year of recovery from SUD, the fathering in recovery (FIR) intervention. In this pilot study, we

						randomized 41 fathers to control or 6 weeks of video content and three brief coaching calls and assessed outcomes in the parenting, child, and substance domains at baseline, 6-week, and 4-month follow-ups. We found FIR was effective for improving parenting knowledge, fathering efficacy, and in reducing fathers' ineffective parenting. The intervention showed promise for reducing child behavior problems. While larger studies are needed to replicate and build on these FIR findings, our data suggest that FIR holds promise for improving the lives of fathers and their families affected by SUD. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cipriani, Andrea; Seedat, Soraya; Milligan, Lea; Salanti, Georgia; Macleod, Malcolm; Hastings, Janna; Thomas, James; Michie, Susan; Furukawa, Toshi A.; Gilbert, David; Soares-Weiser, Karla; Moreno, Carmen; Leucht, Stefan; Egger, Matthias; Mansoori, Parisa; Barker, James M.; Sifakis,	2023	New living evidence resource of human and non-human studies for early intervention and research prioritisation in anxiety, depression and psychosis	BMJ mental health	26	1	In anxiety, depression and psychosis, there has been frustratingly slow progress in developing novel therapies that make a substantial difference in practice, as well as in predicting which treatments will work for whom and in what contexts. To intervene early in the process and deliver optimal care to patients, we need to understand the underlying mechanisms of mental health conditions, develop safe and effective interventions that target these mechanisms, and improve our capabilities in timely diagnosis and reliable prediction of symptom trajectories. Better synthesis of existing evidence is one way to reduce waste and improve efficiency in research towards these ends. Living systematic reviews produce rigorous, up-to-date and informative evidence summaries that are particularly important where research is emerging rapidly, current evidence is uncertain and new findings might change policy or practice. Global Alliance for Living Evidence on aNxiety, depressiOn and pSychosis (GALENOS) aims to tackle the challenges of mental health science research by cataloguing and evaluating the full spectrum of relevant scientific research including

<p>Spyridon; Ostinelli, Edoardo Giuseppe; McCutcheon, Robert; Wright, Simonne; Simpson, Matilda; Elugbadebo, Olufisayo; Chiocchia, Virginia; Tonia, Thomy; Elgarf, Rania; Kurtulmus, Ayse; Sena, Emily; Simple, Ouma; Boyce, Niall; Chung, Sophie; Sharma, Anjuli; Wolpert, Miranda; Potts, Jennifer; Elliott, Julian H.</p>						<p>both human and preclinical studies. GALENOS will also allow the mental health community-including patients, carers, clinicians, researchers and funders-to better identify the research questions that most urgently need to be answered. By creating open-access datasets and outputs in a state-of-the-art online resource, GALENOS will help identify promising signals early in the research process. This will accelerate translation from discovery science into effective new interventions for anxiety, depression and psychosis, ready to be translated in clinical practice across the world.</p>
<p>Cirasola, Antonella; Midgley, Nick; Muran, J. Christopher; Eubanks, Catherine F.;</p>	<p>2023</p>	<p>Repairing alliance ruptures in psychodynamic psychotherapy with young people: The</p>	<p>Psychotherapy</p>		<p>No Paginatio Specified -No Paginatio</p>	<p>Alliance ruptures in youth psychotherapy can have a significant impact on treatment outcomes. However, there is currently limited guidance on how to effectively repair these ruptures with young people. This study aims to address this gap specifically in the context of psychodynamic psychotherapy with adolescents. The objectives of the study are (a) to understand the</p>

Hunter, Elaine Budreck; Fonagy, Peter		development of a rational–empirical model to support youth therapists				n Specified	therapeutic interventions and attitudes that either facilitate or hinder the resolution of alliance ruptures and (b) to develop a model for repairing these ruptures within this particular treatment approach. To accomplish this, a task analysis of a previously developed rational model of resolving alliance ruptures was conducted using 16 sessions from short-term psychodynamic psychotherapy with depressed adolescents. The analysis supported some stages of the hypothesized rational model while revealing the need for revisions. As a result, the study developed a rational–empirical model that includes flexible strategies that therapists can use to repair alliance ruptures. This model emphasizes the significance of a collaborative, open, and empathetic approach to resolving ruptures. In contrast, rigid, defensive, or invalidating therapist attitudes can hinder the resolution process. The evidence-based model developed from the study can provide valuable guidance to psychodynamic psychotherapists working with young people, offering insights on how to approach ruptures and employ effective strategies to promote their resolution. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Claas, Petra	2022	"Wir haben uns spalten lassen". Unser Anteil an der Ausgrenzung der Personzentrierten Psychotherapie	Gesprächspsychotherapie und Personzentrierte Beratung	53	3	32–37	In einem persönlichen Appell wird der Frage nachgegangen, warum die humanistische Psychotherapie ihren Status als im Psychotherapeutengesetz anerkanntes Therapieverfahren verloren hat. Die Autorin spricht sich für einen Richtungswechsel in der Berufspolitik aus, der ihres Erachtens die einzige Chance bietet, die personzentrierte Psychotherapie zu erhalten. Sie skizziert aus ihrer Sicht schwerwiegende Fehlentwicklungen, die anerkannt werden müssten, um die

							personzentrierte Psychotherapie und andere humanistische Verfahren bewahren zu können.
Claas, Petra	2023	Trauma-Folge-Strungen nach früher und extremer Gewalt personzentriert behandeln	Gesprächspsychotherapie und Personzentrierte Beratung	54	3	24–29	In diesem Beitrag wird ein Personzentrierter Ansatz für die Behandlung von Menschen mit komplexen Posttraumatischen Belastungsstörungen und Dissoziativen Störungen beschrieben. Grundsätzlich für diesen Ansatz ist der konsequente Verzicht auf Haltungen, Konzepte und Interventionen aus anderen psychotherapeutischen Grundorientierungen. Angestrebt wird ein - in Bezug auf das zugrundeliegende Menschenbild und daraus abgeleiteten Grundhaltungen, Konzepten und Interventionen (Therapie-Wege) - kongruentes Vorgehen, das die Unverwechselbarkeit personzentrierter Psychotherapie spürbar und erkennbar werden lässt.
Clapton, Neil E.; Williams, Jonathan; Griffith, Gemma M.; Jones, Robert Sp	2018	'Finding the person you really are ... on the inside': Compassion focused therapy for adults with intellectual disabilities	Journal of intellectual disabilities : JOID	22	2	135–153	This study utilized a mixed methods approach to examine the feasibility and acceptability of group compassion focused therapy for adults with intellectual disabilities (CFT-ID). Six participants with mild ID participated in six sessions of group CFT, specifically adapted for adults with ID. Session-by-session feasibility and acceptability measures suggested that participants understood the group content and process and experienced group sessions and experiential practices as helpful and enjoyable. Thematic analysis of focus groups identified three themes relating to (1) direct experiences of the group, (2) initial difficulties in being self-compassionate and (3) positive emotional changes. Pre- and post-group outcome measures indicated significant reductions in both self-criticism and unfavourable social comparisons. Results suggest that CFT can be adapted for individuals with ID and provide preliminary evidence that people with ID and psychological difficulties may experience a number of benefits from this group intervention.

Clark-Sienkiewicz, Shannon M.; Caño, Annmarie; Zeman, Lori Lackman; Lumley, Mark A.; Gothe, Neha	2021	Development of a Multicomponent Intervention to Initiate Health Behavior Change in Primary Care: The Kickstart Health Program	Journal of clinical psychology in medical settings	28	4	694–705	<p>There is a growing movement to integrate behavioral health specialists into primary care settings in order to better manage patients' health behaviors. Group interventions in healthcare settings can provide services to multiple individuals simultaneously; however, the participants' experiences taking part in these activities and the logistics of integrating them into clinical settings are largely under-studied. This article describes the development and implementation of a novel group intervention for health behavior change, The Kickstart Health Program, which integrates components of cognitive, behavioral, acceptance, and experiential therapies. Participant feasibility, acceptability, experiences, and treatment course were assessed. Acceptability among a small sample of attendees was high, and initial data on behavior change suggest there were benefits to patients who attended the program. Increases in mindfulness practice and decreases in exercise barriers from baseline to 10-week follow-up were detected as were improvements in overall perceived health and well-being. Participants expressed that the program was acceptable and successful at helping them reach their individual health goals; however, enrollment barriers negatively impacted the feasibility of the program in regard to attendance. Modification to the enrollment process such as embedding referrals into the electronic medical record, encouraging spouse or family co-enrollment, and peer coaching may address these barriers. The Kickstart Health Program has the potential to improve health behaviors and paves the way for unique studies of dissemination and implementation of efficacious behavioral health interventions into real-world healthcare settings.</p>
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<p>Clemens, Kristin K.; Getchell, Leah; Robinson, Tracy; Ryan, Bridget L.; O'Donnell, Jim; Reichert, Sonja M.</p>	<p>2019</p>	<p>Clinical care gaps and solutions in diabetes and advanced chronic kidney disease: a patient-oriented qualitative research study</p>	<p>CMAJ open</p>	<p>7</p>	<p>2</p>	<p>E258-E263</p>	<p>BACKGROUND: Patients with diabetes and advanced chronic kidney disease face a high health care burden. As part of a patient-oriented research initiative to identify ways to better support patients' diabetes care, we explored their health care experience and solutions for patient-centred diabetes care. METHODS: We engaged 2 patients with advanced kidney disease and diabetes to join our multidisciplinary team as full research partners. They were involved in our design and conduct of the study, the analysis of the results and knowledge translation. We conducted qualitative interviews (1:1 semistructured interviews and focus groups) with patients with a history of both diabetes (type 1 or 2) and advanced kidney disease including those using dialysis. We identified overarching themes using individual and team analysis and conducted interviews until data saturation was reached. RESULTS: Twelve participants were interviewed between October 2017 and February 2018. Six people were interviewed in 2 separate focus groups (consisting of 4 and 2 participants) and 6 participated in 1:1 interviews with our team. Participants described being burdened by medical appointments, strict conflicting diets, costly diabetes therapies and fragmented, siloed health care. They indicated that self-management support, education and coordinated diabetes care might better support their diabetes care. INTERPRETATION: Patients with complex medical comorbidities face many challenges traversing a health care system organized around single diseases. Researchers and policy-makers should study and develop patient-centred diabetes care strategies to better support these high-risk patients.</p>
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<p>Cloitre, Marylene; Morabito, Danielle; Macia, Kathryn; Speicher, Sarah; Froelich, Jessilyn; Webster, Katelyn; Prins, Annabel; Villasenor, Diana; Bauer, Asha; Jackson, Christie; Fabricant, Laura; Wiltsey-Stirman, Shannon; Morland, Leslie</p>	<p>2024</p>	<p>A home-based telehealth randomized controlled trial of skills training in affective and interpersonal regulation versus present-centered therapy for women veterans who have experienced military sexual trauma</p>	<p>Journal of consulting and clinical psychology</p>			<p>No Paginat ion Specified -No Paginat ion Specified</p>	<p>Objective: This randomized trial tested the effectiveness of Skills Training in Affective and Interpersonal Regulation (STAIR) compared to present-centered therapy (PCT) delivered virtually to women veterans who had experienced military sexual trauma (MST) and screened positive for posttraumatic stress disorder (PTSD). Method: One hundred sixty-one eligible women veterans were randomized into the study. The primary outcome was clinician-assessed PTSD severity (Clinician-Administered PTSD Scale–5), while secondary outcomes included social support and several other symptom measures at posttreatment through 2- and 4-month follow-up. Results: PTSD severity decreased in both conditions by posttreatment but significantly more ($p = .028$, $d = 0.39$) in STAIR ($d = 1.12 [0.87, 1.37]$) than PCT ($d = .78 [0.54, 1.02]$). STAIR was also superior in improving social support and emotion regulation and reducing depression and negative cognitions. Improvement in psychosocial functioning was moderate and did not differ between conditions. All changes were maintained through 2- and 4-month follow-ups. Dropout rates were low and did not differ (19.0% and 12.2%, respectively). Conclusion: STAIR provided superior outcomes compared to PCT regarding PTSD, social support, and multiple types of mental health problems among women veterans with MST. The application of STAIR to other populations with social support and related concerns warrants investigation. The substantial effect sizes for PTSD symptoms in both treatments suggest that they are practical alternatives for individuals who do not wish to participate in trauma-focused therapy and may increase engagement in mental health services. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
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Cloutier, Briana; Francoeur, Audrey; Samson, Crystal; Ghostine, Alexandra; Lecomte, Tania	2021	Romantic relationships, sexuality, and psychotic disorders: A systematic review of recent findings	Psychiatric Rehabilitation Journal	44	1	22–42	<p>For individuals with a psychotic disorder, dating can present several challenges and lead many to be excluded from intimate relationships. These difficulties may stem from a number of factors, including impairments in social and sexual functioning. Although scientific interest in this topic is mounting, the last quantitative review of the literature dates back to 2003. Objectives: The aim of this systematic review was to collect, evaluate, and synthesize quantitative data from studies published in the last 15 years on romantic relationships and sexuality in the context of a psychotic disorder. Methods: Articles were retrieved from PsycINFO, PubMed, Web of Science, and ProQuest databases and were retained if they met the following inclusion criteria: (a) original research or meta-analysis, (b) complete or partial sample with a psychotic disorder diagnosis, (c) provision of quantitative data specific to the population of interest, and (d) studies focusing on romantic relationship and/or sexuality variables as correlates, predictors, mediators, or outcomes. Study quality was evaluated using PRISMA criteria. Results: 43 studies were identified, 24 of which were categorized as obstacle-related (e.g., focusing on negative aspects of intimacy, such as risky behaviors) and 19 of which were deemed neutral or recovery-oriented (e.g., focusing on positive aspects of intimacy, such as marital functioning). Conclusions and Implications for Practice: Results highlight a need for greater communication and assistance in the areas of intimacy and sexuality for persons with psychotic disorders. Better access to resources such as dating skills and couples therapy programs as well as more consumer-oriented research is needed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
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Coggins, Kim; Carnes-Holt, Kara	2021	The efficacy of child–teacher relationship training as an early childhood mental health intervention in Head Start programs	International Journal of Play Therapy	30	2		This randomized repeated-measured active control group study examined the efficacy of child–teacher relationship training (CTRT) as a mental health intervention in rural Head Start programs with at-risk children. Experimental group child participants demonstrated statistically significant decreases in total problem behaviors when compared with active control group children. All child participants exhibited improvements in targeted behaviors with small-to-moderate treatment effects. The findings indicate that CTRT positively influences children’s problem behaviors with implications for rural mental health interventions. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Cohen-Chazani, Yael; Lysaker, Paul H.; Roe, David; Hasson-Ohayon, Ilanit	2021	Metacognitive reflection and insight therapy in an inpatient setting: Transforming messianism to a coherent mission	Journal of clinical psychology	77	8	1836–1850	Metacognitive reflection and insight therapy (MERIT) is an integrative form of psychotherapy which seeks to help adults with serious mental illness make sense of the psychosocial challenges and possibilities they face and decide how to respond to them and direct their own recovery. In this article, we present an adaptation of MERIT to the context of an inpatient ward with an accompanied case illustration. Specifically, we describe how this approach is supported by a broad intersubjective framework, followed by a presentation of processes and contents of the treatment. Special attention is given to the concurrent improvements in reflective abilities and overall well-being of the patient. The unique role that psychotherapy in general, and approaches that emphasize reflective processes in particular, play during acute crises in an inpatient setting is discussed.
Colbert, Susannah	2023	The Impact On Eye Movement And Desensitization	Journal of trauma & dissociation : the official			1–14	In a drug-facilitated sexual assault (DFSA), the person's level of intoxication may result in incomplete memory. This paper describes eye movement and desensitization reprocessing (EMDR) with client-centered adaptations to

		Reprocessing Of Incomplete Memory In A Drug-Facilitated Rape: A Single Case Study	journal of the International Society for the Study of Dissociation (ISSD)				address an incomplete trauma memory in a 26-year-old woman. The client was experiencing PTSD, characterized by nightmares and derealization. Therapy followed standard EMDR procedures with three minor modifications to help the client maintain current awareness. Although the memory remained incomplete, the client-centered adaptations promoted working through of the clients' trauma responses (e.g. disorientation, physical sensations) and a sense of competence and self-confidence were restored. At the end of reprocessing, and at follow-up, the client was no longer experiencing nightmares or derealization and her wellbeing had improved.
Cole, Brian P.; Petronzi, Gregory J.; Singley, Daniel B.; Baglieri, Michael	2019	Predictors of men's psychotherapy preferences	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	1	45-56	
Coleman, Jeremy J.; Drinane, Joanna M.; Owen, Jesse; Sinha, Sree; Porter, Emma Freetly; Agorsor, Courtney; DeBlaere, Cirteen; Davis, Don E.	2023	Psychotherapy with clients who are incarcerated: Therapists' multicultural orientation, alliance, and outcomes	Professional Psychology: Research and Practice			No Paginat ion Specified -No Paginat ion Specified	Jails and prisons commonly offer mental health treatments as many people experiencing incarceration suffer from significant psychological distress and substance use problems. One modality through which individuals who are incarcerated receive care is psychotherapy; however, process and outcome data in this population are limited. More specifically, little is known about how culture and identity impact the development therapeutic relationship in this context. The multicultural orientation framework, which includes three pillars (cultural humility, cultural opportunities, and cultural comfort), aims to operationalize cultural processes in psychotherapy (J. Owen, 2013). We examined the relationship between therapy outcomes

							and client ratings of their therapist’s cultural humility (positive and negative), cultural opportunities, and the working alliance in two jails. Ninety-four clients engaging in routine psychotherapy rated their experience of the therapy process during their third session. Interestingly, we did not find significant associations between therapy outcomes (i.e., psychological distress and relational distress) and negative cultural humility or cultural opportunities. We did find a significant positive association between the working alliance and therapy outcomes. Notably, therapy outcomes were negatively associated with positive cultural humility, suggesting that clients who rated their therapist higher on positive cultural humility had worse therapy outcomes. Therefore, there may be important setting specific factors that contribute to the importance of orienting to culture in psychotherapy. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Collardeau, Fanie; Bin Aftab, Muhammad Usama; Jibeen, Tahira; Woodin, Erica	2021	Pakistani immigrants' nuanced beliefs about shame and its regulation	International Perspectives in Psychology: Research, Practice, Consultation	10	1	25–38	The present study explored beliefs about shame and coping strategies of Pakistani immigrants to Canada, without imposing Western definitions or theories. Semistructured interviews were conducted with 18 adult Pakistani immigrants to Canada who immigrated within the last 8 years. Grounded theory was used to uncover and illuminate how shame could act as a signal for wrongdoing or emerge as a result of social control and social hierarchies, while in both instances being shaped by and informing complex relational and social contexts. Participants accessed a wide range of positive and negative coping behaviors and prioritized positive coping strategies which included close others and focused on self-improvement. The findings highlight the need for researchers to expand current definitions of shame to

							render them more inclusive of non-Western worldviews and to honor the diversity in metacognitions or beliefs about shame present in different cultural groups. Future research may also benefit from exploring how shame may be felt as a response to power differentials, and how this may impact individuals' experiences of immigration. It is important for practitioners working with Pakistani immigrants to Canada to honor clients' nuanced and complex cultural and religious knowledge about shame, as Pakistani immigrants' beliefs about shame and their proactive stance toward the regulation of this emotion are likely to be protective. We also encourage therapists to be open to discussing sources of shame (e.g., personal vs. imposed by others) and systemic, structural inequalities which may be important in explaining individuals' emotional experience. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Colvonen, Peter J.; Drummond, Sean P. A.; Angkaw, Abigail C.; Norman, Sonya B.	2019	Piloting cognitive-behavioral therapy for insomnia integrated with prolonged exposure	Psychological Trauma: Theory, Research, Practice, and Policy	11	1	107-113	Objective: Approximately 35-61% of individuals with posttraumatic stress disorder (PTSD) report insomnia. Further, upward of 70% report clinically significant insomnia following PTSD treatment. There are converging lines of evidence suggesting that insomnia not only independently affects daytime functioning and worsens PTSD symptoms but also may compromise response to PTSD treatment, such as prolonged exposure (PE). Taken together, integrated insomnia and PTSD treatment may increase client-centered care and treatment outcomes. Method: This article reviews the theory and evidence for treating sleep prior to PTSD treatment, describes the key elements of integrated cognitive-behavioral treatment for insomnia (CBT-I) and PE (2NITE protocol), and presents pilot data from a sample of 12 treatment-seeking veterans with PTSD and insomnia who completed the 2NITE

							<p>protocol. Sleep data were collected with sleep diaries and actigraphy watches. Results: The Client Satisfaction Questionnaire indicated high satisfaction with the 2NITE protocol (mean score 29.66 out of 32 points). On average, there were statistical and clinically significant changes in all measures, including a 20.17-point decrease in the PTSD Checklist DSM-5, a 11.75-point decrease in the insomnia severity index, an 18.58-point increase in the World Health Organization Quality of Life index, a 11% increase in sleep efficiency, and a 51-min increase in total sleep time from the actigraphy data. Conclusions: Among individuals with insomnia and PTSD, integrating CBT-I and PE with the 2NITE protocol represents a logical, innovative, and empirically informed method for augmenting existing treatments and optimizing outcomes that justifies further investigation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Cone, Deborah Hill	2020	Double-Think, Double-Binds and the Secret History of Borderline Personality Disorder	Brit J Psychotherapy (British Journal of Psychotherapy)	36	2	294-302	<p>The clinical diagnosis of borderline personality disorder carries a uniquely pungent stigma. The literature repeatedly refers to these patients as manipulative, malignant and treatment resistant. In this paper, it is argued that when viewed within a broader matrix, the person with borderline organization exhibits unstable emotions and behaviour not because they are ?difficult? but because they lack the option of more socially sanctioned defences. This personality organization has developed because they have been trapped in some kind of irreconcilable circumstance (a double-bind) and yet also required to deny the truth of this (double-think). The author explores how this mechanism may be present in less obviously dysfunctional manifestations for many people, including herself, a 50-year-old psychotherapy student. This paper argues the person with borderline</p>

							organization is grappling with the paradoxical need for both merger and separation, but this may be better understood as not just trying to make meaning for themselves as an individual, but as bearing the psychic burden for generations who have gone before them, such as the indigenous Maori people of New Zealand (Aotearoa), who experienced the trauma of colonization.
Connery, Amy; Cavanna, Andrea E.; Coleman, Ross	2023	Can Stoicism inspire stuttering intervention? The clinical usefulness of an ancient philosophy	International journal of language & communication disorders	58	3	977–987	<p>BACKGROUND A range of psychotherapies are effective in managing an individual's personal reactions to stuttering and reducing the impact stuttering has on their lives. Many of these therapies, such as cognitive behavioural therapy, have their origins in Stoicism, an ancient Greek philosophy founded in 301 bce. Stoicism remains a relatively unexplored topic in the psychotherapy and speech and language therapy literatures.</p> <p>AIMS This paper aims to highlight the potential benefits of integrating Stoic principles and techniques into stuttering intervention.</p> <p>METHODS This aim is achieved through a discussion on Stoic philosophy and the range of techniques that have informed modern evidence-based psychotherapies that are effective with the stuttering population.</p> <p>MAIN CONTRIBUTION This paper initiates an important conversation on the usefulness of Stoicism to the field of stuttering. Key recommendations are provided for the integration of Stoic philosophy into future clinical and research practice related to stuttering.</p> <p>CONCLUSIONS Stoicism offers philosophical guidance for the art of</p>

						<p>living, but also provides a range of strategies and practical techniques that have potential to expand the clinical toolkit of modern psychotherapy and speech and language therapy. Scientific validation of the clinical application of Stoicism is recommended to exploit its effectiveness with the stuttering population.</p> <p>WHAT THIS PAPER ADDS</p> <p>What is already known on the subject Stoicism is an ancient philosophy that has informed modern-day psychotherapies including cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT). Such therapies are recommended for use with individuals who stutter to target their personal reactions to stuttering and reduce any adverse impacts on their lives. What this paper adds to existing knowledge This paper discusses the principles and techniques of Stoicism with reference to how they align with modern psychotherapeutic approaches and speech and language therapy interventions used with individuals who stutter. Clinical implications and directions for future research are also presented. What are the potential or actual clinical implications of this work? Speech and language therapists (SLTs) are recommended to continue their use of psychotherapies such as CBT and ACT with individuals who stutter. In addition, SLTs are advised to explore Stoicism and its range of techniques to better understand the philosophical underpinnings of evidence-based psychotherapies and to expand their clinical toolkit.</p>
Connolly Gibbons, Mary Beth; Duong, Lang; Zoupou, Eirini; Kashden,	2023	Randomized controlled trial evaluating feedback to community-	Journal of consulting and clinical psychology	91	6	<p>Objective: Patient trust/respect toward their therapists may be an important component of patient–therapist relationships. This randomized controlled trial evaluated the impact of providing weekly feedback to therapists regarding patient ratings of trust/respect toward their</p>

Jody; Fisher, Jena; Crits-Christoph, Paul		based therapists based on patient reports of trust and respect					<p>therapist. Method: Adult patients seeking mental health treatment at four community clinics (two community mental health centers and two community-based intensive treatment programs) were randomized to either having their primary therapist receive weekly symptom feedback-only or symptoms plus trust/respect feedback. Data were collected both prior to and during COVID-19. The primary outcome measure was a measure of functioning obtained weekly at baseline and the subsequent 11 weeks, with the primary analysis focusing on patients who received any treatment. Secondary outcomes included measures of symptoms and trust/respect. Results: Among 233 consented patients, 185 had a postbaseline assessment and were analyzed for the primary and secondary outcomes (median age of 30 years; 5.4% Asian, 12.4% Hispanic, 17.8% Black, 67.0% White, 4.3% more than 1 race, and 5.4% unknown; 64.4% female). On the Patient-Reported Outcomes Measurement Information System Social Roles and Activities scale (primary outcome), the trust/respect plus symptom feedback group had significantly greater improvements over time than the symptom alone feedback group ($p = .0006$, effect size $d = .22$). Secondary outcome measures of symptoms and trust/respect also showed statistically significant greater improvement for the trust/respect feedback group. Conclusions: In this trial, trust/respect feedback to therapists was associated with significantly greater improvements in treatment outcomes. Evaluation of the mechanisms of such improvements is needed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Conradi, Henk Jan;	2018	Effectiveness of the 'Hold me	Family process	57	3	613–628	While evidence-based couple therapies are available, only a minority of troubled couples seek help and they

Dingemanse, Pieter; Noordhof, Arjen; Finkenauer, Catrin; Kamphuis, Jan H.		Tight' Relationship Enhancement Program in a Self-referred and a Clinician-referred Sample: An Emotionally Focused Couples Therapy-Based Approach					often do this too late. To reach more couples earlier, the couple relationship education (CRE) group program "Hold me Tight" (HmT) based on Emotionally Focused Couples Therapy (EFCT) was developed. This study is the first to examine the effectiveness of HmT. Using a three-wave (waiting period, treatment, and follow-up) within-subject design, HmT was delivered to 79 self-referred couples and 50 clinician-referred couples. We applied a comprehensive outcome measure battery. Our main findings were that (1) self-referred couples significantly improved during HmT on all measures, that is relationship satisfaction, security of partner-bond, forgiveness, daily coordination, maintenance behavior, and psychological complaints, with a moderate-to-large mean effect size ($d=.63$), which was maintained ($d=.57$) during the 3.5month follow-up; (2) in clinician-referred couples, who were vulnerable in terms of insecure attachment status and psychopathology, the improvement during HmT was moderate ($d=.42$), but this was reduced during the 3.5-month follow-up to a small effect ($d=.22$); (3) emotional functioning (typical HmT target) as well as behavioral functioning (typical Behavioral Couples Therapy-based CRE target) improved during HmT; and (4) individual psychological complaints, although not specifically targeted, were reduced during HmT. These findings suggest that HmT is a promising intervention for enhancement of relationship functioning. Clinical implications are discussed. 2017 Family Process Institute.
Conroy, Eilis; Vélez-Gómez, Beatriz; O'Brien, David; Heverin,	2023	IMPACT-ALS: summary of results from a European	Amyotrophic lateral sclerosis &			1-10	OBJECTIVE: The IMPACT-ALS survey collected the experiences of people living with ALS (plwALS) across nine European countries. We aimed to better understand the functional burden of ALS to ensure the experiences of

Mark; Hardiman, Orla; Mcdermott, Christopher; Galvin, Miriam		survey of people living with ALS	frontotemporal degeneration				plwALS inform the development of person-centered therapies. METHODS: The content was informed by the US IMPACT-ALS survey, with adjustments relevant to the European population. Questionnaires consisted of four modules, each of which was pilot tested in advance of distribution. Data were captured using the Qualtrics software and were analyzed in SPSS. RESULTS: 857 respondents completed the survey, with a participation rate ranging from 0.2% to 6.3% across the nine participating countries. The majority were male and aged 55-74 years old. In the previous 2 weeks, symptoms experienced included weakness (81%), fatigue (61%), speech impairment (38%), pain (27%), and depression and other mood changes (23%). Eighty-two percent of respondents reported fears, of which the most common were leaving family too soon (68%) and death from respiratory failure (50%). Lifestyle changes since diagnosis were reported by 89% of respondents, with less time spent doing most daily activities but more time on the internet (81%), reading (56%) and communicating with family and friends (55%). Stopping progression of ALS was the most desired impact for a new therapy for 68% respondents. CONCLUSIONS: The European IMPACT-ALS survey has generated insights into the complex experiences of plwALS. The data provide unique patient perspectives on common symptoms, fears, functional limitations, lifestyle changes, and wishes for future therapies that will enhance patient-centric care in ALS.
Consoli, Andrés J.; Fernández-Álvarez, Héctor; Oromendia,	2020	Personality Psychology in Central and South America				323-328	

Mercedes Fernández						
Constantino, Michael J.; Laws, Holly B.; Coyne, Alice E.; Greenberg, Roger P.; Klein, Daniel N.; Manber, Rachel; Rothbaum, Barbara O.; Arnow, Bruce A.		Change in patients' interpersonal impacts as a mediator of the alliance-outcome association in treatment for chronic depression	Journal of consulting and clinical psychology	84	12	Objective: Theories posit that chronically depressed individuals have hostile and submissive interpersonal styles that undermine their interpersonal effectiveness and contribute to the cause and maintenance of their depression. Recent findings support this theory and demonstrate that chronically depressed patients' interpersonal impacts on their therapist become more adaptive (i.e., less hostile and submissive, and more friendly and assertive) during a targeted chronic depression treatment: cognitive-behavioral analysis system of psychotherapy (CBASP). In this study, the authors examined whether such changes in interpersonal impacts (as rated by clinicians' experiences of interacting with their patients) mediated the association between early patient-rated alliance quality and final session depression. Method: Data derived from a large trial for chronic depression that compared the efficacy of CBASP, nefazodone, and their combination. The current subsample (N = 220) included patients in the CBASP and combined conditions who completed at least 1 depression assessment and the alliance measure, and whose therapists completed at least 1 interpersonal impacts assessment. Mediation models were fit using a bootstrapping procedure for assessing indirect effects. Results: As hypothesized, results supported a mediating effect; higher early alliance predicted decreases in patient hostile-submissiveness during therapy, which in turn related to lower final session depression (indirect effect $B = -.02$, 95% confidence interval: $-.07, -.001$). This indirect effect accounted for 13% of the total effect of alliance on depression. There was no moderating effect

							of treatment condition on the indirect effect. Conclusions: Results further support CBASP change theory and suggest a candidate mechanism of the alliance's effect on outcome. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Constantino, Michael J.; Morrison, Nicholas R.; Coyne, Alice E.; Goodwin, Brien J.; Santorelli, Gennarina D.; Angus, Lynne	2017	Patients' Perceptions of Corrective Experiences in Naturalistically Delivered Psychotherapy	Journal of clinical psychology	73	2	139-152	Corrective experiences (CEs), which suggest transformative experience(s) for the psychotherapy patient, have a rich theoretical history; yet there is little empirical information on patients' own perceptions of what gets "corrected" from therapy, and what is "corrective" (i.e., the mechanisms driving the CE). To address this gap, we investigated 14 patients' posttreatment accounts of both CE elements in the context of naturalistically delivered individual psychotherapy, using a consensual qualitative research methodology. Extending prior research focused on patients' accounts of CEs while still engaged in treatment (Heatherington et al., 2012), the present results revealed that patients retrospectively identified an array of categories that were deemed corrected, such as positive changes in cognitions, interpersonal problems, self-concepts, symptoms, and behaviors. Patients also identified CEs that may have led to those shifts/transformations, including their therapist's actions (especially giving feedback), their own agentic actions (especially engaging in the therapeutic process), and the patient-therapist collaborative and engaged relationship. Clinical practice implications are discussed.
Constantinou, Constantina; Kolokotroni, Ourania; Mosquera,	2020	Developing a holistic contingency plan: Challenges and	Cancer medicine	9	17	6082-6092	During the first quarter of 2020 the world is experiencing a pandemic of Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2), a novel beta coronavirus that is responsible for the 2019 novel coronavirus disease (COVID-19). The COVID-19 pandemic revealed that

<p>Maria-Cecilia; Heraclides, Alexandros; Demetriou, Christiana; Karayiannis, Peter; Quattrocchi, Annalisa; Charalambous, Andreas</p>		<p>dilemmas for cancer patients during the COVID-19</p>					<p>healthcare systems around the world were not prepared to deal with either the direct effects of the pandemic or with the indirect effects that are imposed on the health of patients with chronic disorders such as cancer patients. Some challenges and dilemmas currently faced during the pandemic include the management of cancer patients during the treatment and follow-up phases, the assessment of the safety of treatments currently used for the management of SARS-CoV-2 for use in cancer patients, the development of psychoeducation and emotional support for cancer patients and the safe conduct of clinical trials involving participation of cancer patients. Evidence from the literature supports the need for the urgent development of a holistic contingency plan which will include clear guidelines for the protection and comprehensive care of cancer patients. The implementation of such a plan is expected to have many beneficial effects by mainly minimizing the increased morbidity and mortality of cancer patients that could result as an adverse consequence of the COVID-19 or future pandemics.</p>
<p>Contractor, Ateka A.; Jin, Ling; Weiss, Nicole H.</p>	<p>2023</p>	<p>Open label pilot study on posttrauma health impacts of the Processing of Positive Memories Technique (PPMT)</p>	<p>Journal of Psychotherapy Integration</p>	<p>33</p>	<p>2</p>	<p>213–234</p>	<p>Processing of Positive Memories Technique (PPMT) was proposed as a novel intervention for posttraumatic stress disorder (PTSD). PPMT comprises of 5 sessions focused on identifying and processing positive memories. As an open label pilot study, we explored PPMT's effects on PTSD severity, depression severity, affect and cognitive processes, and therapeutic alliance. A sample of 12 trauma-exposed participants seeking services at a University Psychology Clinic participated in 5 PPMT sessions (Mage = 29.25 years; 58.30% women). We used the reliable change indices and clinically significant change score approach. The following number of</p>

							<p>participants showed statistically reliable changes: 9 participants for PTSD severity (8 recovered/improved); 6 participants for depression severity (5 improved); 5 participants for positive affect levels (2 recovered/improved); 9 participants for negative affect levels (8 recovered); 9 participants for posttrauma cognitions (7 recovered/improved); 5 participants for positive emotion dysregulation (4 recovered); 11 participants for number of retrieved positive memories (3 recovered); and 5 participants for therapeutic alliance (4 recovered). PPMT may impact certain posttrauma targets more effectively (PTSD, depression, negative affect, posttrauma cognitions). PPMT may be more helpful in improving regulation rather than levels of positive affect. PPMT, if supported in further investigations, may add to the clinician's tool-box of PTSD interventions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Convoy, Sean P.; Westphal, Richard J.; Convoy, Dana W.	2019	Concordant Actions in Suicide Assessment Model	The Nursing clinics of North America	54	4	533-539	<p>This article offers an alternative conceptualization from which a health care provider can consider and respond to client-based suicidal ideation and behavior. Pragmatically explored through the prism of locus of control, Rogerian psychotherapy principles, Peplau's theory of interpersonal relations, and the work of Kay Redfield Jamison, the Concordant Actions in Suicide Assessment (CASA) model frames clinical decision making along a continuum defined by concordant and state-based action. Therein, cognitive reframes are offered to illustrate how to apply the CASA model in clinical practice.</p>
Cook, Tina; Noone, Steven; Thomson, Megan	2019	Mindfulness-based practices with family carers of adults with learning	Health expectations : an international journal of public participation in	22	4	802-812	<p>BACKGROUND: Family carers of adults with learning disability and behaviours that challenge lead complex and stressful lives. Their caring role can leave them isolated and unsupported. In the UK, effective services designed to build resilience for people in long-term caring</p>

		disability and behaviour that challenges in the UK: Participatory health research	health care and health policy				<p>roles are lacking. There are none (to our knowledge) designed using a participatory health research (PHR) approach with family carers and professionals.</p> <p>OBJECTIVE: With positive behaviour support (PBS) and mindfulness and acceptance and commitment therapy (ACT) as key elements, a PHR approach was used to understand the basis for a successful course that supported the capabilities and resilience of family members in long-term caring roles. DESIGN: The research was guided by the principles of PHR with participation as the defining principle throughout. Central to the research were reflexive conversations (communicative spaces) where diverse knowledges were shared and critiqued. FINDINGS: Mindfulness/ACT can change long-standing response behaviours and build personal resilience and improve mental health. Elements enabling positive change included a facilitation approach for collaborative reflexivity and the complementary, interactive approach to collaborative enquiry for learning and decision making afforded by PHR. DISCUSSION: The use of PHR accessed knowledges that would have been lost to more traditional, professional-expert driven processes and facilitated change in constructs for action for both professionals and family carers. Findings challenge service providers to consider how experiential knowledge has agency in professional practice and service design. Reflection on the PHR process across the FaBPos project led to a re-consideration of quality issues in relation to PHR and participation.</p>
Cooper, Denise C.; Bates, Mark J.	2019	Military Health Provider Training and Evaluation of a Problem-	Military medicine	184	5-6	e303-e311	<p>INTRODUCTION: Department of Defense (DoD) has identified problem-solving training (PST) as a promising prevention/early intervention for mental health disorders. PST is a four-session group intervention that emphasizes</p>

		Solving Intervention to Reduce Distress and Enhance Readiness Among Service Members					building problem-solving and coping skills to mitigate emotional dysregulation and the adverse effects of stressful events. It was adapted from problem-solving therapy, which is an evidence-based, cognitive-behavioral approach that has shown effectiveness with treating depression and managing suicide risk. The current evaluation examined a pilot program that: (1) trained DoD providers in the delivery of PST, (2) conducted PST intervention groups with active duty personnel, and (3) developed PST master trainers to train other providers. MATERIALS AND METHODS: Clinical (e.g., psychologists) and non-clinical (e.g., chaplains) providers attended a 2.5-day workshop of didactic coursework and experiential training on conducting PST, with a subset of providers selected to attend an additional workshop to become master trainers in PST. Providers (n = 82) who attended a PST Facilitator Workshop completed pre- and post-workshop assessments of self-efficacy in PST skills. Eight providers evaluated a Master Trainer Workshop. After completing workshop training, providers conducted PST intervention groups with service members (n = 435), who were experiencing distress, with or without a mental health diagnosis, and whose needs were appropriate for a prevention/resiliency-based skills group. Service members completed the following pre- and post-PST group outcome measures: (a) Outcome Questionnaire-30 (OQ-30) and Patient Health Questionnaire-9 (PHQ-9) as measures of distress; and (b) Brief Resilience Scale (BRS) to assess resilience, which contributes to readiness. They also completed the Social Problem Solving Inventory-Revised: Short Form (SPSI-R:S), as a process measure for the intervention. The SPSI-R:S, which assesses how individuals cope when faced with problems, includes the
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							<p>following subscales: (1) positive problem orientation, (2) negative problem orientation, (3) rational problem-solving, (4) impulsivity/carelessness style, and (5) avoidance style. Service members also completed a post-group evaluation of PST. Data were analyzed with descriptive statistics, paired sample t-tests, and correlational analyses. RESULTS: Providers showed pre- to post-facilitator workshop increases in self-efficacy of PST skills (all $p < 0.001$) and those selected as master trainers evaluated their workshop training favorably, particularly the role-playing exercises. Analyses of pre- vs. post-PST group intervention measures among service members indicated that OQ-30 and PHQ-9 scores declined, while BRS and SPSI-R:S total scores increased (all $p < 0.001$). In addition, correlational analyses of change scores showed that the SPSI-R:S subscales negative problem orientation and avoidance style were negatively correlated with BRS and positively correlated with OQ-30 and PHQ-9 (all $p < 0.001$). Service members gave positive post-group evaluations of PST effectiveness and program materials. CONCLUSION: DoD providers reported increased self-efficacy in skills required for the delivery of a four-session PST group intervention after participating in a pilot program of training workshops. The pilot of the PST group intervention showed an association with improvements on service members' self-reported measures related to distress, readiness, and coping. In addition, changes in problem-solving measures were associated with changes in outcome measures. Follow-on research is needed to further investigate if PST is effective in preventing more severe forms of distress.</p>
Cooper, Mick; Norcross, John	2019	Psychotherapy preferences of	Psychotherapy	56	2	205–216	What do patients prefer in their psychotherapy? Do laypersons and mental health professionals (as patients)

C.; Raymond-Barker, Brett; Hogan, Thomas P.		laypersons and mental health professionals: Whose therapy is it?					want the same, or different, things? The authors systematically examined patients' psychotherapy preferences and quantitatively compared two samples of laypersons (N = 228, 1,305) with one sample of mental health professionals (N = 615) on the four dimensions of the Cooper–Norcross Inventory of Preferences: Therapist Directiveness Versus Client Directiveness, Emotional Intensity Versus Emotional Reserve, Past Orientation Versus Present Orientation, and Warm Support Versus Focused Challenge. On average, laypersons wanted therapist directiveness and emotional intensity. Robust differences were found between laypersons' and professionals' preferences on these two dimensions: Mental health professionals wanted less therapist directiveness than did laypersons ($g_s = 0.92$ and 1.43 between groups) and more emotional intensity ($g_s = 0.49$ and 1.33). Women also wanted more warm support than men ($g_s = 0.40$ and 0.57). These findings suggest that psychotherapists should be mindful of their own treatment preferences and ensure that these are not inappropriately generalized to patients. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Cooper, Mick; Xu, Dan	2023	Goals Form: Reliability, validity, and clinical utility of an idiographic goal-focused measure for routine outcome monitoring in psychotherapy	Journal of clinical psychology	79	3	641–666	<p>OBJECTIVE This study aimed to assess the reliability, validity, and clinical utility of an idiographic, goal-focused patient-reported outcome measure: The Goals Form.</p> <p>METHODS Data were analyzed from 88 participants, across three samples, who had participated in collaborative-integrative psychotherapy at university-based clinics in the UK. The samples were approximately 70% female with mean age of 30 years old.</p> <p>RESULTS</p>

							<p>The psychometric properties of the Goals Form were generally good. Noncompletion of individual items was low, temporal stability tended to be at target levels, and mean change scores showed moderate to good convergent validity against measures of psychological distress. The measure appeared sensitive to change in psychotherapy and was experienced by most patients as helpful.</p> <p>CONCLUSIONS</p> <p>The Goals Form shows acceptable psychometric and clinical properties for routine outcome monitoring in psychotherapy.</p>
Corbin, J. Hope; Sanmartino, Mariana; Hennessy, Emily Alden; Urke, Helga Bjørnøy	2021	Arts and Health Promotion: Tools and Bridges for Practice, Research, and Social Transformation					
Cordeiro, Kristina; Wyers, Cassandra; Oliver, Meghan; Foroughe, Mirisse; Muller, Robert T.	2022	Caregiver maltreatment history and treatment response following an intensive Emotion Focused Family Therapy workshop	Clinical psychology & psychotherapy	29	5	1728–1741	<p>This single-arm, repeated measures study investigated the impact caregiver trauma history may have on treatment response following an intensive, 2-day Emotion Focused Family Therapy (EFFT) caregiver workshop. Caregivers (n = 243) completed questionnaires regarding their child's emotion regulation and clinical symptoms, as well as their own childhood trauma history (i.e., exposure to various forms of child maltreatment), caregiver self-efficacy and caregiver blocks (e.g., fears) to support their child's treatment and recovery. Questionnaires were administered prior to and immediately following the workshop and again 4, 8 and 12 months later. At baseline, caregivers who reported experiences of childhood</p>

						<p>maltreatment demonstrated more blocks compared with caregivers who did not ($B = 6.35$, $SE = 2.62$, $p < 0.05$). Results indicated that caregivers with and without maltreatment histories reported similar, significant gains in their child's total difficulties ($B = 0.64$, $SE = 0.41$, $p = 0.12$) and emotional negativity and lability ($B = 0.51$, $SE = 0.48$, $p = 0.29$) at 12-month post-workshop. Caregivers with maltreatment histories reported greater improvements in caregiver blocks ($B = 5.15$, $SE = 1.34$, $p < 0.001$) and child emotion regulation ($B = 0.90$, $SE = 0.18$, $p < 0.001$) than caregivers without maltreatment histories. They also report less, but still significant, improvement in parental self-efficacy ($B = -0.68$, $SE = 0.26$, $p < 0.01$) when compared with caregivers without maltreatment histories. Findings suggest that EFFT workshops may be an acceptable and effective trans-diagnostic intervention for families presenting with complex histories, including caregiver exposure to childhood maltreatment.</p>
<p>Cornelis, Shana; Desmet, Mattias; Meganck, Reitske; Cauwe, Joachim; Inslegers, Ruth; Willemsen, Jochem; van Nieuwenhove, Kimberly; Vanheule, Stijn; Feyaerts, Jasper;</p>		<p>Interactions between obsessional symptoms and interpersonal dynamics: An empirical single case study</p>		<p>34</p>	<p>4</p>	<p>Both classical and contemporary psychoanalytic theories stress the importance of interpersonal dynamics in treating neurotic symptoms. Associations between the symptomatic and interpersonal level were formally represented in the symptom specificity hypothesis (Blatt, 1974, 2004), which linked obsessional symptoms to an autonomous interpersonal stance. Findings from cross-sectional group studies on symptom specificity, however, do not converge, possibly indicating that the complexity of associations is underestimated. This article presents a theory-building case study specifically aiming at refinement of the classical symptom specificity hypothesis by quantitatively and qualitatively describing the longitudinal clinical interplay between obsessional</p>

Vandenbergen, Jan						symptoms and interpersonal dynamics throughout a psychodynamic psychotherapy. Interpersonal functioning was assessed by means of the core conflictual relationship theme method (Luborsky & Crits-Cristoph, 1998). Findings affirm a close association between symptoms and interpersonal dynamics. However, obsessional symptoms proved to be determined by profound ambivalences—manifesting both within and between relationships—between dependent and autonomous interpersonal behavior. Psychodynamic interventions focusing on interpersonal conflicts were associated with symptomatic alterations. Conceptual and methodological considerations, limitations and future research indications are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Cornish, Marilyn A.; Hanks, Madison A.; Gubash Black, Sharon M.	2020	Self-forgiving processes in therapy for romantic relationship infidelity: An evidence-based case study	Psychotherapy	57	3	Self-forgiveness is related to positive connections with self and others and may be particularly important for clients who have hurt others. Relational hurt is heightened within the most intimate relationships and is particularly salient in cases of romantic relationship infidelity. Therefore, self-forgiveness may be indicated for romantic partners who have engaged in infidelity. This evidence-based case study examines the treatment of a Caucasian woman in her early 50s who presented with self-unforgiveness following marital infidelity. An 8-week manualized individual counseling program for self-forgiveness was used, which incorporates emotion-focused therapy techniques and principles of positive psychology to facilitate clients' engagement with a 4-component therapeutic model of self-forgiveness—responsibility, remorse, restoration, and renewal. This evidence-based case study demonstrated the importance of emotion-focused techniques in the client's

							emotional recovery, as well as the ways in which the intervention served as a eudaimonic process that resulted in the client's personal and relational well-being. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Coronado, Rogelio A.; Master, Hiral; Bley, Jordan A.; Robinette, Payton E.; Sterling, Emma K.; O'Brien, Michael T.; Henry, Abigail L.; Pennings, Jacquelyn S.; Vanston, Susan W.; Myczkowski, Brittany; Skolasky, Richard L.; Wegener, Stephen T.; Archer, Kristin R.	2022	Patient-Centered Goals After Lumbar Spine Surgery: A Secondary Analysis of Cognitive-Behavioral-Based Physical Therapy Outcomes From a Randomized Controlled Trial	Physical therapy	102	9		OBJECTIVE: The purpose of this study was to examine the association between goal attainment and patient-reported outcomes in patients who engaged in a 6-session, telephone-based, cognitive-behavioral-based physical therapy (CBPT) intervention after spine surgery. METHODS: In this secondary analysis of a randomized trial, data from 112 participants (mean age = 63.3 [SD = 11.2] years; 57 [51%] women) who attended at least 2 CBPT sessions (median = 6 [range = 2-6]) were examined. At each session, participants set weekly goals and used goal attainment scaling (GAS) to report goal attainment from the previous session. The number and type of goals and percentage of goals met were tracked. An individual GAS t score was computed across sessions. Participants were categorized based on goals met as expected (GAS t score ≥ 50) or goals not met as expected (GAS t score < 50). Six- and 12-month outcomes included disability (Oswestry Disability Index), physical and mental health (12-Item Short-Form Health Survey), physical function (Patient-Reported Outcomes Measurement Information System), pain interference (Patient-Reported Outcomes Measurement Information System), and back and leg pain intensity (numeric rating scale). Outcome differences over time between groups were examined with mixed-effects regression. RESULTS: Participants set a median of 3 goals (range = 1-6) at each session. The most common goal categories were recreational/physical activity (36%), adopting a CBPT strategy (28%), exercising (11%), and

							performing activities of daily living (11%). Forty-eight participants (43%) met their goals as expected. Participants who met their goals as expected had greater physical function improvement at 6 months (estimate = 3.7; 95% CI = 1.0 to 6.5) and 12 months (estimate = 2.8; 95% CI = 0.04 to 5.6). No other outcome differences were noted. CONCLUSIONS: Goal attainment within a CBPT program was associated with 6- and 12-month improvements in postoperative physical functioning. IMPACT: This study highlights goal attainment as an important rehabilitation component related to physical function recovery after spine surgery.
Coronado-Vázquez, Valle	2017	Impact of leadership in implementing person-centered therapy for the elderly	Enfermeria clinica	27	1	55–56	
Cottis, Tamsin	2017	‘You Can Take it With You’: Transitions and Transitional Objects in Psychotherapy with Children Who have Learning Disabilities	Brit J Psychotherapy (British Journal of Psychotherapy)	33	1	17–30	
Counselman-Carpenter, Elisabeth A.	2018	Efficacy of the flipped classroom to teach play	International Journal of Play Therapy	27	3	146–156	This mixed-methods study, including quantitative and qualitative measures, evaluated how a flipped classroom learning environment that included a hands-on experiential skills lab to teach play therapy improved

		therapy: A mixed-methods study				<p>student's knowledge, attitude, and skills related to play therapy. Participating students (n = 18) completed the Play Therapy Knowledge, Attitudes, and Skills Survey (PTKASS) at the beginning and the end of the course. Students also reflected upon their experience in the skills lab each week in anonymous online feedback journals, which were analyzed at the conclusion of the semester for common themes by multiple coders. Students scores were significantly different on all subscales of the PTKASS: attitude (p = .0012), knowledge (p < .001), with the biggest growth in the skills subscale (p < .001). Through concurrent triangulation, these differences directly correlated to relevant qualitative themes that emerged from student feedback journals. The results of this study indicate strong support for the flipped classroom as an opportunity to develop graduate students' knowledge, attitudes, and skills in play therapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Cowan, Nelson; Elliott, Emily M.	2023	Deconfounding serial recall: Response timing and the overarching role of grouping	Journal of Experimental Psychology: Learning, Memory, and Cognition	49	2	<p>We used the timing of serial recall in several situations to reveal important aspects of recall groupings that participants construct and the reasons those groupings occur. We examined the timing of responses in the recall of digit strings within two published experiments. Cowan, Saults, Elliott, and Moreno (2002) examined memory for nine-item lists in a way that deconfounded the presentation modality, input versus output serial position (using a varied starting point of recall), memory load from items not yet recalled (using whole vs. partial recall), and the presence or absence of the temporal grouping of the lists into triads. Accuracy was strikingly different in the two modalities, with grouping drastically changing recall of acoustic lists but with little difference between</p>

						grouped versus ungrouped visual lists. Despite the modality difference in recall, the present timing results show that participants imposed a similar grouped structure in recall for both modalities. When errors were made, the original grouping structure still was maintained in the output timing. Cowan et al. (2005, Experiment 1) presented ungrouped acoustic lists of varying lengths in a span task. In this case, there was never a grouping structure presented to the participant and the accuracy data did not reveal evidence of grouping, but we show clear grouping in the timing structure. This grouping structure varied with both the list length and an individual's span. Timing in both experiments shows that a grouping structure is imposed on responses in a manner that is dependent on several factors not present in the stimuli. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cowden, Richard G.; Captari, Laura E.; Chen, Zhuo J.; Kock, Johannes H. de; Houghtaling, Austin		Effectiveness of an intensive experiential group therapy program in promoting mental health and well-being among mass shooting survivors: A practice-based pilot study	Professional Psychology: Research and Practice	53	2	This longitudinal intervention study examines the effectiveness of a 6-day intensive experiential group therapy program for survivors of mass shootings. The sample consisted of 36 participants (83.33% female; Mage = 41.66, SDage = 22.52) who survived a mass shooting episode in the U.S. Self-reported mental health (i.e., PTSD, depression, and anxiety symptoms), physical health (i.e., sleep disturbance, subjective health complaints), and flourishing were assessed at baseline (T0), end of treatment (T1), 1-month follow-up (T2), 3-month follow-up (T3), and 6-month follow-up (T4). Satisfaction with the treatment was evaluated at T1. After controlling for relevant sociodemographic characteristics, multilevel modeling results revealed significant improvements in PTSD ($d = -0.86$, $p d = -0.76$, $p d = -0.89$, $p d = 0.52$, $p = .003$) at T1. There was weak

							evidence in support of an improvement in sleep disturbance from T0 to T1 ($d = -0.30, p = .054$), and the reduction in subjective health complaints was negligible ($d = -0.03, p = .847$). Posttreatment gains were largely maintained at T2 through T4, with some fluctuations and further gains evidenced over time. Treatment satisfaction ratings at the end of treatment were high. The findings of this practice-based study provide preliminary evidence demonstrating the medium-term effectiveness of a group experiential treatment in promoting the mental health and well-being of mass shooting survivors. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cox, Philip; Aella	2020	Whore phobia: The experiences of a dual-training sex worker-psychotherapist	Psychother Politics Int (Psychotherapy and Politics International)	18	2		
Coyne, Alice E.; Constantino, Michael J.; Ravitz, Paula; McBride, Carolina		The interactive effect of patient attachment and social support on early alliance quality in interpersonal psychotherapy	Journal of Psychotherapy Integration	28	1		As an established predictor of favorable patient outcomes across varied forms of psychotherapy, the patient-therapist alliance is widely viewed as the quintessential integrative process variable. Thus, researchers and clinicians are invested in understanding factors that influence alliance quality. Patients' insecure attachment dimensions (i.e., avoidant and anxious) are pandiagnostic patient characteristics that have been shown to relate negatively to the alliance. Although this direct effect is established, little is known about how other patient characteristics interact with attachment dimensions to influence alliance. Using archival data, we examined whether patient-perceived social support satisfaction interacted with both attachment dimensions to predict early alliance in interpersonal psychotherapy

							(IPT) for depression (a treatment centered on attachment relationships, interpersonal events, and social support in conceptualizing and ameliorating depression). This study was exploratory given no prior research on this interaction. Data derived from a naturalistic trial of depressed outpatients (N = 119) receiving 16 IPT sessions. Patient attachment and social support were assessed at baseline; alliance was assessed at Session 3. Data were analyzed with multiple imputation multiple regressions. Results failed to replicate the previous negative main effects of the insecure attachment dimensions on alliance. However, a significant avoidant attachment by social support interaction emerged; alliance quality was lowest for patients who reported more avoidant attachment and higher satisfaction with social supports. Results help clarify conditions under which patients' avoidant attachment influences alliance, and may help IPT therapists identify patients for whom early alliance formation is challenging, thereby placing them at greater risk for negative therapy outcomes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Cradock O'Leary, Julie; Kelley, Donna; Parrish, Cassandra	2020	From swallowing to savoring emotions: A therapeutic assessment case study using the Thurston Cradock Test of Shame as an	Rorschachiana	41	2	181-199	This article presents a Therapeutic Assessment case study of a 48-year-old Catholic nun who was evaluated for concerns related to recurrent depression, difficulty relating to others, trouble following through on tasks, and lack of self-care. Maria was given the Rorschach, MMPI-2-RF, Wartegg Drawing Completion Test, and Thurston Cradock Test of Shame (TCTS). Testing results suggested depression, problems regulating emotion, incongruence between external presentation and internal state, and impaired functional intelligence when negative emotions are triggered. Maria's TCTS protocol indicated a tendency

		assessment intervention					to deflate in the presence of shame or criticism. She used tentative language around emotion, did not access support, and struggled to resolve emotionally charged situations. The TCTS results appeared to access and explain Maria's core difficulties. TCTS Cards 6 and 8 were selected for an assessment intervention session (AIS) designed to help Maria understand what she does with negative feelings. Maria was asked to tell a story focusing on the main character. Through half-steps and affective scaffolding, Maria identified how she "swallows" her negative feelings and "isolates" when emotions are strong. The authors discuss how the AIS helped Maria access her split-off affect, and understand its relation to her symptoms, poor self-care, impaired follow-through, and relational difficulties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Crane, R. S.; Brewer, J.; Feldman, C.; Kabat-Zinn, J.; Santorelli, S.; Williams, J. M. G.; Kuyken, W.	2017	What defines mindfulness-based programs? The warp and the weft	Psychological medicine	47	6	990-999	There has been an explosion of interest in mindfulness-based programs (MBPs) such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy. This is demonstrated in increased research, implementation of MBPs in healthcare, educational, criminal justice and workplace settings, and in mainstream interest. For the sustainable development of the field there is a need to articulate a definition of what an MBP is and what it is not. This paper provides a framework to define the essential characteristics of the family of MBPs originating from the parent program MBSR, and the processes which inform adaptations of MBPs for different populations or contexts. The framework addresses the essential characteristics of the program and of teacher. MBPs: are informed by theories and practices that draw from a confluence of contemplative traditions, science, and the major disciplines of medicine,

							psychology and education; underpinned by a model of human experience which addresses the causes of human distress and the pathways to relieving it; develop a new relationship with experience characterized by present moment focus, decentering and an approach orientation; catalyze the development of qualities such as joy, compassion, wisdom, equanimity and greater attentional, emotional and behavioral self-regulation, and engage participants in a sustained intensive training in mindfulness meditation practice, in an experiential inquiry-based learning process and in exercises to develop understanding. The paper's aim is to support clarity, which will in turn support the systematic development of MBP research, and the integrity of the field during the process of implementation in the mainstream.
Creed, Torrey A.; Salama, Leah; Slevin, Roisin; Tanana, Michael; Imel, Zac; Narayanan, Shrikanth; Atkins, David C.	2022	Enhancing the quality of cognitive behavioral therapy in community mental health through artificial intelligence generated fidelity feedback (Project AFFECT): a study protocol	BMC health services research	22	1	1177	BACKGROUND: Each year, millions of Americans receive evidence-based psychotherapies (EBPs) like cognitive behavioral therapy (CBT) for the treatment of mental and behavioral health problems. Yet, at present, there is no scalable method for evaluating the quality of psychotherapy services, leaving EBP quality and effectiveness largely unmeasured and unknown. Project AFFECT will develop and evaluate an AI-based software system to automatically estimate CBT fidelity from a recording of a CBT session. Project AFFECT is an NIMH-funded research partnership between the Penn Collaborative for CBT and Implementation Science and Lyssn.io, Inc. ("Lyssn") a start-up developing AI-based technologies that are objective, scalable, and cost efficient, to support training, supervision, and quality assurance of EBPs. Lyssn provides HIPAA-compliant, cloud-based software for secure recording, sharing, and

							<p>reviewing of therapy sessions, which includes AI-generated metrics for CBT. The proposed tool will build from and be integrated into this core platform. METHODS: Phase I will work from an existing software prototype to develop a LyssnCBT user interface geared to the needs of community mental health (CMH) agencies. Core activities include a user-centered design focus group and interviews with community mental health therapists, supervisors, and administrators to inform the design and development of LyssnCBT. LyssnCBT will be evaluated for usability and implementation readiness in a final stage of Phase I. Phase II will conduct a stepped-wedge, hybrid implementation-effectiveness randomized trial (N = 1,875 clients) to evaluate the effectiveness of LyssnCBT to improve therapist CBT skills and client outcomes and reduce client drop-out. Analyses will also examine the hypothesized mechanism of action underlying LyssnCBT. DISCUSSION: Successful execution will provide automated, scalable CBT fidelity feedback for the first time ever, supporting high-quality training, supervision, and quality assurance, and providing a core technology foundation that could support the quality delivery of a range of EBPs in the future. TRIAL REGISTRATION: ClinicalTrials.gov; NCT05340738 ; approved 4/21/2022.</p>
<p>Crenshaw, Alexander O.; Libet, Julian; Petty, Karen; Teves, Jenna B.; Huang, Alice; Mitchell, Jerez</p>	2023	<p>Subjective emotion trajectories in couple therapy and associations with improvement in</p>	Family process	62	4	1542–1554	<p>Existing couple therapies are generally effective for reducing romantic relationship distress and divorce, but therapy outcomes remain poor for many. Outcomes can be improved through greater understanding of session-by-session therapeutic processes, particularly in real-world treatment settings. Modern couple therapy models commonly emphasize the importance of emotional experiences as key change processes, yet few empirical studies have tested the merits of this focus. The present</p>

		relationship satisfaction					study addresses this limitation by examining trajectories of subjective emotions and their association with change in a key relationship outcome, relationship satisfaction, among military veterans and their partners at a VA Medical Center. Partners rated their relationship satisfaction prior to couple therapy sessions and subjective emotions immediately after sessions. Consistent with hypotheses, both hard (e.g., anger) and soft (e.g., sadness) negative emotions decreased significantly over the course of therapy. Those couples with greater decreases in hard negative, but not soft negative, emotions showed significantly more improvement in relationship satisfaction. Positive emotions did not significantly change across couples in general, but those couples whose positive emotions did increase also showed more improvement in relationship satisfaction. These results suggest change in subjective emotions may be one process underlying improvement in couple therapy and lend empirical support to the emphasis on emotion-based change processes underlying acceptance-based and emotion-focused couple therapies.
Critchfield, Kenneth L.; Mackaronis, Julia E.; Benjamin, Lorna Smith	2017	Characterizing the integration of CBT and psychodynamic techniques in interpersonal reconstructive therapy for patients with severe and comorbid	Journal of Psychotherapy Integration		15 73- 36 96(Ele ctr oni c), 10 53- 04	460-475	A “unifying” approach to psychotherapy integration (Magnavita & Anchin, 2014) uses a metatheoretical framework to delineate mechanisms of psychopathology and change that cut across traditional theoretical orientations. Interpersonal Reconstructive Therapy (IRT; Benjamin, 2006, in press) is 1 such approach to treatment. In IRT, therapists view clinical symptoms and problems as natural consequences of maladaptive interpersonal patterns related to safety and threat that patients have learned and internalized in the context of close attachment relationships. Therapists may use

		personality pathology			79(Print)		<p>interventions from any tradition so long as use is consistent with the individual patient's case formulation and underlying treatment principles. Prior work has suggested that adherence to IRT principles, particularly a focus on internalized attachments, has strong links to retention and outcome (Critchfield et al., 2011). In the present work, 19 outpatient IRT sessions were sampled from a research archive of therapies conducted with complex cases identified as comorbid, often rehospitalized, dysfunctional, and suicidal (CORDS). Included were 9 sessions showing high adherence to IRT principles and 10 contrasting low adherence sessions. Trained raters applied the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth, Blagys, Ackerman, Bonge, & Blais, 2005). As expected, adherent IRT sessions contained both psychodynamic–interpersonal and cognitive–behavioral techniques in ways that reflected integrative theory. Less expected was that rater reliability in identifying standard techniques varied systematically as a function of IRT adherence. This last finding has broad implications for psychotherapy integration research, especially with principles-based, unified models. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Crosetti, Anne-Sophie	2020	The 'Converted Unbelievers': Catholics in Family Planning in French-Speaking Belgium (1947-73)	Medical history	64	2	267–286	<p>This paper looks at the journey of eleven counsellors in marital counselling centres in French-speaking Belgium, from the creation of the centres in 1953, to the 1970s, when contraception became legal, and abortion became a public issue. At the time of Humanae Vitae, groups of volunteers, working within Catholic organisations where counselling took place, began to structure their activity around Carl Rogers's ethics of client-centred therapy, placing their religious ideology in a secondary position to</p>

							focus on the problems experienced by the couples and women they were receiving in the centres. These were often challenges they were experiencing themselves in their own lives. The reiteration of the Catholic orthodox view on contraception through Humanae Vitae marked a gap between the counsellors and the Church. This contribution questions the identity-related tension of Catholics working in conjugal counselling centres and the type of commitments they made to both the conjugal centres and the Church in a moment where family planning was debated both in the Church and politically.
Crowe, Marie; Manuel, Jenni; Carlyle, Dave; Lacey, Cameron	2023	Psilocybin-assisted psychotherapy for treatment-resistant depression: Which psychotherapy?	Int J Mental Health Nurs (International Journal of Mental Health Nursing)	32	6	1766–1772	Abstract This perspective paper explores the choice of psychotherapy for psilocybin-assisted psychotherapy for treatment-resistant depression. There is evidence to support the use of some psychotherapies in treating ?treatment-resistant? depression, and emerging evidence for the efficacy of psilocybin. The next step which is the focus of this paper is to identify psychotherapies that are both effective and congruent with the psilocybin experience. The evidence for the efficacy of the psychotherapies is drawn from a Cochrane review and the analysis of their congruence with the psilocybin experience is drawn from a qualitative meta-synthesis of the experience of psilocybin. The paper will examine whether three one-to-one psychotherapies identified as effective in the treatment of treatment-resistant depression are compatible with the psilocybin experience. Each psychotherapy will be examined in relation to its congruence with the qualitative evidence that suggests the choice of psychotherapy needs to give priority to the subjective experience, facilitate emotional processing, support connectedness with others, acceptance of the self as emotional and support change

							based on the person's insights into their relationships with others and the world in which they live. We conclude that interpersonal psychotherapy and intensive short-term dynamic psychotherapy align with that experience, although others are currently being trialled.
Cuijpers, Pim		Four decades of outcome research on psychotherapies for adult depression: An overview of a series of meta-analyses	Canadian Psychology / Psychologie canadienne	58	1		In the past 4 decades about 500 randomized trials have examined the effects of psychological treatments of adult depression. In this article the results of a series of meta-analyses of these trials are summarised. Several types of psychotherapy have been examined, including cognitive behaviour therapy, behavioural activation therapy, interpersonal psychotherapy, problem-solving therapy, nondirective supportive therapy, and short-term psychodynamic psychotherapy. All therapies are effective and there are no significant differences between treatments. Psychotherapies are about equally effective as pharmacotherapy, and combined treatments are more effective than either of these alone. Therapies are also effective in specific target groups, such as older adults, college students, patients with general medical disorders, but may be somewhat less effective in chronic depression, and in patients with comorbid substance use disorders. Treatments are effective when delivered in individual, group, and guided self-help format. The effects of psychotherapies have been overestimated because of the low quality of many trials and due to publication bias. Future research should not be aimed at the development of new psychotherapies for depression, on specific treatment formats or on therapies in specific populations, because the evidence indicates that all types and formats with human involvement are effective in all specific target groups. Future research should instead focus on a further reduction of the disease burden of depression.

							Specifically, it should focus on the possibilities of preventing the onset of depressive disorders, treatments of chronic and treatment-resistant depression, relapse prevention, and scaling up treatments, for example by using more guided self-help interventions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Cuijpers, Pim; Ebert, David D.; Acarturk, Ceren; Andersson, Gerhard; Cristea, Ioana A.	2016	Personalized Psychotherapy for Adult Depression: A Meta-Analytic Review	Behavior therapy	47	6	966–980	Personalized medicine is aimed at identifying which characteristics of an individual predict the outcome of a specific treatment, in order to get a better match between the individual and the treatment received. We conducted a systematic review and meta-analysis of randomized trials comparing two psychotherapies directly in a group of depressed patients with a specific characteristic. We focused on the six most examined types of psychotherapy for adult depression. Our searches resulted in 41 studies with 2,741 patients who met inclusion criteria. These 41 studies examined 27 specific characteristics of patients. Power calculations indicated that we would need 4 studies for each characteristic to find a clinically relevant effect size set at $g = 0.50$ and 16 studies for an effect size of 0.24. Only 3 patient characteristics were found to have sufficient power and to significantly moderate treatment outcomes. Cognitive-behavioral therapy was found to be more effective than other therapies in older adults ($g = 0.29$), in patients with comorbid addictive disorders ($g = 0.31$), and in university students ($g = 0.46$). Risk of bias was considerable in most of the included studies. It was estimated that it will take another 326 years to have sufficient statistical power for showing an effect size of $g = 0.50$ of the 27 characteristics, and 1,372 years to show an effect size of 0.24. Although several dozens of studies have compared the effects of psychotherapies in specific target groups, we will need to develop more powerful

							alternatives to comparative outcome studies in order to identify personalized treatments for depression.
Cuijpers, Pim; Karyotaki, Eirini	2021	The effects of psychological treatment of perinatal depression: an overview	Archives of women's mental health	24	5	801–806	Perinatal depression is an important public health problem. Psychological interventions play an essential role in the treatment of depression. In the current paper, we will present the results of a series of meta-analyses on psychological treatments of perinatal depression. We report the results of a series of meta-analyses on psychological treatments of depression, including perinatal depression. The meta-analyses are based on a database of randomized trials on psychotherapies for depression that has been systematically developed and updated every year. Psychological interventions are effective in the treatment of perinatal depression with a moderate effect size of $g = 0.67$, corresponding with a NNT of about 4. These effects were still significant at 12 months after the start of the treatment. These interventions also have significant effects on social support, anxiety, functional impairment, parental stress, and marital stress. Possibly the effects are overestimated because of the use of waiting list control groups, the low quality of the majority of trials and publication bias. Research on psychotherapies for depression in general has shown that there are no significant differences between the major types of therapy, except for non-directive counseling that may have somewhat smaller effects. CBT can also be delivered in individual, group, telephone, and guided self-help format. Interventions in subthreshold depression are also effective and may prevent the onset of a full-blown depressive disorder, while therapies may be less effective in chronic depression. Psychological interventions are effective and

							deserve their place as first-line treatment of perinatal depression.
Cuijpers, Pim; Karyotaki, Eirini; Wit, Leonore de; Ebert, David D.	2020	The effects of fifteen evidence-supported therapies for adult depression: A meta-analytic review	Psychotherapy research : journal of the Society for Psychotherapy Research	30	3	279–293	Objective: In the past decades, many different types of psychotherapy for adult depression have been developed. Method: In this meta-analysis we examined the effects of 15 different types of psychotherapy using 385 comparisons between a therapy and a control condition: Acceptance and commitment therapy, mindfulness-based cognitive behavior therapy (CBT), guided self-help using a self-help book from David Burns, Beck's CBT, the "Coping with Depression" course, two subtypes of behavioral activation, extended and brief problem-solving therapy, self-examination therapy, brief psychodynamic therapy, non-directive counseling, full and brief interpersonal psychotherapy, and life review therapy. Results: The effect sizes ranged from $g = 0.38$ for the "Coping with Depression" course to $g = 1.10$ for life review therapy. There was significant publication bias for most therapies. In 70% of the trials there was at least some risk of bias. After adjusting studies with low risk of bias for publication bias, only two types of therapy remained significant (the "Coping with Depression" course, and self-examination therapy). Conclusions: We conclude that the 15 types of psychotherapy may be effective in the treatment of depression. However, the evidence is not conclusive because of high levels of heterogeneity, publication bias, and the risk of bias in the majority of studies.
Cuijpers, Pim; Miguel, Clara; Ciharova, Marketa; Harrer,	2024	Non-directive supportive therapy for depression: A	Journal of affective disorders	349		452–461	BACKGROUND: Non-directive supportive therapy (NDST) is an important treatment of adult depression, but no recent meta-analysis has integrated the randomized trials examining its effects. METHODS: We conducted a meta-analysis comparing NDST to control conditions and to

Mathias; Karyotaki, Eirini		meta-analytic review					<p>other therapies, by using an existing database of randomized trials of psychological treatments of depression in adults. This database was built through searches in PubMed, PsycINFO, Embase and the Cochrane Library. RESULTS: 48 randomized controlled trials (5075 participants), with 20 comparisons between NDST and a control group and 49 comparisons between NDST and another psychotherapy were included. Random effects meta-analyses found an effect size of NDST compared with control conditions of $g = 0.53$ (95 % CI, 0.34; 0.72) with moderate heterogeneity ($I(2) = 51$; 95 % CI: 18; 71; $PI = -0.02$ to 1.09). NDST was less effective than other therapies ($g = -0.21$; 95 % CI: -0.31; -0.11). The difference with other therapies was significantly larger in studies in which NDST was used as a control group ($p = .003$). There was no significant difference between NDST and other therapies in which NDST was not used as a control group ($k = 14$; $g = -0.05$; 95 % CI: -0.17; 0.07). CONCLUSIONS: NDST probably is an effective treatment of depression. The effects may be somewhat smaller than those of other therapies, but that may also be an artefact, because NDST is often used as a control group and may be designed as an "intent-to-fail" intervention in some studies.</p>
Cuijpers, Pim; Quero, Soledad; Noma, Hisashi; Ciharova, Marketa; Miguel, Clara; Karyotaki, Eirini; Cipriani, Andrea; Cristea,	2021	Psychotherapies for depression: a network meta-analysis covering efficacy, acceptability and long-term	World psychiatry : official journal of the World Psychiatric Association (WPA)	20	2	283–293	<p>The effects of psychotherapies for depression have been examined in several hundreds of randomized trials, but no recent network meta-analysis (NMA) has integrated the results of these studies. We conducted an NMA of trials comparing cognitive behavioural, interpersonal, psychodynamic, problem-solving, behavioural activation, life-review and "third wave" therapies and non-directive supportive counseling with each other and with care-as-usual, waiting list and pill placebo control conditions.</p>

Ioana A.; Furukawa, Toshi A.		outcomes of all main treatment types				<p>Response (50% reduction in symptoms) was the primary outcome, but we also assessed remission, standardized mean difference, and acceptability (all-cause dropout rate). Random-effects pairwise and network meta-analyses were conducted on 331 randomized trials with 34,285 patients. All therapies were more efficacious than care-as-usual and waiting list control conditions, and all therapies - except non-directive supportive counseling and psychodynamic therapy - were more efficacious than pill placebo. Standardized mean differences compared with care-as-usual ranged from -0.81 for life-review therapy to -0.32 for non-directive supportive counseling. Individual psychotherapies did not differ significantly from each other, with the only exception of non-directive supportive counseling, which was less efficacious than all other therapies. The results were similar when only studies with low risk of bias were included. Most therapies still had significant effects at 12-month follow-up compared to care-as-usual, and problem-solving therapy was found to have a somewhat higher long-term efficacy than some other therapies. No consistent differences in acceptability were found. Our conclusion is that the most important types of psychotherapy are efficacious and acceptable in the acute treatment of adult depression, with few significant differences between them. Patient preference and availability of each treatment type may play a larger role in the choice between types of psychotherapy, although it is possible that a more detailed characterization of patients with a diagnosis of depression may lead to a more precise matching between individual patients and individual psychotherapies.</p>
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<p>Cumming, Paul; Scheidegger, Milan; Dornbierer, Dario; Palner, Mikael; Quednow, Boris B.; Martin- Soelch, Chantal</p>	<p>2021</p>	<p>Molecular and Functional Imaging Studies of Psychedelic Drug Action in Animals and Humans</p>	<p>Molecules (Basel, Switzerland)</p>	<p>26</p>	<p>9</p>	<p>Hallucinogens are a loosely defined group of compounds including LSD, N,N-dimethyltryptamines, mescaline, psilocybin/psilocin, and 2,5-dimethoxy-4-methamphetamine (DOM), which can evoke intense visual and emotional experiences. We are witnessing a renaissance of research interest in hallucinogens, driven by increasing awareness of their psychotherapeutic potential. As such, we now present a narrative review of the literature on hallucinogen binding in vitro and ex vivo, and the various molecular imaging studies with positron emission tomography (PET) or single photon emission computer tomography (SPECT). In general, molecular imaging can depict the uptake and binding distribution of labelled hallucinogenic compounds or their congeners in the brain, as was shown in an early PET study with N(1)-([11C]-methyl)-2-bromo-LSD ([11C]-MBL); displacement with the non-radioactive competitor ketanserin confirmed that the majority of [11C]-MBL specific binding was to serotonin 5-HT(2A) receptors. However, interactions at serotonin 5HT(1A) and other classes of receptors and pleotropic effects on second messenger pathways may contribute to the particular experiential phenomenologies of LSD and other hallucinogenic compounds. Other salient aspects of hallucinogen action include permeability to the blood-brain barrier, the rates of metabolism and elimination, and the formation of active metabolites. Despite the maturation of radiochemistry and molecular imaging in recent years, there has been only a handful of PET or SPECT studies of radiolabeled hallucinogens, most recently using the 5-HT(2A/2C) agonist N-(2-[(11)CH(3)O]-methoxybenzyl)-2,5-dimethoxy-4-bromophenethylamine ([11C]Cimbi-36). In addition to PET studies of target</p>
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							engagement at neuroreceptors and transporters, there is a small number of studies on the effects of hallucinogenic compounds on cerebral perfusion ([¹⁵ O]-water) or metabolism ([¹⁸ F]-fluorodeoxyglucose/FDG). There remains considerable scope for basic imaging research on the sites of interaction of hallucinogens and their cerebrometabolic effects; we expect that hybrid imaging with PET in conjunction with functional magnetic resonance imaging (fMRI) should provide especially useful for the next phase of this research.
Cunha, Carla; Mendes, Ins; Ribeiro, Antnio P.; Angus, Lynne; Greenberg, Leslie S.; Gonaves, Miguel M.	2017	Self-narrative reconstruction in emotion-focused therapy: A preliminary task analysis	Psychotherapy research: journal of the Society for Psychotherapy Research	27	6	692–709	This research explored the consolidation phase of emotion-focused therapy (EFT) for depression and studies-through a task-analysis method-how client-therapist dyads evolved from the exploration of the problem to self-narrative reconstruction. Innovative moments (IMs) were used to situate the process of self-narrative reconstruction within sessions, particularly through reconceptualization and performing change IMs. We contrasted the observation of these occurrences with a rational model of self-narrative reconstruction, previously built. This study presents the rational model and the revised rational-empirical model of the self-narrative reconstruction task in three EFT dyads, suggesting nine steps necessary for task resolution: (1) Explicit recognition of differences in the present and steps in the path of change; (2) Development of a meta-perspective contrast between present self and past self; (3) Amplification of contrast in the self; (4) A positive appreciation of changes is conveyed; (5) Occurrence of feelings of empowerment, competence, and mastery; (6) Reference to difficulties still present; (7) Emphasis on the loss of centrality of the problem; (8) Perception of change

							as a gradual, developing process; and (9) Reference to projects, experiences of change, or elaboration of new plans. Central aspects of therapist activity in facilitating the client's progression along these nine steps are also elaborated.
Currier, Joseph M.; McDermott, Ryon C.; McCormick, Wesley H.	2017	Mental health treatment-related stigma and professional help seeking among student veterans	Psychological Services	14	4		Record numbers of military veterans are enrolling at colleges/universities across the United States. Although a substantive subset might suffer from mental health problems, the majority of these students might not be amenable to utilizing services. The purpose of this study was to examine the role of treatment-related stigma in intentions to seek professional help among undergraduate student veterans at a university on the U.S. Gulf Coast. Focusing on 251 veterans and a gender-matched comparison group of 251 nonveterans, student veterans endorsed higher probabilities of seeking care from physicians ($d = .77$) and psychologists or other professionals ($d = .67$). In addition, nonveteran students had greater self-stigma about seeking help ($d = -.27$) but veterans had more negative beliefs about treatment efficacy ($d = 1.07$). When compared with veterans who did not exceed clinical thresholds, those with a probable need for treatment had more stigma ($ds = .63$). Multivariate analyses also revealed an inverse main effect of self-stigma on intentions to seek help from both professional categories. However, military experience differentially moderated associations between treatment-related beliefs and intentions to seek mental health services. Finally, exploratory analyses identified that student veterans were most likely to engage in therapy/counseling at a Veterans Affairs Medical Center or Clinic, Vet Center, or other noninstitutionally sponsored settings in the community (e.g., private

							practices, faith-based organizations). Looking ahead, these findings will inform research and the provision of services for addressing the mental health needs of this substantive subpopulation of college students in the United States. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Currier, Joseph M.; Pearce, Michelle; Carroll, Timothy D.; Koenig, Harold G.	2018	Military veterans' preferences for incorporating spirituality in psychotherapy or counseling	Professional Psychology: Research and Practice	49	1	39-47	Amassing research findings suggests that religious faith and/or spirituality (R/S) can both help and hinder recovery from mental health conditions that might prompt military veterans to seek psychotherapy or counseling. As such, there is increasing interest among psychologists and other professionals working with military populations in the helpfulness of addressing the R/S domain. However, research has yet to examine veterans' actual preferences for integrating R/S in their treatment. Drawing on two samples with heterogeneity in R/S backgrounds and military-related experiences, results revealed that veterans generally viewed incorporating R/S in psychotherapy or counseling as "somewhat" important. When compared to more concrete approaches assessed in the study, they also gave greater importance to interventions that assumed an exploratory and affirming approach to R/S. In addition, when focusing on veterans with a probable need for treatment for posttraumatic stress disorder (PTSD) and/or major depressive disorder (MDD) at the time of the study, other results illuminated several factors that might shape these preferences. Namely, veterans from ethnic minority groups and those who were highly religious and/or had a strong belief in God's existence were more interested in a spiritually integrative treatment. This final set of analyses also revealed that veterans with clinical levels of PTSD/MDD symptoms who were experiencing R/S struggles endorsed

							stronger preferences, particularly with respect to moral struggles. Overall, these findings support the need for a patient-centered approach with veterans in which clinicians are not ignorant of R/S concerns but also do not assume that this domain should be targeted in every case. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Currier, Joseph M.; Stevens, L. Taylor; McDermott, Ryon C.; Hinkel, Hannah M.; Salcone, Sarah; Davis, Edward B.; Lacey, Ethan K.; Park, Crystal L.	2022	Exploring the roles of god representations in spiritual struggles among Christians seeking spiritually integrated psychotherapies	Spirituality in Clinical Practice			No Paginat ion Specified -No Paginat ion Specified	The overall purpose of this study was to examine the role of core dimensions of theistic relational spirituality (doctrinal God representations, experiential God representations, and doctrinal-experiential congruence) in divine spiritual struggles among Christians engaging in spiritually integrated psychotherapies. In total, 189 clients completed a modified version of Johnson et al.'s (2015) A/B God Scales as well as quantitative and qualitative assessments of divine spiritual struggles. When accounting for religious commitment and depression symptoms as covariates, clients with stronger authoritarian and benevolent representations of God were more and less likely, respectively, to be experiencing spiritual struggles (assessed with Exline et al.'s 2014 Religious and Spiritual Struggles Scale [RSS]). In addition, doctrinal-experiential discrepancy in benevolent God representations was associated with RSS scores as well as qualitative themes reflecting ways in which religious attachment provided comfort (e.g., stronger relationship with God, finding meaning or purpose, seeking support from God) and/or strain (e.g., disconnect or strain with God, feeling punished by God, reappraisal of divine power) in clients' lives. Specifically, clients who endorsed greater theological or conceptual knowledge of a loving God relative to their felt experience of divine love, on average, reported more spiritual struggles and were less

							able to draw comfort from their religious attachment bond at the time of the study. Findings affirm the need for further research on doctrinal-experiential congruence and support the value of clinicians conducting spiritually integrated psychotherapies with Christians to adequately attend to benevolent and authoritarian God representations that might facilitate or hinder their clients' progress in treatment. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Curtis, David F.; Elkins, Sara R.; Duran, Patty; Venta, Amanda C.	2016	Promoting a climate of reflective practice and clinician self-efficacy in vertical supervision	Training and Education in Professional Psychology	10	3	133-140	Supervision in psychology, particularly related to psychotherapy, aims to promote clinical and professional competencies for learners while ultimately ensuring the effective and ethical delivery of patient care. Although clinical psychologists receive intensive education and training in reflective practices for psychotherapy, they typically receive little preparation for applying these practices to clinical supervision. A task force of the American Psychological Association recently released a comprehensive set of clinical supervision guidelines asserting the essential role of reflective communication in clinical supervisory practice (APA, 2015). The purpose of this paper is to introduce ways of incorporating reflective practice into clinical supervision in order to enhance the learner's clinical self-efficacy and independence. First presented is an operational definition of reflective practices accompanied by illustrations of ways in which these practices can extend the quality of evidence-based clinical interventions. Second, a vertical supervision model is introduced, and a variety of supervision modalities for enhancing reflective practices are presented. Finally, the implications of these processes for scaffolding the development of clinician self-efficacy for a range of learners from a variety of

							disciplines are discussed. These processes are highlighted further within a series of personal reflections shared from clinicians across these different developmental stages. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Curtis, David F.; Heath, Corey L.; Hogan, William J.	2021	Child skills training for attention-deficit/hyperactivity disorder (ADHD): A randomized controlled trial of structured dyadic behavior therapy (SDBT)	Psychotherapy	58	1	68–80	This pilot study examined structured dyadic behavior therapy (SDBT) as a novel, child skills training intervention for attention-deficit/hyperactivity disorder (ADHD). The purpose of this study was to (a) pilot the feasibility of SDBT, a manualized, child skills training intervention, (b) determine the potential clinical benefits of SDBT as an independent psychotherapy for ADHD, and (c) examine parents' intervention acceptability. Children of 8-12 years of age with ADHD-combined type (N = 34) were randomly assigned to either SDBT or an "attention control" condition receiving child-centered dyadic therapy (CCDT). SDBT targeted high-frequency behavioral and social demands often challenging for children with ADHD. CCDT provided nondirective, experiential psychotherapy without any contingency management methods. Descriptive data revealed a high level of treatment attendance and completion (90%) for both conditions. General linear modeling techniques (multivariate analysis of variance) examined group differences in ADHD outcomes. Results indicated statistically significant differences between the two groups, with greater ADHD symptom reduction for SDBT (Wilks' $\lambda = .61$), $F(3, 30) = 6.36$, $p = .002$, $\eta(p)^2 = .39$. SDBT also demonstrated clinically meaningful changes, with ADHD symptom severity reduced below categorical levels of functional impairment. Despite superior behavioral outcomes for SDBT, intervention acceptability did not significantly differ for the two psychotherapies. Results support SDBT as a

							feasible, clinically promising, and acceptable intervention for ADHD. Parent satisfaction ratings suggest dyadic therapies may benefit participants beyond symptom reduction. Implications for intervention portability and treating ADHD without direct adult participation are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved).
Cwik, Jan Christopher; Teismann, Tobias	2017	Misclassification of Self-Directed Violence	Clinical psychology & psychotherapy	24	3	677–686	<p>BACKGROUND Inconsistent nomenclature and classification of suicidal behaviour have plagued the field of suicidology for a long time. Recently, the United States Centers for Disease Control (CDC) advocated for the usage of a specific classification system. Aim of the current study was to determine the extent of misdiagnosed acts of self-directed violence—controlling for the level of expertise in psychology/psychotherapy. Additionally, the effect of gender and diagnosis on misclassifications was assessed.</p> <p>METHOD A total of 426 participants (laypersons, psychology students, psychotherapists-in-training, licensed psychotherapists) were presented with an array of case vignettes describing different acts of self-directed violence (e.g., non-suicidal self-directed violence, suicide attempt, suicide ideation) and were asked to make a classification. Gender and given diagnosis were varied systematically in two vignettes.</p> <p>RESULTS Overall 51.6% of the cases were misclassified (according to the Self-Directed Violence Classification System). The level of expertise was almost unrelated to classification correctness. Yet, psychotherapists were more confident about their judgments. Female gender of the character</p>

							<p>described in the vignette and an ascribed diagnosis of Borderline Personality Disorder were associated with higher misclassification rates.</p> <p>LIMITATIONS</p> <p>The validity of case vignettes is discussible.</p> <p>CONCLUSIONS</p> <p>The results highlight the importance of more methodological and diagnostic training of psychologists regarding suicidal issues. Copyright © 2016 John Wiley & Sons, Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>Misclassification of non-suicidal and suicidal events is common. Expertise is only weakly associated with classification correctness. Misclassification of suicide attempts occurs more often in women. Misclassification of suicide attempts occurs more often in Borderline Personality Disorder. The use of standardized diagnostic tools in relation to self-directed violence is highly recommended.</p>
Cyniak-Cieciura, Maria; Białaszek, Wojciech; Dudek, Joanna; Ostaszewski, Paweł	2023	Temperament, life satisfaction, and the role of psychological flexibility: Preliminary study applying the person-centered approach	Journal of Individual Differences	44	4	223–233	<p>Temperament is related to well-being. Establishing mediators of this relationship, especially mediators which can be influenced through psychological interventions, may contribute to tailoring these interventions to people’s needs determined by temperament. Psychological flexibility may be considered such a mediator. This study aims to examine the relationships between temperament traits and structures, satisfaction with life, and psychological flexibility, with the latter as a possible mediator of the relationship between temperament structures and life satisfaction. 538 participants (18–93 years old) took part in the study. They filled a set of self-reported questionnaires. Psychological flexibility explained a significant part of the variance in life</p>

							satisfaction above and beyond temperament traits. People with harmonized temperament structures and higher stimulation processing capabilities (sanguine) exhibited higher psychological flexibility and satisfaction with life. Three temperament structures: phlegmatic, choleric, and melancholic in comparison to sanguine were found to be linked to lower satisfaction with life through lower psychological flexibility. The results suggest a meaningful role of stimulation processing capabilities in the development of both psychological flexibility and satisfaction with life. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cyr, Francine; Poitras, Karine; Godbout, Élisabeth	2020	An Interdisciplinary Case Management Protocol for Child Resistance or Refusal Dynamics†	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	58	2	560–575	High-conflict parental separation cases associated with child's estrangement or contact refusal take an unusually large amount of court time and generate high emotional costs for parents and children. This paper reports on a study of a research-based pilot project and protocol, called the Parenting Conflict Resolution (PCR), which is intended to reduce parental conflict, improve interparental communication, and support or restore the parent-child relationship. The protocol was developed at the Superior Court in Quebec City (Canada), and involves single judge case management, and lawyers' commitment to have the child's best interests as their primary consideration and to guide their clients to trust the process. The assigned judge and lawyers have the ongoing involvement of a mandated psychotherapist, taking a family systems approach with the case. The PCR also requires the parents to participate in a psycho-educational, introspective group program to work on co-parenting and communication skills. Ongoing communication between the professionals involved in the PCR is required to ensure cohesion and accountability.

							<p>This pilot project was implemented with 10 high-conflict families, 6 of which presented with the child's resistance or refusal to see one parent. A qualitative data study was undertaken into the experiences of all the participants. The most salient result is the resumption of parent-child contact in all six contact refusal cases. Discussion highlights key elements to successfully address these cases: (a) interdisciplinary program delivery, (b) systemic understanding of the contact problems, (c) focus on the child's best interest, (d) single judge assigned to the case, (e) lawyers' support of the parents' participation, and (f) psychotherapist reporting to the court.</p>
Czekóová, Kristína; Shaw, Daniel J.; Urbánek, Tomáš	2018	Personality systems, spirituality, and existential well-being: A person-centered perspective	Psychology of Religion and Spirituality	10	4	307-317	<p>Recent research on the salutogenic benefits of spirituality and religiosity has yielded inconsistent findings. It is suggested that such discrepancies reflect individual differences in personality, but this cannot be investigated with variable-driven approaches. The present study measured the influence of personality on the relationship between spirituality and existential well-being (EWB) from the perspective of Personality Systems Interaction theory—an approach focused on functional relationships between cognitive and affective systems, using Latent Profile Analysis. Three major results emerged: First, we identified discrete Analytical, Intuitive, and Flexible personality profiles resembling closely the prototypes reported elsewhere. Second, while preferences for intuitive cognitive processing resulted in high scores on all dimensions of spirituality and EWB, the reverse was true for individuals prone to analytical information processing, replicating previous research. Third, EWB operates independently from other spirituality dimensions, and relates differentially to distinct</p>

							personality profiles. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Da Finger, Igor Rosa; Freitas, Breno Irigoyen de; Da Oliveira, Margareth Silva	2020	Psychological inflexibility in overweight and obese people from the perspective of acceptance and commitment therapy (ACT)	Eating and weight disorders : EWD	25	1	169–175	<p>PURPOSE: To identify the psychological inflexibility (PI) processes (experiential avoidance, cognitive fusion, poor contact with the present moment, unclear personal values and lack of commitment to action) associated with body mass index (BMI), depression, anxiety and stress symptoms and binge eating in overweight and obese people by drawing on the acceptance and commitment therapy (ACT) framework. METHODS: A cross-sectional study of 243 people with a BMI of at least 25 and aged from 18 to 60 years old. The following instruments were used: Acceptance and Action Questionnaire II (AAQ-II), Acceptance and Action Questionnaire-Weight (AAQ-W), Valued Living Questionnaire (VLQ), Cognitive Fusion Questionnaire (CFQ-7), Cognitive Fusion Questionnaire-Body Image (CFQ-BI), Mindful Eating Questionnaire (MEQ), Binge Eating Scale (BES) and Depression, Anxiety and Stress Scale (DASS-21). Data were analyzed using one-way ANOVA and t tests. RESULTS: There were no differences between BMI categories with respect to PI variables, but PI was positively related to the severity of binge eating and to symptoms of depression, anxiety and stress. CONCLUSION: The development of interventions focused on psychological inflexibility can be useful for the treatment of symptoms associated with overweight and obesity. LEVEL OF EVIDENCE: Level V, cross-sectional descriptive study.</p>
Da Ponte, Guida; Ouakinin, Sílvia; Santo, Jorge Espírito;	2020	Process of therapeutic changes in Meaning-Centered Group	Palliative & supportive care	18	3	254–262	<p>OBJECTIVE: The aim was to understand the processes of therapeutic changes in Meaning-Centered Group Psychotherapy (MCGP) in a Portuguese sample. METHOD: Adult cancer patients with distress motivated to participate in MCGP were identified; descriptive and</p>

<p>Amorim, Inês; Gameiro, Zita; Fitz-Henley, Mindi; Breitbart, William</p>		<p>Psychotherapy adapted to the Portuguese language: A narrative analysis</p>				<p>narrative analyses were performed on the session content. RESULTS: The sample had 24 participants (mean age: 63.43 years); the majority were females (75%), with a median academic degree (54%). Breast cancer was most frequent (67%) at the localized stage (71%). The narrative analysis defined seven categories according to the MCGP themes. In "Moments with Meaning (MwM)," the most relevant dimensions were related to interpersonal relations, the moment of diagnosis, and personal achievements. This category established relations with almost all other categories, as did the category "historical sources of meaning (SoM)." The category "identity before and after cancer diagnosis" was only related to "attitudinal SoM" and "transitions." Historical SoM had two dimensions, "past" and "present and future" legacies, in which prominent topics related to family, childhood, achieved goals, and values to pass to others explored. Attitudinal SoM established relations only with the category "creative SoM," in which "courage" and "responsibility" were the main dimensions, which were also related to "MwM," "historical," and "attitudinal SoM." Experiential SoM, with the main dimension "love," was related to "MwM" and "historical SoM." Transitions only established relations with "historical SoM" and "identity before and after cancer." SIGNIFICANCE OF RESULTS: The findings that "MwM" and "historical SoM" were the categories which established a solid pattern of relations suggest that these are the main psychotherapy topics that can have more influence for the participants; one explanation is that these categories imply a concrete way of thinking, which is easier to understand. This process of therapeutic changes must be integrated in a cultural</p>
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							context, as it is well known to have an impact upon the "meaning" of life.
Dadomo, Harold; Grecucci, Alessandro; Giardini, Irene; Ugolini, Erika; Carmelita, Alessandro; Panzeri, Marta	2016	Schema Therapy for Emotional Dysregulation: Theoretical Implication and Clinical Applications	Frontiers in psychology	7		1987	The term emotional dysregulation refers to an impaired ability to regulate unwanted emotional states. Scientific evidence supports the idea that emotional dysregulation underlies several psychological disorders as, for example: personality disorders, bipolar disorder type II, interpersonal trauma, anxiety disorders, mood disorders and post-traumatic stress disorder. Emotional dysregulation may derive from early interpersonal traumas in childhood. These early traumatic events create a persistent sensitization of the central nervous system in relation to early life stressing events. For this reason, some authors suggest a common endophenotypical origin across psychopathologies. In the last 20 years, cognitive behavioral therapy has increasingly adopted an interactive-ontogenetic view to explain the development of disorders associated to emotional dysregulation. Unfortunately, standard Cognitive Behavior Therapy (CBT) methods are not useful in treating emotional dysregulation. A CBT-derived new approach called Schema Therapy (ST), that integrates theory and techniques from psychodynamic and emotion focused therapy, holds the promise to fill this gap in cognitive literature. In this model, psychopathology is viewed as the interaction between the innate temperament of the child and the early experiences of deprivation or frustration of the subject's basic needs. This deprivation may lead to develop early maladaptive schemas (EMS), and maladaptive Modes. In the present paper we point out that EMSs and Modes are associated with either dysregulated emotions or with dysregulatory strategies that produce and maintain problematic

							emotional responses. Thanks to a special focus on the therapeutic relationship and emotion focused-experiential techniques, this approach successfully treats severe emotional dysregulation. In this paper, we make several comparisons between the main ideas of ST and the science of emotion regulation, and we present how to conceptualize pathological phenomena in terms of failed regulation and some of the ST strategies and techniques to foster successful regulation in patients.
Dahl, Hanne-Sofie Johnsen; Høglend, Per; Ulberg, Randi; Amlo, Svein; Gabbard, Glen O.; Perry, John Christopher; Christoph, Paul Crits	2017	Does Therapists' Disengaged Feelings Influence the Effect of Transference Work? A Study on Countertransference	Couns and Psychother Res (Counselling and Psychotherapy Research)	24	2	462-474	Exploration of the patient-therapist relationship (transference work) is considered a core active ingredient in dynamic psychotherapy. However, there are contradictory findings as for whom and under what circumstances these interventions are beneficial. This study investigates long-term effects of transference work in the context of patients' quality of object relations (QOR) and therapists' self-reported disengaged feelings. Therapists' disengaged feelings may negatively influence the therapeutic process, especially while working explicitly with the transference since discussing feelings that are present in the session is an essential aspect of transference work. One hundred outpatients seeking psychotherapy for depression, anxiety and personality disorders were randomly assigned to one year of dynamic psychotherapy with transference work or to the same type and duration of treatment, but without transference work. Patients' QOR-lifelong pattern was evaluated before treatment and therapists' feelings were assessed using the Feeling Word Checklist-58 after each session. Outcome was measured with self-reports and interviews at pre-treatment, mid-treatment, post-treatment, one year and three years after treatment termination. A significant interaction of treatment group (transference

						<p>work versus no transference work) by QOR by disengaged therapist feelings was present, indicating that disengaged feelings, even small amounts, were associated with negative long-term effects of transference work, depending on QOR Scale scores. The strengths of the negative association increased significantly with lower levels of QOR. The negative association between even a small increase in disengaged therapist feelings and long-term effects of transference interpretation was substantial for patients with poor QOR, but small among patients with good QOR. Copyright ? 2016 John Wiley & Sons, Ltd. Key Practitioner Message Therapists' emotional reactions to their patients (countertransference) seem to have a significant impact on both the treatment process and outcome of psychotherapy. Therapists' heightened level of disengaged feelings over a treatment period shows an adverse impact on the effect of transference work for all patients, and especially so for patients with a history of poor, non-mutual and complicated relationships. For patients with a history of reciprocal, sound relationships the negative influence of therapists' disengaged countertransference is minimal. Higher therapist disengagement is strongly related to inferior therapists' skill for patients with a history of poor relationships and/or more personality disorder pathology. Training and supervision should provide direct feedback and focus on therapists' internal thought processes and emotional reactions. Therapists need to recognize and understand their feelings and attitudes in order to use the countertransference as a tool to understand the interpersonal process in therapy.</p>
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Dahling, V.; May, S.; Peter, S. V.; Schwarz, J.; Ignatyev, Y.; Scheibner, H.; Heinze, M.	2022	Expectations of patients and relatives for modern hospital care in geriatric psychiatry	Zeitschrift fur Gerontologie und Geriatrie	55	6	476–481	OBJECTIVE: In order to improve health care in geriatric psychiatry, users must be granted a larger role in shaping their treatment. To this aim we identify factors that are essential to psychiatric care from users' perspectives. METHODS: Focus groups and interviews (n = 12) were conducted to identify the health care factors that were most essential to its users. In addition, patients (n = 72) and relatives (n = 62) evaluated the current health care in a questionnaire. RESULTS: The most essential factors were longer consultations with doctors and treatment providers, comprehensive and comprehensible information, individualized procedures and therapies, having clearly defined scopes for each professional group, environmental factors and the integration of relatives into the therapy process. CONCLUSION: The reported factors could help improve health services in geriatric psychiatry by pointing towards potential changes and room for optimization in health care on both structural and process levels.
D'Amico, Ferdinando; Magro, Fernando; Caron, Benedicte; Dignass, Axel; Jairath, Vipul; Hart, Ailsa; Kotze, Paulo Gustavo; Paridaens, Kristine; Awadhi, Sameer	2023	iSTART-II: An Update on the i Support Therapy-Access to Rapid Treatment (iSTART) Approach for Patient-Centered Therapy in Mild-to-Moderate Ulcerative Colitis	Journal of clinical medicine	12	3		The i Support Therapy-Access to Rapid Treatment (iSTART) was an initiative to improve patient-centered management in mild-to-moderate ulcerative colitis (UC). Our aim was to update the iSTART recommendations in order to include fecal calprotectin (FC) in the monitoring of patients with UC and improve their management. Twelve physicians from nine countries worldwide attended a virtual international consensus meeting on 4 May 2022. Data from three systematic reviews were analyzed, and a new systematic review investigating all studies reporting measurement of FC at home was conducted. Based on literature evidence, statements were formulated, discussed, and approved by voting. Statements were considered approved if at least 75% of

Al; Kobayashi, Taku; Siegmund, Britta; Peyrin-Biroulet, Laurent; Danese, Silvio							participants agreed with a proposed statement. Fourteen statements were approved. Based on this consensus, FC measurement should be routinely performed for monitoring patients with mild-to-moderate UC to identify disease relapses early and initiate an appropriate treatment. Further studies are needed to assess whether self-monitoring of FC is associated with better disease control and improved patients' quality of life.
Danböck, Sarah K.; Liedlgruber, Michael; Franke, Laila K.; Miedl, Stephan F.; Hettegger, Sabrina E.; Weber, Rainer-Christian; Wilhelm, Frank H.	2024	Acute dissociation as part of the defense cascade: Associations with behavioral, autonomic, and experiential threat responses in posttraumatic stress disorder	Journal of Psychopathology and Clinical Science	133	1	76–89	Dissociative symptoms, such as depersonalization and derealization, are experienced by about half of individuals with posttraumatic stress disorder (PTSD). Theoretical models propose that acute dissociation is accompanied by specific behavioral, physiological, and experiential alterations and contributes to unfavorable PTSD symptom course. Yet, empirical evidence is scarce. Here, we explored associations between dissociative and behavioral, physiological, and experiential threat responses as well as effects of dissociative responding on PTSD symptom course. Individuals with PTSD (N = 71) participated in a preregistered script-driven imagery study including exposure to standardized, detail-enriched trauma, and neutral scripts. Stabilometry, eye-tracking, facial electromyography, autonomic psychophysiology, and self-report data were collected. Moreover, PTSD symptoms were assessed before and 3 months after testing. Analyses did not link acute dissociation to bodily and facial immobility or staring in response to trauma scripts. However, dissociation displayed an inverted U-shaped relationship with heart rate and was linked to higher nonspecific skin conductance fluctuation and higher high-frequency heart rate variability in response to trauma scripts. Moreover, acute dissociation was linked to higher self-reported negative affect responses to

							<p>trauma scripts and displayed a U-shaped relationship with unfavorable PTSD symptom course. While results did not confirm hypothesized behavioral markers of dissociation, they do support defense-cascade model assumptions of an inverted U-shaped relationship between dissociation and psychophysiological arousal resulting from a progression of parasympathetic versus sympathetic dominance with increasing dissociation. On an experiential level, results did not confirm posttraumatic dissociation-induced emotional numbing, questioning theoretical notions. The observed nonlinear associations may help explain the heterogeneity of prior findings and might inform an updated conceptualization of posttraumatic dissociation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Danese, Silvio; Banerjee, Rupa; Cummings, Fraser [JR]; Dotan, Iris; Kotze, Paulo G.; Leong, Rupert Wing Loong; Paridaens, Kristine; Peyrin-Biroulet, Laurent; Scott, Glyn; van Assche, Gert; Wehkamp, Jan; Yamamoto-Furusho, Jesús K.</p>	2018	<p>Consensus recommendations for patient-centered therapy in mild-to-moderate ulcerative colitis: the iSupport Therapy-Access to Rapid Treatment (iSTART) approach</p>	<p>Intestinal research</p>	16	4	522–528	<p>Symptomatic ulcerative colitis (UC) can be a chronic, disabling condition. Flares in disease activity are associated with many of the negative impacts of mild-to-moderate UC. Rapid resolution of flares can provide benefits to patients and healthcare systems. iSupport Therapy-Access to Rapid Treatment (iSTART) introduces patient-centered care for mild-to-moderate UC. iSTART provides patients with the ability to self-assess symptomology and self-start a short course of second-line treatment when necessary. An international panel of experts produced consensus statements and recommendations. These were informed by evidence from systematic reviews on the epidemiology, mesalazine (5-ASA) treatment, and patient use criteria for second-line therapy in UC. Optimized 5-ASA is the first-line treatment in all clinical guidelines, but may not be sufficient to induce remission in all patients. Corticosteroids should be prescribed as second-line therapy when needed, with</p>

							budesonide MMX® being a preferred steroid option. Active involvement of suitable patients in management of UC flares has the potential to improve therapy, with patients able to show good accuracy for flare self-assessment using validated tools. There is a place in the UC treatment pathway for an approach such as iSTART, which has the potential to provide patient, clinical and economic benefits.
Danner, Dennis	2016	JA zu mir!. Trauma und seelisches Wachstum					Aus einer personenzentrierten Haltung heraus werden die Erkenntnisse der Traumaforschung für das Konzept einer integrativen Psychotherapie und für die Förderung von Persönlichkeitsentwicklung nutzbar gemacht. Durch das Prinzip des Bejahens und Beachtens wird die Förderung seelischen Wachstums ermöglicht. Bejahter Widerstand ist dabei das Potential eines jeden bei der Verarbeitung von Traumata. Unbewusster Widerstand wird als zerstörerische Kraft gesehen, die die Aufspaltung der Traumastruktur begünstigt. Es werden Grundprinzipien beschrieben, wie mit Widerstand umgegangen werden kann, um von Zerstörung zu Bejahung zu gelangen. - Inhalt: (1) Was ist ein Trauma. (2) Ein Modell zur Traumaanalyse. (3) Traumatische Situation. (4) Bindungstrauma. (5) erlebnismuster. (6) Krise. (7) Zusammenfassung. (8) Niederlagen als Chance. (9) Stabilisieren oder Schritte. (10) Selbstbeachten als Weg. (11) Therapeutische Schritte. (12) Bejahende Arbeit mit dem Widerstand. (13) Innere Autorität.
Darcy, Alison M.; Fitzpatrick, Kara K.; Lock, James	2016	Cognitive remediation therapy and cognitive behavioral therapy with an	Psychotherapy	53	2	232-240	Cognitive remediation therapy represents a new approach to the treatment of anorexia nervosa (AN) emerging from research, suggesting that adults with chronic AN have specific neurocognitive inefficiencies. Specifically, adults with AN demonstrate an overly detailed cognitive processing bias (Roberts, Tchanturia, &

		older adult with anorexia nervosa: A brief case report					Treasure, 2013) and difficulties shifting set quickly and efficiently (Roberts, Tchanturia, Stahl, Southgate, & Treasure, 2007). These characteristics manifest as rigid, rule-bound, and detail-focused cognitions, beliefs, and behaviors. Versions of these problems appear to persist after weight restoration (Tchanturia et al., 2004) and are observable in patient's healthy sisters (Roberts et al., 2013). Thus, central coherence difficulties and set-shifting problems have been proposed as endophenotypes and maintaining factors of AN (Roberts et al., 2013). (PsyInfo Database Record (c) 2020 APA, all rights reserved)
Daszkowski, Alexandra	2021	Wenn Gefhle Farben formen: Kunsttherapie und emotionsfokussierte Psychotherapie	Musik-, Tanz- und Kunsttherapie	31	2	212-225	Emotionsfokussierte Psychotherapie ist ein evidenzgesttztes Verfahren, das Emotionen fr die Funktionalitt eines Menschen und seinen therapeutischen Vernderungsprozess als zentral erachtet. Der Beitrag befasst sich mit der Rolle von Kunsttherapie in der emotionsfokussierten psychiatrisch-psychotherapeutischen Behandlung. berschneidungsbereiche zwischen emotionsfokussierter Psychotherapie und Kunsttherapie werden aufgezeigt und mit Erfahrungen aus der Praxis belegt. Ein Fallbeispiel zeigt, wie auf Bilderebene im Laufe eines kunsttherapeutischen Prozesses verschiedene authentische Gefhlsqualitten und Ressourcen sichtbar sowie besprechbar wurden und in einer Bilderreihe sinnhaft miteinander verbunden werden konnten. Aus dem integrativen Ansatz und dem vielversprechenden Verlauf ergibt sich die Empfehlung, spezifische emotionsfokussierte Kunsttherapie in das multiprofessionell ausgerichtete psychotherapeutische Behandlungskonzept, welches auf eine frderliche

							Modifikation problematischer Gefühle abzielt, einzubeziehen.
Datta, Nandini; Matheson, Brittany; Walker, Avery Carter; van Wye, Eliza; Lock, James D.	2023	Psychoeducational and motivational treatment for low-weight Avoidant/Restrictive Food Intake Disorder (ARFID): Three case reports in school-aged children	Clinical child psychology and psychiatry	28	3	1123–1134	BACKGROUND: Individuals with Avoidant/Restrictive Food Intake Disorder (ARFID) experience restrictive or highly selective eating problems that interfere with growth and development. Despite the increasing number of referrals for ARFID, no evidence-based treatments exist. This compilation of case composites describes a novel manualized treatment, Psychoeducational and Motivational Treatment (PMT) for children with ARFID, focusing on exploring motivation to change eating behaviors. This approach is based on motivational non-directive psychotherapy models, psychoeducational interventions, and the usefulness of play to support psychotherapeutic learning in school-age children. CASE PRESENTATIONS: Three cases of children with ARFID treated using PMT are presented: a 7-year-old, a 10-year-old, and a 12-year-old. These cases illustrate how a clinician delivers PMT interventions in the context of developmental abilities and common comorbidities associated with ARFID. CONCLUSION: PMT is a promising therapy for ARFID in school-age children. Challenges and strategies are discussed, including ways to address obstacles such as young age, comorbidities, and use of the virtual environment.
Davis, Sean D.; Hsieh, Alexander L.	2019	What Does it Mean to be a Common Factors Informed Family Therapist?	Family process	58	3	629–640	The common factors paradigm in couple and family therapy has gained popularity over the past several decades, leading many therapists to refer to themselves as common factors family therapists. Despite this, no consensus exists on what it means to be a common factors family therapist, or if such a designation even makes sense given that the common factors paradigm is not a model. Synthesizing the existing common factors

							literature, a case is made for the designation "common factors informed family therapist," and the following six core principles are outlined that characterize this designation: (1) sees overlap among theories; (2) passionate about theory, not a theory; (3) client centered; (4) monitors hope and the therapeutic alliance; (5) views clients as people rather than objects; and (6) prioritizes healing over therapy. Each of the concepts is discussed in depth, and clinical implications are provided.
de Almeida Sampaio, Thiago Pacheco; Jorge, René Cabral; Martins, Daniel Santos; Gandarela, Lucas Marques; Hayes-Skelton, Sarah; Bernik, Márcio Antonini; Lotufo-Neto, Francisco	2020	Efficacy of an acceptance-based group behavioral therapy for generalized anxiety disorder	Depression and anxiety	37	12	1179–1193	BACKGROUND: Generalized anxiety disorder (GAD) shows the weakest treatment response among anxiety disorders. This study aimed at examining whether an acceptance-based group behavioral therapy (ABBT) for patients in a Brazilian anxiety disorders program, combining mindfulness and exposure strategies, can improve clinical outcome when compared with a standard nondirective supportive group therapy (NDST). METHODS: Ninety-two individuals diagnosed with GAD were randomized to receive 10 sessions of either ABBT or NDST. Assessments at pretreatment, midtreatment, posttreatment, and 3-month follow-up comprised the following outcome measures: Hamilton Anxiety Rating Scale (HAM-A), Penn State Worry Questionnaire (PSWQ), Depression Anxiety and Stress Scale (DASS), and the Clinical Global Impressions (CGI). The World Health Organization Quality of Life (WHOQOL) was administered at pretreatment and posttreatment. RESULTS: The mixed-effects regression models for DASS-stress, Hamilton Anxiety Interview, and CGI showed a significant effect for Time and the Time × Treatment effect, but not for the Treatment main effect. Similarly, there was a significant Time × Treatment effect for the PSWQ, but not main effects of Time or Treatment. Altogether, these data

							indicate that symptoms decreased in both conditions across treatment and follow-up, and that the rate of change was more rapid for those participants in the ABBT condition. We found no differences between groups from pretreatment to posttreatment in DASS-anxiety or any secondary outcome measure, but for the physical health domain of WHOQOL, which was faster in ABBT. CONCLUSIONS: Both groups showed good clinical outcomes, but in general, participants of the ABBT group improved faster than those in the NDST group.
Dean, Suzanne; Tonge, Bruce; Beaufoy, Jeanette; Godfrey, Celia; Grady, Jacqueline; Pullen, Jill; Smale, Sarina; Hill, Christine; Ivey, Gavin; Taffe, John	2023	The Melbourne Study of Psychoanalytic Psychotherapy low-cost clinic I: Implementation , mental health and life functioning gains	Appl Psychoanal Studies (International Journal of Applied Psychoanalytic Studies)	20	4	551-572	
Decelis, Karen; Falzon, Ruth	2022	I cannot do that...I'm a counsellor: Implications of professional boundaries on counsellors' public life as entertainers	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	2	480-490	
DeCou, Christopher R.;	2017	Assault-related shame	Psychological Trauma: Theory,	9	2	166-172	[Correction Notice: An Erratum for this article was reported in Vol 10(2) of Psychological Trauma: Theory,

<p>Cole, Trevor T.; Lynch, Shannon M.; Wong, Maria M.; Matthews, Kathleen C.</p>	<p>mediates the association between negative social reactions to disclosure of sexual assault and psychological distress</p>	<p>Research, Practice, and Policy</p>			<p>Research, Practice, and Policy (see record 2018-08774-001). In the article, there was an error in the coding of missing values thus effecting the abstract, Methods, Results, and Discussion sections. The frequency counts for sexual assault victimization, reactions to social disclosure, and assault-related shame were calculated incorrectly due to an error in the coding of missing values, and have been corrected in the description of participants and in the results and discussion sections. In addition, the sample size was incorrectly reported as N = 207, and should have appeared as “N = 208.” The sample size and corresponding percentages have been corrected throughout the text. Two transcription errors for the indirect effects via PTSD and global distress were also corrected. These indirect effects were incorrectly reported as “PCL-C; $\beta = .27$,” and “OQ-45.2; $\beta = .21$,” and should have appeared as “PCL-C; $\beta = .26$,” and “OQ-45.2; $\beta = .20$.”] Objective: Several studies have identified associations between social reactions to disclosure of sexual assault and psychological distress; however, no studies have evaluated shame as a mediator of this association. This study evaluated assault-related shame as a mediator of the associations between negative social reactions to disclosure of sexual assault and symptoms of posttraumatic stress disorder (PTSD), depression, and global distress and hypothesized that there would be an indirect effect of social reactions to disclosure upon symptoms of psychopathology via assault-related shame. Method: Participants were 207 female psychology undergraduates who reported past history of completed or attempted sexual assault and had disclosed the assault to at least 1 other person. Participants completed self-report measures of social reactions to sexual assault</p>
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						disclosure, assault-related shame, and symptoms of psychopathology. Results: Participants reported significant histories of attempted or completed sexual assault and indicated clinically significant symptoms of depression and subthreshold symptoms of PTSD and global distress, on average. Evaluation of structural models confirmed the hypothesized indirect effect of negative social reactions to sexual assault disclosure upon symptoms of PTSD ($z = 5.85, p < .001$), depression ($z = 4.56, p < .001$), and global distress ($z = 4.82, p < .001$) via assault-related shame. Conclusions: These findings offer new insight concerning the intervening role of assault-related shame and highlight the importance of shame as a target for therapeutic intervention. This study suggests the need for future research concerning the role of shame in the etiology of PTSD and process of disclosure among survivors of attempted or completed sexual assault. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
DeDios-Stern, Samantha; Lee, Eun-Jeong		Blame, coping, and psychosocial outcomes in caregivers of individuals with brain injury	Rehabilitation Psychology	62	3	Objective: Acquired brain injury (ABI) is associated with many physical and psychiatric conditions. Oftentimes, the individual's family members are responsible for providing long-term care, leaving caregivers vulnerable to negative effects of caregiving including stress, depression, and decreased quality of life. Attribution theory suggests that caregivers may blame the individual with the ABI for their injury as a way to understand their own circumstances. The objective of this study was to investigate caregiver coping strategies as possible mediators between caregiver family member blame and caregiver psychosocial outcomes among caregivers of individuals with ABI. Method: Caregivers of individuals with ABI ($n = 94$) completed an online survey of self-report

							measures regarding coping (emotion-focused, problem-focused, and dysfunctional strategies), blame (direct, indirect, and preoccupation with blame), depressive symptoms, and quality of life (QOL). Bootstrapping mediation analyses were conducted to investigate the mediating role of caregiver coping strategies between blame attributions, and either depressive symptoms or QOL. Results: Results demonstrated that the use of more dysfunctional coping strategies significantly mediated the relationship between indirect blame, and depressive symptoms and QOL. Furthermore, using more dysfunctional coping strategies also significantly mediated the relationship between preoccupation with blame and depressive symptoms. Conclusions: Results of this study point to the important role blame attributions play in the use of coping strategies and subsequent psychosocial outcomes. By understanding the relationships between blame attributions, coping behavior, and psychosocial outcomes, clinicians may better tailor treatments to optimize QOL and promote the psychological well being of caregivers and care recipients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Deemer, Ashley D.; Massof, Robert W.; Rovner, Barry W.; Casten, Robin J.; Piersol, Catherine V.	2017	Functional Outcomes of the Low Vision Depression Prevention Trial in Age-Related Macular Degeneration	Investigative ophthalmology & visual science	58	3	1514–1520	PURPOSE: To compare the efficacy of behavioral activation (BA) plus low vision rehabilitation with an occupational therapist (OT-LVR) with supportive therapy (ST) on visual function in patients with age-related macular degeneration (AMD). METHODS: Single-masked, attention-controlled, randomized clinical trial with AMD patients with subsyndromal depressive symptoms (n = 188). All subjects had two outpatient low vision rehabilitation optometry visits, then were randomized to in-home BA + OT-LVR or ST. Behavioral activation is a

						structured behavioral treatment aiming to increase adaptive behaviors and achieve valued goals. Supportive therapy is a nondirective, psychological treatment that provides emotional support and controls for attention. Functional vision was assessed with the activity inventory (AI) in which participants rate the difficulty level of goals and corresponding tasks. Participants were assessed at baseline and 4 months. RESULTS: Improvements in functional vision measures were seen in both the BA + OT-LVR and ST groups at the goal level ($d = 0.71$; $d = 0.56$ respectively). At the task level, BA + OT-LVR patients showed more improvement in reading, inside-the-home tasks and outside-the-home tasks, when compared to ST patients. The greatest effects were seen in the BA + OT-LVR group in subjects with a visual acuity $\geq 20/70$ ($d = 0.360$ reading; $d = 0.500$ inside the home; $d = 0.468$ outside the home). CONCLUSIONS: Based on the trends of the AI data, we suggest that BA + OT-LVR services, provided by an OT in the patient's home following conventional low vision optometry services, are more effective than conventional optometric low vision services alone for those with mild visual impairment. (ClinicalTrials.gov number, NCT00769015.).
Deepeshwar, Singh; Nagendra, H. R.; Rana, Bal Budhi; Visweswaraiyah, Naveen Kalkuni	2019	Evolution from four mental states to the highest state of consciousness: A neurophysiological basis of meditation as	Progress in brain research	244	31–83	This chapter provides a theoretical introduction to states of consciousness and reviews neuroscientific investigations of meditation. The different states of consciousness consist of four mental states, i.e., cancalata (random thinking), ekagrata (non-meditative focusing), dharna (focused meditation), and dhyana (meditation) as defined in yoga texts. Meditation is a self-regulated mental process associated with deep relaxation and increased internalized attention. Scientific investigations on meditation reported changes in

		defined in yoga texts					<p>electrophysiological signals and neuroimaging measures. But most outcomes of meditation studies showed inconsistent results, this may be due to heterogeneity in meditation methods and techniques evolved in the last 200 years. Traditionally, the features of meditation include the capacity to sustain a heightened awareness of thoughts, behaviors, emotions, and perceptions. Generally, meditation involves non-reactive effortless monitoring of the content of experience from moment to moment. Focused meditation practice involves awareness on a single object and open monitoring meditation is a non-directive meditation involved attention in breathing, mantra, or sound. Therefore, results of few empirical studies of advanced meditators or beginners remain tentative. This is an attempt to compile the meditation-related changes in electrophysiological and neuroimaging processes among experienced and novice practitioners.</p>
Degerli, Yusuf Islam; Dogu, Feridun; Oksuz, Cigdem	2022	Manufacturing an assistive device with 3D printing technology - a case report	Assistive technology : the official journal of RESNA	34	1	121-125	<p>Our aim is to define the design and procedure of a 3D printed assistive device and to produce a prototype assistive device for an individual with quadriplegia in order to enable him/her to independently conduct daily living activities. For the design and production of the 3D assistive device, we followed six steps. In the first step-determination of problematic activity/client-centered approach-writing activity was determined as the most problematic activity as a result of the interview with a paraplegic patient. Then, 2D drawings of the assistive device were created as the second step. For the third step the 3D scan of the individual's right hand was obtained. 3D scan of the right hand was transferred to CATIA program and the 3D printer is used in the manufacturing process for the fourth step. In the fifth step, we produced</p>

							a low-cost novel writing assistive device. The writing device was introduced to the disabled individual and training was given regarding its practical use in the final step teaching the use of the device. As 3D printing technology progresses and becomes more reliable, we believe that the production of assistive devices will become much easier and their use will become more prevalent.
Del Carmen Espinoza, María	2020	The use of collaborative/therapeutic assessment with oppositional defiant disorder: A longitudinal case study	Rorschachiana	41	2	200–222	The aim of the present single case study was to demonstrate the effectiveness of a therapeutic evaluation model (CTA) used for 4 years with a teenage girl (13–17 years of age) with oppositional defiant disorder (ODD). Clinical evaluations using autobiography as well as the Millon Adolescent Clinic Inventory, House–Tree–Person Drawing, and Rorschach test (Comprehensive System) were conducted at each of four time points: 13, 14, 15, and 17 years of age. An average of four evaluation sessions were carried out at each time point following feedback of the results to the client, reflections about her experience with the evaluation process and with results obtained were requested in writing. Progressive findings reveal a gradual decrease in ODD markers and increasing sophistication, organization, and realism in the configuration of the drawings. The Rorschach test gradually indicated a decrease in aggression content and improvement in the quality of responses. In conclusion, the longitudinal design used in the case shows a strengthening of the self, a notable decrease in oppositional defiant behavior, and an adaptation and adjustment to reality as expected for a young woman of the client's age. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Deleo, Andrea; Romero, Roberta; Zelaya, Enmanuelle A.	2021	Movimiento Ventana: An Alternative Proposal to Mental Health in Nicaragua				295–311	<p>This chapter describes the experience of Movimiento Ventana as a self-managed social movement and the use of arts-based alternative therapies—Biodanza and Art Therapy—in a group non-directive methodology under an approach of recovery and restitution of rights in the Psychosocial Hospital of Managua, Nicaragua. These therapies and approaches seek to promote health, positively influence the recovery of mental health users and reduce the social stigma associated with mental health. Biodanza and Art Therapy have proven to be effective techniques when working with people living with mental disorders, generating benefits at both the individual and social levels and developing areas where hegemonic therapies are limiting. As well, the use of art as a transformative tool fosters social participation and a more active role of participants in the activities. At the same time, it influences volunteers, transforming what is understood by “madness” and “being crazy” and recognizing the importance of mental health. Finally, it is recognized the need to question our own stigmas and roles of power in order to create more horizontal spaces where human rights, freedom, and the autonomy of people living with mental disorders are ensured and respected.</p>
Delgadillo, Jaime; Gonzalez Salas Duhne, Paulina		Targeted prescription of cognitive–behavioral therapy versus person-centered counseling for depression	Journal of consulting and clinical psychology	88	1		<p>Objective: Depression is a highly common mental disorder and a major cause of disability worldwide. Several psychological interventions are available, but there is a lack of evidence to decide which treatment works best for whom. This study aimed to identify subgroups of patients who respond differentially to cognitive–behavioral therapy (CBT) or person-centered counseling for depression (CfD). Method: This was a retrospective analysis of archival routine practice data for</p>

		using a machine learning approach					1,435 patients who received either CBT (N = 1,104) or CfD (N = 331) in primary care. The main outcome was posttreatment reliable and clinically significant improvement (RCSI) in the PHQ-9 depression measure. A targeted prescription algorithm was developed in a training sample (N = 1,085) using a supervised machine learning approach (elastic net with optimal scaling). The clinical utility of the algorithm was examined in a statistically independent test sample (N = 350) using chi-square analysis and odds ratios. Results: Cases in the test sample that received their model-indicated "optimal" treatment had a significantly higher RCSI rate (62.5%) compared to those who received the "suboptimal" treatment (41.7%); $\chi^2(df = 1) = 4.79, p = .03, OR = 2.33$ (95% CI [1.09, 5.02]). Conclusion: Targeted prescription has the potential to make best use of currently available evidence-based treatments, improving outcomes for patients at no additional cost to psychological services. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Deloch, Heinke; Ebert-Wittich, Sybille; Wittich, Peter; Schillings, Astrid; Lindner, Monika; Jrgens, Regina	2018	Schwerpunktthema: ber den Krper der Seele begegnen: Die Methode des Focusing. (Mit 5 Einzelbeitrgen)	Gesprchspsychotherapie und Personenzentrierte Beratung	49	1	6-23	Insgesamt fnf Beitrge zum Schwerpunktthema: "ber den Krper der Seele begegnen: Die Methode des Focusing" werden vorgelegt. Thematisiert werden verschiedene Erweiterungen und neue Anwendungsfelder des Focusing. Inhalt - (1) H. Deloch: Vom impliziten Wissen zum gemeinsamen Konzept. Ideen im Team entwickeln - mit Elementen des Thinking at the Edge (S. 6-11). (2) S. Ebert-Wittich und P. Wittich: Fortsetzen gestoppter Ich-Prozesse: ein Pldoyer fr das Ich in der focusing-orientierten Teile-Arbeit (S. 11-15). (3) A. Schillings: Focusing mit dem Ganzen Krper. Embodiment der Person (S. 15-19). (4) M. Lindner: "Exploring Experience". Ein Erfahrungsbericht vom 4. European Summer Research

							Institute (S. 20-21). (5) R. M. Jrgens: "Personzentrierte und focusing-orientierte Beratung gehen zusammen - vor allem in der Weiterbildung" (S. 22-23).
Demir, Sati; Ercan, Feride	2022	The effectiveness of cognitive behavioral therapy-based group counseling on depressive symptomatology, anxiety levels, automatic thoughts, and coping ways Turkish nursing students: A randomized controlled trial	Perspectives in psychiatric care	58	4	2394–2406	<p>PURPOSE This study aimed to evaluate the effectiveness of cognitive behavioral therapy (CBT)-based group counseling focused on depressive symptoms, anxiety levels, automatic thoughts, and coping ways among undergraduate nursing students with mild to moderate depressive symptoms.</p> <p>DESIGN AND METHODS A randomized, nonblinded, controlled trial was conducted. The study was completed with a total of 63 participants (n = 31, intervention group; n = 32, control group). The effect of the intervention was evaluated with Beck depression inventory, Beck anxiety inventory, automatic thoughts questionnaire, and ways of coping questionnaire. The measurements were taken three times: pretest, posttest, and 2-months posttest.</p> <p>FINDINGS CBT-based group counseling was found to reduce depressive symptoms, automatic thoughts, and ineffective coping with stress and to increase effective coping with stress. In both groups, 2-months posttest mean anxiety score was lower than the pre-test mean score.</p> <p>PRACTICE IMPLICATIONS CBT-based group counseling reduced depressive symptoms, automatic thoughts, and emotion-focused/ineffective ways for coping with stress.</p>
Demir, Selin; Schwarz,	2022	Therapy from my point of view: A case	Journal of clinical psychology	78	10	2029–2040	Lately, the use of patient-reported outcome measures (PROM) to adapt and improve ongoing psychotherapeutic treatments has become more widespread. Their main

Franziska; Kaiser, Tim		illustration of routine outcome monitoring and feedback in psychotherapeutic interventions					purpose is to support data-informed, collaborative treatment decisions which include the patient's point of view on their progress. In case of nonresponse or deterioration, these systems are able to warn clinicians and guide the process "back on track" in treatment. In this case illustration, the Greifswald Psychotherapy Navigator System (GPNS) detected the deterioration of 19-year-old Sarah during the first eight sessions of cognitive-behavioral therapy for social anxiety and depression. Here, the GPNS helped the therapist gain insight as to how Sarah's social anxiety affected their treatment and adjust her strategy accordingly. Using the symptom curves and progress scales of the GPNS, the therapist was able to then address her patient's struggles in detail during their sessions and with her supervisor. After adapting her therapeutic approach, the patient's deterioration could be averted while simultaneously strengthening their communication in the process. Clinical implications and the benefits of using PROM systems for evidence-based personalization of psychotherapy are presented.
Demisch, Anja Maja; Kuchinke, Lars	2022	Do the relationships between age and the personality of psychotherapists differ from expected trajectories? A cross-sectional study	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	4	970-981	Abstract Objectives Large-scale panel data suggest that older people tend to be less neurotic, extraverted and open-minded, but more agreeable and conscientious. In this study, the relationships between age and the Big Five dimensions were examined for 324 German psychotherapists. Methods A model uncertainty and robustness approach was applied to evaluate the stability of relationships between age and the Big Five measures across a multiverse of regression analyses when controlling for job experience, gender, psychotherapeutic orientation, and occupational demands. Results Older psychotherapists were found to be more open and less

							neurotic, and conscientious. Relationships were found to be linear and were not moderated by occupational demands. Conclusions The observed relationships between age and psychotherapists' personality are discussed in consideration of social investment theories and a close connection between personal and professional development as a distinct feature of psychotherapeutic work. Those patterns parallel clients' preferences and likely contribute to therapy outcomes, which should be addressed in future studies in psychotherapy research.
Dempewolf, Eva; Fink, Birgit	2021	Wie gut die Wahrheit tut. Rogers' drei Sulen in der Kommunikation zu Coronazeiten - Und darber hinaus	Gesprchspsych ootherapie und Personzentrierte Beratung	52	1	28-30	In der personzentrierten Ausbildung werden die drei Sulen des Ansatzes von Carl Rogers vermittelt: wertschtzende Akzeptanz, Kongruenz (oder Authentizitt) und Empathie. Seit vielen Jahren arbeiten die Autorinnen nicht nur auf dieser Basis mit Klienten und Patienten, die drei Sulen sind auch zu einer Grundhaltung geworden, die ihre eigene Kommunikation bestimmt - im beruflichen Kontext wie im privaten Bereich. Jetzt - mitten im Lockdown - gewinnt diese Haltung eine neue Dimension. Denn alle Betroffene und haben hnliche Gefhle: Sorgen, Angst, Wut, Hilflosigkeit. Diese Last wird getragen, egal, mit wem kommuniziert wird. Die Last ist allgegenwrtig und damit immer im Weg. Tatschlich? Die Autorinnen beschftigt, dass Rogers' Thesen gerade in diesen sonderbaren Zeiten besonders hilfreich sein knnen, und wie verzwick es sein kann, diese zur Zeit selbst zu leben.
Dennis, Cindy-Lee E.	2004	Treatment of postpartum depression, part 2: a critical review of	The Journal of clinical psychiatry	65	9	1252-1265	BACKGROUND While postpartum depression is a common mental condition with significant burden, it often remains undiagnosed and untreated. The objective of this article is to critically review the literature to determine the current state of scientific knowledge related to the treatment of

		nonbiological interventions				<p>postpartum depression from a nonbiological perspective.</p> <p>DATA SOURCES Databases searched for this review included MEDLINE, PubMed, CINAHL, PsycINFO, EMBASE, ProQuest, the Cochrane Library, and the WHO Reproductive Health Library from 1966 to 2003. The search terms used were postpartum/postnatal depression and randomized controlled/clinical trials. Published peer-reviewed articles in English from 1990 to 2003 were included in the review, although select earlier studies were also included based on good methodological quality and/or the absence of more recent work.</p> <p>METHOD The criteria used to evaluate the interventions were based on the standardized methodology developed by the U.S. Preventive Services Task Force and the Canadian Task Force on Preventive Health Care.</p> <p>RESULTS Twenty-one studies that met inclusion criteria were examined. These studies included interpersonal psychotherapy, cognitive-behavioral therapy, peer and partner support, nondirective counseling, relaxation/massage therapy, infant sleep interventions, infant-mother relationship therapy, and maternal exercise. Although some of these interventions have been better studied for depression unrelated to childbirth, methodological limitations render their efficacy equivocal for postpartum depression.</p> <p>CONCLUSIONS Definite conclusions cannot be reached about the relative effectiveness of most of the nonbiological treatment approaches due to the lack of well-designed investigations. Randomized controlled trials are needed</p>
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							to compare different treatment modalities, examine the effectiveness of individual treatment components, and determine which treatments are most useful for women with different risk factors or clinical presentations of postpartum depression.
Depp, Colin A.; Parrish, Emma M.; Chalker, Samantha A.; Ehret, Blaire C.; Kamarsu, Snigdha; Perivoliotis, Dimitri; Granholm, Eric	2023	Pilot feasibility trial of a brief mobile-augmented suicide prevention intervention for serious mental illness	Psychiatric Rehabilitation Journal	46	1		Objective: People with serious mental illnesses (SMIs) are at high risk for suicidal ideation and behavior, and yet few suicide prevention interventions have been customized for this group. We describe the outcomes of a pilot trial of Mobile SafeTy And Recovery Therapy (mSTART), a four-session suicide-focused cognitive behavioral intervention for SMI, designed for the transition from acute to outpatient care and augmented with ecological momentary intervention to reinforce intervention content. Methods: The primary objective of this pilot trial was to evaluate the feasibility, acceptability, and preliminary effectiveness of START. Seventy-eight people with SMI and elevated suicidal ideation were randomized to either: (a) mSTART or (b) START alone (i.e., without mobile augmentation). Participants were evaluated at baseline, 4 weeks (end of in-person sessions), 12 weeks (end of mobile intervention), and 24 weeks. The primary outcome of the study was change in suicidal ideation severity. Secondary outcomes included psychiatric symptoms, coping self-efficacy, and hopelessness. Results: A total of 27% of randomized persons were lost to follow-up after baseline, and engagement with mobile augmentation was variable. There was clinically significant improvement ($d = 0.86$) in suicidal ideation severity scores sustained over 24 weeks, with similar effects seen for secondary outcomes. Preliminary comparison indicated a medium effect size ($d = 0.48$) advantage at 24 weeks of mobile augmentation in suicidal ideation severity scores.

							Treatment credibility and satisfaction scores were high. Conclusions and Implications for Practice: START, regardless of mobile augmentation, was associated with sustained improvement in suicidal ideation severity and secondary outcomes in people with SMI at-risk for suicide in this pilot trial. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Deres-Cohen, Keren; Dolev-Amit, Tohar; Peysachov, Galit; Ramseyer, Fabian T.; Zilcha-Mano, Sigal	2021	Nonverbal synchrony as a marker of alliance ruptures	Psychotherapy	58	4	499–509	Findings from the past 5 decades of empirical research on the working alliance suggest its importance in psychotherapy. Recent studies have sought to identify markers of the alliance, of which one of the most promising candidates is nonverbal synchrony. Delving into processes that constitute the alliance, such as alliance ruptures, may shed light on underlying mechanisms of the association between nonverbal synchrony and the therapeutic relationship. The present study examines whether nonverbal synchrony can serve as a marker of alliance ruptures. To achieve this aim, 418 sessions of 75 therapeutic dyads were coded for ruptures, using the Rupture Resolution Rating System, and for nonverbal synchrony, using motion energy analysis. A mixed-method analysis, integrating multilevel nested models with a case study analysis, was implemented. The results of the multilevel nested models suggest that nonverbal synchrony is significantly associated with confrontational ruptures, whereas withdrawal ruptures showed no such association. The findings of the case analysis suggest that moments of especially high nonverbal synchrony during a rupture are those in which the therapist made great efforts to be attentive to the patient when the patient acted in a confrontational manner. The findings of the present study demonstrate the potential of nonverbal synchrony to

							serve as a marker of confrontational ruptures. The findings support the social glue assumption, according to which therapists may seek higher levels of nonverbal synchrony with patients to maintain a strong alliance in the face of difficulties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Desai, Raj; Sonawane, Kalyani	2019	Depression treatment use among stroke individuals with depression: A cross-sectional analysis of the Medical Expenditure Panel Survey	Research in social & administrative pharmacy : RSAP	15	11	1338–1343	BACKGROUND: Depression is the most prevalent psychiatric comorbidity among stroke individuals. Despite the effectiveness of antidepressants and psychotherapy, data on the use of these treatments among stroke survivors is limited. OBJECTIVE: The main objective of this study was to document prevalence of antidepressant use, types of antidepressants utilized, and adherence to antidepressants among stroke individuals. METHODS: Retrospective, cross-sectional data obtained from the Medical Expenditure Panel Surveys (MEPS), for the years 2011, 2013 and 2015, was utilized for this study. Treatment for depression was categorized into three mutually exclusive categories: 1) antidepressants only, 2) antidepressants and psychotherapy (combination), and 3) No treatment. Adherence to antidepressants was measured using the Proportion of Days Covered (PDC) ratio. Adherence between antidepressant only and combination therapy group was compared using Student's t-test. A multinomial logistic regression analysis was used to further examine the association between patient characteristics and likelihood of receiving depression treatment. RESULTS: A total of 759 stroke individuals with comorbid depression were identified. Of these, 51.2% utilized only antidepressants, 12.6% utilized a combination treatment of antidepressants and psychotherapy and 31.7% did not receive treatment for depression. Selective Serotonin

							<p>Reuptake Inhibitors (SSRI's) was the most commonly used antidepressants in the stroke population. Males (P = 0.04), age group of 40-64 years (P < 0.001), and African Americans (P = 0.02) constituted for the highest proportions of untreated stroke survivors. Among treated stroke individuals, adherence was higher for combination therapy users compared to those using antidepressants only (mean PDC = 65.8 ± 6.89 and 57.6 ± 3.74, respectively). CONCLUSION: Almost 70% of stroke individuals received some form of treatment for depression and several patient-related factors (gender, age, race, marital status, and comorbidity burden) were associated with the utilization of depression treatment. Future researchers need to investigate the factors responsible for lack of depression treatment in stroke individuals and policy makers should aim for a more patient centered care.</p>
Dettke, Monika	2018	Die personenzentrierte Beratung von Multiple-Sklerose-Kranken und Angehörigen	Gesprächspsychotherapie und Personenzentrierte Beratung	49	3	159-160	<p>Vorgestellt wird das Projekt "Betroffene beraten Betroffene" der Deutschen Multiple Sklerose Gesellschaft (DMSG). Angesprochen werden Inhalte der Ausbildung, die sich an den Prinzipien der personenzentrierten Beratung und dem Peer Counseling orientiert, sowie Herausforderungen in der praktischen Tätigkeit der Laienberater und -beraterinnen.</p>
Di Malta, Gina; Oddli, Hanne W.; Cooper, Mick	2019	From intention to action: A mixed methods study of clients' experiences of goal-oriented practices	Journal of clinical psychology	75	10	1770-1789	<p>OBJECTIVES Goal-oriented practices are central to many contemporary psychotherapies. The aim of this study was to explore clients' experiences of this work.</p> <p>DESIGN Mixed methods, with a main qualitative part and a smaller quantitative component. Participants were 22 clients in integrative psychotherapy (15 females, 6 males, 1 "other"). Semistructured interviews after session 4 and at</p>

							<p>endpoint were analyzed thematically. On the basis of the identified themes, "goal attitude" scores were developed and their correlations with outcomes investigated.</p> <p>RESULTS</p> <p>Goal-oriented practices could help clients move from intention to action through increased awareness and focus, setting manageable tasks, and progress monitoring. However, they had the potential to hinder clients' awareness of their intentions, feel irrelevant, disorientating, or demotivating. Effectiveness hinged on client's management of their expectations, flexible working, and time. Positive attitudes toward goal-oriented practices were associated with improvement.</p> <p>CONCLUSIONS</p> <p>Goal-oriented practices can enhance psychotherapeutic work but need to be individually tailored and implemented collaboratively.</p>
Diamond, Gary M.; Boruchovitz-Zamir, Rotem; Nir-Gotlieb, Ofir; Gat, Inbal; Bar-Kalifa, Eran; Fitoussi, Priel-Yehoshua; Katz, Shira	2022	Attachment-based family therapy for sexual and gender minority young adults and their nonaccepting parents	Family process	61	2	530–548	<p>This pilot open trial examined the efficacy of attachment-based family therapy (ABFT) for Israeli sexual and gender minority (SGM) young adults and their persistently nonaccepting parents. Thirty families received up to 26 weeks of treatment, with parental rejection, parental acceptance, and young adults' attachment avoidance and attachment anxiety assessed at baseline, 8, 16, 24, and 36 weeks (three months post-treatment). Analyses using multilevel growth models revealed that both young adults and their mothers independently reported increases in mothers' acceptance of their young adult's same-sex orientation or noncisgender identity. In addition, young adults reported decreases in both parents' levels of rejection. Also, mothers, but not fathers, reported decreases in their own level of rejection. Finally, young adults reported a decrease in attachment</p>

							<p>avoidance in their relationships with both mothers and fathers, but not a decrease in attachment anxiety. Importantly, these treatment gains were maintained three months after the end of treatment. Together, these results suggest that ABFT-SGM, a manualized, affirmative, experiential, family-based treatment, may be effective in reducing long-standing parental rejection, promoting parental acceptance, and improving the quality of LGBTQ+ young adults' relationships with their parents. These findings are encouraging in light of the urgent need for efficacious interventions to reduce family generated minority stress and promote safer, more supportive environments for sexual and gender minority people.</p>
Diamond, Gary M.; Shahar, Ben; Sabo, Daphna; Tsvieli, Noa	2016	Attachment-based family therapy and emotion-focused therapy for unresolved anger: The role of productive emotional processing	Psychotherapy	53	1	34–44	<p>A growing body of research suggests that emotional processing is a central and common change mechanism across various types of therapies (Diener & Hilsenroth, 2009; Foa, Huppert, & Cahill, 2006; Greenberg, 2011). This study examined whether 10 weeks of attachment-based family therapy (ABFT), characterized by the use of in-session young adult–parent dialogues, were more effective than 10 weeks of individual emotion-focused therapy (EFT), characterized by the use of imaginal dialogues, in terms of facilitating productive emotional processing among a sample of 32 young adults presenting with unresolved anger toward a parent. This study also examined whether greater amounts of productive emotional processing predicted more favorable treatment outcomes. In contrast to our expectations, we found significantly more productive emotional processing in individual EFT than in conjoint ABFT. Results also showed that while both treatments led to significant and equivalent decreases in unresolved anger, state anger, attachment anxiety, and psychological</p>

							symptoms, only ABFT was associated with decreases in attachment avoidance. Although amount of emotional processing did not explain the unique decrease in attachment avoidance in ABFT, greater amounts of productive emotional processing predicted greater decreases in psychological symptoms (but not other outcome measures) across both treatments. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Diamond, Guy S.; Kobak, R. Roger; Krauthamer Ewing, E. Stephanie; Levy, Suzanne A.; Herres, Joanna L.; Russon, Jody M.; Gallop, Robert J.	2019	A Randomized Controlled Trial: Attachment-Based Family and Nondirective Supportive Treatments for Youth Who Are Suicidal	Journal of the American Academy of Child and Adolescent Psychiatry	58	7	721-731	<p>OBJECTIVE: To evaluate the efficacy of attachment-based family therapy (ABFT) compared with a family-enhanced nondirective supportive therapy (FE-NST) for decreasing adolescents' suicide ideation and depressive symptoms. METHOD: A randomized controlled trial of 129 adolescents who are suicidal ages 12- to 18-years-old (49% were African American) were randomized to ABFT (n = 66) or FE-NST (n = 63) for 16 weeks of treatment. Assessments occurred at baseline and 4, 8, 12, and 16 weeks. Trajectory of change and clinical recovery were calculated for suicidal ideation and depressive symptoms. RESULTS: There was no significant between-group difference in the rate of change in self-reported ideation (Suicidal Ideation Questionnaire-Jr; $F(1,127) = 181, p = .18$). Similar results were found for depressive symptoms. However, adolescents receiving ABFT showed a significant decrease in suicide ideation ($t(127) = 12.61, p < .0001$; effect size, $d = 2.24$). Adolescents receiving FE-NST showed a similar significant decrease ($t(127) = 10.88, p < .0001$; effect size, $d = 1.93$). Response rates (ie, $\geq 50\%$ decrease in suicide ideation symptoms from baseline) at post-treatment were 69.1% for ABFT versus 62.3% for FE-NST. CONCLUSION: Contrary to expectations, ABFT did not perform better than FE-NST. The 2 treatments produced substantial decreases in suicidal ideation and</p>

							depressive symptoms that were comparable to or better than those reported in other more intensive, multicomponent treatments. The equivalent outcomes could be attributed to common treatment elements, different active mechanisms, or regression to the mean. Future studies will explore long-term follow up, secondary outcomes, and potential moderators and mediators. CLINICAL TRIAL REGISTRATION INFORMATION: Attachment-Based Family Therapy for Suicidal Adolescents; http://clinicaltrials.gov ; NCT01537419.
Dichter, Martin Nikolaus; Quasdorf, Tina; Schwab, Christian Günter Georg; Trutschel, Diana; Haastert, Burkhard; Riesner, Christine; Bartholomeyczi k, Sabine; Halek, Margareta	2015	Dementia care mapping: effects on residents' quality of life and challenging behavior in German nursing homes. A quasi-experimental trial	International psychogeriatrics	27	11	1875–1892	BACKGROUND Person-centered care (PCC) is a widely recognized concept in dementia research and care. Dementia Care Mapping (DCM) is a method for implementing PCC. Prior studies have yielded heterogeneous results regarding the effectiveness of DCM for people with dementia (PwD). We aimed to investigate the effectiveness of DCM with regard to quality of life (QoL) and challenging behavior in PwD in nursing homes (NHs). METHODS Leben-QD II is an 18-month, three-armed, pragmatic quasi-experimental trial. The sample of PwD was divided into three groups with three living units per group: (A) DCM applied since 2009, (B) DCM newly introduced during the study, and (C) a control intervention based on a regular and standardized QoL rating. The primary outcome was QoL measured with the Quality of Life-Alzheimer's Disease (QoL-AD) proxy, and the secondary outcomes were QoL (measured with QUALIDEM) and challenging behavior (measured with the Neuropsychiatric Inventory Nursing Home version, NPI-NH). RESULTS

							<p>There were no significant differences either between the DCM intervention groups and the control group or between the two DCM intervention groups regarding changes in the primary or secondary outcomes. At baseline, the estimated least square means of the QoL-AD proxy for groups A, B, and C were 32.54 (confidence interval, hereafter CI: 29.36-35.72), 33.62 (CI: 30.55-36.68), and 30.50 (CI: 27.47-33.52), respectively. The DCM groups A (31.32; CI: 28.15-34.48) and B (27.60; CI: 24.51-30.69) exhibited a reduction in QoL values, whereas group C exhibited an increase (32.54; CI: 29.44-35.64) after T2.</p> <p>CONCLUSIONS</p> <p>DCM exhibited no statistically significant effect in terms of QoL and challenging behavior of PwD in NHs. To increase the likelihood of a positive effect for PwD, it is necessary to ensure successful implementation of the intervention.</p>
DiCorcia, Marina; Iwakabe, Shigeru; Thoma, Nathan C.; Yamazaki, Wakako	2023	Transformational process scale: An initial validation and application to the first psychotherapy session	Journal of Psychotherapy Integration	33	3	248-264	<p>In order to understand the process of emotional transformation in psychotherapy, the development of objective measures of patient emotional processing that capture clinically important aspects of the patient affective state is crucial. The Transformational Process Scale (TPS) is an observer-based measure of patient emotional processing based on the phenomenology of transformation in Accelerated Experiential Dynamic Psychotherapy (AEDP) that captures the process of emotional change in four sequential phases of distinct affective experiences. TPS categorizes 1-min segments of therapy sessions into one of the four states and also notes the intensity of the emotion experienced on a 5-point Likert scale. One of its unique features is that it categorizes different classes of positive emotions. This</p>

							paper details the TPS and its empirical utility. First, the theoretical background of the scale is described. Second, an initial validation study is presented. Third, the scale is illustrated with clinical vignettes representing each state of TPS. As an initial validation of the TPS scale, a subset of sessions was scored by two raters. A satisfactory level of interrater reliability at the level of the four major affective categories and their intensity was demonstrated. The TPS ratings showed that productive first sessions involved higher frequency and intensity of classes of positive emotions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Dictado, Jermaine; Torres-Harding, Susan R.	2023	Predictors of therapy trainees' pathologizing and invalidating microaggressions with sexual and racial minority therapy clients	Training and Education in Professional Psychology		19 31-39 26(Electronic), 19 31-39 18(Print)	304-313	Providing culturally affirmative clinical care entails taking care not to engage in therapy microaggressions nor invalidate the client's own experiences of microaggressions. The present study aimed to understand if therapy trainees enact microaggressions of overpathologization and invalidation toward racial and/or sexual orientation minority clients and to understand whether factors such as countertransference, perceived multicultural competence, empathy, heterosexism, and colorblindness contributed to the likelihood of enacting those microaggressions. One hundred and ten participants were randomly assigned to read one of four clinical vignettes of a client who reported experiencing discrimination because of her identity. Conditions differed by client race (White or African American) and sexual orientation (heterosexual or lesbian). Participants did not overpathologize racial and sexual minority clients. However, participants who reported greater overwhelmed/disorganized countertransference and greater colorblindness were more likely to overpathologize their clients. Participants invalidated the

							<p>microaggression experiences of the White heterosexual client the most when compared to the other conditions. Additionally, participants who reported experiencing overwhelmed/disorganized countertransference reactions and more colorblindness were less likely to believe the client's experiences of microaggressions, whereas having greater helpless/inadequate countertransference and positive countertransference was associated with being more likely to believe the client. Results suggest that therapy training programs might facilitate therapy trainees' engagement in self-reflection around countertransference reactions and help students minimize colorblindness so that trainees will better acknowledge and sensitively address clients' experiences with microaggressions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Diepeveen, Sanne; van Haaften, Leenke; Terband, Hayo; Swart, Bert de; Maassen, Ben	2020	Clinical Reasoning for Speech Sound Disorders: Diagnosis and Intervention in Speech-Language Pathologists' Daily Practice	American journal of speech-language pathology	29	3	1529–1549	<p>Purpose This study aims to give an insight in clinical reasoning (diagnosis and intervention) of speech-language pathologists (SLPs) in the Netherlands for children with speech sound disorder (SSD). Method The study featured a mixed-method (qualitative and quantitative) design. Semistructured interviews containing nondirective, open-ended questions were conducted with 33 SLPs, which were analyzed using a constant comparative analysis. Other SLPs (137) filled out a questionnaire on the same topics. Multiple-choice questions were analyzed by descriptive frequencies, while open-ended questions were analyzed thematically. Results The results indicate that SLPs use a variety of assessments to diagnose SSD, complemented by observation and, often, case history. In total, 85 different diagnostic labels were reported. The choice of intervention is based on what is appealing to the child</p>

							and what matches his or her age as well as on the specific diagnosis and severity. Interventions are used for multiple speech disorders, and according to SLPs, parents play a large role in diagnostics and intervention. Conclusion These results reveal the need for (a) a clear and consistent terminology of diagnoses in the field of pediatric SSD, (b) a fast and easy-to-administer comprehensive differential diagnostic instrument in combination with an instrument to assess participation in everyday life, and (c) a tool to conduct a case history online.
Diepholz, Annerieke; Mensing, Heidi	2017	Psychosoziale Beratung in Familien mit chronisch kranken Kindern	Gesprächspsychotherapie und Personenzentrierte Beratung	48	1	35–39	Grundlagen der psychosozialen Beratung in Familien mit chronisch kranken Kindern werden erörtert. Anhand von Erfahrungen aus dem Projekt KOMPASS, einem psychologischen Beratungsangebot für betroffene Familien, werden Beratungsbedürfnisse im Kontext einer chronischen Erkrankung dargestellt. Dabei wird ein Blick auf den Umgang mit chronischer Erkrankung, die Gestaltung des Familienalltags und die Krankheitsbewältigung geworfen. Vor diesem Hintergrund werden Ziele der Beratung skizziert.
Dillon, Andrew; Timulak, Ladislav; Greenberg, Leslie S.	2018	Transforming core emotional pain in a course of emotion-focused therapy for depression: A case study	Psychotherapy research: journal of the Society for Psychotherapy Research	28	3	406–422	To investigate the pattern of change in emotional states over a course of emotion-focused therapy using the model of sequential emotional processing as an initial framework for analysis. This was a single case study observational design examining 15 sessions of therapy with one client. A qualitative analysis of moment-to-moment shifts in client emotional events was conducted. This conceptualised the interplay between experienced emotions using the sequential emotional processing model as an interpretative framework. The analysis was triangulated by using existing observer-based rating scales and reliability assessed with an independent rater.

							<p>The sequential emotional processing model was found to be an effective means to explain the sequence of expressed emotional events, although some emotional events and emotion scheme change processes pertaining to this particular case required additional explanation than provided in the original model descriptions. Observed nuances in this specific case included highlighting triggers to emotional experience and avoidance processes fuelled by anticipatory fear. The observations included a process of change through accessing core feelings of shame, fear, and loneliness and their transformation through the generation of self-compassion and assertive anger. Implications for practice are discussed in terms of case conceptualisation and therapeutic strategy.</p>
Diltsch, Ulla	2018	Gruppenarbeit in der Integrativen Gestalttherapie. Theoretische Grundlagen und Perspektiven für die Praxis					<p>Es wird eine Übersicht über theoretische Grundlagen und Aspekte geboten, die zu einem fachspezifischen Verständnis von Gruppen und Gruppenprozessen in der integrativen Gestalttherapie beitragen. Zunächst werden der geschichtliche Hintergrund und der Entwicklungskontext in Bezug auf Gruppenarbeit und Gruppentherapie in der integrativen Gestalttherapie dargestellt und danach wird der aktuelle Forschungsstand skizziert. Relevante sozialpsychologische und gruppendynamische Grundlagen werden fokussiert beschrieben. Perspektiven für die Praxis ergänzen die theoretischen Ausführungen. Den Abschluss bildet eine Auseinandersetzung mit folgender Frage: Was braucht eine Gruppe, um eine Gruppe zu werden - was unterstützt Einzelne dabei, das Risiko von Kontakt in einer Gruppe einzugehen?</p>
DiMauro, Jennifer;	2019	PTSD and relationship	Psychological Trauma: Theory,	11	5	534–541	<p>Objective: Intimate relationships are critical to posttrauma functioning and recovery. The vast majority of</p>

Renshaw, Keith D.		satisfaction in female survivors of sexual assault	Research, Practice, and Policy				research focusing on PTSD and relationship functioning has focused exclusively on male combat veterans, from whom female sexual assault survivors may differ in critical ways. This study investigates the strength of the association between PTSD symptoms and relationship satisfaction, as well as the role of three interpersonal processes (sexuality, communication, and hostility) in female sexual assault survivors. Method: Data was collected from female survivors of sexual assault in romantic relationships via online survey. Results: PTSD symptom severity and relationship satisfaction were not significantly correlated. The direct effect of PTSD symptom severity on relationship satisfaction was positive, whereas indirect effects through negative communication, positive communication, and sexual satisfaction were all significantly negative, as expected. Finally, the correlation of PTSD symptom severity with relationship satisfaction differed depending on whether or not participants were in treatment. Results suggest that for those not in treatment, greater PTSD symptoms are associated with poorer relationship satisfaction. Conclusions: Preliminary evidence suggests that communication and sexual satisfaction may be particularly salient issues for sexual assault survivors' posttrauma psychopathological and relationship functioning, but participation in treatment may be associated with reduced impact of PTSD symptoms on interpersonal functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Dinić, Bojana M.; Sadiković, Selka; Wertag, Anja	2021	Factor mixture analysis of the Dark Triad and Dark Tetrad:	Journal of Individual Differences	42	2	74–83	The aim of this research was to examine the structure of the Dark Triad and Tetrad traits by answering the question whether a person-centered or a variable-centered approach is more suitable for their description, or its

		Could sadism make a difference?					combination. Moreover, we examined whether the inclusion of sadism into the dark traits constellation would change the results. On a sample of 404 participants, both short and full-length measures of the Dark Triad were used, while sadism was assessed via Short Sadistic Impulse Scale. The results of the factor mixture analysis showed that the variable-centered approach is better at describing the Dark Triad, but the inclusion of sadism resulted in qualitatively different latent profiles, suggesting that the person-centered approach could serve in describing the Dark Tetrad. Inclusion of sadism led to the isolation of higher Dark Tetrad-sadism profile in both short and full-length measures and this profile showed the higher risk behaviors and interpersonal problems. Other isolated profiles could be interpreted as lower and higher Dark Tetrad profiles, with some specificities. Results showed that inclusion of sadism contributed to the isolation of profile more prone to sadism, but also to isolation of other profiles, suggesting that it could change the relations among dark traits. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Dinkel, Andreas	2018	Psychotherapeutische Anstze zur Behandlung von Progredienzangst bei Patienten mit einer Krebserkrankung	Verhaltenstherapie und Verhaltensmedizin	39	2	198–210	Progredienzangst (PA) bezeichnet die Angst vor dem Fortschreiten oder dem Wiederauftreten einer körperlichen Erkrankung und den damit verbundenen Folgen. Auch wenn PA als eine prinzipiell angemessene, zu erwartende Reaktion auf die reale Bedrohung durch eine Krebserkrankung anzusehen ist, kann sie ein Ausmaß erreichen, das klinisch bedeutsam und behandlungswürdig ist. Im vorliegenden Beitrag wird ein Überblick über die wichtigsten vorliegenden Therapieansätze gegeben. Es zeigt sich, dass neben kognitiv-verhaltenstherapeutischen Interventionen auch

							<p>zahlreiche weitere Anstze zum Einsatz kamen, so zum Beispiel Metakognitive Therapie, Supportiv-Erfahrungsorientierte Therapie, Dankbarkeitsorientierte Intervention oder Achtsamkeitsbasierte Stressreduktion. Es liegen gruppen- und einzeltherapeutische Anstze sowie telefonuntersttze und Online-Interventionen vor. Die Mehrzahl der Therapiestudien belegte eine Abnahme der PA in den Interventionsgruppen. Somit ist festzuhalten, dass PA einer psychotherapeutischen Reduktion zugnglich ist, wobei verschiedene psychotherapeutische Anstze erfolgversprechend zu sein scheinen.</p>
DiPerna, James Clyde; Lei, Puiwa; Cheng, Weiyi; Hart, Susan Crandall; Bellinger, Jillian	2018	A cluster randomized trial of the Social Skills Improvement System-Classwide Intervention Program (SSIS-CIP) in first grade	Journal of Educational Psychology	110	1	1-16	<p>The purpose of this study was to evaluate the efficacy of a universal social skills program, the Social Skills Improvement System Classwide Intervention Program (SSIS-CIP; Elliott & Gresham, 2007), for students in first grade. Classrooms from 6 elementary schools were randomly assigned to treatment or business-as-usual control conditions. Teachers assigned to the treatment condition implemented the SSIS-CIP over a 12-week period. Students' social skills, problem behaviors, and approaches to learning were assessed via teacher ratings and direct observations of classroom behavior. In addition, their early literacy and numeracy skills were measured via computer-adaptive standardized tests. SSIS-CIP participation yielded small positive effects in students' social skills (particularly empathy and social engagement) and approaches to learning (academic motivation and engagement). Students' problem behaviors and academic skills, however, were unaffected by SSIS-CIP exposure. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>

<p>Ditlefsen, Ingrid Tande; Nissen-Lie, Helene Amundsen; Andenæs, Agnes; Normann-Eide, Eivind; Johansen, Merete Selsbak; Kvarstein, Elfrida Hartveit</p>	<p>2021</p>	<p>“Yes, there is actually hope!”—A qualitative investigation of how patients experience mentalization-based psychoeducation tailored for borderline personality disorder</p>	<p>Journal of Psychotherapy Integration</p>	<p>31</p>	<p>3</p>	<p>257–276</p>	<p>Common factors, such as the working alliance, positive expectations, and psychoeducation have been robustly related to outcome in studies of psychotherapy. As a multicomponent treatment for borderline personality disorder (BPD), Mentalization-based treatment (MBT) includes introductory group-based psychoeducation on core features of personality functioning, BPD, the treatment program and disorder-related personal management. Generally, few studies have investigated patients’ views on how psychoeducation works. This study aimed to explore their experience of the group-based psychoeducation. Twelve patients who had attended the introductory group-based psychoeducation in MBT participated. Qualitative interviews were analyzed using Interpretative Phenomenological Analysis. MBT psychoeducation was found helpful in itself and in the further treatment process. Identified experiences related to the group (feeling less ashamed, learning from others, feeling different from others), acquisition of “tools” for better personal management (the psychoeducational content; putting new knowledge into practice), preparation for longer term therapy (therapy became more trustworthy, easier to understand, felt more effective), and demanding aspects (problems with attendance or concentration). This qualitative study is the first to present patients’ own experiences of psychoeducation as part of MBT and suggests that psychoeducation is a powerful and facilitating intervention. Careful patient selection may further optimize its potential. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
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Ditye, Thomas; Rodax, Natalie; Welleschik, Lisa	2023	Alexinomia: The fear of using personal names	Frontiers in psychology	14		1129272	INTRODUCTION: Preliminary research based on everyday observations suggests that there are people, who experience severe fear when addressing others with their personal names. The aim of this study was to explore the extent to which this hitherto little-known psychological phenomenon really exists and to investigate its characteristic features, considering the everyday experience of not being able to use names and its impact on affected individuals and their social interactions and relationships. METHODS: In this mixed-methods study based on semi-structured interviews and psychometric testing, 13 affected female participants were interviewed and evaluated using self-report measures of social anxiety, attachment-related vulnerability, and general personality traits. An inductive content analysis and inferential statistical methods were used to analyze qualitative and quantitative data, respectively. RESULTS: Our findings show that affected individuals experience psychological distress and a variety of negative emotions in situations in which addressing others with their name is intended, resulting in avoidance behavior, impaired social interactions, and a reduced quality of affected relationships. DISCUSSION: The behavior can affect all relationships and all forms of communication and is strongly linked to social anxiety and insecure attachment. We propose calling this phenomenon Alexinomia, meaning "no words for names".
Dmitryeva, Nadezhda; Chernov, Nikita; Kostyuk, Georgiy; Lysaker, Paul H.	2021	Utilizing MERIT to promote recovery in schizotypal personality disorder: An	Journal of clinical psychology	77	8	1798– 1806	Abstract Introduction Difficulties forming an integrated sense of oneself, others, and one's place in the community have been observed to pose a barrier to recovery from schizophrenia spectrum disorders (SSD). This has promoted the development of metacognitive approaches to psychotherapy that seek to assist persons

		illustrative case study					in making sense of and managing their psychosocial challenges. One of these approaches, Metacognitive Reflection Insight Therapy (MERIT), has begun to be more broadly explored among adults with schizophrenia. Persons with other forms of SSD, including schizotypal personality disorder (SPD), also experience difficulties forming an integrated sense of themselves and others and could potentially be amenable to MERIT. Methods To explore this possibility, this study reports the application of MERIT to an adult with SPD in a unique cultural context. Results Evidence of acceptability and meaningful resultant clinical gains are described. Conclusions Taken as a whole, this study provides a rich illustration of how metacognition can be successfully targeted by MERIT in forms of SSD potentially less severe than schizophrenia, including SPD in a unique cultural setting.
Dockweiler, Christoph; Kupitz, Anna; Hornberg, Claudia	2018	Acceptance of Online-based Therapy by Patients with Light to Moderate Depressive Disorders	Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))	80	11	1013–1022	OBJECTIVES: Over the past few years, there has been a considerable increase in online-based therapeutic services for people affected by depressive disorders. The efficacy and efficiency of these programmes is well documented by now. User acceptance is considered as a significant factor of success in establishing this new patient-centered care. Theory-based acceptance surveys can provide valuable scientific knowledge regarding long-term introduction. METHODS: A nationwide online survey was conducted to determine the attitude towards web-based psychotherapy services for depressive disorders, the current state of knowledge and the intention of 186 participants (124 female and 62 male participants; aged 21 and above) to use these services. The participants were recruited from support groups for depressive disorders. The determinants of the intention to use online therapy, which is included in the binary logistic

							<p>regression, are based upon the Unified Theory of Acceptance and Use of Technology (UTAUT). RESULTS: Nearly two-thirds of the respondents could conceive making use of online-based therapeutic services in the near future. The perceived performance and expected effort proved to be significantly influential predictors regarding the intention to use. Specifically, these included an evaluation of the use of E-Mental Health to assist disease management, and better assessment of the course of one's disease. CONCLUSION: The actual contribution of E-Mental Health is closely connected to technical and jurisprudential assessments. But also, it significantly depends on evidence-based issues as well as user orientation in research, development and implementation. The results offer an initial theory-based approach to an increased user-oriented technology research in health care, with further diversity criteria to be taken into account in the future.</p>
Documet, P. I.; Macia, L.; Boyzo, R.; Thompson, A. F.; Amruthapuri, R.	2020	Outcomes from a Male-to-Male Promotores Intervention in an Emerging Latino Community	Journal of immigrant and minority health	22	4	717–726	<p>Emerging Latino communities experience social isolation and lack services tailored to their culture. Few male-to-male promotores (community health workers in Spanish) interventions exist. This 6-month participatory study aimed to improve social support, healthcare access, depressive symptoms, and decrease alcohol consumption among Latino immigrant men. Promotores delivered non-directive social support to participants recruited from community venues. We analyzed baseline and 6-month questionnaires data (n = 89) using paired chi square tests. All participants were immigrants; 47% had not finished high school, 29% had depression symptoms, 35% reported past month binge drinking and 93% were uninsured. The intervention significantly improved having a usual source of care (24 to 43%), doctor's visits (41 to</p>

							62%) and dentist's visits (27 to 42%) in the past year. Other outcomes did not improve. Male promotores increased healthcare access among vulnerable Latino men. Addressing drinking behavior and depression may require longer interventions or specialized providers.
Dohm, Lea; Niessen, Pia; van Bronswijk, Katharina	2020	"Was hast du damals dagegen getan?" - Psychotherapeutische Perspektiven auf die Klimakrise. Ein Beitrag der Bewegung "Psychologists/ Psychotherapists for Future"	Gesprächspsychotherapie und Personenzentrierte Beratung	51	4	6-8	ohne Abstract
Dolan, Megan; Jin, Ling; Sharma, Rachita; Weiss, Nicole H.; Contractor, Ateka A.		The relationship between number of trauma types, resilience, and psychological symptoms in ex-military personnel from India	Psychological Trauma: Theory, Research, Practice, and Policy	14	3		Objective: Traumatic event (TE) types have been shown to relate to adverse psychological outcomes. However, research in this area has relied almost exclusively on linear analysis and has been limited to Western countries with similar cultural values. Addressing these limitations, this study examined (a) presence and nature of relations between number of TE types and psychological outcomes and (b) minimum number of TE types predicting psychological symptoms in a culturally distinct sample of ex-military members from India. Method: The sample of 144 trauma-exposed Indian ex-military members (M _{age} = 43.49; 90.90% males) completed a web-based survey. Results: Curvilinear regression analyses indicated quadratic relationships between number of TE types and psychological symptoms (posttraumatic stress disorder

							<p>[PTSD], depression, and anxiety severity) and resilience. Exploratory analyses showed (a) linear relationships between number of directly experienced TE types and psychological outcomes, (b) quadratic relationships between number of Predominant Death Threat TEs and psychological symptoms, (c) linear relationship between number of Predominant Death Threat TEs and resilience, and (d) linear relationships between other TE categories and psychological outcomes. Nonparametric receiver operating characteristic curve analyses indicated that a threshold of at least 10.5 TE types provided the optimal balance between sensitivity and specificity in classifying participants with (vs. without) probable PTSD, depression, and generalized anxiety disorder. For those reporting directly experienced TE types, this threshold was 2.5–3.5 TE types. Conclusion: Study results enhance an understanding of psychological difficulties faced by Indian ex-military members who have experienced multiple TE types, which can inform psychotherapeutic treatments for this population. (PsyInfo Database Record (c) 2022 APA, all rights reserved)</p>
Dolev-Amit, Tohar; Eubanks, Catherine F.; Zilcha-Mano, Sigal	2021	A moderating factor for patients with vindictive interpersonal problems	Psychotherapy	58	3	343–352	<p>Individuals high in vindictive interpersonal problems tend to experience and express anger and irritability. In treatment, they have poor prognosis for alliance and outcome. We propose that positive expectation may serve as a moderating factor for these patients. In the current study, we examined the ability of expected alliance to act as a moderating factor in the early process and early progress of treatment for patients with vindictive interpersonal problems. A sample of 65 patients received short-term dynamic psychotherapy. At intake, before meeting the therapist, participants completed assessments for vindictive interpersonal</p>

						<p>problems and expected alliance. All therapy sessions were videotaped, and Session 2 was coded for confrontation ruptures. Early progress was assessed using the improvement from intake to Week 2 in the measure of distress from interpersonal relations. Our results show that, at high levels of vindictive interpersonal problems, higher expected alliance was associated with fewer confrontation ruptures. At high levels of vindictive interpersonal problems, higher expected alliance was associated with greater early improvement in distress from interpersonal relations. The findings demonstrate how positive expectations may function as a moderating factor that enables patients with vindictive tendencies to achieve a positive process and progress early in treatment. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Doll, Gayle A.; Cornelison, Laci J.; Rath, Heath; Syme, Maggie L.</p>	<p>2017</p>	<p>Actualizing culture change: The Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK 2.0) program</p>	<p>Psychological Services</p>	<p>14</p>	<p>3</p>	<p>Nursing homes have been challenged in their attempts to achieve deep, organizational change (i.e., culture change) aimed at providing quality of care and quality of life for nursing home residents through person-centered care. To attain deep change, 2 well-defined components must be in place: a shared understanding of (a) the what, or content goals, and (b) the how, or process of change. However, there are few examples of this at a macro or micro level in long-term care. In an effort to enact true culture change in nursing homes statewide, the Kansas Department for Aging and Disability Services implemented the Promoting Excellent Alternatives in Kansas Nursing Homes program. This program is a Medicaid, pay-for-performance program that formalizes the content and process of achieving culture change through person-centered care principles. This article aims to detail the content (what) and process (how) of a</p>

							model macro-level program of culture change throughout the State of Kansas. Applications to the micro level (individual homes) are presented, and implications for psychologists' roles in facilitating culture change are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Dollberg, Daphna G.; Behrendt, Hadar; Shorer, Maayan; Bamberger, Esther	2023	Integrative parent psychotherapy: Using the cyclical psychodynamic s approach	Journal of Psychotherapy Integration	33	4	422-438	This article explores the ways in which the cyclical psychodynamics framework can be applied to parent psychotherapy to ameliorate a child's symptomatology. It is argued that working therapeutically with parents calls for an integrative approach that uses multiple concepts and different intervention modalities to address the bidirectional interplay between the intrapersonal sphere of the parent, the intrapersonal sphere of the child, and the interpersonal parent-child interactions, where the behavioral and relational spheres of both are expressed. Using this framework can serve to conceptualize how the child's symptoms emerged and are maintained and to identify points and ways in which change can occur. A case study of a child with encopresis is discussed. We show how creating a case formulation and conceptualizing the vicious and virtuous cycles in the parent-child relationship can contribute to forming an alliance with the parents, setting treatment goals, planning interventions, and eventually improving the child's symptoms and well-being. Then, a clinical vignette illustrates the integrative use of mentalization-based, cognitive-behavioral, and emotion-focused treatment strategies. We discuss how they each contribute to changes in intrapsychic and interpersonal patterns in the parents and the child. Finally, we discuss the merits and limitations of this therapeutic approach and suggest

							directions for future exploration and research. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Domhardt, Matthias; Baumeister, Harald	2018	Psychotherapy of adjustment disorders: Current state and future directions	World Journal of Biological Psychiatry, 2018				Objectives: This narrative review article provides an overview of current psychotherapeutic approaches specific for adjustment disorders (ADs) and outlines future directions for theoretically-based treatments for this common mental disorder within a framework of stepped care. Methods: Studies on psychological interventions for ADs were retrieved by using an electronic database search within PubMed and PsycINFO, as well as by scanning the reference lists of relevant articles and previous reviews. Results: The evidence base for psychotherapies specifically targeting the symptoms of AD is currently rather weak, but is evolving given several ongoing trials. Psychological interventions range from self-help approaches, relaxation techniques, e-mental-health interventions, behavioural activation to talking therapies such as psychodynamic and cognitive behavioural therapy. Conclusions: The innovations in DSM-5 and upcoming ICD-11, conceptualising AD as a stress-response syndrome, will hopefully stimulate more research in regard to specific psychotherapeutic interventions for AD. Low intensive psychological interventions such as e-mental-health interventions for ADs may be a promising approach to address the high mental health care needs associated with AD and the limited mental health care resources in most countries around the world.
Donald, Ian N.; Carey, Timothy A.	2017	Improving knowledge about the effectiveness of psychotherapy	Psychother Politics Int (Psychotherapy and Politics International)	15	3	e1424	

Dong, Lu; Lee, Jason Y.; Harvey, Allison G.	Memory support strategies and bundles: A pathway to improving cognitive therapy for depression?	Journal of consulting and clinical psychology	85	3	<p>[Correction Notice: An Erratum for this article was reported in Vol 85(12) of Journal of Consulting and Clinical Psychology (see record 2017-53491-004). In the article, there was an error in Table 2 of the Results. In Table 2, the MS summary scores of the Total amount of MS are missing six descriptive statistics. They should have read as: 13.50, 8.54, 23, 18.32, 8.83, 23. The corrected table is included.] Objective: Therapist use of memory support (MS) alongside treatment-as-usual, with the goal of enhancing patient recall of treatment contents, has been of recent interest as a novel pathway to improve treatment outcome. The memory support intervention (MSI) involves treatment providers' using 8 specific MS strategies to promote patient memory for treatment. The present study examines to what extent therapist use of MS strategies and bundles improves patient recall of treatment contents and treatment outcome. Method: The data were drawn from a pilot RCT reported elsewhere. Participants were 48 adults (mean age = 44.27 years, 29 females) with major depressive disorder (MDD), randomized to receive 14 sessions of either CT + Memory Support (n = 25) or CT-as-usual (n = 23). Therapist use of MS was coded using the Memory Support Rating Scale. Patient memory and treatment outcomes were assessed at baseline, midtreatment (patient recall only), posttreatment, and 6-month follow-up. Results: Participants in CT + Memory Support received significantly higher amount of MS relative to CT-as-usual. Although not reaching statistical significance, small-to-medium effects were observed between MS strategies and patient recall in the expected direction. Although MS variables were not significantly associated with changes in continuous depressive symptoms, MS</p>
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							was associated with better global functioning. MS also exhibited small to medium effects on treatment response and recurrence in the expected direction but not on remission, though these effects did not reach statistical significance. Conclusions: These results provide initial empirical evidence supporting an active method for therapists to implement MS strategies. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Doran, Churnalisa; Duits, Ashley; Tami, Adriana; Gerstenbluth, Izzy; Bailey, Ajay	2023	"It's very saddening, you keep on wondering when the symptoms will be over": A qualitative study exploring the long-term chikungunya disease impact on daily life and well-being, 6 years after disease onset	PLoS neglected tropical diseases	17	12	e0011793	BACKGROUND: Long-term chikungunya is a mosquito-borne disease, characterized by disabling rheumatic symptoms persisting for years, after infection with the chikungunya virus. Previous studies focused on assessing the well-being of affected individuals from a quantitative perspective using generic instruments, and have reported physical and psychological impairment. However, a common critique is that generic instrument's structured responses and pre-defined health domains selected by health professionals, may not capture the full extent of well-being impairment experienced by patients. This study aimed to explore in-depth to which extent long-term chikungunya disease impacts daily living and the physical, psychological, and social well-being from the experiences and perspective of affected individuals. METHODOLOGY/PRINCIPAL FINDINGS: Using open-ended questions, in-depth interviews were conducted with 20 purposively selected individuals with long-term chikungunya disease, in Curaçao. Interview audio-recordings were transcribed verbatim. The data were thematically analyzed. Living with persistent rheumatic symptoms affected the participant's daily living and well-being in several ways: experience of physical impact (restricted physical functioning and limitations in activities of daily life); experience of psychological impact

							<p>(altered emotional state, fear of walking and running, psychosocial aspects of footwear adaptations, and uncertainty about disease progression and future health); and experience of social impact (social isolation and impaired relational maintenance, social dependency, challenges of social support, at-work productivity loss, and giving up leisure activities after work).</p> <p>CONCLUSIONS/SIGNIFICANCE: This study, the first of its kind, indicated that the adverse impact of long-term chikungunya disease is currently underreported. The persistent rheumatic symptoms had a negative effect on functional ability, which in turn impacted broad aspects of daily life and well-being, beyond what is captured by generic instruments. In the view of the findings, physical exercise programs including manual therapy, aerobics, resistance and stretching exercises, and orthopaedic footwear interventions in a multidisciplinary patient-centred approach may improve physical function and subsequently overall well-being.</p>
Doran, Jennifer M.; Safran, Jeremy D.; Muran, J. Christopher	2016	The Alliance Negotiation Scale: A psychometric investigation	Psychological Assessment	28	8	885–897	<p>This study investigates the utility and psychometric properties of a new measure of psychotherapy process, the Alliance Negotiation Scale (ANS; Doran, Safran, Waizmann, Bolger, & Muran, 2012). The ANS was designed to operationalize the theoretical construct of negotiation (Safran & Muran, 2000), and to extend our current understanding of the working alliance concept (Bordin, 1979). The ANS was also intended to improve upon existing measures such as the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986, 1989) and its short form (WAI-S; Tracey & Kokotovic, 1989) by expanding the emphasis on negative therapy process. The present study investigates the psychometric validity of the ANS test scores and interpretation—including</p>

							confirming its original factor structure and evaluating its internal consistency and construct validity. Construct validity was examined through the ANS' convergence and divergence with several existing scales that measure theoretically related constructs. The results bolster and extend previous findings about the psychometric integrity of the ANS, and begin to illuminate the relationship between negotiation and other important variables in psychotherapy research. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Dorsey, Shannon; McLaughlin, Katie A.; Kerns, Suzanne E. U.; Harrison, Julie P.; Lambert, Hilary K.; Briggs, Ernestine C.; Revillion Cox, Julia; Amaya-Jackson, Lisa	2017	Evidence Base Update for Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53	46	3	303-330	Child and adolescent trauma exposure is prevalent, with trauma exposure-related symptoms, including posttraumatic stress, depressive, and anxiety symptoms often causing substantial impairment. This article updates the evidence base on psychosocial treatments for child and adolescent trauma exposure completed for this journal by Silverman et al. (2008). For this review, we focus on 37 studies conducted during the seven years since the last review. Treatments are grouped by overall treatment family (e.g., cognitive behavioral therapy), treatment modality (e.g., individual vs. group), and treatment participants (e.g., child only vs. child and parent). All studies were evaluated for methodological rigor according to Journal of Clinical Child & Adolescent Psychology evidence-based treatment evaluation criteria (Southam-Gerow & Prinstein, 2014), with cumulative designations for level of support for each treatment family. Individual CBT with parent involvement, individual CBT, and group CBT were deemed well-established; group CBT with parent involvement and eye movement desensitization and reprocessing (EMDR) were deemed probably efficacious; individual integrated therapy for complex trauma and group mind-body skills were

							deemed possibly efficacious; individual client-centered play therapy, individual mind-body skills, and individual psychoanalysis were deemed experimental; and group creative expressive + CBT was deemed questionable efficacy. Advances in the evidence base, with comparisons to the state of the science at the time of the Silverman et al. (2008) review, are discussed. Finally, we present dissemination and implementation challenges and areas for future research.
Douchis, Jennifer Zoler; Karam, Anna M.; Stein, Richard I.; Wilfley, Denise E.	2021	Subtyping patients with binge-eating disorder by dietary restraint and negative affect: Characteristics and treatment outcome	Journal of consulting and clinical psychology	89	12	1020–1025	Objective: This study examined patients with binge-eating disorder (BED) subtyped by dietary restraint (DR) and the negative affect (NA) dimension of depression, anxiety, hostility, and self-esteem, comparing clinical features and outcome of evidence-based psychological treatments. It was hypothesized that individuals with DR and high NA (DR-HNA) would have lower functioning and poorer immediate and long-term BED treatment outcomes compared to those with DR and low NA (DR-LNA). Method: Cluster analysis was conducted (n = 159) as a secondary analysis of data from a randomized group cognitive-behavioral therapy and interpersonal psychotherapy trial of women and men with BED. Results: At pretreatment, participants with DR-HNA were higher in eating disorder and general psychopathology, emotional eating, and poor social adjustment. At post-treatment, differences in binge days between cluster groups were small and statistically nonsignificant, and differences in rates of binge-eating abstinence were only marginally significant. However, by 1-year follow-up, patients with DR-HNA had a greater increase in binge days, less abstinence from binge eating, a higher risk for relapse, and were significantly less likely to be in BED remission than those with DR-LNA. Conclusions: DR-HNA served

							as a predictor of poorer maintenance of BED therapeutic improvement. Future directions to better sustain outcomes among patients with DR-HNA include developing a brief measure to assess for the full construct of NA prior to and throughout treatment, enhancing BED interventions by focusing more on NA, and augmenting treatment dose. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Dowding, Kerry; Murphy, David; Everitt, Grant; Tickle, Anna	2023	Use of one-to-one psychotherapeutic interventions for people experiencing severe and multiple disadvantages: An evaluation of two regional pilot projects	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	2	313-322	
Dowling, L. Emily; Jackson, Jeffrey B.; Landers, Ashley L.	2024	Gender role reversal: Civilian husbands of U.S. military servicewomen as tied-migrant workers	Fam Relat (Family Relations)	73	1	441-465	Abstract Objective This qualitative study examined the experiences of male spouses of female service members in the U.S. military (civilian husbands of servicewomen) in their positions as tied-migrant workers. Background Employment of civilian husbands of servicewomen is frequently affected when they geographically relocate due to their wives' military service. Because societal norms for husbands as primary breadwinners in marriages persist and the majority of military couples consist of male service members married to female civilian spouses, civilian husbands of servicewomen may experience a gender role reversal in their identities as a spouse and as a provider within their relationships and

						<p>military culture. Method Semistructured interviews were conducted with 22 civilian husbands who experienced at least one geographic relocation due to their wife's military service. Descriptive phenomenological analysis was used to discover the essence of participants' experiences. Results Themes around defining masculinity, minority experiences in the military, and nontraditional gender provider roles as tied-migrant workers emerged. Participants experienced a gender role reversal as tied-migrant workers and as military spouses, and they had some difficulties integrating into military communities. Participants expanded their masculine identities to include performing traditionally feminine tasks and valuing egalitarianism in their spousal relationships when they experienced barriers to breadwinning. Conclusion Findings indicated the importance of emotional support as civilian husbands navigate their masculine identities and relationships both with spouses and as gender minorities in their communities. Implications Clinical recommendations for psychotherapists are provided with an emphasis on using emotionally focused therapy with couples consisting of civilian husbands and servicewomen.</p>
Draxl, Katrin	2018	Essstörungen: Anorexie und Bulimie				<p>Rund 90 Prozent der an Essstörungen erkrankten Personen sind Mädchen und junge Frauen; Anorexie beginnt am häufigsten um das 14. Lebensjahr, der Krankheitsbeginn von Bulimie liegt um 2-3 Jahre später. Die Sterblichkeitsrate bei Anorexie wird in der Literatur mit 0-22 Prozent angegeben. Personen mit einer Essstörung sind meist schon seit einigen Jahren krank, bevor sie erstmals Hilfe in Anspruch nehmen. Grundsätzlich gilt: Je früher eine Essstörung erkannt und behandelt wird, desto besser sind die Chancen auf Gesundung. In diesem Artikel werden</p>

							nur die Anorexie und die Bulimie als prototypische Essstörungen besprochen. Essstörungen haben eine hohe Komorbidität mit Depression. Anorexie tritt häufig mit Zwangserkrankungen auf, Bulimie zusammen mit Angsterkrankungen. Die Borderline-Persönlichkeitsstörung wird immer wieder in Zusammenhang mit Bulimie genannt. (c) Springer-Verlag GmbH Deutschland
Dreitzel, Hans Peter	2018	Die Rolle der Emotionen in der Gestalttherapie. Die Arbeit an der Ausdrucksfähigkeit unserer Gefühle	Psychotherapie im Dialog	19	1	93–98	Die Rolle der Emotionen in der Gestalttherapie wird erörtert. In der Gestalttherapie wird die Bedeutung der Emotionen vor allem in ihrer motivierenden und energetisierenden Funktion für das Handeln gesehen. Gefühle müssen allerdings ausgedrückt werden, um erlebt zu werden. Deshalb geht es in der Gestalttherapie um die Wiederbelebung der in neurotischen Prozessen verloren gegangenen emotionalen Ausdrucksfähigkeit und um eine Schulung des Bewusstseins für die Authentizität und die feinen Nuancen beim emotionalen Ausdruck. Eingegangen wird auch auf Störungen bei den aggressiven Gefühlen und die Rolle des Averbals in der gestalttherapeutischen Bearbeitung emotionaler Störungen.
Dreitzel, Hans Peter	2018	Die Sabotage von Introjekten. Einige Gedanken zur gestalttherapeutischen Bearbeitung von Introjekten in der sich verändernden Kultur	Gestalttherapie	32	2	26–48	Die gestalttherapeutische Bedeutung der Begriffe "Introjektion" und "Introjekt" wird erörtert, und es werden Hinweise zur ihrer therapeutischen Bearbeitung gegeben. Dabei wird die These vertreten, dass es der Knigsweg ihrer Bearbeitung ist, die fast immer und natürlicherweise auftretende "unbewusste Sabotage der Introjekte" therapeutisch zu unterstützen. Abschließend wird anhand einer Analyse der "politischen Korrektheit" unterschieden zwischen neurotischen Introjekten und gesunden, zivilisatorisch notwendigen Verinnerlichungen.

Drewitt, Leah; Pybis, Joanne; Murphy, David; Barkham, Michael	2018	Practitioners' experiences of learning and implementing Counselling for Depression (CfD) in routine practice settings	Couns and Psychother Res (Counselling and Psychotherapy Research)	18	1	3-13	
Drewniak, Regine	2022	"Ich mag sie und ich habe ihnen auch was zu bieten". Personzentrierte Begegnungen mit jungen Menschen im Jugendarrest	Gesprchpsych otherapie und Personzentrierte Beratung	53	3	20-21	Der Jugendarrest geht zu den umstrittensten Sanktionen des Jugendgerichtsgesetzes. Regine Drewniak hat als Kriminologin einen besonders kritischen, distanzierten Blick auf diese Sanktionsform. Personzentriert weitergebildet, hat sie die Nhe zu den betroffenen Jugendlichen und Heranwachsenden gesucht: Einmal wchentlich geht sie in die Jugendarrestanstalt und bietet sich an als Gesprchspartnerin fr die dort einsitzenden jungen Menschen. In ihrem Beitrag berichtet sie von ihren Erfahrungen und von den Rckmeldungen der Jugendlichen.
Drinane, Joanna M.; Owen, Jesse; Tao, Karen W.	2018	Cultural concealment and therapy outcomes	Journal of Counseling Psychology	65	2	239-246	Therapy is predicated on the need for clients to share intimate details about their lives, including their cultural values, attitudes, and beliefs. Previous studies have found that clients conceal certain aspects of their lives including, but not limited to their symptoms and their feelings about the therapy process. To date, there has not been an investigation focused on whether clients conceal aspects of their cultural identities, whether some therapists are more likely to have clients conceal aspects of their cultural identities, and if cultural concealment is associated with therapy outcomes. The present study attempted to do so utilizing the caseloads of 37 therapists who treated a total of 233 clients in a university

						<p>counseling center setting. Client data were collected at the end of treatment utilizing the Patient's Estimate of Improvement (PEI; Hatcher & Barends, 1996), a measure that assesses client change on domains including general functioning, symptom related distress, intimate and social relationships, work or school, feelings about oneself, behavior, control of life, and tolerance for and ability to share painful feelings. Cultural concealment was assessed via 5 items regarding the amount and circumstances under which clients withheld cultural identity based information in therapy. Results indicated that within therapists' caseloads, client's ratings of cultural concealment were negatively associated with therapy outcomes. Additionally, therapists whose clients rated more cultural concealment on average had clients with worse therapy outcomes. Lastly, there was a significant contextual effect indicating that within and between therapist cultural concealment were statistically different from one another. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
<p>Drinane, Joanna M.; Roberts, Tangela; Winderman, Kate; Freeman, Vanessa Frierson; Wang, Yu-Wei</p>	<p>2022</p>	<p>The myth of the safe space: Sexual orientation disparities in therapist effectiveness</p>	<p>Journal of Counseling Psychology</p>	<p>69</p>	<p>3</p>	<p>Psychotherapy has been shown to be effective on a broad level (e.g., Wampold & Imel, 2015); however, a growing body of literature has revealed that some therapists have outcome inequities within their caseloads. These inequities have been observed on the basis of social identities including race (see Imel et al., 2011, for example) and gender measured on the binary (Owen et al., 2009). However, despite the great need for further research on sexual minority populations in psychotherapy, this phenomenon has yet to be explored on the basis of sexual orientation (i.e., if a disparity exists within-therapist caseloads between queer-identified and heterosexual clients). The present study was comprised</p>

							of a sample of 1,725 clients treated by 50 therapists at a university counseling center (17.7% of the sample endorsed a sexual minority status). Multilevel modeling was used to analyze data from the Behavioral Health Measure-20 (BHM-20; Kopta & Lowry, 2002). The results indicated that clients' sexual orientation status was not significantly associated with any of the BHM-20 subscales or with the Global Mental Health Scale (GMH). Of interest was that therapists varied in the extent to which their clients' symptoms and GMH improved and how that improvement varied by client sexual orientation status. Thus, attention must be paid not only to which therapists are more and less effective overall, but also to the specifics of which clients (and the social identities those clients hold) are improving while under their care. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Dring, Else	2018	Das Gutachten zur Humanistischen Psychotherapie. Folgen für die Anerkennung der Gesprächspsychotherapie	Psychotherapie Aktuell	10	4	12-13	Im ablehnenden Gutachten des Wissenschaftlichen Beirates Psychotherapie (WBP) zur Humanistischen Psychotherapie wird festgestellt, dass die Gesprächspsychotherapie (GT) den Kriterien des aktuellen Methodenpapiers des WBP nicht mehr genügt und dass deshalb für die GT die wissenschaftliche Anerkennung nicht mehr gültig ist. Es wird der Frage nachgegangen, welche Konsequenzen sich aus dieser Beurteilung der GT für die Anerkennung der Ausbildungsinstitute durch die Landesbehörden, für die Weiterbildungsordnungen der Landeskammern und für approbierte oder weitergebildete Gesprächspsychotherapeuten ergeben.
Dryden, Windy	2024	Fundamentals of Rational Emotive Behaviour					Cover -- Title Page -- Copyright Page -- Contents -- About the author -- Introduction -- Chapter 1 What you need to know about the theory of REBT to get started -- The situational ABC model of REBT -- Situations -- As -- As can

		Therapy. A Training Handbook				<p>be actual events -- As can be inferred events -- As can be external or internal -- As can refer to past, present and future events -- The importance of assuming temporarily that A is true -- Bs -- Flexible and non-extreme attitudes -- Flexible attitudes -- Rigid and extreme attitudes -- Rigid attitudes -- Cs -- Emotional consequences of attitudes -- Behavioural consequences of attitudes -- Thinking consequences of attitudes -- ABCs interact in complex ways: the principle of psychological interactionism -- Summary -- Chapter 2 What you need to know about the practice of REBT to get started -- The 'core conditions' -- Empathy -- Unconditional acceptance -- Genuineness -- Humour -- Therapeutic style -- Therapist directiveness in REBT -- Therapist activity -- The goals of REBT -- Attitude change -- Inferential change -- Behavioural change -- Changing actual As and situations -- Different types of change within a case -- Clients' goals for change -- Tasks in REBT -- Your tasks as an REBT therapist -- Your client's tasks -- Chapter 3 Teaching the ABCs of REBT -- The money model -- Correct your client's errors -- Common trainee errors in teaching the money model -- Failure to clarify vague emotional statements, thus not distinguishing between HNEs and UNEs -- Failure to emphasise the rigid and extreme components of the client's rigid and extreme attitude in part two -- Failure to summarise accurately all the points -- Summary -- The lateness example -- Simpler ways of teaching the ABCs -- The brief money model -- Brief comparison between a rigid attitude and a flexible attitude.</p>
Duberstein, Paul R.; Ward, Erin A.; Chaudron,		Effectiveness of interpersonal psychotherapy-trauma for	Journal of consulting and clinical psychology	86	10	<p>Background: Women with depression and childhood sexual abuse histories constitute more than 20% of the female patient population in publicly funded community mental health centers (CMHCs). Interventions are</p>

Linda H.; He, Hue; Toth, Sheree L.; Wang, Wenjuan; van Orden, Kimberly A.; Gamble, Stephanie A.; Talbot, Nancy L.		depressed women with childhood abuse histories					<p>needed that address depression and posttraumatic stress disorder (PTSD) symptoms and social health. Method: We compared Interpersonal Psychotherapy-Trauma (IPT-T), an IPT adaptation for this population and setting, to Clinic Psychotherapy (CP). CP clinicians were free to implement the psychotherapy of choice. Women (n = 162; 54% White, 10.5% Hispanic; 52.2% Medicaid-insured) with a major depressive episode (MDE) and history of sexual abuse before 18 were randomly assigned to IPT-T or CP. Participants were offered 16 free sessions of IPT-T or CP. Outcomes were MDE remission, improved depression (Beck Depression Inventory, Hamilton Depression Rating Scale) and PTSD symptoms (Modified PTSD Symptom Scale), and improved social health (e.g., UCLA Loneliness Scale). Weighted generalized estimating equations were used to examine outcomes at 8 (primary) and 20 (secondary) months postrandomization. Results: IPT-T led to greater improvements in PTSD symptoms and many social health indicators, including loneliness and social support, at both 8- and 20-month follow-up. Effect sizes ranged from .18 to .39 at the primary endpoint (8 months). IPT-T and CP yielded comparable improvements in depression symptoms and MDE remission. Conclusion: Evidence-based psychotherapies like IPT-T are needed in CMHCs, where some of the most vulnerable patients receive treatment. With comparable findings for depression, IPT's superior improvements in social health and PTSD symptoms are cause for optimism. IPT-T should be evaluated in dissemination trials. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Duffy, Kate E. M.; Simmonds-Buckley,		Early response as a prognostic indicator in	Journal of Counseling Psychology	69	6		Currently, no reports exist on the phenomenon of early response in humanistic–experiential therapies. This study investigated the prognostic value of early response on

Melanie; Saxon, David; Delgadillo, Jaime; Barkham, Michael		person-centered experiential therapy for depression				<p>posttreatment outcomes in person-centered experiential therapy (PCET) for depression within the English Improving Access to Psychological Therapies program. The design of the study was a retrospective observational cohort study. Routine clinical data were drawn from N = 3,321 patients with depression symptoms. The primary outcome was reliable and clinically significant improvement (RCSI) on the Patient Health Questionnaire-9 (PHQ-9) self-report depression measure at the end of treatment. Early response was operationalized as reliable improvement, defined as a PHQ-9 change score ≥ 6 from baseline to Session 4. Early response was examined as a predictor of RCSI using logistic regression controlling for baseline depression severity. In sensitivity analyses, therapist effects were controlled using multilevel modeling. A total of 38.7% of patients met the criterion for early response. Patients who experienced an early response to treatment were six times more likely to recover at the end of treatment compared to patients who did not have an early response. The early response effect was still evident after accounting for individual variability between therapists. However, a quarter of patients displayed a pattern of eventual response, reaching recovery at end of treatment despite not experiencing an initial improvement early in therapy. Early response to PCET is a reliable predictor of treatment outcome. Different response patterns evidenced in this study indicate that identifying subgroups of patients associated with early and eventual response could support clinical decision-making. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Dulsster, Dries; Vanheule, Stijn;	2021	Lacanian discourse	Psychoanalytic Psychology	38	4	The present study aims at mapping and interpreting factors that stand out as being relevant to personal

<p>Cauwe, Joachim; Ingouf, Junior; Hennissen, Vicky; Miller, Alexander Reid</p>		<p>theory and the process of change in Lacanian-oriented talking therapies</p>				<p>change through Lacanian-oriented psychoanalytic talking therapy, starting from accounts offered by Lacanian psychoanalysts of therapies they conducted. Using interview data on how these psychoanalysts perceived the therapeutic journey of their patients, we applied a thematic analysis to gain insight into what these psychoanalysts believed effectuated change that occurred for their patients. Second, we interpret the data within the context of Lacan’s discourse theory, one of the models proposed by Lacan to grasp the process of psychoanalysis. We discerned three principal themes. Participants indicated that their patients entered therapy with an insisting question related to their own functioning, which was further provoked by the analysts. Second, by embodying the element of the unsaid, the analysts focused on the speech of their patients, creating a space to critically listen to what their patients were saying, so their patients were able to reflect on the motives that could have been influencing their words and actions. The psychoanalysts focused on the subjective logic of patients’ functioning; the specific ways patients dealt with challenges in the subject–other relationship. Lacanian structural diagnoses served as a means of reorienting treatment toward a person-centered case construction. Third, the articulation of subjectively important symbolic material (master signifiers) was a key, allowing patients to “let go” of the repetitive impact these master signifiers had on their life. Remarkably, while positioned in the analytic discourse, analysts nonetheless used other discourses to incite further elaboration, intervening with surprising flashes. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
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Dulz, Birger; Briken, Peer; Kernberg, Otto F.; Rauchfleisch, Udo	2017	Handbuch der Antisozialen Persnlichkeitsst rung				<p>In Form eines Handbuchs wird der Erkenntnisstand zur Antisozialen Persnlichkeitsstrng prsntiert. Neben ihrer Geschichte und Epidemiologie werden Grundlagen, Klassifikation und Diagnostik, Symptomatologie sowie psychotherapeutische Behandlungsformen der Antisozialen Persnlichkeitsstrng beschrieben. - Inhalt: (A) Geschichte und Epidemiologie. (1) Torvi Abel und Birger Dulz: Die Historie der Antisozialen Persnlichkeitsstrng: Vom Skrupellosen ber psychopathische Persnlichkeiten zur Antisozialen Persnlichkeitsstrng. (2) Michael H. Stone: Epidemiologie und Verlauf Antisozialer Persnlichkeitsstrngen. (3) Hans-Jrgen Wirth: Kriminalitt und antisoziales Verhalten der Mchtigen. (4) Gerhard Dammann: Fhrungskrfte und Antisozialitt. - (B) Grundlagen. (5) Svenn Torgersen: Genetik. (6) Jrgen Mller: Neurobiologie und Bildgebung der Antisozialen Persnlichkeitsstrng. (7) Anna Buchheim: Antisoziale Persnlichkeitsstrng und Bindungserfahrungen. (8) Kathrin Sevecke und Maya Krischer: Emotionale Aufflligkeiten bei antisozialem Verhalten im Kindes- und Jugendalter. (9) Salman Akthar und Jessica Zoltani: Soziokulturelle Aspekte der Antisozialen Persnlichkeitsstrng. (10) Nahlah Saimeh: Antisoziale Persnlichkeitsstrng und Migrationshintergrund. (11) Andres R. Schneeberger: Antisoziale Persnlichkeitsstrng bei Frauen. (12) Hans-Ludwig Krber: Die Beurteilung der Schuldffigkeit bei Antisozialer Persnlichkeitsstrng. (13) Ralf Eschelbach: Die Antisoziale Persnlichkeitsstrng im Strafrecht und im Strafverfahren. (14) Martin Rettenberger und Peer Briken: Kriminalprognose und Antisoziale Persnlichkeitsstrng. - (C) Klassifikation und Diagnostik. (15) Elmar Habermeyer und Andreas Mokros: Komorbiditten - einschlielich</p>
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Duncan, Barry L.; Reese, Robert J.; Lengerich,	2021	Measurement-based care in integrated health care: A	Families, Systems, & Health	39	2	<p>Introduction: Many suggest that the next step for integrated care is widespread implementation of measurement-based care (MBC). Although the measures most associated with MBC are standardized, no</p>

Alexander J.; DeSantis, Brian; Comeau, Cassie V.; Johnson- Esparza, Yajaira		randomized clinical trial					<p>randomized clinical trial has demonstrated their use to improve psychotherapeutic outcomes with embedded behavioral health providers in integrated care. Two evidence-based MBC systems have been studied in a variety of behavioral health environments, but neither system has been investigated in integrated health care. Addressing this gap in the literature, the present study evaluated the use of MBC, specifically the Partners for Change Outcome Management System, in three integrated care sites. Method: Using a randomized design within routine care, treatment as usual (TAU; n = 133) was compared using the Outcome Rating Scale (ORS) and Patient Health Questionnaire–9 (PHQ–9) with a feedback condition (n = 147) in which behavioral health providers had access to patient-generated outcome (ORS only) and alliance information at each session. Results: Patients in the feedback condition demonstrated significantly more improvement than those in the TAU condition posttreatment on the ORS. Patients in the feedback condition also achieved significantly more clinically significant change as measured by both the ORS and PHQ–9. Feedback condition patients also attended significantly more sessions and dropped out significantly less than TAU patients. Discussion: Although our findings need to be replicated, this study offers evidence that the improved outcomes and reduced dropouts associated with MBC in traditional behavioral health centers also occur in integrated care settings. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
Dunkel, Florian	2021	Zur transgeneration alen Traumatisierung	Zeitschrift fr Psychodrama und Soziometrie	20	Su ppl 1	215–227	<p>Im vorliegenden Artikel der Zeitschrift fr Psychodrama und Soziometrie wird das Phnomen der transgenerationalen Traumatisierung unter besonderer Bercksichtigung mglicher kollektiver Faktoren behandelt. Es werden</p>

		. tiologie und Anstze fr die Therapie					Anstze beschrieben, wie sich das Phnomen tiologisch erkren lsst und wie es in der Psychotherapie erkannt und bearbeitet werden kann.
Dunn, Nicole A.; Luchner, Andrew F.	2022	The emotional impact of self-criticism on self-reflection and rumination	Psychology and psychotherapy	95	4	1126–1139	<p>OBJECTIVES</p> <p>The goals of this study were to determine whether self-reflection is a beneficial exercise for highly self-critical individuals and to examine the effects of self-focused thought including reflection and rumination on mood. This was investigated by measuring the levels of self-criticism, as well as mood before and after exposure to a reflective prompt or a ruminative prompt.</p> <p>DESIGN</p> <p>Experimental design with random assignment to reflection, rumination or control groups.</p> <p>METHODS</p> <p>243 participants from a sample recruited on prolific provided demographic information and completed measures of current mood and self-criticism. All participants were then asked to remember a time they made a mistake that had a significant impact on them and describe the mistake briefly. Participants were then randomly assigned to a self-focus condition (reflection, rumination or control). After being assigned and completing the prompt, their mood was measured again.</p> <p>RESULTS</p> <p>Hierarchical multiple regressions were used to measure the potential combined effects of self-criticism and self-focused thought on change in emotion. The results showed that participants with high levels of maladaptive self-criticism (hated self-subscale) experienced a significant decrease in negative emotions, indicating improved mood.</p> <p>CONCLUSIONS</p>

							This suggests that reflection may be a beneficial exercise for highly self-critical individuals. Participants in the rumination group experienced no significant change in emotion, indicating how rumination can perpetuate negative affect and is therefore an important issue to be addressed in psychotherapy.
Dunne, John D.; Thompson, Evan; Schooler, Jonathan	2019	Mindful meta-awareness: sustained and non-propositional	Current opinion in psychology	28		307–311	Meta-awareness appears to be essential to nearly all forms of mindfulness practice, and it plays a key role in processes that are central to therapeutic effects of mindfulness training, including decentering - shifting one's experiential perspective onto an experience itself - and dereification or metacognitive insight - experiencing thoughts as mental events, and not as the things that they seem to represent. Important advances in the conceptualization of meta-awareness in mindfulness have recently been made, yet more clarity is required in order to characterize the type of meta-awareness implicated in the ongoing monitoring of attention and affect, even while attention itself is focused on an explicit object of awareness such as the breath. To enhance research on this form of meta-awareness cultivated in at least some styles of mindfulness, a construct of sustained, non-propositional meta-awareness is proposed.
Duquette, Patrice	2020	More Than Words Can Say: A Multi-Disciplinary Consideration of the Psychotherapeutic Evaluation	Frontiers in psychiatry	11		433	Alexithymia is a disorder that stands at the border of mind and body, with psychological/affective and physiological/experiential disturbances. The purpose of this article is to propose a new clinical access point for the evaluation and treatment of the deficits in emotional awareness demonstrated in alexithymia. This will be based on insights from recent neuroscientific research, which is adding to the psychodynamic understanding of alexithymia, regarding clinical presentation and etiology.

		and Treatment of Alexithymia					<p>Following a brief review of definitions, forms of measurement, and potential etiologic elements of alexithymia, current neuroscientific theory and research into "predictive processing" approaches to brain function will be outlined, including how "interoception" and "interoceptive inference" underpins emotion and emotional awareness. From this synergistic perspective, I will outline how interoceptive inference provides a key to the link between: problems in early life relational experiences and the patient's long held, but suboptimal models of their inner and outer world. This is reflected in the deficits in affective experiencing and emotional awareness described in alexithymia. Three clinical cases will be presented to illustrate this nuanced consideration of alexithymic etiology and treatment. The implications of the historical, psychological, and somatic aspects of experience will be considered, regarding the patients' diminished ability to: experience and represent emotional experience as distinct feeling states; signify the relevant meaning of affective experience; and incorporate such with cognitions to adaptively guide behavior. These will be addressed using psychometric, psychological, neuro-cognitive, and neurocomputational approaches. Elements from current theory, research, and treatment of alexithymia, will be highlighted that are salient to the clinician, in order to support their understanding of patients against the backdrop of current psychodynamic and neuroscientific research, which will thereby increase treatment options and benefits. The focus, and conclusion, of this article is the role that attention to interoception can play (within the safety of the therapeutic relationship and within any therapeutic</p>
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							process) in allowing updating of the patient's strongly held but dysfunctional beliefs.
Dwyer, Jennifer B.; Stringaris, Argyris; Brent, David A.; Bloch, Michael H.	2020	Annual Research Review: Defining and treating pediatric treatment-resistant depression	Journal of child psychology and psychiatry, and allied disciplines	61	3	312–332	<p>BACKGROUND</p> <p>Adolescent major depressive disorder (MDD) is a significant health problem, associated with substantial morbidity, cost, and mortality. Depression is a significant risk factor for suicide, which is now the second leading cause of death in young people. Up to twenty per cent of adolescents will experience MDD before adulthood, and while a substantial proportion will improve with standard-of-care treatments (psychotherapy and medication), roughly one third will not.</p> <p>METHODS</p> <p>Here, we have reviewed the literature in order to discuss the concept of treatment-resistant depression (TRD) in adolescence, examine risk factors, diagnostic difficulties, and challenges in evaluating symptom improvement, and providing guidance on how to define adequate medication and psychotherapy treatment trials.</p> <p>RESULTS</p> <p>We propose a staging model for adolescent TRD and review the treatment literature. The evidence base for first- and second-line treatments primarily derives from four large pediatric clinical trials (TADS, TORDIA, ADAPT, and IMPACT). After two medications and a trial of evidence-based psychotherapy have failed to alleviate depressive symptoms, the evidence becomes quite thin for subsequent treatments. Here, we review the evidence for the effectiveness of medication switches, medication augmentation, psychotherapy augmentation, and interventional treatments (i.e., transcranial magnetic stimulation, electroconvulsive therapy, and ketamine) for adolescent TRD. Comparisons are drawn to the adult TRD</p>

							literature, and areas for future pediatric depression research are highlighted. CONCLUSIONS As evidence is limited for treatments in this population, a careful consideration of the known risks and side effects of escalated treatments (e.g., mood stabilizers and atypical antipsychotics) is warranted and weighed against potential, but often untested, benefits.
Dymoke, Katy	2019	Touching the untouchables	Psychother Politics Int (Psychotherapy and Politics International)	17	3		
Dyurich, Adriana; Prasad, Veena; Mueller, Deborah; Hutcherson, Lisa; Kempenich, Jason W.; Dent, Daniel; Botros-Brey, Sylvia	2023	Lived Experiences of Mistreatment in a General Surgery Residency	Journal of surgical education	80	3	385-392	OBJECTIVE: Explore the lived experiences of General Surgery residents to identify how they perceive, define mistreatment, and which factors can contribute to or mitigate mistreatment within the Clinical Learning Environment. DESIGN: This is a phenomenological study conducted during 2019-2020 using Giorgi's psychological descriptive phenomenology methodology. Researcher bias, trustworthiness, and triangulation were addressed using bracketing, check-ins with program leadership, comparisons to resident survey, and team consensus based on Consensual Qualitative Research. SETTING: General Surgery Residency program at Long School of Medicine, UT Health San Antonio, Texas. PARTICIPANTS: All residents in the general surgery program were invited to participate (n= 66, 43% female and 63% non-Hispanic). Specific demographic and identifying data for each participant was not collected. Approximately 50 (76% of program) residents from General Surgery participated. RESULTS: We were able to identify four themes that helped to delineate the lived experience of residents

						including program cultural factors, resident internal processing, and perceived effects of mistreatment by the residents. The resulting psychological structure and conceptual framework help clarify the interrelations between the themes and the Clinical Learning Environment. The scenarios discussed were adapted and depersonalized to use as prompts for the Forum Theater intervention. This project set out to explore resident's lived experiences and allow the data to reveal the main outcomes. The data was coded and analyzed following strict guidelines from descriptive psychological phenomenology and Consensual Qualitative Research with the aim of informing a later experiential intervention based on Forum Theater. CONCLUSIONS: The lived experience of general surgery residents helped identify cultural factors and behaviors that contribute to and/or mitigate mistreatment providing information to plan interventions at the resident and faculty level. Mitigating or stopping mistreatment can improve the Clinical Learning Environment and hence, the quality of training.
Eadeh, Hana-May; Adamowicz, Jenna L.; Markon, Kristian; Thomas, Emily B. K.	2023	Using network analysis to examine connections between Acceptance and Commitment Therapy (ACT) processes, internalizing symptoms, and well-being in a	Journal of affective disorders	320	701-709	BACKGROUND: Acceptance and Commitment Therapy (ACT) has been shown to be effective in treating internalizing symptoms. Understanding which ACT processes are most closely linked to certain symptoms may help develop targeted treatments. Network analysis an approach to gain insight into the interconnection between processes and the downstream benefits of targeting a particular process. However, limited work to date has explored networks involving ACT processes specifically. METHODS: Undergraduate students (N = 447; 76.5 % female; 89.5 % White/Non-Hispanic) completed online questionnaires. The ACT processes assessed included experiential avoidance (AAQ-II),

		sample of undergraduates					<p>openness, awareness, and engagement (CompACT), and tacting ability (TOF), and internalizing symptoms/well-being (IDAS-II). Zero-order and partial correlation networks were examined as well as resulting communities. RESULTS: In the association network, dysphoria and experiential avoidance, and suicidality (in the concentration network only) were central nodes. In community analyses, experiential avoidance had the strongest influence in the association network, whereas well-being had the strongest influence in the concentration network. Auto-detected communities were also evaluated. LIMITATIONS: The present study was cross-sectional and included a largely White, female, undergraduate sample. This limits generalizability to more diverse, clinical, or general community populations. Potential concerns about data are also noted including low reliability on the TOF and two skewed domains on the IDAS-II which may impact stability of centrality metrics. CONCLUSIONS: Well-being, dysphoria, and suicidality may be important process-based treatment targets. Further work is needed with diverse samples and using longitudinal designs to examine within person change of the associations between ACT processes and internalizing symptoms.</p>
Eady, Kaylee; Moreau, Katherine A.	2018	Observing the influence of the physical environment on family involvement in a rehabilitation setting	Families, Systems, & Health	36	4	493–506	<p>Introduction: Health professionals and institutions need to understand how to facilitate family involvement within settings designed prior to the adoption of patient- and family-centered philosophies. This study sought to explore how the physical environment of an inpatient rehabilitation setting influenced family involvement in health care delivery. Method: We conducted this study on the inpatient acquired brain injury ward of a Canadian adult rehabilitation center. This study used a basic</p>

							<p>interpretive qualitative approach. We conducted observations of how the physical environment influenced the conversations, interactions, and activities, which were central to family involvement, in this setting. We used a systematic qualitative analysis method. This study received research ethics board approval prior to commencing. Results: We conducted 26 2-hr observation sessions. Five sessions occurred in the morning, 17 in early and late afternoon, and 4 in the evening. Eighteen sessions occurred on a weekday and 8 on a weekend day. The following 6 categories emerged from the field data: (a) accessing health professionals, (b) awareness of family presence, (c) facilitating family presence, (d) facilitating patient-family activities, (e) providing information for families, and (f) facilitating family involvement in therapy. Discussion: This study provided information to inform future discussions and strategies for facilitating family involvement within the existing physical environments of health care institutions. Initial steps should consider ways to help families feel welcomed, such as including additional seating in spaces, posting signage inviting families into spaces, having resources tailored to families readily available, and creating a visible sign-in/sign-out board for families. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Early, Macy L.; Strodel, Rachel J.; Lake, Isabel V.; Ruddy, Jake A.; Saba, James A.; Singh, Sajya M.; Lanzkron, Sophie; Mack,	2022	Acceptable, hopeful, and useful: development and mixed-method evaluation of an educational tool	Journal of assisted reproduction and genetics	39	1	183-193	<p>PURPOSE: People with sickle cell disease (SCD) or trait have many reproductive options, some of which decrease the chance of passing SCD to children, including in vitro fertilization with preimplantation genetic testing (IVF + PGT). Few are aware of these options, and educational materials are needed. This study aimed to develop an accessible, non-directive patient education material about reproductive options for those with SCD or trait via</p>

Jennifer W.; Meier, Emily R.; Christianson, Mindy S.; Pecker, Lydia H.		about reproductive options for people with sickle cell disease or trait					a process that incorporated stakeholders from the SCD community. METHODS: Multidisciplinary stakeholders guided development and revision of a novel pamphlet. Researchers applied health literacy scales to measure pamphlet understandability. We interviewed nine patients with SCD and six multidisciplinary clinicians to evaluate the pamphlet. Interviews were recorded, transcribed, and coded by a five-member team who developed a codebook and proposed themes that were revised by all research team members. Feedback was incorporated into a revised pamphlet. RESULTS: A two-page pamphlet describing reproductive options for people with SCD including IVF + PGT was acceptable to key stakeholders, including people with SCD. Material about this complex topic met health literacy standards, including being written at a 5th grade level. Patients reported feeling hopeful after reviewing the pamphlet, and participants considered the pamphlet useful, clear, and appropriate for distribution in clinics and online. CONCLUSIONS: Though awareness of reproductive options for those with SCD or trait is low, patients and providers find a novel pamphlet about this topic acceptable and useful. Educational materials about complex topics including IVF + PGT can be written at a level understandable to the average American.
Echiverri- Cohen, Aileen; Zoellner, Lori A.; Gallop, Robert; Feeny, Norah; Jaeger, Jeffrey; Bedard-Gilligan, Michele	2016	Changes in temporal attention inhibition following prolonged exposure and sertraline in the	Journal of consulting and clinical psychology	84	5		Objective: Attentional inhibitory deficits expressed as difficulty ignoring irrelevant stimuli in the pursuit of goal-directed behavior may serve as a fundamental mechanism of posttraumatic stress disorder (PTSD). Evidence of inhibitory processes as central to extinction suggests that exposure-based treatments may act more directly on the inhibitory deficits implicated in PTSD, whereas, in facilitating serotonergic neurotransmission,

		treatment of PTSD					selective serotonin reuptake inhibitors (SSRIs) may be less direct and bring about general neurochemical changes in the fear circuitry. If these inhibitory deficits underlie PTSD, then inhibition should improve with successful treatment, with those treated with prolonged exposure (PE) potentially resulting in greater changes in inhibition than those treated with sertraline. Method: Changes in temporal attentional inhibition, using an attentional blink (AB) paradigm, were examined at pre- and posttreatment in 49 individuals (74.5% female, 66.7% Caucasian, age M = 37.69, SD = 12.8 years) with chronic PTSD. Participants completed 10 weeks of either PE or sertraline. Results: Individuals who made greater improvements with PE showed faster improvements in temporal inhibition on the critical inhibitory lag of AB than those who made greater improvements with sertraline (d = 0.94). These changes could not be accounted for by basic attention. Conclusions: Greater improvement in fundamental attentional inhibitory processes with better treatment response to PE, compared with sertraline, suggests potential specificity in how PTSD treatments normalize inhibitory processes, such that exposure-based treatments like PE may target inhibitory processes and improve basic inhibitory functioning. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Ecker, Saan; Lykins, Amy	2023	“Voted yes—What else can I do?”: Coping with stigma-related stress during the Australian	Psychology of Sexual Orientation and Gender Diversity	10	2	324–336	There is limited empirical evidence on how LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning) people cope with stigma-related stress associated with marriage amendment processes. The current study explored coping during the 2017 Australian Marriage Law Postal Survey during which stigma-related stress was significantly associated with increased psychological distress of LGBTIQ people. Data

		marriage equality debate					collected during the voting and debate period from 5,453 LGBTIQ respondents were analyzed, investigating relationships between coping strategies and psychological distress. In keeping with this study's aims to provide scholarship on the poorly understood relationship between coping with stigma-related stress and mental health of LGBTIQ people, qualitative data were used to complement quantitative analysis. Emotion-focused, avoidant coping strategies of reactive distancing and disengagement was associated with increased psychological distress, as expected. However, contrary to expectations based on coping and stress theories, problem-focused, adaptive coping strategies, including LGBTIQ community engagement and activism, problem solving, positive reappraisal, and seeking social support were not associated with reduced psychological distress. Results reveal the limitations of problem-focused coping in the context of extreme stigma-related stress, with adaptive coping efforts commonly unsuccessful due to highly pervasive stressors. Findings also highlight that typical problem-focused coping strategies may not be sufficient for dealing with identity threats such as those experienced during this period. Findings support the importance of structural equality in reducing psychological distress of minorities and indicate the need for improved community and therapeutic support and addressing stigma-related stress as a social, rather than individual phenomenon. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Eckert, Jochen	1985	Stationäre Gruppenpsychotherapie. Prozesse -					

		Effekte - Vergleiche.					
Eckert, Jochen	2016	Hat die Gesprchspsych otherapie/Perso nzentrierte Psychotherapie eine Zukunft? Eine Stellungnahme zu dem Beitrag von Behr, M., Finke J., Gahleitner, S. B. (2016). "Personzentriert sein - Sieben Herausforderun gen der Zukunft". PERSON 40 (1): 14-30	Person	20	2	97-100	Es wird Stellung zum Beitrag von M. Behr, J. Finke & S. B. Gahleitner (in PERSON 2016, 40 (1)) genommen, welcher die Potenziale, den Personzentrierten Ansatz (PZA) konzeptionell weiterzuentwickeln, thematisierte. Dabei wird kritisiert, dass in dem Artikel nicht erwht wird, dass es seit 2008 in Deutschland keine staatlich anerkannte Ausbildung zum Psychologischen Psychotherapeuten mit Schwerpunkt Gesprchstherapie mehr gibt. Damit wird der Personzentrierten Psychotherapie als Psychotherapieverfahren nach derzeitigem Stand der Dinge in Deutschland keine Zukunft attestiert. Vor diesem Hintergrund werden vier Grnde fr den zurckgehenden Einfluss der Gesprchspsychotherapie/Personzentrierten Psychotherapie in Deutschland errtert: (1) Das Stagnieren empirischen Forschung, (2) Ausbleiben eines konsequenten Vorgehens gegen falsche Darstellungen des PZA, (3) Mangelhafte Sorgfalt und fehlende Wiedergabe der Klientenzentrierten Persnlichkeits- und Therapietheorie durch Vertreter des PZA und (4) Mangelhafte bzw. fehlende Bezugnahme bei Verffentlichungen von PZA-Autoren auf bereits vorliegende Publikationen.
Eckert, Jochen	2019	Wissenschaftlic her Beirat Psychotherapie: Quo vadis?. Eine Frage, die erneut gestellt werden muss	Psychotherapeu t	64	5	420-425	Fnf Jahre nach Einberufung eines "Wissenschaftlichen Beirats Psychotherapie" (WBP) gem 11 Psychotherapeutengesetz wurde 2001 eine kritische Bilanz der Arbeit dieses Gremiums vorgelegt. Das im Januar 2018 verffentliche Gutachten des WBP zur wissenschaftlichen Anerkennung der humanistischen Psychotherapie gibt erneut Anlass zu einer kritischen Stellungnahme. Am Beispiel der Bewertung der Gesprchspsychotherapie wird dargelegt, dass bestimmte

							gutachterliche Empfehlungen des WBP in hohem Maße von berufspolitischen Interessen bestimmt werden.
Eckert, Jochen	2018	Borderline-Persnlichkeitsstrungen					Das konkrete therapeutische Vorgehen bei der Psychotherapie von Borderline-Persnlichkeitsstrungen hngt zum einen davon ab, welchen therapietheoretischen Hintergrund der Therapeut hat, und zum anderen davon, welche Annahmen zur Entstehung der Strung zugrunde gelegt werden. Die Standardbehandlungsprozeduren, wie sie ursprnglich fr die Therapie von Personen mit sogenannten neurotischen Strungen entwickelt wurden, sind im Hinblick auf die Besonderheiten der BPS jeweils modifiziert worden. Eine psychotherapeutische Behandlung dieser Patienten ist schwierig und langwierig, die Abbruchraten und Rckfallquoten sind hoch, und die Patienten sind stark suizidgefhrdet. Daher sollte die auf die besondere Verletzlichkeit von Borderline-Patienten abgestimmte Beziehungsaufnahme bereits in der diagnostischen Phase beginnen. (c) Springer-Verlag GmbH Deutschland
Eckert, Jochen	2016	Bindungstheorie und Humanistische Psychotherapie					Die Bedeutung der Bindungstheorie wird aus der Sicht der Humanistischen Psychotherapie ertert. Fokussiert werden folgende Aspekte: (1) Die Bedeutung einer emotionalen zwischenmenschlichen Beziehung fr die menschliche Entwicklung. (2) Grundannahmen der Gesprchpsychotherapie zur Persnlichkeitsentwicklung. (3) Die Persnlichkeitstheorie von Rogers und die Bindungstheorie von Bowlby im Vergleich. (4) Zur Qualitt der Beziehung zwischen Kind und Pflegeperson (die Qualitt einer bindungsfrdernden Beziehung aus Sicht der Bindungstheorie und die Qualitt einer die psychische Stabilitt frdernden Beziehung aus Sicht der Gesprchpsychotherapie). (5) Mentalisierung und empathische Erfassung des "Inneren Bezugsrahmens". (6)

							Ein empirischer Vergleich von "Mentalisierung" und "Selbstexploration". Abschließend wird der Frage nachgegangen, welchen praktischen Gewinn humanistische Therapieansätze aus den Erkenntnissen der Bindungsforschung ziehen können.
Eckert, Jochen; Biermann- Ratjen, Eva- Maria	2020	Gesprächspsych otherapie mit PatientInnen mit einer Borderline- Persönlichkeitsst rung	Gesprächspsych otherapie und Personzentrierte Beratung	51	4	18–23	Das zentrale Therapeutikum der Gesprächspsychotherapie ist ihr Beziehungsangebot: Der/die TherapeutIn bemüht sich, die PatientIn in ihrem Erleben bedingungsfrei positiv zu beachten und empathisch genau zu verstehen. Dieser Beitrag beschreibt und erlutert, wie sich die Symptomatik des/r Borderline-PatientIn, die vor allem Ausdruck einer Beziehungsstrung ist, auf die Möglichkeiten des/r PatientIn auswirkt, dieses Beziehungsangebot wahr- und anzunehmen. Es wird dargestellt, wie der/die GesprächspsychotherapeutIn damit umgehen kann und dass ein/e TherapeutIn, die eine/n Borderline-PatientIn in Therapie nimmt, sich auf eine krisenanflüge Langzeitbehandlung einstellen sollte. Der Beitrag schließt mit Empfehlungen zum therapeutischen Rahmen bzw. Versorgungsaspekten.
Eckert, Jochen; Biermann- Ratjen, Eva- Maria	2019	Die Traumatheorie in der Gesprächspsych otherapie nach Carl R. Rogers					
Eckert, Jochen; Schwab, Reinhold	2017	Diagnostik in der Gesprächspsych otherapie					Der Stellenwert der Diagnostik in der Gesprächspsychotherapie wird im Überblick dargestellt. Dabei wird auf diagnostische Verfahren und Vorgehensweisen im Rahmen der Eingangsdiagnostik (Indikation und Prognose), der Prozessdiagnostik (Therapieverlauf) und der Erfolgsdiagnostik bzw. Nachtestung (Therapieergebnis) jeweils gesondert

							eingegangen. Es wird betont, dass Diagnostik in der Gesprächspsychotherapie eine lange Tradition hat, dass sie durch C. Rogers' Credo begründet wurde, dass es erforderlich sei, den psychotherapeutischen Prozess und seine Effekte empirisch zu erforschen, und dass Diagnostik in der Gesprächspsychotherapie niemals Selbstzweck war und ist, sondern der - vor allem prozessbegleitenden - Evaluation und Qualitätssicherung diene und dient.
Edmondstone, Chris; Pascual-Leone, Antonio; Soucie, Kendall; Kramer, Ueli	2023	Therapist effects on outcome: Meaningful differences exist early in training	Training and Education in Professional Psychology		19 31- 39 26(Electronic), 19 31- 39 18(Print)	149-157	Therapist effects are well-established in the literature, but their presence in the earliest stages of a therapist's career (i.e., training) is under-studied. The present study involved the investigation of between-therapist effects—differences between therapists' average effectiveness (i.e., outcome ratings) across all patients in their caseloads—within the context of an outpatient psychotherapy clinic where graduate-level trainee therapists are trained. The clinical outcomes of N = 202 clients who were treated by N = 35 therapists practicing two or more of cognitive behavioural therapy, emotion-focused therapy, brief psychodynamic psychotherapy, and integrative psychotherapy were examined for differential effectiveness of therapists. Results indicated that, after already accounting for effects related to therapeutic orientation and clinical experience, therapists-in-training differed in significant ways as measured by the average magnitude and rate of change of clients in their caseloads, as well as clients' end-of-therapy clinical classification. The implications of broad performance discrepancies among trainee therapists are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<p>Edwards, Caitlin; Allan, Robert; Marzo, Nick; Wynfield, Ted; Hicks, Ryan</p>	<p>2023</p>	<p>The use of emotionally focused therapy with polyamorous relationships</p>	<p>Family process</p>	<p>62</p>	<p>4</p>	<p>1362–1376</p>	<p>Approximately 5% of people in the United States engage in some form of consensual non-monogamy (CNM; Archives of Sexual Behavior, 2018, 47, 1439). Therapists are becoming increasingly aware of the need to treat members of CNM relationships, including polyamorous relationships. To date, no research has been conducted and little has been written about applying existing couple therapy models normed on heterosexual, cisgender, monogamous relationships to CNM or polyamorous relationships. Emotionally focused therapy (EFT) is an empirically supported treatment for relationship distress that offers promise for working with polyamorous relationships due to the model's systemic and attachment theoretical foundations. We propose EFT is an ideal model for working with polyamorous relationships because of the focus on externalizing, interpersonal and intrapersonal emotional and experiential coherence, and the attachment bond. Building and sustaining multiple attachment relationships allows for the fulfilment of a diverse range of relational needs and wants as well as provides a secure base for individual and relational exploration. In this article, we first provide general information about polyamory and discuss the research on attachment theory and polyamory. We then provide a step-by-step conceptualization of how EFT therapists can expand the model to include extra-dyadic attachment relationships. In addition, we include specific ways in which the model would need to be adapted when working with polyamorous clients. We conclude with recommendations for EFT therapists working with polyamorous relationships.</p>
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Edwards, Emily; Shivaji, Sindhuja; Wupperman, Peggilee	2018	The Emotion Mapping Activity: Preliminary evaluation of a mindfulness-informed exercise to improve emotion labeling in alexithymic persons	Scandinavian J Psychology (Scandinavian Journal of Psychology)	59	3	319–327	Alexithymia is a psychoemotional trait associated with many treatment-resistant psychological and social difficulties. Research suggests that these difficulties stem primarily from an inability to appropriately apply linguistic labels to emotional experiences and content. The present research introduces and preliminarily evaluates a novel mindfulness-informed exercise to improve emotion-labeling ability in alexithymic persons. Based in culturally universal patterns of somatic experience, the Emotion Mapping Activity (EMA) directs alexithymic persons to reflect on their internal, somatic experiences as a source of information for interpreting and labeling emotional experiences. In the present study, 67 alexithymic persons completed a series of emotion-labeling tasks either with or without assistance of the EMA. Results suggest that completion of the EMA may improve ability to label emotions that would be otherwise misinterpreted - without interfering with labeling that is already intact. Though further research is necessary, the present study suggests that the EMA may hold the potential to be incorporated into psychotherapy protocols as an exercise for improving emotion-labeling ability in alexithymic clients.
Eftekhari, Afsoon; Crowley, Jill J.; Mackintosh, Margaret-Anne; Rosen, Craig S.	2020	Predicting treatment dropout among veterans receiving prolonged exposure therapy	Psychological Trauma: Theory, Research, Practice, and Policy	12	4	405–412	Objective: To examine whether dropout from prolonged exposure (PE) therapy can be predicted from demographic and outcomes data that would typically be available to clinicians. Methods: Dropout was examined in 2,606 patients treated by clinicians in the U.S. Veterans Health Administration PE Training Program. PE typically consists of 8–15 sessions, with 8 sessions being considered a minimum therapeutic dose for most patients. Logistic regression was used to assess the impact of demographics, depression, trauma history, and

						PE target trauma on risk for dropout. Growth mixture modeling was used to study how posttraumatic stress disorder symptom patterns during the first 5 treatment encounters predicted dropout. Results: In total, 782 patients (30.0%) completed fewer than 8 sessions of PE. Younger veterans were more likely to drop out of PE; odds ratio (OR) per year of age = 0.97, p p < .05). Dropout was unrelated to symptom course or symptom worsening between sessions. Nevertheless, clinicians attributed dropout to distress or avoidance in 45% of the patients who dropped out, citing other factors in 37% of dropout cases. Conclusions: Treatment dropout was predicted by age but not by initial symptom severity or symptom course early in treatment. Symptom exacerbation was rare and did not increase risk of dropout. Nonetheless, clinicians often attributed dropout to patients not tolerating PE. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Eggenberger, Lukas; Komlenac, Nikola; Ehlert, Ulrike; Grub, Jessica; Walther, Andreas		Association between psychotherapy use, sexual orientation, and traditional masculinity among psychologically distressed men	Psychology of Men & Masculinities	23	4	Heterosexual-identified men, as compared to non-heterosexual-identified men, are less likely to seek out psychotherapy when experiencing psychological distress. Stronger endorsement of traditional masculinity ideologies (TMI) has been reported to be associated with reduced psychotherapy use among men. However, the relationship between psychotherapy use, TMI, and sexual orientation needs to be explored. A total of 728 psychologically distressed men (59.9% heterosexual-identified, 40.1% non-heterosexual-identified) from German-speaking parts of Europe completed an online questionnaire asking about current psychotherapy use, endorsement of TMI, experienced gender role conflict (GRC), prototypical depression symptoms, and externalizing depression symptoms. In total 34.5% (n =

						<p>251) of the men were currently using psychotherapy, of which 47.4% (n = 119) identified as heterosexual and 52.6% (n = 132) as non-heterosexual. Heterosexual-identified men used psychotherapy less than non-heterosexual-identified men, while exhibiting lower prototypical depression symptoms but comparable externalizing depression symptoms. Additionally, heterosexual-identified men exhibited higher endorsement of TMI across all domains and experienced more masculine GRC, especially in the domains Success Concerns and Restricted Affection. Endorsement of TMI was associated with increased externalizing depression symptoms only among heterosexual-identified men. Logistic regression analyses showed stronger endorsement of TMI, increased externalizing depression symptoms, and identifying as heterosexual to be associated with reduced psychotherapy use. Men identifying as heterosexual with strong endorsement of TMI, and high externalizing depression symptoms have a reduced likelihood to use psychotherapy. Thus, challenging TMI and advocating for alternative masculinities that include health promoting behavior can especially help heterosexual-identified men with strong TMI. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Egli, Samy; Frie, Elisabeth; Graf, Patricia; Hhn, David; Kopf-Beck, Johannes; Rein, Martin Ludwig; Ruderer,	2019	Schematherapie bei Depressionen. Ein Behandlungskonzept für das (teil)stationäre Setting				<p>In einem Manual werden praxisorientierte Fertigkeiten zur schematherapeutischen Behandlung von depressiven Strungen im (teil-)stationären Kontext vermittelt. Neben einer Einführung zum Strungsbild der Depression werden Grundlagen der Schematherapie und die Arbeit mit dem Modus-Modell vorgestellt. Bei Depressionen zeigen sich zwei Modus-Konstellationen besonders häufig: Zum einen können erdulden und vermeidende Anteile im</p>

<p>Amelie; Szesny-Mahlau, Nicole; Zimmermann, Petra; Keck, Martin Ekkehard</p>						<p>Vordergrund stehen, zum anderen aber auch kontrollierende Anteile. Diese beiden Ausprägungen werden ausführlich erlutert und das therapeutische Vorgehen daraus abgeleitet. Die Behandlung verluft ber sieben Wochen, in denen je 14 Gruppen- und Einzelsitzungen angeboten werden. Die Patientinnen und Patienten knnen flexibel in die teiloffenen Gruppen einsteigen, die idealerweise von zwei Therapeuten angeleitet werden. Im Vordergrund der Behandlung stehen die beiden emotions- und erfahrungsfokussierten Techniken Stuhldialog und Imagination. Oft ist es dabei zielfhrend, von der vorgegebenen inhaltlichen Struktur einer Therapiesitzung abzuweichen, um unmittelbar auf emotionale Reaktionen und Modus-Aktivierungen bei den Patienten einzugehen. Der flexible Umgang mit diesen Abweichungen von der Struktur zugunsten der Emotions- und Bedrfnisorientierung wird ausfhrlich erklrt. Fr die Arbeit mit den verschiedenen Modi knnen "Modicons" eingesetzt werden (zum Ausdruck auf der beiliegenden CD-ROM). Diese Bilder erleichtern die Kommunikation und knnen zeigen, welcher Modus aktiv ist. Weiterhin werden hilfreiche Strategien vermittelt, um den Herausforderungen der schematherapeutischen Arbeit auf der Beziehungsebene zu begegnen. - Inhalt: (1) Einfhrung (Schematherapie - Modi und Modicons, bergeordnete Ziele, Zielgruppe, Einzel- und Gruppensitzungen; allgemeine psychotherapeutische Prinzipien; Aufbau und Struktur des Manuals). (2) Diagnostik und Behandlung der Depression (Epidemiologie; tiologie; Erscheinungsbild und Diagnostik; Psychotherapie; Psychopharmakologie; weitere Methoden). (3) Schematherapie und ihre Evidenz (Modell; Therapieverlauf und Techniken; Evidenz;</p>
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							OPTIMA-Psychotherapie-Studie). (4) Schematherapeutisches Interventionsmodell der Depression (Typ I: Erduldende und vermeidende Anteile stehen im Vordergrund; Typ II: Kontrollierende Anteile stehen im Vordergrund; Anpassung an den Schweregrad und Kontraindikationen). (5) Strukturelle Aspekte der Schematherapiegruppen (Aspekte des Settings; bungen zum Einstieg; bungen zum Ausstieg; Emotions- und Bedürfnisorientierung und Abweichung von der Struktur zugunsten des Prozesses). (6) Emotionsfokussierte Gruppe (EFG). (7) Bewusstmachen- und Transfergruppe (BTG). (8) Einzelsitzungen. (9) Schwierige Therapiesituationen, Varianten und Techniken. - Anhang (bersicht ber die materialien auf der CD-ROM).
Ehr, Dorothea; Link, Pierre-Carl	2016	Pldoyer fr eine kritische Betrachtung des Spannungsverhltnisses von Vulnerabilitt und Resilienz am Beispiel der Selbst- und Emotionsregulation nach Berking	Zeitschrift fr Gestaltpdagogik	27	2	22–35	Das Spannungsverhltnis zwischen Resilienz und Vulnerabilitt im Rahmen der Emotionsregulation und Selbstregulation wird beschrieben. Nach einer Darstellung des Resilienzkonzepts nach Mathias Berking wird seine praktische Relevanz fr Psychotherapie und Erziehung sowie fr die Prvention oder Abmilderung der Folgen von Entwicklungsrisiken erlutert. Anschließend wird die Polaritt von Resilienz und Vulnerabilitt ausgefhr. Vor diesem Hintergrund wird fr einen Vulnerabilittsdiskurs in der pdagogischen resilienzorientierten Gestaltarbeit pldiert.
Eisele, Marion; Boczor, Sigrid; Rakebrandt, Anja; Blozik, Eva; Träder, Jens-Martin; Störk, Stefan;	2017	General practitioners' awareness of depressive symptomatology is not associated with	BMC family practice	18	1	100	BACKGROUND: Depression is a common comorbidity in patients with chronic heart failure (HF) and linked to a wider range of symptoms which, in turn, are linked to a decreased health-related quality of life (HRQOL). Treatment of depression might improve HRQOL but detecting depression is difficult due to the symptom overlap between HF and depression. Therefore, clinical

<p>Herrmann-Lingen, Christoph; Scherer, Martin</p>	<p>quality of life in heart failure patients - cross-sectional results of the observational RECODE-HF Study</p>				<p>guidelines recommend to routinely screen for depression in HF patients. No studies have so far investigated the treatment after getting aware of a depressive symptomatology and its correlation with HRQOL in primary care HF patients. Therefore, we examined the factors linked to depression treatment and those linked to HRQOL in HF patients. We hypothesized that GPs' awareness of depressive symptomatology was associated with depression treatment and HRQOL in HF patients. METHODS: For this observational study, HF patients were recruited in primary care practices and filled out a questionnaire including PHQ-9 and HADS. A total of 574 patients screened positive for depressive symptomatology. Their GPs were interviewed by phone regarding the patients' comorbidities and potential depression treatment. Descriptive and regression analysis were performed. RESULTS: GPs reported various types of depression treatments (including dialogue/counselling by the GP him/herself in 31.8% of the patients). The reported rates differed considerably between GP-reported initiated treatment and patient-reported utilised treatment regarding psychotherapy (16.4% vs. 9.5%) and pharmacotherapy (61.2% vs. 30.3%). The GPs' awareness of depressive symptomatology was significantly associated with the likelihood of receiving pharmacotherapy (OR 2.8; $p < 0.001$) but not psychotherapy. The patient's HRQOL was not significantly associated with the GPs' awareness of depression. CONCLUSION: GPs should be aware of the gap between GP-initiated and patient-utilised depression treatments in patients with chronic HF, which might lead to an undersupply of depression treatment. It remains to be investigated why GPs' awareness of depressive</p>
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							symptomatology is not linked to patients' HRQOL. We hypothesize that GPs are aware of cases with reduced HRQOL (which improves under depression treatment) and unaware of cases whose depression do not significantly impair HRQOL, resulting in comparable levels of HRQOL in both groups. This hypothesis needs to be further investigated.
Eismann, Gunnar	2021	Emotionsregulation. 75 Therapiekarten					In einem Kartenset werden 75 Therapiekarten zum Thema Emotionsregulation präsentiert. Emotionsregulatorische Kompetenzen können gezielt gefördert werden. Dies zu erreichen und die Arbeit mit Emotionen für bedürfnisorientierte Veränderungsprozesse nutzbar zu machen, sind die Ziele dieses Kartensets. Gegliedert in sieben Module, können die Karten themenbezogen eingesetzt werden. Sie führen vom Verständnis und der Akzeptanz für Emotionen hin zu Strategien aktiver Emotionsregulation. Eine punktuelle Auswahl einzelner Karten sowie deren flexible modulbergreifende Vernetzung sind möglich. So kann die Therapie individuell und bedürfnisgerecht angepasst werden. Der emotionsfokussierte Charakter der Therapiekarten intensiviert die psychotherapeutische Arbeit. Innovative Techniken und Übungen, emotional ansprechende Bilder und Anleitungen zur Selbstreflexion bieten einen erlebnisorientierten Zugang zur Thematik. Die Karten eignen sich für den Einsatz in Psychotherapie, Supervision, Selbsterfahrung und psychologischer Beratung, im Einzel- oder Gruppensetting. - Inhalt: https://d-nb.info/1231247657/04
Eisterer, Angelika; Dungal-Nemetz, Sabine	2021	Halt geben - Die offene Stabilisierungsgg	Zeitschrift für Psychodrama und Soziometrie	20	Su ppl 1	77-92	In diesem Beitrag der Zeitschrift für Psychodrama und Soziometrie wird eine offene Stabilisierungsgruppe mit zahlreichen Beispielen und Übungen beschrieben. Die

		ruppe bei FAIRTHERAPY					Gruppe ist ein offenes, gruppentherapeutisches Angebot für (komplex) traumatisierte Menschen. Aufgrund dieser Zielgruppe und des offenen Settings bedarf es eines speziellen Aufbaus, einer speziellen Haltung in der Begegnung und einer sorgfältigen Auswahl der gesetzten Interventionen. Diese werden sowohl mit psychodramatischer als auch existenzanalytischer Theorie erklärt. Besondere Bedeutung haben die Rahmenbedingungen und Grundhaltungen, das Eingehen auf die Struktur der teilnehmenden Personen und die Phasen der Gruppentherapie sowie das Herstellen einer Gruppenkohäsion trotz offenen Settings. (c) Springer Fachmedien Wiesbaden GmbH
Ekeblad, Annika; Falkenström, Fredrik; Andersson, Gerhard; Vestberg, Robert; Holmqvist, Rolf	2016	Randomized Trial of Interpersonal Psychotherapy and Cognitive Behavioral Therapy for Major Depressive Disorder in a Community-Based Psychiatric Outpatient Clinic	Depression and anxiety	33	12	1090–1098	<p>BACKGROUND Interpersonal psychotherapy (IPT) and cognitive behavioral therapy (CBT) are both evidence-based treatments for major depressive disorder (MDD). Several head-to-head comparisons have been made, mostly in the United States. In this trial, we compared the two treatments in a small-town outpatient psychiatric clinic in Sweden. The patients had failed previous primary care treatment and had extensive Axis-II comorbidity. Outcome measures were reduction of depressive symptoms and attrition rate.</p> <p>METHODS Ninety-six psychiatric patients with MDD (DSM-IV) were randomized to 14 sessions of CBT (n = 48) or IPT (n = 48). A noninferiority design was used with the hypothesis that IPT would be noninferior to CBT. A three-point difference on the Beck Depression Inventory-II (BDI-II) was used as noninferiority margin.</p> <p>RESULTS IPT passed the noninferiority test. In the ITT group, 53.5%</p>

						<p>(23/43) of the IPT patients and 51.0% (24/47) of the CBT patients were reliably improved, and 20.9% (9/43) and 19.1% (9/47), respectively, were recovered (last BDI score <10). The dropout rate was significantly higher in CBT (40%; 19/47) compared to IPT (19%; 8/43). Statistically controlling for antidepressant medication use did not change the results.</p> <p>CONCLUSIONS</p> <p>IPT was noninferior to CBT in a sample of depressed psychiatric patients in a community-based outpatient clinic. CBT had significantly more dropouts than IPT, indicating that CBT may be experienced as too demanding. Since about half the patients did not recover, there is a need for further treatment development for these patients. The study should be considered an effectiveness trial, with strong external validity but some limitations in internal validity.</p>
Ekeblad, Annika; Falkenström, Fredrik; Holmqvist, Rolf		Reflective functioning as predictor of working alliance and outcome in the treatment of depression	Journal of consulting and clinical psychology	84	1	<p>Aims: Although considerable attention has been paid to the concept of mentalization in psychotherapy, there is little research on mentalization as predictor of psychotherapy process and outcome. Using data from a randomized controlled trial of cognitive-behavioral therapy and interpersonal psychotherapy for depression, we studied mentalization in 85 outpatients with major depressive disorder (MDD) according to the Diagnostic and Statistical Manual of Mental Disorders. It was hypothesized that patients showing lower capacity for mentalization would experience poorer quality of alliance and worse outcome. Method: Depressive symptoms were measured each session using the Beck Depression Inventory—II. Mentalization was measured as reflective functioning (RF) on a slightly shortened version of the Adult Attachment Interview. A measure of depression-</p>

							<p>specific reflective functioning (DSRF), measuring mentalization about depressive symptoms, was also used. The Working Alliance Inventory—Short Form Revised was completed after each session by both therapist and patient. Longitudinal multilevel modeling was used to analyze data. Results: The patients had on average very low RF ($M = 2.62$, $SD = 1.22$). Lower pretreatment RF/DSRF predicted significantly lower therapist-rated working alliance during treatment. RF did not affect patient-rated alliance, but lower DSRF predicted lower patient-rated alliance across treatment. Patients with higher RF/DSRF had better outcomes on self-rated depression. Conclusions: The findings showed lower than normal capacity for mentalization in patients with MDD. Lower RF/DSRF predicted worse treatment outcome. More research is needed to understand how RF affects psychotherapy response and how RF is affected after recovery from depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Ekstrand, Maria L.; Rawat, Shruta; Patankar, Pallav; Heylen, Elsa; Banu, Asha; Rosser, B. R. Simon; Wilkerson, J. Michael	2017	Sexual identity and behavior in an online sample of Indian men who have sex with men	AIDS care	29	7	905–913	<p>Indian men who have sex with men are disproportionately impacted by HIV. While prevention efforts to date have focused on men who visit drop-in centers or physical cruising sites, little is known about men who are meeting sexual partners on virtual platforms. This paper explores issues related to sexual identity and sexual behaviors in an online sample of men who identified as gay ($n = 279$) or bisexual ($n = 123$). There were significant differences in outedness between the two groups, with 48% of bisexually identified men reporting that they were out to "no one" and 82% stating that they present themselves as heterosexual to family and friends. Corresponding rates for gay-identified men were 15% and 41%, respectively (both $p < .001$). Twenty-nine percent of bisexually</p>

							<p>identified men reported being married, compared to only 3% of the gay-identified men ($p < .001$). Bisexually identified men were also more likely to report having exclusively insertive anal sex (49% vs 30% $p < .001$), while gay-identified men were more likely to report exclusively receptive anal sex (41% vs 13% $p < .0001$). Rates of unprotected anal sex (UAS) in the two groups were similar; however, married men were significantly more likely to report unprotected vaginal sex (76% vs 35%, $p < .012$). Positive attitudes toward UAS and lower self-efficacy were associated with sexual risk in both groups; however, substance use was associated with sexual risk only among bisexually identified men. These findings show that a large proportion of Indian bisexually identified men lead closeted lives, especially in their interactions with friends and family, with the vast majority presenting as heterosexual. The lower condom use with wives may be due to societal pressures to have children. The results suggest that bisexually identified men may benefit from targeted programs and non-directive, non-judgmental individual or couples counseling which emphasizes condom use with both male and female partners.</p>
El-Alti, Leila; Sandman, Lars; Munthe, Christian	2022	Caregiver perspectives on patient capacities and institutional pathways to person centered forensic psychiatric care	PloS one	17	9	e0275205	<p>The ethical discourse surrounding patients' agential capacities, vis-à-vis their active participation in shared decision-making (SDM) in forensic psychiatric (FP) contexts, is an unexplored area of inquiry. The aim of this paper is to explore caregivers' perceptions of patient agential capacities and institutional pathways and barriers to person centered care (PCC) in the context of FP. Following an exploratory qualitative design, we conducted eight semi-structured interviews with hands-on caregivers at an in-patient FP facility in Sweden. A deductive framework method of analysis was employed,</p>

							and four themes emerged: "Fundamental Variability in Patient Capacity", "Patient Participation: Narration or Compliance?", "Antagonism Rooted in Power Struggles", and "System Structure Thwarts Patient Release". While the results generally paint a bleak picture for the possibility of a person-centered FP care, we describe a constrained version of PCC with high-level SDM dynamics which promotes a certain degree of patient empowerment while allowing care strategies, within set restrictions, to promote patient adherence and treatment progress.
Elfrink, Teuntje R.; Zuidema, Sytse U.; Kunz, Miriam; Westerhof, Gerben J.	2018	Life story books for people with dementia: a systematic review	International psychogeriatrics	30	12	1797–1811	ABSTRACT Objectives: There is an increasing evidence that reminiscence therapy is effective in improving cognitive functions and reducing depressive symptoms in people with dementia. Life story books (LSBs) are frequently used as a reminiscence tool to support recollecting autobiographical memories. As little is known about how LSBs are used and what type of studies have been employed to evaluate LSB interventions, we conducted a systematic review. METHODS: The electronic databases Scopus, PubMed, and PsychINFO as well as reference lists of existing studies were searched to select eligible articles. Out of the 55 studies found, 14 met the inclusion criterion of an original empirical study on LSBs in people with dementia. RESULTS: The majority of the LSBs were tangible books, although some digital applications were also found. The LSBs were created mostly in individual sessions in nursing homes with a median of six sessions. Some studies only focused on the person with dementia, while others also examined (in)formal caregivers. Most studies used qualitative interviews, case studies, and/or (pilot) randomized controlled trial (RCTs) with small sample sizes. Qualitative findings showed the value of

						<p>LSBs in triggering memories and in improving the relation with the person with dementia. Quantitative effects were found on, e.g. autobiographical memory and depression of persons with dementia, quality of relationship with informal caregivers, burden of informal caregivers, and on attitudes and knowledge of formal caregivers.</p> <p>CONCLUSIONS: This systematic review confirms that the use of LSBs to support reminiscence and person-centered care is promising, but larger RCTs or implementation studies are needed to establish the effects of LSBs on people with dementia.</p>	
<p>Elices, Matilde; Carmona, Cristina; Narváez, Vanessa; Seto, Victoria; Martín-Blanco, Ana; Pascual, Juan C.; Soriano, José; Soler, Joaquim</p>	2017	<p>Direct experience while eating: Laboratory outcomes among individuals with eating disorders versus healthy controls</p>	Eating behaviors	27		23–26	<p>OBJECTIVE: To compare individuals with eating disorders (EDs) to healthy controls (HCs) to assess for differences in direct engagement in the eating process. METHOD: Participants (n=58) were asked to eat an orange slice. To assess the degree of direct engagement with the eating process, participants were asked to write down 10 thoughts about the experience of eating the orange slice. Next, the participants were instructed to classify the main focus of each thought as either experiential ("direct experience") or analytical ("thinking about"). A direct experience index (DEI) was computed by dividing the number of times that participants classified an experience as a "direct experience" (the numerator) by the total number of all observations (i.e., direct experience+thinking about). Participants also completed the Five Facet Mindfulness Questionnaire (FFMQ) and the Experiences Questionnaire (EQ) to assess mindfulness facets and decentering, respectively. RESULTS: Compared to controls, participants in the EDs group presented significantly lower levels of direct experience during the eating task (EDs group: mean=43.54, SD=29.64; HCs group: mean=66.17, SD=22.23, p=0.03).</p>

							Participants in the EDs group also scored significantly lower on other mindfulness-related variables. DISCUSSION: These findings suggest that engagement with the direct experience of eating is lower in individuals with EDs. Future research should investigate the role of mindfulness-based interventions to address direct experience while eating in individuals with EDs.
Elliott, Robert; Bohart, Arthur C.; Watson, Jeanne C.; Murphy, David	2018	Therapist empathy and client outcome: An updated meta-analysis	Psychotherapy		19 39- 15 36(Ele ctr oni c), 00 33- 32 04(Pri nt)	399–410	Put simply, empathy refers to understanding what another person is experiencing or trying to express. Therapist empathy has a long history as a hypothesized key change process in psychotherapy. We begin by discussing definitional issues and presenting an integrative definition. We then review measures of therapist empathy, including the conceptual problem of separating empathy from other relationship variables. We follow this with clinical examples illustrating different forms of therapist empathy and empathic response modes. The core of our review is a meta-analysis of research on the relation between therapist empathy and client outcome. Results indicated that empathy is a moderately strong predictor of therapy outcome: mean weighted $r = .28$ ($p < .001$; 95% confidence interval [.23, .33]; equivalent of $d = .58$) for 82 independent samples and 6,138 clients. In general, the empathy–outcome relation held for different theoretical orientations and client presenting problems; however, there was considerable heterogeneity in the effects. Client, observer, and therapist perception measures predicted client outcome better than empathic accuracy measures. We then consider the limitations of the current data. We conclude with diversity considerations and practice recommendations, including endorsing the different forms that empathy may take in

							therapy. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Elliott, Robert; Macdonald, James	2021	Relational dialogue in emotion-focused therapy	Journal of clinical psychology	77	2	414-428	In emotion-focused therapy (EFT) relational processes between the therapist and client are not normally an explicit focus unless the therapist and client encounter difficulties that interfere with therapeutic work. When this does happen, however, relational dialogue (including meta-communication) becomes necessary. We present the principles and stages of the EFT task Relational Dialogue for Alliance Difficulties. After describing this little-known task, we illustrate its application in the successful treatment of a severely socially anxious female client with complex trauma and emotional fragility. Using transcripts and detailed descriptions we highlight the alliance difficulty marker subtype, relational dialogue principles and the stages of EFT alliance difficulty work. 2020 Wiley Periodicals LLC.
Ellis, Kate; Hosny, Nadine; Miller-Graff, Laura	2022	User experiences of a culturally adapted web-based intervention for posttraumatic stress disorder in Egypt: A qualitative study	Psychotherapy	59	1	13-25	The following study describes the usability and the acceptability of an online intervention for the treatment of posttraumatic stress disorder (PTSD), PTSD Coach Online that was culturally adapted and translated into local Egyptian dialect. The adapted intervention was piloted in a randomized control trial with 87 Egyptians meeting clinical criteria for a diagnosis of PTSD. Of the 41 participants who participated in the treatment condition, 15 participants (10 females, 5 males) were randomly selected to take part in a semistructured interview to explore their user experience. Favorable feedback centered on the program's ease of access, user-friendly tools, and cultural appropriateness. Participants also described benefits including increased awareness of PTSD, symptom reduction, and increased willingness to seek psychological support online or in person. In

							contrast, participants highlighted some drawbacks of the online program, particularly the need for further support or some kind of “human” interaction as well as feelings that the information was not sufficiently personalized and that activities could have been more interesting. The findings suggest that while the PTSD Coach Online-Arabic is unlikely to be an effective stand-alone support, approximately half of the sample indicated that the availability of online tools is important for accessibility of mental health care, particularly for those concerned with stigma. As such, it may be an important supplemental offering for other forms of ongoing care and support. Future research may consider integrated approaches to care that were highlighted as being of particular interest to participants. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ellis, Mark A.; Sterba, Katherine R.; Day, Terry A.; Marsh, Courtney H.; Maurer, Stacy; Hill, Elizabeth G.; Graboyes, Evan M.	2019	Body Image Disturbance in Surgically Treated Head and Neck Cancer Patients: A Patient-Centered Approach	Otolaryngology-head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery	161	2	278-287	OBJECTIVE: To promote patient-centered oncology care through an in-depth analysis of the patient experience of body image disturbance (BID) following surgery for head and neck cancer (HNC). STUDY DESIGN: Qualitative methods approach using semistructured key informant interviews. SETTING: Academic medical center. SUBJECTS AND METHODS: Participants with surgically treated HNC underwent semistructured key informant interviews and completed a sociodemographic survey. Recorded interviews were transcribed, coded, and analyzed using template analysis to inform creation of a conceptual model. RESULTS: Twenty-two participants with surgically treated HNC were included, of whom 16 had advanced stage disease and 15 underwent free tissue transfer. Five key themes emerged characterizing the participants' lived experiences with BID following HNC treatment: personal dissatisfaction with

						appearance, other-oriented appearance concerns, appearance concealment, distress with functional impairments, and social avoidance. The participant's perceived BID severity was modified by preoperative patient expectations, social support, and positive rational acceptance. These 5 key themes and 3 experiential modifiers form the basis of a novel, patient-centered conceptual model for understanding BID in HNC survivors. CONCLUSION: A patient-centered approach to HNC care reveals that dissatisfaction with appearance, other-oriented appearance concerns, appearance concealment, distress with functional impairments, and social avoidance are key conceptual domains characterizing HNC-related BID. Recognition of these psychosocial dimensions of BID in HNC patients can inform development of HNC-specific BID patient-reported outcome measures to facilitate quantitative assessment of BID as well as the development of novel preventative and therapeutic strategies for those at risk for, or suffering from, BID.
Ellis, Robyn A.; Meyer, Emilie; Cole, Travis A.; Orcutt, Holly K.	2023	The dynamic relationship of negative emotional content in the context of trauma-focused writing interventions on improvements in cognitive reappraisal: A pilot study	Psychological Trauma: Theory, Research, Practice, and Policy		No Paginat ion Specified -No Paginat ion Specified	Objective: Writing about traumatic experiences is beneficial for the reduction of posttraumatic stress symptoms, yet little research has examined the linguistic content of trauma-focused writing interventions. The current pilot study had two aims (a) characterize changes in linguistic features in two trauma-focused writing interventions; and (b) examine how changes in linguistic content may be associated with proposed mechanisms of change in trauma treatment (i.e., emotion regulation, cognitive reappraisal, and experiential avoidance). Method: Data were a secondary analysis of a proof-of-concept trial of written exposure therapy (WET) compared to trauma-focused expressive writing. Participants (N =

						<p>33, 76% female) completed five virtual sessions and measures of emotion regulation, posttraumatic cognitions, and experiential avoidance. Reliable change was calculated for each mechanism pre/postintervention. Linguistic inquiry and word count (Boyd et al., 2022) was used to analyze linguistic content (i.e., negative emotion words, past tense, cognitive processing, and death-related content). Results: Group differences emerged in slopes of narrative content across time for negative emotion words ($b = 0.3, p = .008$), past tense ($b = -1.45, p = 0.39, p = .002$). Contrary to expectations, only the slope of change in negative emotion words was associated with reliable changes in posttraumatic cognitions ($b = -0.59, p = .023$). Conclusions: Findings contribute evidence to support the use of negative emotion words early in treatment as a potentially influential target for improving posttraumatic cognitions in WET. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Emanu, Jessica C.; Avildsen, Isabelle; Nelson, Christian J.	2024	Psychotherapeutic Treatments for Male and Female Sexual Dysfunction Disorders			253–270	<p>Abstract Sexual dysfunction is a common class of disorders and refers to difficulty experienced by an individual or a couple during any stage of a normal sexual experience, including in terms of physical pleasure, desire, preference, arousal, and orgasm. Additionally, sexual dysfunctions are typically caused or exacerbated by psychological distress, and, with this in mind, psychological interventions are important treatment options to explore. This chapter reviews the available psychotherapies for male and female sexual disorders in terms of both research support for the overall therapy and support for the putative mechanism of change that underlies the treatment. There have been several established therapies designed specifically for sexual</p>

							dysfunctions, including cognitive-behavioral therapy (CBT), sex therapy, behavioral therapy, educational interventions, and other psychotherapies, which include mindfulness meditation therapies, hypnotherapy, and rational emotive therapy. Sex therapy is a psychotherapeutic treatment that focuses on immediate factors within a couple's sexual interactions.
Emanuele, Marco; Polletta, Giovanni; Marini, Maddalena; Fadiga, Luciano	2022	Developmental Coordination Disorder: State of the Art and Future Directions from a Neurophysiological Perspective	Children (Basel, Switzerland)	9	7		Developmental coordination disorder (DCD) is a common neurodevelopmental condition characterized by disabling motor impairments being visible from the first years of life. Over recent decades, research in this field has gained important results, showing alterations in several processes involved in the regulation of motor behavior (e.g., planning and monitoring of actions, motor learning, action imitation). However, these studies mostly pursued a behavioral approach, leaving relevant questions open concerning the neural correlates of this condition. In this narrative review, we first survey the literature on motor control and sensorimotor impairments in DCD. Then, we illustrate the contributions to the field that may be achieved using transcranial magnetic stimulation (TMS) of the motor cortex. While still rarely employed in DCD research, this approach offers several opportunities, ranging from the clarification of low-level cortical electrophysiology to the assessment of the motor commands transmitted throughout the corticospinal system. We propose that TMS may help to investigate the neural correlates of motor impairments reported in behavioral studies, thus guiding DCD research toward a brain-oriented acknowledgment of this condition. This effort would help translational research to provide novel diagnostic and therapeutic tools.

Embregts, Petri J C M; Ahaus, Kees; Minkman, Mirella; Nies, Henk; Meurs, Pauline	2021	A sector-wide response to national policy on client-centred care and support: a document analysis of the development of a range of instruments to assess clients' experiences in the care and support for people with (intellectual) disabilities	BMC health services research	21	1	1307	<p>BACKGROUND: Client-centred care serves as the foundation for healthcare policy. Indeed, various instruments for assessing clients' experiences of care and support are increasingly used to provide insights into the quality, and client-centred nature, of the care and support provided, which, in turn, aids the development of subsequent improvements. The unique characteristics of care and support for people with intellectual disabilities (ID), such as the need for both lifelong and life-wide care and support across all aspects of clients' lives, led to an initiative within Dutch ID care to jointly develop a range of instruments to assess the experiences of clients receiving ID care and support. Individual clients' experiences and suggestions for improvement, which are embedded in clients' care plan cycles, constitute the foundation of this Range of Instruments. This paper provides a unique, bottom-up, exhaustive account of the process of developing the Range of instruments used to assess the experiences of clients in the field of Dutch ID care.</p> <p>METHODS: Relevant documents at three levels (i.e. 1) national documents, such as policy papers and governmental reports, 2) documents and reports from the Dutch Association of Healthcare Providers for People with Disabilities (VGN) along with minutes from the meetings of the expert Committee who assessed the instruments, and 3) correspondence between the Committee and developers as well as the forms used in the assessment process for each instrument) were qualitatively analysed by two researchers who had no affiliation with the development of the Range of instruments used to assess clients' experiences in ID care and support. All of the documents were inductively coded using a thematic analytical approach. Informants who were either</p>
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							<p>currently or previously involved in the development of these instruments were asked to provide clarification over the documents themselves and to explain the context in which they were produced. RESULTS: The development of the range of instruments can be classified into four phases, namely: 1) supporting the bottom-up development of initiatives to assess clients' experiences, 2) focusing on learning and further development, 3) stimulating exchange between the developers and users of the instruments and the Committee responsible for assessing them, and 4) further development in response to the changing times and new landscape.</p> <p>CONCLUSIONS: The range of instruments were found to be appropriate for a variety of clients in ID care and support, specifically in terms of assessing their individual experiences and gaining insight into their suggestions for improvement, and effective in terms of collaboratively improving the quality of ID care and support. In so doing, these instruments potentially provide an avenue through which clients' experiences can be embedded in the process of ID care and support. Other specific features in the development of these instruments, namely their incremental adoption, ongoing evaluation and strong practice orientation, were also found to be suitable for other care contexts' attempts to respond to the top-down policy objectives of client-centeredness and translating outcomes into direct care practice.</p>
Endermann, Michael	2019	Psychotherapie bei erwachsenen Menschen mit Lernschwierigkeiten in stationärer	Verhaltenstherapie und psychosoziale Praxis	51	4	805–820	<p>In der vorliegenden naturalistischen Praxisstudie werden die Wirkungen von Psychotherapie bei 32 Personen mit leichten Intelligenzminderungen beziehungsweise Borderline-Intelligenz, die sich in stationärer Betreuung der von Bodenschwingschen Stiftungen Bethel befanden, in einem Pr-Post-Design untersucht. Von den Klientinnen</p>

		Betreuung. Ein Praxisbericht als Beitrag zur Qualitätssicherung					und Klienten waren mehr als 80 % zusätzlich epilepsiekrank. Zu Beginn und am Ende der Therapie kamen das "Brief Symptom Inventory" (BSI), das "Inventory of Interpersonal Problems" (IIP) sowie die "Self-esteem Scale" zum Einsatz. Signifikante Verbesserungen fanden sich beim Gesamtwert des BSI und des IIP, die Effektstärken lagen im mittleren und geringen Bereich. Verbesserte Werte im IIP zeigten sich im Zusammenhang mit dem Einsatz von Gesprächspsychotherapie als Therapie-Basismethodik. Für die Subskala "Wertlosigkeit" der "Self-esteem Scale" ergab sich ein mittlerer Effekt in die gewünschte Richtung. Diese Verbesserung stand im Zusammenhang mit längerer Therapiedauer und mehr Therapiestunden. Der Verfasser schlägt für die Evaluation von Psychotherapien bei Menschen mit Lernschwierigkeiten eine ergänzende oder alternative Erfassung von Zielparametern, beispielsweise (gesellschaftliche) Teilhabe, sowie eine systematische Erfassung von Merkmalen des Therapiesettings und damit verbundener interprofessioneller Zusammenarbeit vor.
Engelhardt, Anne-Margret	2016	Integrative (trauma-)therapeutische Arbeit mit unbegleiteten minderjährigen Flüchtlingen	Gesprächspsychotherapie und Personenzentrierte Beratung	47	1	6-12	Grundlagen und Herausforderungen der integrativen Therapie mit unbegleiteten minderjährigen Flüchtlingen (UMF) werden beleuchtet. Neben einem Einblick in die Stärken des personenzentrierten Ansatzes in der Psychotherapie mit UMF wird die Bedeutung einer kultursensiblen Haltung verdeutlicht. Zudem wird der Bedarf an in der Traumatherapie bewährten Methoden anderer Therapierichtungen beschrieben. Auf der Grundlage persönlicher Erfahrungen werden folgende Methoden als hilfreich für die Stabilisierung skizziert: Psychoedukation, Entspannungsverfahren, Imaginationsverfahren, verhaltenstherapeutische Manuale, ressourcenorientierte Verfahren,

							Gestalttherapie und systemische Therapie. Nach einer Darstellung der besonderen Schwierigkeiten, die sich durch den notwendigen Einsatz von Sprach- und Kulturmittlern für die therapeutische Situation ergeben, wird exemplarisch der Verlauf einer therapeutischen Begleitung während der Clearingphase an einem Fallbeispiel aufgezeigt.
Engelsmann, Petra; Manke, Judith; Runowski, Heike	2023	Personzentrierte Haltung in Kindertagesstätten - Neue Fortbildungen für pädagogisches Fachpersonal	Gesprächspsychotherapie und Personzentrierte Beratung	54	1	32–33	Kein Abstract verfügbar
Engesser, Deborah; Maier, Lena; Mittag, Martina; Lang, Klaus; Nagel-Brotzler, Almut; Wirp, Bernhild; Kobes, Jörg; Singer, Susanne	2023	Outpatient Psychotherapy Before and After the Reform of the Psychotherapy Directive of 2017: Data from Practices with and without Psycho-Oncologic Specialty	Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))	85	10	911–917	BACKGROUND: The reform of the German psychotherapy directive in 2017 resulted in several changes for non-hospital-based psychotherapists. We examined whether patients received psychotherapy following their initial consultation more frequently after the reform than before. METHODS: Using records from psychotherapy practices in a retrospective cohort study, we investigated the frequency of a psychotherapy after the patients' initial consultation. We compared a time frame of three years before and after the reform. A potential association between reform and psychotherapy received was analysed via logistic regression. RESULTS: Our analysis comprised 1548 records from 9 psychotherapy practices, consisting of 755 records before and 793 records after the reform. Before the reform, 40% (n=303) of the patients who had an initial consultation went on to receive psychotherapy. After the reform, 46% (n=360) of initial consultations were followed by psychotherapy (including acute care). The logistic regression analysis showed a

							36% increased probability of receiving psychotherapy after an initial consultation after the reform in comparison to before the reform (odds ratio 1.36 after vs. before reform, 95% confidence interval 1.09 - 1.68). CONCLUSION: Our results indicate a higher chance of receiving psychotherapy after an initial consultation after the reform compared to before the reform. Our data do not contain information as to whether the absolute number of psychotherapy appointments in the practices increased after the reform.
Epstein, Norman B.; Dattilio, Frank M.	2020	Behavioral and Cognitive-Behavioral Approaches in Systemic Family Therapy				365–389	
Erdin, Gisela	2018	Zwischen Abhängigkeit und Vereinsamung: Beziehungsgestaltung in der Heilpädagogik und Sozialpädagogik	Gesprächspsychotherapie und Personenzentrierte Beratung	49	3	145–147	Reflektiert wird über die professionelle Beziehungsgestaltung mit Menschen mit geistiger Behinderung im heil- und sozialpädagogischen Kontext auf Grundlage der Ergebnisse eines Workshops im Rahmen des GwG-Jahreskongresses 2018. Zunächst erfolgt ein kurzer Rückblick auf den im 20. Jahrhundert vollzogenen Wandel im Umgang mit Menschen mit geistiger Behinderung: Dieser entwickelte sich von einer reinen Verwahrung hin zu Betreuungsformen, die Selbstbestimmung und Teilhabe der Betroffenen fördern. Aktuelle Implikationen für die Beziehungsgestaltung, insbesondere hinsichtlich der Haltung von Heilpädagogen und Sozialpädagogen, werden angeführt.
Erdin, Gisela	2020	Personenzentrierte Heilpädagogik und ein neuer Master	Gesprächspsychotherapie und Personenzentrierte Beratung	51	1	19–21	Vorgestellt wird ein Konzept zur personenzentrierten Heilpädagogik, bei dem die Beratung und Alltagsbegleitung von Menschen mit Behinderungen unter besonderer Berücksichtigung ihres Autonomiebedürfnisses stattfinden

							und auf der Grundlage einer empathischen, wertschätzenden und authentischen Beziehungsgestaltung fuen. Im Anschluss wird ein neuer Weiterbildungsmasterstudiengang an der Alanus Hochschule in Mannheim vorgestellt, der Studierende in personenzentrierter Beratung und Gesprächsführung in der Heilpädagogik ausbilden soll.
Erdin, Gisela	2023	Sexuelle Fantasien und Wirklichkeit	Gesprächspsychotherapie und Personenzentrierte Beratung	54	2	8-12	Dieser Beitrag behandelt das Spannungsfeld aus Sehnsucht nach Erotik, Freundschaften und Sexualität und der besonderen Gefährdung von Menschen mit Assistenzbedarf (Menschen mA), Opfer von sexualisierter Gewalt zu werden. Hierbei wird insbesondere die Forderung, Menschen mA in ihren Wünschen und Bedürfnissen ernst zu nehmen, in den Mittelpunkt gestellt. Im Alltag bedeutet dies für Assistenten*innen eine große Herausforderung: Sie sollen Menschen mA sowohl in ihren erotischen Fantasien, die zur normalen sexuellen Entwicklung gehören, ernst nehmen als auch in ihren Aussagen bezüglich sexueller Begriffe, denen sie immer wieder ausgesetzt sind.
Erichev, A. N.; Kotsubinsky, A. P.; Kuznetsova, S. L.	2021	Depression as a biopsychosocial problem	Zhurnal nevrologii i psikiatrii imeni S.S. Korsakova	121	5. Vyp . 2	7-11	The article discusses the role of biological and psychological adaptive and compensatory mechanisms in the aetiology and pathogenesis of affective disorders, the relationship between the genetic characteristics of an individual, which determine vulnerability, and epigenetic mechanisms dependent on external psychosocial influences. The role of psychological factors disrupted the consistency of mental functions and the preservation of individuality that determines the psychogenesis of the disease both at the borderline and at the psychotic level is indicated. The psychoprophylactic and therapeutic role of psychotherapy is substantiated with an analysis of its influence both on the biological parameters of the brain

							and on the psychological characteristics of an individual, including an assessment of the quality of life. A comprehensive biopsychosocial approach to a spectrum of affective disorders makes a significant contribution to the development of personalized person-centered medicine, considering the phenomenological characteristics of the disease, as well as the psychological characteristics of patients and the nature of their social adaptation, which increases the effectiveness of treatment and rehabilitation of mentally ill patients.
Errázuriz, Paula; Zilcha-Mano, Sigal	2018	In psychotherapy with severe patients discouraging news may be worse than no news: The impact of providing feedback to therapists on psychotherapy outcome, session attendance, and the alliance	Journal of consulting and clinical psychology	86	2	125–139	Objective: Our objective was to assess low-cost and feasible feedback alternatives and compare them to Lambert’s OQ feedback system. We also studied patient, therapist, and process characteristics that could moderate the effect of feedback on outcome, session attendance, and alliance. Method: A total of 547 patients, 75% female, average age 41 (SD = 13), 95% Latino, treated in an outpatient individual psychotherapy setting in Chile were randomly assigned to five feedback conditions: no feedback, feedback on symptomatology, feedback on the alliance, feedback on both symptomatology and alliance, and Lambert’s OQ progress feedback report. The measures included the Outcome Questionnaire and the Working Alliance Inventory. We also had follow-up interviews with therapists. Results: We found through multilevel modeling that feedback had no effect on outcome, session attendance, and alliance. Contrary to previous findings, these results were maintained even when focusing only on patients “not-on-track.” However, patients’ former psychiatric hospitalization history and baseline severity, combined with lack of progress, significantly moderated the impact of feedback. For this

							more dysfunctional population, “positive feedback” (i.e., low symptomatology) to therapists had a positive impact on therapy outcome, while “negative feedback” (i.e., high symptomatology) had a negative impact. Conclusions: Providing feedback to therapists without offering them tools to improve treatment may be ineffective and even be detrimental. This may be especially the case for patients who suffer more severe mental health issues and whose therapists receive mostly discouraging news as feedback. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Erskine, Richard	2018	Lebensskripts und Bindungsmuster : ihre theoretische Integration und die therapeutischen Folgerungen	Zeitschrift fr Transaktionsanalyse	35	1	5–30	Es werden die Bindungsmuster "sicher, ngstlich/ambivalent, vermeidend, desorganisiert und isoliert" beschrieben, zur Skripttheorie in Beziehung gesetzt und es wird auf ihre psychotherapeutischen Implikationen hingewiesen. Ursprnglich beschrieb Eric Berne das Lebensskript als entstanden aus den primren Dramen und impliziten Entwrfen in der Suglingszeit und frhen Kindheit. John Bowlbys Bindungstheorie und die weiterfhrende Forschung ermöglichen eine theoretische Integration der Skripttheorie und betonen die Notwendigkeit, den Fokus in der Psychotherapie auf die Entwicklung zu legen.
Ertekin Pinar, Sukran; Daglar, Gulseren; Duran Aksoy, Ozlem	2022	The effect of stress management training on perceived stress, anxiety and hopelessness levels of women	Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology	42	1	17–22	The aim of this study was to investigate the effect of stress management training on the perceived stress, anxiety and hopelessness levels of women with high-risk pregnancy. The sample of this experimental study consisted of 206 high-risk pregnant women (intervention = 103; control = 103). Data were collected using a Personal Information Form, the Perceived Stress Scale, the Beck Hopelessness Scale and the State-Trait Anxiety Inventory. In the second follow-up after the training, there was a statistically significant difference amongst the

		with high-risk pregnancy					Perceived Stress Scale, Beck Hopelessness Scale and State-Trait Anxiety Inventory mean scores in the intervention and control groups ($p < .05$). Perceived stress scores of the control group who did not receive training during discharge increased. The state and trait anxiety scores and hopelessness scores of the intervention group received training decreased compared with the control group.IMPACT STATEMENTWhat is already known on this subject? Mental problems such as anxiety and stress are more common in high-risk pregnancies compared with healthy pregnancies.What do the results of this study add? After the training 51.4% of women in the intervention group, 75.7% of women in the control group had stress. The state and trait anxiety and hopelessness scores of the intervention group having training decreased compared to the control group.What are the implications of these findings for clinical practice and/or further research? Health professionals should provide stress management training in high-risk pregnant women to reducing perceived stress, anxiety and hopelessness levels.
Estrada, Rita	2021	Listen and You Will See the Person Through the Dementia	Journal for person-oriented research	7	2	88-97	Dementia is an ever-increasing health and social problem, with a growing number of people being affected worldwide. As dementia progresses, dependency on others increases, requiring the presence of caregivers. Caregivers tend to focus on the diagnosis itself - dementia - which makes it difficult to see the person in their uniqueness. The person is there, and can be seen by listening, which requires time and communication skills. The voices of older adults living with several types of dementia, collected while working as a psychologist in a nursing home, are presented in the first person to bring forward the person they are. These excerpts of

						interactions illustrate the basic psychological need of relatedness, which is built through interaction, stories, and touch, and the needs of competence and autonomy. The framework of this paper encompasses validation therapy, person-centered care, and self-determination theory. Two conclusions emerge: Seeing the person through the dementia enables an adequate psychological assessment and a helpful supportive psychotherapy, and it also makes us acknowledge and help satisfy the three basic psychological needs of relatedness, competence, and autonomy.
Estrellado, Jan E.; Felipe, Lou Collette S.; Celestial, Jeannie Estella		Colonial mentality and psychological flexibility among Filipinx Americans	Asian American Journal of Psychology	13	1	While the concept of colonial mentality (CM; David & Okazaki, 2006a) has been well examined in the literature, little is understood about addressing CM in a clinical setting. The aim of this study is to examine a relationship between CM and psychological flexibility (PF; Hayes et al., 2013), with the hope of establishing acceptance and commitment therapy (ACT) as a clinically relevant theoretical orientation for addressing CM. Filipinx American participants (N = 856) completed online questionnaires regarding CM and PF. The study used a series of linear regressions to understand the predictive relationship between CM and PF. Results of the study suggest that there is a relationship between CM and PF, although the size of the effects was small. As expected, higher levels of CM were related to lower levels of PF. Higher levels of physical characteristics on the Colonial Mentality Scale (CMS; David & Okazaki, 2006b) predicted higher levels of cognitive fusion. Participants that endorsed higher levels of within-group discrimination also reported higher levels of experiential avoidance. Higher scores of cultural/ethnic inferiority predicted higher levels of self-as-content. A predictive relationship

							was established between CM and PF, suggesting that the concept of PF and ACT may be clinically relevant when working with the Filipinx population. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Etherington, Kim	2017	Practitioner research in counselling and psychotherapy: the power of example, edited by Liz Bondi and Judith Fewell, London, United Kingdom, Palgrave, 2016, 230 pp., £24.99 (paperback), ISBN 978113739029-5	Couns and Psychother Res (Counselling and Psychotherapy Research)	17	1	53–54	
Etingen, Bella; Smith, Bridget M.; Zeliadt, Steven B.; Kaitz, Jenesse E.; Barker, Anna M.; Hyde, Justeen K.; Fix, Gemmae M.; Reed, David E. 2nd; Anderson, Ekaterina; Hogan, Timothy	2023	VHA Whole Health Services and Complementary and Integrative Health Therapies: a Gateway to Evidence-Based Mental Health Treatment	Journal of general internal medicine	38	14	3144–3151	BACKGROUND: Engagement in evidence-based psychotherapy (EBP) among veterans with behavioral health conditions is often low. The Veterans Health Administration (VHA) is implementing a "Whole Health (WH)" system of care, to identify veteran personal health goals, align care with those goals, and offer services designed to engage and empower veterans to achieve well-being. OBJECTIVE: To examine the relationship between veteran WH utilization and subsequent engagement in EBP. DESIGN: Retrospective analysis of VHA administrative records from 18 facilities implementing WH. SUBJECTS: Veterans (n = 265,364) with a diagnosis of depression, post-traumatic stress disorder

P.; Bokhour, Barbara G.						<p>(PTSD), and/or anxiety who had a mental healthcare encounter but no EBP use in fiscal year (FY) 2018. Among this cohort, 33,146 (12.5%) began using WH in FY2019. MAIN MEASURES: We examined use of an EBP for depression, anxiety, and/or PTSD within 1 year of the index date of WH use compared to use of an EBP anytime during FY2019 for veterans not identified as using WH. We used multiple logistic regression to examine the association between veteran WH use and EBP engagement. KEY RESULTS: Approximately 3.0% (n = 7,860) of the veterans in our overall cohort engaged in an EBP in the year following their index date. Controlling for key demographic, health, and utilization variables, WH users had 2.4 (95% CI: 2.2-2.5) times higher odds of engaging in an EBP the following year than those with no WH utilization. Associations between utilization of specific WH services (vs. no utilization of that service) and engagement in an EBP in the subsequent year ranged from 1.6 (95% CI: 1.0-2.6) to 3.5 (95% CI: 3.2-3.9) across the different types of WH services used. CONCLUSIONS: WH use was associated with increased engagement in EBPs among veterans with depression, anxiety, and/or PTSD. Future interventions intended to promote veteran engagement in EBPs may benefit from leveraging WH services and therapies.</p>
Faerstein, Ian; Levenson, Hanna; Lee, Alexandra C.	2016	Validation of a fidelity scale for accelerated-experiential dynamic psychotherapy	Journal of Psychotherapy Integration	26	2	<p>[Correction Notice: An Erratum for this article was reported in Vol 27(2) of Journal of Psychotherapy Integration (see record 2017-16478-001). In the article, the name of Alexandra C. Lee was not included in the article. The online version of this article has been corrected.] This study sought to investigate the psychometric properties of a self-report measure of therapist fidelity to accelerated-experiential dynamic</p>

							<p>psychotherapy (AEDP). Subjects consisted of 2 samples: (a) 249 therapists (participants) who completed the measure before and after a 5-day AEDP training course, and (b) 13 AEDP trainers who completed the measure at a single point in time. The AEDP Fidelity Scale (AEDP-FS) consists of 22 items describing therapist behaviors considered essential to AEDP, each of which is rated separately for knowledge and competence. Results suggest that the AEDP-FS has promising indications of being a valid self-report measure of AEDP proficiency. Specifically, AEDP trainers reported significantly higher AEDP-FS scores than participants; participants with more AEDP experience reported significantly higher pretest scores than participants with less AEDP experience; and participants' scores increased after training. In 2 multivariate statistical analyses (PCA and CFA), 3 factors emerged that are consistent with the scale's theoretical base. Discriminant validity was suggested by 2 additional multivariate statistical analyses (principal component analysis [PCA] and confirmatory factor analysis [CFA]) that found a majority of AEDP-FS items load onto a different factor than items measuring general psychodynamic techniques. However, although the PCAs yielded relatively distinct factors, the CFAs failed to yield acceptable goodness of fit indices. Overall these findings indicate that with some further refinements the AEDP-FS may be a useful tool for describing essential AEDP interventions, investigating outcome in AEDP, and training AEDP therapists. (PsycINFO Database Record (c) 2017 APA, all rights reserved)</p>
Faija, Cintia L.; Tierney, Stephanie;	2017	The role of pride in women with anorexia	Psychology and psychotherapy	90	4	567–585	<p>OBJECTIVE Theory and clinical literature suggest that pride may play an important role in the maintenance of restrictive eating</p>

<p>Gooding, Patricia A.; Peters, Sarah; Fox, John R. E.</p>		<p>nervosa: A grounded theory study</p>				<p>disorders. A grounded theory study explored experiences of, and reflections on, pride among women with a current or past diagnosis of anorexia nervosa.</p> <p>DESIGN This is a qualitative study using grounded theory.</p> <p>METHOD Semistructured interviews were conducted with 21 women recruited from an eating disorder unit in England, and from a UK self-help organization. Grounded theory from a constructivist lens was used. Analysis involved coding, constant comparison, and memo-writing.</p> <p>RESULTS Pride evolves over the course of anorexia nervosa. Two overarching conceptual categories were identified: 'pride becoming intertwined with anorexia' and 'pride during the journey towards recovery'. These categories encompassed different forms of pride: 'alluring pride', 'toxic pride', 'pathological pride', 'anorexia pride', 'shameful pride', 'recovery pride', and 'resilient pride'. Initially, pride contributed to self-enhancement and buffered negative emotions. As the condition progressed, pride became a challenge to health and interfered with motivation to change. During recovery, perceptions of pride altered as a healthy approach to living ensued.</p> <p>CONCLUSIONS The evolving nature of pride plays a central role in development, maintenance, and treatment of anorexia nervosa. Understanding of pride and its role in psychotherapeutic work with this client group may increase motivation to change and promote recovery. Future work should investigate whether tackling pride in eating disorders increases treatment efficacy and reduces the risk of relapsing.</p>
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							<p>PRACTITIONERS POINTS</p> <p>Pride associated with anorexia appeared to evolve in nature. During early stages of the eating disorder, it stopped people from seeking help. Later on, it prevented them from seeing pride in healthy domains of life (outside anorexia). Over time, pride in anorexia became an overwhelming emotion that interfered with motivation to change. It is important for practitioners to assess and discuss pride in anorexia and its evolving nature during treatment. Understanding of pride and its role in psychotherapeutic work with this client group may increase motivation to change and promote recovery.</p>
Falicov, Celia; Nakash, Ora; Alegría, Margarita	2021	Centering the Voice of the Client: On Becoming a Collaborative Practitioner with Low-Income Individuals and Families	Family process	60	2	670–687	<p>Despite current interest in collaborative practices, few investigations document the ways practitioners can facilitate collaboration during in-session interactions. This investigation explores verbatim psychotherapy transcripts to describe and illustrate therapist's communications that facilitate or hinder centering client's voice in work with socioeconomically disadvantaged populations. Four exemplar cases were selected from a large intervention trial aimed at improving shared decision making (SDM) skills of psychotherapists working with low-income clients. The exemplar cases were selected because they showed therapist's different degrees of success in facilitating SDM. Therapist's verbalizations were grouped into five distinct communicative practices that centered or de-centered the voice of clients. Communication practices were examined through the lens of collaborative approaches in family therapy. The analysis suggests that cross-fertilization between SDM and family-oriented collaborative and critical approaches shows promise to illuminate and enhance the challenging road from</p>

							<p>clinician-led to client-led interactions. This paper also stresses the importance of incorporating relational intersectionality with individuals and families who may not feel entitled to express their expectations or raise questions when interacting with authority figures.</p>
<p>Falkenström, Fredrik; Solomonov, Nili; Rubel, Julian</p>	2020	<p>Using Time-Lagged Panel Data Analysis to Study Mechanisms of Change in Psychotherapy Research: Methodological Recommendations</p>	<p>Couns and Psychother Res (Counselling and Psychotherapy Research)</p>	20	3	435–441	<p>The introduction of novel methodologies in the past decade has advanced research on mechanisms of change in observational studies. Time-lagged panel models allow to track session-by-session changes and focus on within-patient associations between predictors and outcomes. This shift is crucial, as change in mechanisms inherently takes place at a within-patient level. These models also enable preliminary casual inferences, which can guide the development of effective personalized interventions that target mechanisms of change, used at specific treatment phases for optimal effect. Given their complexity, panel models need to be implemented with caution, as different modeling choices can significantly affect results and reduce replicability. We outline three central methodological recommendations for use of time-lagged panel analysis to study mechanisms of change: a) Taking patient-specific effects into account, separating out stable between-person differences from within-person fluctuations over time; b) properly controlling for autoregressive effects; c) considering long-term time-trends. We demonstrate these recommendations in an applied example examining the session-by-session alliance-outcome association in a naturalistic psychotherapy study. We present limitations of time-lagged panel analysis and future directions.</p>

Fallon, Veronica T.; Rubenstein, Samantha; Warfield, Rebecca; Ennerfelt, Hannah; Hearn, Brenna; Leaver, Echo	2020	Stress reduction from a musical intervention	Psychomusicology: Music, Mind, and Brain	30	1		Research suggests that music can affect mood and physiological states (Elliott, Polman, & McGregor, 2011; Thoma et al., 2013). The extant literature has mainly focused on long-term changes in self-report measures resulting from several sessions of music intervention (but see Jiang, Zhou, Rickson, & Jiang, 2013 and Pelletier, 2004 for review). The purpose of this study was to expand the previous work in three major ways. First, the stress-reducing effects of music listening versus musical improvisation on a xylophone were compared. Second, psychophysiological measures of stress were utilized in addition to self-report measures. Third, stress reduction effects were measured in one session. A total of 105 participants completed a stressor task and were then assigned to one of three recovery conditions: control (CG), music listening (ML), or music improvisation (MI). The ML and MI groups were expected to exhibit greater stress reduction (evidenced by behavioral and physiological measures) than the CG. Self-report and skin conductance (electrodermal activity; EDA) measures were used to assess response during the stressor task and recovery session. Results indicated that participants exhibited a significant increase in stress response as a result of the stressor task. Although self-report measures indicated that mood improved during the recovery session, the MI group exhibited only differential effects for levels of satisfaction. The physiological data showed greater stress reduction for the ML condition as compared with the CG and MI group. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Fana, Michael; Chao, Shing;	2022	Rituximab for prevention of strokes in	Clinical neurology and neurosurgery	215		107199	Rheumatoid arthritis (RA) is an autoimmune disorder which manifests as inflammation of the synovial joints alongside extra-articular involvement. Uncommonly,

Katramados, Angelos M.		cerebral rheumatoid vasculitis					patients may develop vasculitis of small and medium-sized blood vessels, formally diagnosed as systemic rheumatoid vasculitis (SRV). In particularly rare cases, patients may develop a subtype of SRV known as cerebral rheumatoid vasculitis (CRV) which manifests in patients as stroke. To date, no formal recommendations or guidelines have been established for treatment and prevention of CRV-induced stroke besides experiential therapy with various immunomodulators. Here, we describe the utility of Rituximab in addition to steroids for prevention of stroke in our patient with evidence of multiple CRV-induced strokes with excellent recovery of post-stroke symptoms and remission of new onset cerebral vasculitis processes.
Fankhaenel, Thomas; Mueller, Anna-Maria; Frese, Thomas	2021	General Practice Patients' Readiness to be Treated With Brief Intervention to Reduce Alcohol Consumption: A Cross-Sectional Study With Between-Subject Design	Alcohol and alcoholism (Oxford, Oxfordshire)	56	3	291–298	AIMS: To treat excessive alcohol consumption, general practices (GPs) are recommended to use non-directive implementation strategies. Directive implementation, however, may be perceived by general practice patients as something positive because of possibly indicating higher GP engagement and a more consistent treatment. In our study, we aimed to assess the readiness of patients to be treated with BI in the hypothetical event of excessive alcohol consumption either by a GP using non-directive recommendations according to WHO or by a GP using directive instructions. Additionally, we assessed the patients' dispositional readiness to disclose alcohol-associated personal information, termed alcohol consumption self-disclosure, in order to analyze its influence on their readiness to be treated with brief intervention (BI). METHODS: When consulting their GP, a convenience sample of general practice patients was asked by questionnaire. By means of a between-subject design, they were asked for the readiness to be treated

							either with non-directive BI or with directive BI. Repeated-measure ANCOVA was used to analyze the main- and interaction effects. RESULTS: A sample of 442 general practice patients preferred the non-directive BI, $F(1, 423) = 5.56, P < 0.05$. We found moreover a two-way interaction between implementation and alcohol consumption self-disclosure, $F(1, 423) = 18.89, P < 0.001$, showing that only patients with low self-disclosure preferred the non-directive BI, $t(428) = 3.99, P < 0.001$. CONCLUSIONS: Future research should investigate the reasons for the patients' preference for the non-directive BI and may develop strategies to overcome the possibly low readiness of general practice patients to be treated with BI.
Farber, Barry A.	2020	Disclosure, concealment, and dishonesty in psychotherapy: A clinically focused review	Journal of clinical psychology	76	2	251–257	This issue of Journal of Clinical Psychology: In Session focuses on the nature and consequences of psychotherapy clients' disclosures, secrets, and dishonesty, with a particular emphasis on the ways in which therapists can best facilitate greater and more honest disclosure. This introduction to this issue reviews the growing theoretical and empirical literature on the frequency, types, motives, and consequences of client and therapist dishonesty (broadly defined); it also reviews the contributions within this issue, noting the welcome focus of the majority of these papers on the nature of client dishonesty in specific disorders (e.g., eating disorders; substance abuse) and/or specific clinical settings (e.g., prisons). Taken together, these papers speak to the ways that therapists may tailor their clinical interventions to match the specific ways that dishonesty manifests in different clinical populations.
Farber, Barry A.; Suzuki, Jessica	2018	Positive regard and	Psychotherapy	55	4	411–423	This article meta-analytically reviews the research on the association between therapist positive regard (PR) and

Y.; Lynch, David A.		psychotherapy outcome: A meta-analytic review					treatment outcome. The history of the construct of unconditional PR in client-centered theory and the efforts to clearly operationalize and measure this construct are reviewed. Several clinical examples are presented. The updated meta-analysis, which features expanded inclusion criteria and a larger number of studies (k = 64) than previous analyses, yielded a small positive association between PR and treatment outcome, $g = .28$. To control for the repeated use of data sets and study samples within the database, a multilevel meta-analysis was adopted that indicated a stronger relation between PR and clinical outcome ($g = 0.36$). These analyses support PR's standing as a significant component of the therapy relationship that leads to improved clinical outcomes. The article concludes with limitations of the research, patient contributions, diversity considerations, and recommendations for using PR in practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Farmer, Courtney C.; Rossi, Fernanda S.; Michael, Elizabeth M.; Kimerling, Rachel	2020	Psychotherapy Utilization, Preferences, and Retention among Women Veterans with Post-traumatic Stress Disorder	Women's health issues : official publication of the Jacobs Institute of Women's Health	30	5	366–373	BACKGROUND: Psychotherapy is the gold standard treatment for post-traumatic stress disorder (PTSD), yet psychotherapy use and retention among veterans is low. Little is known about the barriers to care and factors associated with women veterans' PTSD psychotherapy use and retention. Using a nationally representative sample of 986 women Veterans Health Administration primary care users with PTSD and a perceived need for mental health care, we examined 1) the proportion of women who used psychotherapy, 2) retention in psychotherapy among women who used any psychotherapy, and 3) individual factors related to psychotherapy use and retention. METHODS: Women completed a survey on their mental health care experiences. Outpatient mental health care use in the

							<p>year before the survey was obtained from Veterans Health Administration administrative data. RESULTS: Most women (79.1%) used psychotherapy, and 41.7% of those women had a minimal therapeutic dose of psychotherapy (≥ 8 visits). Mental health diagnostic comorbidity and being African American/Black or identifying as neither African American/Black nor White were significantly associated with higher psychotherapy use. Mental health diagnostic comorbidity, exposure to military sexual trauma, and receiving treatment aligned with gender-related and group-related preferences were associated with higher psychotherapy retention. Being a parent was associated with lower retention. CONCLUSIONS: Although a significant proportion of women veterans with PTSD are using psychotherapy, retention is enhanced when women are able to obtain treatment aligned with their preferences. Thus, efforts to promote patient-centered, shared decisions regarding mental health treatment options could increase the efficacy and efficiency of treatment for PTSD among women.</p>
Fasbender, Jana; Sachse, Rainer	2021	Beziehungsgestaltung in der Klrungsorientierten Verhaltenstherapie	Verhaltenstherapie und Verhaltensmedizin	42	3	162-176	<p>In der Klrungsorientierten Verhaltenstherapie (KOV) werden neben den Beziehungsvariablen Empathie usw. spezifische Strategien der Beziehungsgestaltung entwickelt. Dies ist eine sogenannte "komplementre Beziehungsgestaltung" zu den zentralen Beziehungsmotiven. Es werden die relevanten Beziehungsmotive beschrieben und die dazu gehenden komplementren Strategien aktiver Beziehungsgestaltung.</p>
Fassbinder, Eva; Schweiger, Ulrich; Martius, Desiree; Brande Wilde,	2016	Emotion Regulation in Schema Therapy and Dialectical	Frontiers in psychology	7		1373	<p>Schema therapy (ST) and dialectical behavior therapy (DBT) have both shown to be effective treatment methods especially for borderline personality disorder. Both, ST and DBT, have their roots in cognitive behavioral therapy and aim at helping patient to deal with emotional</p>

Odette; Arntz, Arnoud		Behavior Therapy					<p>dysregulation. However, there are major differences in the terminology, explanatory models and techniques used in the both methods. This article gives an overview of the major therapeutic techniques used in ST and DBT with respect to emotion regulation and systematically puts them in the context of James Gross' process model of emotion regulation. Similarities and differences of the two methods are highlighted and illustrated with a case example. A core difference of the two approaches is that DBT directly focusses on the acquisition of emotion regulation skills, whereas ST does seldom address emotion regulation directly. All DBT-modules (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness) are intended to improve emotion regulation skills and patients are encouraged to train these skills on a regular basis. DBT assumes that improved skills and skills use will result in better emotion regulation. In ST problems in emotion regulation are seen as a consequence of adverse early experiences (e.g., lack of safe attachment, childhood abuse or emotional neglect). These negative experiences have led to unprocessed psychological traumas and fear of emotions and result in attempts to avoid emotions and dysfunctional meta-cognitive schemas about the meaning of emotions. ST assumes that when these underlying problems are addressed, emotion regulation improves. Major ST techniques for trauma processing, emotional avoidance and dysregulation are limited reparenting, empathic confrontation and experiential techniques like chair dialogs and imagery rescripting.</p>
Fauerbach, James A.; Gehrke,	2020	Cognitive Behavioral Treatment for	Archives of physical	101	1S	S16-S25	<p>OBJECTIVE: (1) To evaluate the feasibility of conducting a randomized controlled trial (RCT) of the Safety, Meaning, Activation and Resilience Training (SMART) intervention vs</p>

<p>Amanda K.; Mason, Shawn T.; Gould, Neda F.; Milner, Stephen M.; Caffrey, Julie</p>		<p>Acute Posttrauma Distress: A Randomized, Controlled Proof-of- Concept Study Among Hospitalized Adults With Burns</p>	<p>medicine and rehabilitation</p>			<p>nondirective supportive psychotherapy (NDSP) in an acutely hospitalized adult survivor of burn injury sample; and (2) to assess the preliminary effect of SMART on acute stress disorder (ASD), posttraumatic stress disorder (PTSD), and major depressive disorder (MDD) symptom reduction as secondary prevention. DESIGN: Proof-of-concept, parallel group RCT design. SETTING: Regional burn center. PARTICIPANTS: Acutely injured, hospitalized adult survivors of burn injury (N=50) were randomly assigned to SMART (n=28) or nondirective supportive psychotherapy (n=22). Due to dropout and missing data, final sample size was 40, SMART (n=21) and nondirective supportive psychotherapy (n=19). INTERVENTIONS: SMART is a manualized, 4-session cognitive behavioral therapy-based psychological intervention targeting ASD, PTSD, and MDD symptoms. NDSP is a manualized, 4-session protocol. MAIN OUTCOME MEASURES: Davidson Trauma Scale ([DTS]; diagnostic proxy for ASD and PTSD; clinical cutoff=40, with higher score=higher severity) and the Patient Health Questionnaire-9 ([PHQ-9]; diagnostic proxy for MDD; clinical cutoff=10, with higher score=higher severity) at pretreatment, immediate posttreatment, and 1 month posttreatment. RESULTS: At baseline, median DTS scores and PHQ-9 scores were above clinical cutoffs and did not differ across groups. At 1 week and 1 month posttreatment, median DTS and PHQ-9 scores were beneath clinical cutoffs in the SMART group; scores remained above clinical cutoffs in the NDSP group at these time points. CONCLUSIONS: It is feasible to conduct an RCT of SMART in hospitalized adult survivors of burn injury. SMART has the potential to yield clinically</p>
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							significant outcomes. Additional studies are needed to replicate and extend these findings.
Fava, Giovanni A.; Tomba, Elena	2010	New modalities of assessment and treatment planning in depression: the sequential approach	CNS drugs	24	6	453-465	The sequential model of treatment for depression, i.e. the use of psychotherapy in patients who have remitted from a major depressive disorder after a course of pharmacotherapy, is an intensive two-stage approach that derives from the awareness that one course of treatment is unlikely to provide a solution to all the symptoms of patients. The aim of the sequential approach is to provide different types of treatment for as long as considered necessary in different phases of illness as determined by repeated assessments. The treatment strategies are chosen on the basis of the symptoms identified and not as predefined options. The sequential model emphasizes consideration of subclinical and residual symptomatology according to the organizing principles of macro-analysis (a relationship between co-occurring symptoms and problems is established on the basis of where treatment should commence in the first place). Diagnostic endpoints (i.e. DSM diagnoses), the customary guidance of treatment planning, are replaced by conceptualization of disorders as 'transfer stations', which are amenable to longitudinal verification and modification. The aim of this systematic review was to survey the literature concerned with the sequential approach to the treatment of depression. Randomized controlled trials were identified using MEDLINE and a manual search of the literature. In seven of the eight studies that were identified, the sequential use of pharmacotherapy and psychotherapy was found to improve long-term outcome after termination of treatment compared with clinical management and treatment as usual. Nevertheless, data on this approach

							are limited and more studies are necessary for detailing the various clinical steps associated with it. The sequential approach calls for a re-assessment of the design of comparative clinical trials. It allows randomization of patients who are already in treatment and assignment of them to treatment alternatives according to stages of development of their illness and not simply to disease classification. The model is thus more in line with the chronicity of mood disorders compared to the standard randomized controlled trial, which is based on the acute disease model.
Fazeli, Pariya L.; Turan, Janet M.; Budhwani, Henna; Smith, Whitney; Raper, James L.; Mugavero, Michael J.; Turan, Bulent	2017	Moment-to-moment within-person associations between acts of discrimination and internalized stigma in people living with HIV: An experience sampling study	Stigma and Health	2	3	216–228	Internalized stigma related to HIV is associated with poorer outcomes for people living with HIV (PLWH). However, little is known about the association between experiences of daily acts of discrimination by others and the activation of internalized stigma, including factors that may moderate this association. One hundred 9 men living with HIV responded to experience sampling method (ESM) questions 3 times a day for 7 days via smart-phones. ESM questions included experiences of recent acts of discrimination, internalized HIV stigma, avoidance coping with HIV, and recent social support. We also administered several traditional questionnaire measures assessing psychosocial constructs. In hierarchical linear modeling analyses controlling for age, race, socioeconomic status, and time on antiretroviral therapy, experiencing discrimination predicted internalized stigma within persons. Individuals higher on attachment-related avoidance, attachment-related anxiety, avoidance coping, perceived community stigma, and helplessness, and individuals lower on social support had stronger associations between discrimination and current internalized stigma. Similarly, results from 2 state

							<p>moderator variables supported our trait analyses: State-level (ESM) social support and avoidance coping were significant moderators. Thus, when PLWH experience incidents of discrimination due to HIV, this may lead to increased feelings of internalized stigma. We extend the literature by demonstrating that the associations between experienced and internalized stigma are not just at the generalized trait level, but also occur at the state level, accounting for within-person variability. Results provide implications for interventions aiming to modify maladaptive interpersonal traits as well as interventions to increase social support to reduce the impact of discrimination on PLWH. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Feeney, Judith A.; Fitzgerald, Jennifer	2022	Autonomy-connection tensions, stress, and attachment: The case of COVID-19	Current opinion in psychology	43		18–23	<p>The COVID pandemic, and actions taken by governments worldwide to deal with it, have placed stress on couple relationships. Reports from many countries have documented substantial increases in relationship difficulties, conflict, and violence. We propose that issues concerning autonomy and connection are central to these problems, particularly as couples face changing situations with regard to lockdowns, social distancing, and border closures. We further propose that a fruitful approach to understanding these difficulties comes from integrating attachment theory with key concepts of stress and coping theories. Based on these principles and concepts, emotionally focused couples therapy (EFT) offers guidelines to help couples navigate the multiple stressors associated with the pandemic. Copyright 2021 Elsevier Ltd. All rights reserved.</p>
Fehkührer, Sonja; Humer, Elke; Kaltschik,	2023	Young People and the Future: School	Healthcare (Basel, Switzerland)	11	16		<p>The COVID-19 pandemic resulted in enormous changes in everyday life and numerous burdens for adolescents. This pilot study focused on how young people look to the</p>

<p>Stefan; Pieh, Christoph; Probst, Thomas; Diestler, Gertraud; Jesser, Andrea</p>		<p>Students' Concerns and Hopes for the Future after One Year of COVID-19 in Austria- Findings of a Mixed-Methods Pilot Study</p>				<p>future in the face of these burdens. Responses to two open-ended questions on concerns and hopes for the future that were part of a larger online survey on the mental health of school students in Austria were analyzed using qualitative content analysis. Subsequently, differences in the experiences of boys and girls, young people with and without a migration background and psychologically stressed and non-stressed young people were examined by applying a mixed-methods approach. Data collection took place from 3 February to 28 February 2021. From a total survey sample of 3052 adolescents aged 14-20, a representative sample according to gender and migration background (N = 500) was drawn. Qualitative content analysis revealed several areas of concern about the future, including school-related concerns, concerns about the further development of the pandemic and the associated restrictions, concerns related to a lack of locus of control, health-related concerns and concerns about social relationships. The analysis also indicated young people's greatest hopes for the future, such as hopes related to further pandemic development, hopes regarding major life goals, school, social relationships and health. Young people's experiences differ according to gender, migration background and the extent of psychological distress. This study contributes to research on the psychological well-being of adolescents during the pandemic and provides important insights into the subjective experience of young people. It aims to gain a more comprehensive understanding of the concerns and hopes for the future of young people in a time marked by various challenges. The results of the study should be used to develop ideas for measures, such as the expansion of school psychological</p>
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							services and low-threshold support services for students, such as school social work and counseling.
Feldman, Jeffrey B.	2020	The Rhythmic Finger Focus Hypnotic Technique: Multilevel Application of Ericksonian Utilization	The American journal of clinical hypnosis	62	4	409-426	This paper presents a hypnotic technique that starts with a suggested focus on one's fingertips, and movement of the hands in a self-determined rhythm. The technique involves the use of the utilization principle of Milton Erickson in multiple ways. This includes utilizing psychomotor agitation characteristic of psychophysiological arousal, directing it toward movement that generates the sensations upon which to focus. It utilizes the sensitivity of the fingertips, the high degree of representation of the hands in the somatosensory cortex, and the tendency of the brain to orient to novelty to help facilitate focused absorption. It generates counter stimulation for pain management, and emotionally self-soothing tactile sensations. The technique is further designed to activate and utilize prior sensorimotor learning and sensory experiences associated with the hands to access feelings of mastery, creativity, flow, self-efficacy, and other positive emotional experiences. It is hypothesized that multisystem coherence is generated through activating prior positive motor, behavioral and affective experiential learning. It is further hypothesized that the rhythmic movement and sensory input simultaneously generated by and processed in the right and left hemispheres, entrains the hemispheres toward greater sympathetic/parasympathetic balance.
Feldthusen, Caroline; Dean, Elizabeth; Forsblad-d'Elia, Helena;	2016	Effects of Person-Centered Physical Therapy on	Archives of physical medicine and rehabilitation	97	1	26-36	OBJECTIVE To examine effects of person-centered physical therapy on fatigue and related variables in persons with rheumatoid arthritis (RA). DESIGN

<p>Mannerkorpi, Kaisa</p>		<p>Fatigue-Related Variables in Persons With Rheumatoid Arthritis: A Randomized Controlled Trial</p>				<p>Randomized controlled trial.</p> <p>SETTING Hospital outpatient rheumatology clinic.</p> <p>PARTICIPANTS Persons with RA aged 20 to 65 years (N=70): intervention group (n=36) and reference group (n=34).</p> <p>INTERVENTIONS The 12-week intervention, with 6-month follow-up, focused on partnership between participant and physical therapist and tailored health-enhancing physical activity and balancing life activities. The reference group continued with regular activities; both groups received usual health care.</p> <p>MAIN OUTCOME MEASURES Primary outcome was general fatigue (visual analog scale). Secondary outcomes included multidimensional fatigue (Bristol Rheumatoid Arthritis Fatigue Multi-Dimensional Questionnaire) and fatigue-related variables (ie, disease, health, function).</p> <p>RESULTS At posttest, general fatigue improved more in the intervention group than the reference group (P=.042). Improvement in median general fatigue reached minimal clinically important differences between and within groups at posttest and follow-up. Improvement was also observed for anxiety (P=.0099), and trends toward improvements were observed for most multidimensional aspects of fatigue (P=.023-.048), leg strength/endurance (P=.024), and physical activity (P=.023). Compared with the reference group at follow-up, the intervention group improvement was observed for leg strength/endurance (P=.001), and the trends toward improvements persisted for physical (P=.041) and living-related (P=.031) aspects</p>
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							of fatigue, physical activity (P=.019), anxiety (P=.015), self-rated health (P=.010), and self-efficacy (P=.046). CONCLUSIONS Person-centered physical therapy focused on health-enhancing physical activity and balancing life activities showed significant benefits on fatigue in persons with RA.
Fereydouni, Shapour; Forstmeier, Simon	2022	An Islamic form of logotherapy in the treatment of depression, anxiety and stress symptoms in university students in Iran	Journal of religion and health	61		139–157	Previous research demonstrated that spiritually sensitive psychotherapy is an effective treatment for clients with depression or anxiety, with outcomes equivalent to secular control interventions. The goal of this study was to evaluate the efficacy of spiritually sensitive logotherapy intervention in the treatment of depression, anxiety, and stress symptoms in university students in Iran. Sixty students with elevated depression symptoms (Beck Depression Inventory II, BDI-II, 22 or greater) were randomly assigned to either a twelve-session group logotherapy programme or a control group. Results showed that spiritually sensitive logotherapy significantly reduced depression, anxiety, and stress, and significantly more so than in the control group (e.g. interaction effect for BDI-II: $F = 56.8$, $p < 0.001$, with a large effect size).
Fernández, Olga; Altimir, Carolina; Reinel, Mahaira; Duarte, Javiera; Krause, Mariane	2023	"I am strong and I can get on with my life": The subjective experience of recovery of patients treated for depression	Psychotherapy research : journal of the Society for Psychotherapy Research	33	5	625–639	OBJECTIVE: : The aim of the study was to characterize the subjective experience of recovery from depression based on the perspective of those who suffer from it. METHOD: : Forty participants from two South American countries, who had been or were currently being treated for depression, took part in semi-structured and in-depth interviews. Most participants were female (78%), with ages ranging from 22 to 63 years. Interviews were analyzed using Grounded Theory, creating a hierarchy of categories that represent participants' experience of recovery. The categories were subsequently organized around an emergent central phenomenon. RESULTS: :

							<p>"Transformation of the experience of the depressed self" was constructed as the main phenomenon that accounts for the subjective understanding of recovery. This transformation consists in an increase in self-acceptance, self-appreciation, and auto-biographical contextualization, coupled with an increase in agency and empowerment. CONCLUSION: : Recovery is experienced as a multidimensional process that goes beyond the absence of symptoms. Change is experienced as a result of active self-management and commitment. The relevance of person-centered perspectives and their subjectivity for managing depression is discussed.</p>
<p>Fernández-Rodríguez, Concepción; Loredo-Martínez, Víctor; Coto-Lesmes, Rocío</p>	<p>2023</p>	<p>Patients´ and Therapists´ Reports of Psychotherapy Outcomes: Similarities and Differences</p>	<p>Psicothema</p>	<p>35</p>	<p>4</p>	<p>374–384</p>	<p>BACKGROUND: Discrepancies between therapists' and patients' measures regarding therapeutic results indicate the need to analyze which symptoms and processes are being taken into consideration when reporting clinical change. This study analyzes the concordance between patient and therapist, at pre- and post-treatment, when reporting about anxiety, depression, Experiential Avoidance (EA), Cognitive Fusion (CF) and Activation (A). METHOD: Convergence was examined between information obtained by means of standardized measures and visual analogical scales (VAS) in 94 patients with anxiety and/or depression who participated in a controlled clinical study (TRANSACTIVA study). RESULTS: Statistically significant correlation ($p < .05$) was found between all the measures of anxiety and depression, regardless of the source, timepoint, and measures procedure at 95% confidence. In the VAS, patient and therapist agreed ($p < .05$) in their evaluation of specific symptoms. For EA, CF and A, the therapists' measures demonstrated stronger correlations than those of the patients, although, in each condition, all the patients'</p>

							measures correlated with each other ($p < .05$). CONCLUSIONS: Suitable agreement was found between therapist and patient when reporting clinical change. One-item VAS appeared to be suitable for identifying anxiety, depression and the transdiagnostic patterns of EA, CF and A.
Ferreira, Joana F.; Vasco, António B.; Basseches, Michael; Santos, Andreia; Ferreira, João M.	2016	Exploring Phase Progression Throughout the Therapeutic Process: The Case of Eva	Clinical psychology & psychotherapy	23	5	407-424	UNLABELLED This study intends to clarify how Eva [a good-outcome case] developed a more differentiated and integrated sense of herself and her experience, and how the therapist facilitated this developmental process. It aims to deepen our understanding of the processes of change throughout the therapeutic process by analysing a longitudinal case study integrating a phase-by-phase map-the sequential phases of the Paradigmatic Complementarity Metamodel [PCM]-with a moment-by-moment tracking method-the Developmental Analysis of Psychotherapy Process [DAPP] Method. A team of three researchers analysed the sessions from the first year of therapy, identified phase transitions and consolidations, and discussed what in the process appears to have fostered them. The results suggest that Eva evolved in accordance with the sequence of phases proposed by the PCM, which we illustrate and explain with therapeutic interactions representative of Eva's development within the evolving therapeutic process. This case study is one of a series intended to contribute to the optimization of clinical decision making by identifying markers of phase progression and assessing the usefulness of the therapeutic interventions offered. Copyright © 2015 John Wiley & Sons, Ltd. KEY PRACTITIONER MESSAGE Integrating moment-by-moment and phase-by-phase

							guiding maps facilitates the understanding of therapeutic processes. Therapists' attunement and responsiveness to patients' assimilation capacities supports therapeutic progress. Being aware of both phase-by-phase and moment-by-moment movements in psychotherapy helps lead to better clinical decisions.
Feuerstein, Heinz-Joachim	2022	Decision-making: Applying experiential concepts to facilitate the inner process and its reflection in situations where decisions are to be made					In the field of research on decision-making, there are approaches from many schools of psychology and other disciplines, especially economics and behavior economics. Here some aspects of theory and practice of human decision-making processes will be outlined that arise from the study and conceptualization of the subjective, personal experiencing of decision-making situations. The focus is especially on those aspects which are relevant for facilitating decision-making by a facilitating partner (process facilitator, counselor, coach, therapist). The purpose of this article to demonstrate the potential of the experiential approach which is not only relevant for clinical applications, but also for the improvement of decision-making. Within this article we demonstrate an example for the functioning of Focusing-oriented decision-making. The label of this method is EDM - Experiential Decision-Making. We expect EDM to develop as a substantial new approach in nonclinical use of Focusing.
Feuerstein, Heinz-Joachim	2023	EDM - Experimentelle Entscheidungsbegleitung zur Unterstützung innerer Prozesse in Entscheidungssi					Auf dem Gebiet der Entscheidungsforschung gibt es Ansätze aus vielen Schulen der Psychologie und anderen Disziplinen, insbesondere der Wirtschaftswissenschaften und der Verhaltensökonomie. Hier sollen einige Aspekte der Theorie und Praxis menschlicher Entscheidungsprozesse skizziert werden, die sich aus der Untersuchung und Konzeptualisierung des subjektiven, persönlichen Erlebens von Entscheidungssituationen

		<p>situationen - einige markante Punkte ihrer Weiterentwicklung</p>				<p>ergeben. Der Fokus liegt dabei insbesondere auf den Aspekten, die für die Begleitung von Entscheidungsprozessen durch einen Begleiter (Prozessbegleiter, Berater, Coach, Therapeut) relevant sind. Ziel dieses Artikels ist es, das Potenzial des erfahrungsbasierten Ansatzes aufzuzeigen, der nicht nur für klinische Anwendungen, sondern auch für die Verbesserung der Entscheidungsfindung im Alltag relevant ist. Es wird ein Beispiel für die Funktionsweise der focusing-orientierten Entscheidungsfindung gezeigt. Die Bezeichnung für diese Methode lautet EDM - Experiential Decision-Making. Wir erwarten, dass sich EDM als ein wesentlicher neuer Ansatz in der nicht-klinischen Anwendung von Focusing entwickeln wird, er kann auch im Jugendlichenalter Anwendung finden.</p>
Fiedler, Peter	2018	<p>Varianten psychotherapeutischer Beziehung. Transdiagnostische Befunde, Konzepte, Perspektiven</p>				<p>In der Psychotherapie ist die Beziehung zwischen Klient und Therapeut der wichtigste Erfolgsfaktor: Es geht weniger darum, Patienten zu ändern, als mit ihnen gemeinsam solidarisch widrige Lebensumstände zu bearbeiten. Wenn Therapie wirken soll, muss sie den Klienten extrem variabel annehmen. Die Beziehungskompetenzen in verschiedenen therapeutischen Richtungen unterscheiden sich teilweise deutlich und lassen sich in einem produktiven Ergänzungsverhältnis verstehen. Vor diesem Hintergrund werden gut evaluierte Varianten der Therapiebeziehungen vorgestellt. Die aktuelle Bestandsaufnahme möglicher Vielgestaltigkeit soll den Blick für die klinische Praxis erweitern. Psychotherapeuten und Psychotherapeutinnen erhalten Anregungen, nicht nur ihre Beziehungen, sondern auch ihr Selbstverständnis neu zu reflektieren und fortzuentwickeln. - Inhalt: (1) Thomas Schnell und Roland Weierstall: Therapeutische Beziehung in der</p>

							<p>Verhaltenstherapie - Nur Makulatur oder Wirkfaktor? (2) Rainer Sachse: Beziehungsgestaltung in der Klrungsorientierten Verhaltenstherapie. (3) Ulrich Streeck: Die "antwortende" therapeutische Beziehung. Zur psychoanalytisch-interaktionellen Methode. (4) Gerd Rudolf: Strukturbezogene Psychotherapie. (5) Eckhard Roediger: Die Beziehungsgestaltung in der Schematherapie. (6) Hans Stau und Gabriele Isele: Beziehung und Prozess. Die therapeutische Beziehung in der Personzentrierten Gesprächspsychotherapie. (7) Burkhard Peter und Dirk Revenstorf: Rapport und therapeutische Beziehung in der Hypnotherapie. (8) Petra Schuhler und Monika Vogelgesang: Therapeutische Beziehung: Der Einfluss von Kompetenzorientierung und der Aktivierung verkörperter Ressourcen. (9) Svenja Taubner, Gerry Byrne und Jana Volkert: Die therapeutische Beziehung in der Mentalisierungsbasierten Therapie (MBT). (10) Anna Buchheim: Die therapeutische Beziehung in der Psychodynamischen und bertragungsfokussierten Psychotherapie. Beziehung und bertragung. (11) Hans Lieb: Die therapeutische Beziehung aus systemischer Sicht. (12) Anne Guhn, Stephan Khler und Eva-Lotta Brakemeier: Phasen- oder bertragungsorientierung? Die therapeutische Beziehungsgestaltung in der IPT und im CBASP. (13) Thorsten Kienast: ACT und DBT: Die therapeutische Beziehung bei Patienten mit Borderline-Syndrom. (14) Peter Fiedler: Existenzielle Psychotherapie. Die Gestaltung der therapeutischen Beziehung in der Behandlung von existenziell bedeutsamen Problem- und Lebenslagen. - Die Beitrge sind bereits in zwei Themenheften der Zeitschrift Verhaltenstherapie &</p>
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							Verhaltensmedizin (2017, 38 (4) sowie 2018, 39 (1)) erschienen.
Fierro, Catriel	2021	“A backdrop for psychotherapy”: Carl R. Rogers, psychological testing, and the psycho-educational clinic at Columbia University’s Teachers College (1924–1935)	History of Psychology	24	4	323–349	Carl Rogers’ work in clinical psychology and psychotherapy has been as influential as it is vast and varied. However, as a topic of historical inquiry Rogers’ approach to clinical psychology is beset by historiographical lacunae. Especially vague have been Rogers’ own reflections about his student years (1925–1928) at Columbia University’s Teachers College. Rogers claimed that he received the “backdrop” for the development of his approach to psychotherapy at the College. However, most historical literature has overlooked Rogers’ early years by focusing on his later work. This article aims to shed light on Rogers’ initial academic education by delving into his backdrop idea. I explore Rogers’ early years at Columbia by using his retroactive appraisals as a conduit for reconstructing his first formal institutional context—Columbia’s highly active but short-lived psycho-educational clinic. By drawing on several archival sources and unpublished materials, I will argue that the College’s intellectual and institutional climate fostered Rogers’ appreciation of experiential and cognitive learning while stimulating his intellectual independence as a clinical psychologist. The clinic put him in contact with real children, trained him in psychological tests, offered concrete professional role models, and pointed him toward his lifelong concern with human individuality. This contextual reading of Rogers’ education allows for a deeper, more informed understanding of both his academic origins and his immediate intellectual context amid American clinical psychology during the interwar years. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<p>Finch, Ellen F.; Kleiman, Evan M.; Bentley, Kate H.; Bernstein, Emily E.</p>	<p>2023</p>	<p>Helpful for all? Examining the effects of psychotherapy treatment history on outcomes of single session, transdiagnostic cognitive behavioral interventions for university students</p>	<p>Psychological Services</p>			<p>No Paginat ion Specified -No Paginat ion Specified</p>	<p>Brief, transdiagnostic interventions are an efficient form of mental health care for resource-limited settings like universities. Little research, however, has examined for whom these treatments are most effective. One important factor may be psychotherapy treatment history. Here, we evaluate if treatment history influences the effects of a single-session cognitive behavioral group intervention with optional digital follow-up support across two independent, university-based studies. Undergraduate (N = 143) and graduate (N = 51) students reported their psychotherapy treatment history and completed self-report measures of emotional health before and approximately 1-month following the intervention. Across both samples, psychotherapy treatment history did not moderate changes in depression, anxiety, or emotional avoidance following the intervention. However, participants who were currently receiving psychotherapy began the workshop with lower coping self-efficacy than peers with no prior psychotherapy and saw larger gains in coping self-efficacy at follow-up. Results suggest that regardless of whether a student has previously received psychotherapy, they may benefit from brief, group transdiagnostic interventions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Fine, Naomi B.; Helpman, Liat; Armon, Daphna Bardin; Gurevitch, Guy; Sheppes, Gal; Seligman, Zivya;</p>	<p>2024</p>	<p>Amygdala-related electroencephalogram neurofeedback as add-on therapy for treatment-</p>	<p>Psychiatry Clin. Neurosci. (Psychiatry and Clinical Neurosciences)</p>	<p>78</p>	<p>1</p>	<p>19–28</p>	<p>Aim Childhood sexual abuse (CSA) among women is an alarmingly prevalent traumatic experience that often leads to debilitating and treatment-refractory posttraumatic stress disorder (PTSD), raising the need for novel adjunctive therapies. Neuroimaging investigations systematically report that amygdala hyperactivity is the most consistent and reliable neural abnormality in PTSD and following childhood abuse, raising the potential of</p>

Hendler, Talma; Bloch, Miki		resistant childhood sexual abuse posttraumatic stress disorder: feasibility study				implementing volitional neural modulation using neurofeedback (NF) aimed at down-regulating amygdala activity. This study aimed to reliably probe limbic activity but overcome the limited applicability of functional magnetic resonance imaging (fMRI) NF by using a scalable electroencephalogram NF probe of amygdala-related activity, termed amygdala electrical-finger-print (amyg-EFP) in a randomized controlled trial. Method Fifty-five women with CSA-PTSD who were in ongoing intensive trauma-focused psychotherapy for a minimum of 1?year but still met Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) PTSD criteria were randomized to either 10 add-on sessions of amyg-EFP-NF training (test group) or continuing psychotherapy (control group). Participants were blindly assessed for PTSD symptoms before and after the NF training period, followed by self-reported clinical follow-up at 1, 3, and 6 months, as well as one session of amygdala real-time fMRI-NF before and after NF training period. Results Participants in the test group compared with the control group demonstrated a marginally significant immediate reduction in PTSD symptoms, which progressively improved during the follow-up period. In addition, successful neuromodulation during NF training was demonstrated. Conclusion This feasibility study for patients with treatment-resistant CSA-PTSD indicates that amyg-EFP-NF is a viable and efficient intervention.
Finger-Ossinger, Margarete	2018	Person(en)zentrierte Psychotherapie in Folge einer gerichtlichen Weisung - ein				Psychotherapie im Zwangskontext - allein diese Forderung scheint bereits das Scheitern vorwegzunehmen, wenn Psychotherapie per se an die Zustimmung des Patienten gebunden ist. Zahlreiche bungsprogramme wurden fr die Therapie mit Strafttern entwickelt, die der Personzentrierten Psychotherapie

		Versuch des Unmöglichen?					fremd sind und ihr widersprechen. Es wird darzustellen versucht, wie Personzentrierte Psychotherapie in der Arbeit mit Strafttern ihre Berechtigung haben kann und welche Aspekte dabei zu beachten sind. Drei Therapiephasen eines 32-jhnen Mannes, der eine gerichtliche Weisung an der Forensischen Ambulanz hatte, sollen neben theoretischer Reflexion die Herausforderungen an den Psychotherapeuten zur Diskussion stellen.
Fink, Birgit; Schultze-Gebhardt, Kathrin; Heyer, Martin; Projektgruppe "Online personzentriert Gruppen leiten und begleiten"	2022	Ob online oder in Prsenz: Ein Gruppenprozess muss erlebt werden. Bericht der Arbeitsgruppe "Online personzentriert Gruppen leiten und begleiten"	Gesprchspsych otherapie und Personzentrierte Beratung	53	2	39-41	Es werden Ergebnisse und Erfahrungen aus der GwG-Arbeitsgruppe "Online personzentriert Gruppen leiten und begleiten" prsentiert.
Finke, Jobst	2023	Das Netzwerk der Gefhle. Personzentrierte Emotionspsych ologie in Psychotherapie und Beratung					Die oft als berwltigend erlebten Gefhle der Angst, Trauer, Wut, Scham und Schuld sind hufig Anlass, therapeutische Hilfe zu suchen. Es wird ein neuer Weg erffnet, den empathischen Zugang zu Klientinnen und Klienten zu erweitern. Erscheinungsbild, Funktion und Vernetzung der fnf Grundregungen werden transparent gemacht und die Wechselwirkungen emotionaler Anteile bei hufigen psychischen Strungsbildern werden analysiert. So knnen auch unterschwellige Gefhle identifiziert und in ihrem Zusammenspiel mit Bedrfnissen, Fantasien und Erinnerungen erfasst werden. Zahlreiche Formulierungsbeispiele zeigen, wie man Klientinnen und

							Klienten darin unterstützt, emotionale Spannungen bewusst wahrzunehmen, zu regulieren und für eigene Bedürfnisse und Selbstentfaltung fruchtbar zu machen. - Inhalt: https://d-nb.info/1288184220/04
Finke, Jobst	2020	Personenzentriertes Arbeiten an der therapeutischen Beziehung	Gesprächspsychotherapie und Personenzentrierte Beratung	51	1	6-10	Thematisiert wird die therapeutische Beziehungsarbeit im Rahmen der personenzentrierten Psychotherapie. Dabei steht das Beziehungsklima im Vordergrund, das durch Beziehungsansprachen und Beziehungsanspielungen unterstützt wird. Hierbei kann der/die Therapeut/in etwa allgemein gehaltene Aussagen des Patienten/der Patientin auf sich beziehen und entsprechend reagieren und die Selbstexploration und das Selbstverstehen fördern. Im Sinne der Echtheit und Kongruenz spielt auch die angemessen angewandte Selbstöffnung und - einbringung eine bedeutsame Rolle. Insbesondere bei der Selbstöffnung sind jedoch auch Risiken zu berücksichtigen, etwa die Wahl eines unangemessenen Zeitpunkts oder mögliche unbeabsichtigte Auswirkungen.
Finke, Jobst	2022	Bindungs- und Abhängigkeitsphänomene in der personenzentrierten Beziehung	Gesprächspsychotherapie und Personenzentrierte Beratung	53	1	8-13	Es wird der Frage nachgegangen, welche Rolle die Bindungstheorie für die Personenzentrierte Psychotherapie (PZT) spielen kann und welche Bedeutung "Bindung" und personale Abhängigkeit in der therapeutischen Beziehung der PZT haben. In Anlehnung an Fachliteratur wird die Vermutung geäußert, dass Rogers sehr "abhängigkeitssensibel" war und sich schwertat mit Klienten innen, die eine enge, aber "verstrickte" Bindung zu ihm suchten. Auch hat die PZT den therapeutischen Umgang mit abhängigen und "verstrickt gebundenen" Klienten kaum thematisiert. Konzepte für einen solchen Umgang werden gefordert und ansatzweise auch vorgestellt.

Finke, Jobst	2017	Gesprächspsychotherapie der Depression				<p>Nach einer kurzen Beschreibung der Strungs- und Therapietheorie sowie des Konzepts der Depressionsentstehung wird die Anwendungspraxis anhand von 6 Therapiebausteinen dargestellt. Der erste Therapiebaustein betrifft die Einleitung einer Therapie und die Erörterung ihrer Voraussetzungen, mit dem 6. Baustein werden Implikationen und Regularien des Therapieendes beschrieben. Mit den übrigen 4 Bausteinen kommen die Handlungskonzepte des Verfahrens zur Darstellung. Der zentrale Baustein kreist um das Thema Einfühlen und Verstehen mit dem Ziel einer Selbsterkundung und einer Selbstreflexion des Patienten in der Sicherheit der therapeutischen Beziehung. Die anderen Bausteine sollen die Realisierung dieses Ziels auf unterschiedliche Weise unterstützen und ergänzen. Auf dem Hintergrund eines Fallbeispiels wird die Anwendung dieser Konzepte in Form von Therapeut-Patient-Interaktionen erörtert. Schließlich wird beschrieben, wie das widersprüchliche Interaktionsverhalten mancher Depressiver zu einem Fallstrick für den Therapeuten werden kann. (c) Springer-Verlag GmbH Deutschland</p>
Finke, Jobst	2018	Depressive Strungen				<p>In diesem Kapitel geht es um die für den Indikationsbereich der Personzentrierten Psychotherapie wichtigsten depressiven Strungen. Bei der Therapie von schwer Depressiven ist ein so stark modifiziertes Vorgehen angezeigt, dass man von einer besonderen Art personenzentrierter Pr-Therapie sprechen könnte. Bei den anderen hier besprochenen Strungsgruppen ist zwar die "klassische" personenzentrierte Zugangsart angemessen, jedoch sind auch hier einige Besonderheiten zu beachten, wie etwa die starke Bedürftigkeit vieler dieser Klienten nach Zuwendung und Anerkennung, eine leichte Kränkbarkeit und die Neigung zu einem symbiotischen</p>

							Beziehungserleben, was sich besonders bei den Klienten mit einer abhängigen Persönlichkeitsstruktur zeigt. Dies muss der Therapeut sowohl hinsichtlich der Art seiner Verstehensangebote als auch in Bezug auf seine Beziehungsgestaltung und seine Bereitschaft zur Beziehungsklärung berücksichtigen. (c) Springer-Verlag GmbH Deutschland
Finke, Jobst; Straumann, Ursula; Winter, Elena	2022	Ehrenhaftes Engagement für den Personzentrierten Ansatz. Beim Jahreskongress ehrte die GwG mit Prof. Ursula Straumann und Dr. Jobst Finke zwei langjährige Mitglieder für ihre Verdienste rund um die Weiterentwicklung des Personzentrierten Ansatzes	Gesprächspsychotherapie und Personzentrierte Beratung	53	3	18–19	Beim Jahreskongress ehrte die GwG mit Prof. Ursula Straumann und Dr. Jobst Finke zwei langjährige Mitglieder für ihre Verdienste rund um die Weiterentwicklung des Personzentrierten Ansatzes. Im Interview berichten die beiden über ihre Zeit in und mit der GwG.
Finsrud, Ingvild; Nissen-Lie, Helene A.; Ulvenes, Pål G.; Vrabel, KariAnne; Melsom, Linne;	2023	Emotional and cognitive processes in psychotherapy are associated with different aspects of the	Journal of consulting and clinical psychology			No Page Number Specified -No Page Number Specified	Objective: In this naturalistic study we aimed to investigate the relationships between two central change processes (affective and cognitive) and two common relationship factors (“Confidence in the therapist” and “Confidence in the treatment”), which have been shown to impact outcomes in a clinical context. We also investigated whether these interrelationships varied across treatment orientations (i.e., cognitive or

Wampold, Bruce		therapeutic relationship				<p>psychodynamic focused). Method: The sample consisted of 631 patients with a primary anxiety or depressive disorder who were admitted to an inpatient program and treated with psychotherapy. The data consisted of weekly measures of cognitive (i.e., “rumination”) and affective (i.e., “problems with emotional clarity”) change processes as well as scores on Confidence in the therapist and Confidence in the treatment and symptom distress. A multivariate version of the latent curve model with structured residuals was used to investigate the within-patient effects of week-to-week changes in all variables. Results: Initial analyses established that both problems with emotional clarity and rumination predicted symptom distress. Further, we found that higher Confidence in the therapist predicted higher emotional clarity (but not lower rumination) whereas higher Confidence in the treatment predicted lower rumination (but did not affect emotional clarity). Post hoc analyses found that these interrelationships varied across treatment orientation (i.e., cognitive vs. psychodynamic). Discussion: The results indicate that patients’ experience of the therapist is associated with emotional change processes, and that patients’ experience of the coherence and meaningfulness of treatment, on the other hand, is associated with cognitive change processes. Implications for clinical practice are discussed. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)</p>
Finsrud, Ingvild; Nissen-Lie, Helene A.; Ulvenes, Pål; Melsom, Linne; Vrabel,	2022	Confidence in the therapist and confidence in the treatment predict symptomatic		69	6	<p>Previous research suggests that common relationship factors are composed of two overarching factors, “Confidence in the therapist” and “Confidence in the treatment.” The aim of this naturalistic process–outcome study was to investigate the reciprocal relationships between these two constructs and patients’ symptom</p>

KariAnne; Wampold, Bruce		improvement week by week in therapy: A latent curve modeling approach					level across treatment. The sample consisted of 587 patients who were admitted to an inpatient program and treated with psychotherapy for a range of mental health disorders, such as chronic depression, anxiety disorders, and eating disorders. Our data consisted of weekly measures of symptomatic distress (Patient Health Questionnaire) and the common relationship factors were measured weekly using a newly developed scale. Latent curve modeling with structured residuals was used to investigate the between- and within effects of week-to-week changes in the two components as predictors of subsequent symptom level. An increase in both relationship factors predicted a decrease in subsequent levels of symptoms at the within-patient level, and the other way around, but the two relationship factors did not systematically relate to one another at the within-patient level over the course of treatment. Our findings indicate that patients' perceptions of the therapist as a person and their appraisal of the treatment, are important, different predictors of therapeutic change. Furthermore, they support prior research demonstrating a reciprocal relationship between common relationship factors and symptomatic distress and add to existing common factor theory by exploring the role of two central relationship dimensions and using a method which examines reciprocal relationships and within-patient effects simultaneously. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Firth, Nick; Saxon, David; Stiles, William B.; Barkham, Michael	2019	Therapist and clinic effects in psychotherapy: A three-level model of	Journal of consulting and clinical psychology	87	4	345–356	Objective: The study aimed to (a) investigate the effect of treatment location on clinical outcomes for patients receiving psychological therapy (a clinic effect, akin to the concept of a therapist effect) and (b) assess the impact of explanatory individual and aggregate demographic and

		outcome variability					<p>process variables on the clinic and therapist effects. Method: The sample comprised 26,888 patients, seen by 462 therapists, across 30 clinics. Mean patient age was 38 years (69% female, 90% White, 92% planned ending). The dependent variable was patients' posttherapy score on the Clinical Outcomes in Routine Evaluation—Outcome Measure. An incremental 3-level multilevel model was constructed. Markov Chain Monte Carlo estimation created 95% probability intervals for the clinic and therapist effects. Results: A 3-level model with no explanatory variables detected a clinic effect of 8.2%, significantly larger than the therapist effect of 3.2%. Adding explanatory variables significantly reduced the clinic effect to 1.9% but did not significantly alter the therapist effect (3.4%). Patient-level symptom severity and employment status, and clinic-level percentage of White patients and health care sector, explained the most clinic outcome variance and overall outcome variance. Conclusions: Substantial variability in clinical outcomes was found between clinics providing psychological therapy. Socioeconomic mix of patients explained significant proportions of variability at the clinic level but not the therapist level. Clinical implications include the need to go beyond the therapist–patient interaction to deliver effective psychological therapy. Future research is also needed to identify the mechanisms by which clinic and/or area-level factors impact on clinical outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Fischer-Kern, M.; Leithner, K.; Hilger, E.;	2004	Context-Oriented Model Development in Psychotherapy	Acta psychiatrica Scandinavica	109	3	235–238	<p>OBJECTIVE Pathogenous interpersonal (e.g. interfamilial) relationships and reference styles can compromise treatment efforts in severely disturbed (i.e. psychotic or</p>

Löffler-Stastka, H.; Schuster, P.		Planning ('COMEPP'): a useful adjunct to diagnosis and therapy of severe personality disorders					borderline) patients. The integration of family- and individual-centred starting points may be useful in establishing interdisciplinary treatment concepts in these patients. Context-Oriented Model Development in Psychotherapy Planning (COMEPP) represents a diagnostic and therapy planning process, integrating both systemic and psychoanalytic conceptualizations. METHOD COMEPP is exemplified by the case of a young man with psychotic personality disorder who had previously been unresponsive to pharmacological and psychological treatment. RESULTS After psycho-dynamical conflicts (i.e. primitive projective processes from the patient's mother to her son) had been elucidated during the COMEPP process, a sufficient treatment setting could be established. CONCLUSION COMEPP provides a psychotherapeutical approach to treatment planning on case-specific premises and may serve as an adjunct to concomitant pharmacological and psychological treatment strategies in so-called 'therapy refractory' patients.
Fishbein, Joel N.; Haslbeck, Jonas; Arch, Joanna J.	2023	Network intervention analysis of anxiety-related outcomes and processes of acceptance and commitment therapy (ACT)	Behaviour research and therapy	162		104266	OBJECTIVE: Psychotherapies like Acceptance and Commitment Therapy (ACT) are thought to target multiple clinical outcomes by intervening on multiple mechanistic process variables. However, the standard mediation approach does not readily model the potentially complex associations among multiple processes and outcomes. The current study is one of the first to apply network intervention analysis to examine the putative change processes of a psychotherapy. METHODS: Using data from a randomized trial of ACT versus minimally-

		for anxious cancer survivors					enhanced usual care for anxious cancer survivors, we computed pre-to post-intervention (n = 113) residualized change scores on anxiety-related outcomes (general anxiety symptoms, cancer-related trauma symptoms, and fear of cancer recurrence) and putative processes of the intervention (experiential avoidance, self-compassion, and emotional approach coping). We estimated a network model with intervention condition and residualized change scores as nodes. RESULTS: Contrary to the expectation that intervention effects would pass indirectly to outcomes via processes, network analysis indicated that two anxiety-related outcomes of the trial may have acted as primary mechanisms of the intervention on other outcome and process variables. CONCLUSIONS: Network intervention analysis facilitated flexible evaluation of ACT's change processes, and offers a new way to test whether change occurs as theorized in psychotherapies.
Fishbein, Joel N.; Judd, Charles M.; Genung, Sarah; Stanton, Annette L.; Arch, Joanna J.	2022	Intervention and mediation effects of target processes in a randomized controlled trial of Acceptance and Commitment Therapy for anxious cancer survivors in community oncology clinics	Behaviour research and therapy	153		104103	OBJECTIVE: Acceptance and Commitment Therapy (ACT) is a promising psycho-oncological intervention, but its mechanisms in real-world settings are not fully understood. This study examined core theorized ACT and broader ACT-consistent target processes as mediators of ACT versus minimally-enhanced usual care within a randomized trial for anxious cancer survivors in a community oncology setting. METHOD: Two core theorized ACT target processes (experiential avoidance and values-aligned behavior, each measured with two instruments) and two broader ACT-consistent target processes (emotional approach coping and self-compassion) were analyzed at pre- and post-intervention as mediators of general anxiety symptoms, cancer-related trauma symptoms, and fear of cancer recurrence

							(N = 134). RESULTS: ACT led to greater increases on emotional approach coping (ps ≤ .001) and one measure of values-aligned behavior (ps ≤ .031), and marginal or greater improvement on self-compassion (ps ≤ .055), but not other core ACT target processes. Self-compassion and emotional approach coping mediated ACT's effects on cancer-related trauma symptoms (ps ≤ .037). Additionally, self-compassion, emotional approach coping, and values-aligned behavior marginally mediated fear of recurrence and general anxiety symptoms improvement (ps ≤ .088). CONCLUSION: ACT reduced cancer survivors' anxiety-related symptoms, and especially cancer-related trauma symptoms, most consistently by promoting self-compassion and emotional approach coping.
Fisher, Caroline A.; Skocic, Sonja; Rutherford, Kathleen A.; Hetrick, Sarah E.	2019	Family therapy approaches for anorexia nervosa	The Cochrane database of systematic reviews	5	5	CD004780	<p>BACKGROUND</p> <p>Anorexia nervosa (AN) is characterised by a failure to maintain a normal body weight due to a paucity of nutrition, an intense fear of gaining weight or behaviour that prevents the individual from gaining weight, or both. The long-term prognosis is often poor, with severe developmental, medical and psychosocial complications, high rates of relapse and mortality. 'Family therapy approaches' indicate a range of approaches, derived from different theories, that involve the family in treatment. We have included therapies developed on the basis of dominant family systems theories, approaches that are based on or broadly similar to the family-based therapy derived from the Maudsley model, approaches that incorporate a focus on cognitive restructuring, as well as approaches that involve the family without articulation of a theoretical approach. This is an update of a Cochrane Review first published in 2010.</p>

						<p>OBJECTIVES To evaluate the efficacy of family therapy approaches compared with standard treatment and other treatments for AN.</p> <p>SEARCH METHODS We searched the Cochrane Common Mental Disorders Controlled Trials Register (CCMDCTR) and PsycINFO (OVID) (all years to April 2016). We ran additional searches directly on Cochrane Central Register for Controlled Trials (CENTRAL), MEDLINE, Ovid Embase, and PsycINFO (to 2008 and 2016 to 2018). We searched the World Health Organization (WHO) trials portal (ICTRP) and ClinicalTrials.gov, together with four theses databases (all years to 2018). We checked the reference lists of all included studies and relevant systematic reviews. We have included in the analyses only studies from searches conducted to April 2016.</p> <p>SELECTION CRITERIA Randomised controlled trials (RCTs) of family therapy approaches compared to any other intervention or other types of family therapy approaches were eligible for inclusion. We included participants of any age or gender with a primary clinical diagnosis of anorexia nervosa.</p> <p>DATA COLLECTION AND ANALYSIS Four review authors selected the studies, assessed quality and extracted data. We used a random-effects meta-analysis. We used the risk ratio (with a 95% confidence interval) to summarise dichotomous outcomes and both the standardised mean difference and the mean difference to summarise continuous measures.</p> <p>MAIN RESULTS We included 25 trials in this version of the review (13 from</p>
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						<p>the original 2010 review and 12 newly-included studies). Sixteen trials were of adolescents, eight trials of adults (seven of these in young adults aged up to 26 years) and one trial included three age groups: one adolescent, one young adult and one adult. Most investigated family-based therapy or variants. Reporting of trial conduct was generally inadequate, so that in a large number of studies we rated the risk of bias as unclear for many of the domains. Selective reporting bias was particularly problematic, with 68% of studies rated at high risk of bias in this area, followed by incomplete outcome data, with 44% of studies rated at high risk of bias in this area. For the main outcome measure of remission there was some low-quality evidence (from only two studies, 81 participants) suggesting that family therapy approaches might offer some advantage over treatment as usual on rates of remission, post intervention (risk ratio (RR) 3.50, 95% confidence interval (CI) 1.49 to 8.23; I² = 0%). However, at follow-up, low-quality evidence from only one study suggested this effect was not maintained. There was very low-quality evidence from only one trial, which means it is difficult to determine whether family therapy approaches offer any advantage over educational interventions for remission (RR 9.00, 95% CI 0.53 to 153.79; 1 study, N = 30). Similarly, there was very low-quality evidence from only five trials for remission post-intervention, again meaning that it is difficult to determine whether there is any advantage of family therapy approaches over psychological interventions (RR 1.22, 95% CI 0.89 to 1.67; participants = 252; studies = 5; I² = 37%) and at long-term follow-up (RR 1.08, 95% CI 0.91 to 1.28; participants = 200; studies = 4 with 1 of these contributing 3 pairwise comparisons for different age</p>
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						<p>groups; I2 = 0%). There was no indication that the age group had any impact on the overall treatment effect; however, it should be noted that there were very few trials undertaken in adults, with the age range of adult studies included in this analysis from 20 to 27. There was some evidence of a small effect favouring family based therapy compared with other psychological interventions in terms of weight gain post-intervention (standardised mean difference (SMD) 0.32, 95% CI 0.01 to 0.63; participants = 210; studies = 4 with 1 of these contributing 3 pairwise comparisons for different age groups; I2 = 11%) . Overall, there was insufficient evidence to determine whether there were any differences between groups across all comparisons for most of the secondary outcomes (weight, eating disorder psychopathology, dropouts, relapse, or family functioning measures), either at post-intervention or at follow-up.</p> <p>AUTHORS' CONCLUSIONS</p> <p>There is a limited amount of low-quality evidence to suggest that family therapy approaches may be effective compared to treatment as usual in the short term. This finding is based on two trials that included only a small number of participants, and both had issues about potential bias. There is insufficient evidence to determine whether there is an advantage of family therapy approaches in people of any age compared to educational interventions (one study, very low quality) or other psychological therapies (five studies, very low quality). Most studies contributing to this finding were undertaken in adolescents and youth. There are clear potential impacts on how family therapy approaches might be delivered to different age groups and further work is required to understand what the resulting effects</p>
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							on treatment efficacy might be. There is insufficient evidence to determine whether one type of family therapy approach is more effective than another. The field would benefit from further large, well-conducted trials.
Fisher, Hadar; HaCohen, Nehama; Shimshi, Sharon; Rand-Lakritz, Shira; Shapira, Kineret; Tuval-Mashiach, Rivka	2020	Ability to move between self-states and emotional experiencing and processing as predictors of symptomatic change	Psychology and psychotherapy	93	4	723–738	<p>Objectives Contemporary relational theories consider clients? ability to move between multiple self-states and clients? ability to experience and process emotions to be two therapeutic processes inherently connected and fundamental to growth and change in psychotherapy. The current research aimed to empirically explore these theoretical assumptions by (1) examining the between- and within-client temporal association between clients? levels of ability to move between multiple self-states and clients? emotional experiencing and processing over the course of therapy, and by (2) testing whether this association would be more prominent for clients presenting good treatment outcomes. Method Based on treatment outcome measures, two contrasting groups were selected, nine successful and nine unsuccessful. Ninety session transcripts (five per client) were analysed using the Two-Person APES (TPA), an extension of the Assimilation of Problematic Experiences Scale (APES), for the measurement of the ability to move between self-states. Sessions were also analysed using the Experiencing Scale (EXP), for the measurement of emotional experiencing. For all predictors, we disaggregated within- and between-client effects. Results No association was found between EXP and TPA levels. However, at the between-client level, an interaction effect was found indicating a positive correlation between TPA and EXP only for the good-outcome cases, whereas a negative correlation between these variables was found for the poor-outcome cases. Conclusions The ability to</p>

							<p>move between multiple self-states and accessibility to emotional experiencing may be seen as complementary processes enhancing the effectiveness of therapy. However, a high level of one process combined with a low level of the other may be a sign of poor therapeutic outcome. Practitioner points Clients? capacity to negotiate between conflicted self-states and their ability to experience and process emotions are two determinants working in a synergistic way to predict improvement in clients? symptoms. The presence of only one of these psychological processes without the other might be an indication of poor therapeutic outcome. Therapists should aim to increase their clients? progress in both the movement between self-states and emotional experiencing.</p>
<p>Fisher, Lawrence; Hessler, Danielle; Polonsky, William H.; Masharani, Umesh; Guzman, Susan; Bowyer, Vicky; Strycker, Lisa; Ahmann, Andrew; Basina, Marina; Blumer, Ian; Chloe, Charles; Kim, Sarah; Peters, Anne L.;</p>	2018	T1-REDEEM: A Randomized Controlled Trial to Reduce Diabetes Distress Among Adults With Type 1 Diabetes	Diabetes care	41	9	1862–1869	<p>OBJECTIVE To compare the effectiveness of two interventions to reduce diabetes distress (DD) and improve glycemic control among adults with type 1 diabetes (T1D).</p> <p>RESEARCH DESIGN AND METHODS Individuals with T1D (n = 301) with elevated DD and HbA1c were recruited from multiple settings and randomly assigned to OnTrack, an emotion-focused intervention, or to KnowIt, an educational/behavioral intervention. Each group attended a full-day workshop plus four online meetings over 3 months. Assessments occurred at baseline and 3 and 9 months. Primary and secondary outcomes were change in DD and change in HbA1c, respectively.</p> <p>RESULTS With 12% attrition, both groups demonstrated dramatic reductions in DD (effect size d = 1.06; 78.4% demonstrated a reduction of at least one minimal</p>

Shumway, Martha; Weih, Karen; Wu, Patricia							<p>clinically important difference). There were, however, no significant differences in DD reduction between OnTrack and Knowlt. Moderator analyses indicated that OnTrack provided greater DD reduction to those with initially poorer cognitive or emotion regulation skills, higher baseline DD, or greater initial diabetes knowledge than those in Knowlt. Significant but modest reductions in HbA1c occurred with no between-group differences. Change in DD was modestly associated with change in HbA1c ($r = 0.14$, $P = 0.01$), with no significant between-group differences.</p> <p>CONCLUSIONS</p> <p>DD can be successfully reduced among distressed individuals with T1D with elevated HbA1c using both education/behavioral and emotion-focused approaches. Reductions in DD are only modestly associated with reductions in HbA1c. These findings point to the importance of tailoring interventions to address affective, knowledge, and cognitive skills when intervening to reduce DD and improve glycemic control.</p>
Flahault, Cécile; Vioulac, Christel; Fasse, Léonor; Bailly, Sébastien; Timsit, Jean-François; Garrouste-Orgeas, Maité	2022	"A story with gaps": An interpretative phenomenological analysis of ICU survivors' experience	PloS one	17	3	e0264310	<p>ICU survivors may experience various long-term sequelae, recognized as Post-Intensive Care Syndrome, that includes psychiatric symptoms: anxiety, depression, and post-traumatic stress disorders symptoms (PTSD). While it was hypothesized that an ICU diary could help patients after discharge, improving their hospitalization memories and quality of life, it is unclear whether it may reduce psychiatric disorders, in particular PTSD. We performed a qualitative exploration of survivors' subjective experience of their ICU stay, their representations, memories, meaning-making of their experience and use of their ICU diary. Five participants (ICU survivors, 3 men and 2 women, who received a diary)</p>

						<p>were included in this study. We conducted non-directive interviews 6 months after discharge. These interviews were transcribed and analyzed using Interpretative Phenomenological Analysis. Major recurring themes of discourse included: (1) The nightmare of the ICU experience: from an impression of vagueness to dispossession, (2) The positive image of health-care workers during intensive care, (3) The place of the relatives and health-care workers' writings in the diary: either a support or a barrier, (4) The difficult return back home, and daily life after intensive care. Participant's representation of their ICU experience seemed to reflect the meaning they had given it through their own reflections and that of health-care workers in the diary. For some participant, the diary was associated to the pain and strangeness of the ICU experience; therefore, their recovery required them to take some distance with it. The ICU diary allowed participants to construct their illness narratives, and to become aware of the presence and support of health-care workers. The diary was also perceived as the witness of a period they wished to forget. Trial registration: NCT02519725.</p>
<p>Flechtenhar, Aleya; Seitz, Katja I.; Bertsch, Katja; Herpertz, Sabine C.</p>		<p>The association between psychopathology, childhood trauma, and emotion processing</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>			<p>Objective: Childhood trauma is highly prevalent and can have a negative impact on the development of socioemotional processes resulting in a higher vulnerability for mental disorders in adulthood. Previous studies have associated the severity of childhood trauma with deficits in social functioning, such as a negative attention bias, suggesting altered social information processing as a mechanism underlying the association between childhood trauma and transdiagnostic psychopathologies. Method: In a cross-sectional setup with a total of 103 participants (26 with major depressive</p>

							<p>disorder, MDD; 24 with posttraumatic stress disorder, PTSD; 22 with somatic symptom disorder, SDD; and 31 healthy volunteers, HV), this study applied eye tracking in an emotion recognition paradigm. Reaction times, accuracy, and gaze behavior were analyzed for 4 different facial expressions as a function of self-reported childhood trauma and diagnosis. The aim was to investigate to what extent emotion processing is associated with (a) childhood trauma, (b) psychopathology, and (c) respective interacting effects. Results: Patients showed higher reaction times and error rates overall in classifying emotions than HVs, especially for the recognition of anger and fear. Individuals with a diagnosis of PTSD and MDD were particularly slow in their response to these emotions. Higher scores of reported childhood trauma were associated with faster responses for classifying anger and fear and slower initiation of eye movements for SSD, MDD, and HVs for anger. Conclusion: These findings indicate that childhood trauma may contribute to attentional and information-processing biases relevant for social interaction. Identifying individual social deficits offers implications for tailored therapeutic interventions. (PsyInfo Database Record (c) 2022 APA, all rights reserved)</p>
Flender, Jrgen	2019	Prsente Gegenwrtigkeit als Potenzial begabungsrderl icher Begegnungen	Gesprchspsych otherapie und Personzentrierte Beratung	50	1	24–30	<p>Vor dem Hintergrund verschiedener klassischer und neuerer psychologischer und psychotherapeutischer Theorien wird fr einen strkeren Fokus auf die Erfahrung von Gegenwrtigkeit und Beziehung im Rahmen der Begabungsrderung pldiert. Nach der Beschreibung allgemeiner hilfreicher Merkmale fr Beziehungen werden drei Potenzialebenen vorgestellt, auf denen Beziehung und Begegnung begabungsrderlich wirken kann: Die Ebene der Selbstbegegnung, der Begegnung mit anderen</p>

							Menschen sowie der (existenziell wirksamen) Begegnung mit einem Letzten, Unbedingten. Geschlossen werden die Ausfhrungen mit einem Beispiel aus der Praxis der Begabungsforderung an der Internatsschule Schloss Hansenberg.
Florence, Ana Carolina; Jordan, Gerald; Yasui, Silvio; Cabrini, Daniela Ravelli; Davidson, Larry	2021	"It Makes us Realize that We Have Been Heard": Experiences with Open Dialogue in Vermont	The Psychiatric quarterly	92	4	1771–1783	The Open Dialogue approach was developed in Finland as a form of psychotherapy and a way to organize mental health systems. Open Dialogue has drawn global interest leading to adaptations worldwide, including in Vermont-US where it is called Collaborative Network Approach. Our study aimed to investigate the experiences of families who received Collaborative Network Approach in two agencies in Vermont. Qualitative interviews were conducted with 17 persons receiving services. Seven themes emerged: 1) network focus, 2) decision-making, 3) structure of care, 4) use of reflections, 5) medications, 6) hospitalizations, 7) challenges. Our study provides evidence that CNA is well-received, appreciated, and for many people an empowering form of mental health care. The findings suggest that elements of Open Dialogue are highly consistent with the vision for recovery-oriented care, in that they are flexible, person-centered, encourage processes of negotiation, and highlight the importance of family and social supports in care.
Flückiger, Christoph; Caspar, Franz; Holtforth, Martin Grosse; Willutzki, Ulrike	2009	Working with patients' strengths: a microprocess approach	Psychotherapy research : journal of the Society for Psychotherapy Research	19	2	213–223	Previous research has supported the immediate activation of patients' strengths (resource activation) as an important change mechanism in psychotherapy. Two different studies of integrative cognitive-behavioral therapy (CBT) treatments demonstrated that fostered strengths-oriented CBT treatments were more effective than the control conditions. Within these two studies, the authors tested the effect of specific resource-activating strategies at the beginning of therapy (Sessions 2, 5, and

							8) using a pairwise matched control group design. The in-session processes were measured by video observer ratings (N=96 sessions). Results indicate that in the strengths-fostering treatments therapists and patients focus more strongly on patient competencies and personal goals in comparison to the control groups. These in-session processes have a direct impact on session outcome (particularly self-esteem, mastery, and clarification experiences). Results are discussed in regard to actively implementing resource-activating behavior as superordinate principles of change and their relevance for therapy outcome.
Flückiger, Christoph; Hilpert, Peter; Goldberg, Simon B.; Caspar, Franz; Wolfer, Christine; Held, Judith; VÍslá, Andreea	2019	Investigating the impact of early alliance on predicting subjective change at posttreatment: An evidence-based souvenir of overlooked clinical perspectives	Journal of Counseling Psychology	66	5	613–625	[Correction Notice: An Erratum for this article was reported in Vol 66(5) of Journal of Counseling Psychology (see record 2019-58882-002). In the article, a portion, $+Y_{40}ERit$, was omitted in the Model 3 formula. The corrected formula is presented in the erratum. All versions of this article have been corrected.] Despite meta-analytic evidence showing that alliance is associated with posttreatment outcomes, several open questions still remain regarding this relation. First, we investigate whether (or not) the progressive aggregation of early alliance assessments increases the alliance–outcome relation across 2 distress and 4 subjective change measures. Second, we investigate whether the alliance–outcome relations using subjective change measures are independent from intake distress and early response. Third, we explore whether the progressive aggregation of the alliance on outcomes becomes particularly apparent between or within therapists again investigating these six outcome measures. Data were drawn from N = 430 patients treated by N = 151 therapists. Patient ratings of early alliance were assessed

							<p>after Session 1 to 6. For outcome, 2 commonly used distress measures at intake and at posttreatment and 4 measures of retrospectively evaluated subjective change at posttreatment are integrated into a series of multilevel models. The proportion of variance in outcome predicted by alliance scores varied considerably depending on the number of alliance assessments which were aggregated, as well as on the type of outcome assessment (distress vs. subjective change measures) explaining up to 15% of outcome variance. Improvements in the strength of prediction with aggregated alliance assessments were most pronounced for subjective change measures for between-therapist components of the alliance. Examining associations with subjective change measures provides an additional, patient-centered perspective of the relation between early alliance and treatment outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Flynn, Maureen K.; Berkout, Olga V.; Bordieri, Michael J.	2016	Cultural considerations in the measurement of psychological flexibility: Initial validation of the Acceptance and Action Questionnaire-II among Hispanic individuals	Behavior Analysis: Research and Practice	16	2	81-93	<p>The aim of this study was to examine the psychometric properties of the Acceptance and Action Questionnaire-II (AAQ-II) among Hispanic college students (N = 104). Consistent with previous studies, the AAQ-II enjoyed excellent internal consistency in this sample and fit a 1-factor solution. However, different method effects than those used in previous investigations had to be used to obtain a proper fit. High psychological inflexibility was associated with higher symptoms of depression, anxiety, and stress and lower levels of life satisfaction and mindfulness. The AAQ-II added to prediction of life satisfaction and psychological distress above and beyond measures of mindfulness and thought suppression. This study provides initial evidence that the AAQ-II may be a valid and reliable measure in Hispanic college student</p>

							populations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Fonagy, Peter; Sleed, Michelle; Baradon, Tessa	2016	RANDOMIZED CONTROLLED TRIAL OF PARENT-INFANT PSYCHOTHERA PY FOR PARENTS WITH MENTAL HEALTH PROBLEMS AND YOUNG INFANTS	Infant mental health journal	37	2	97-114	ABSTRACT There is a dearth of good-quality research investigating the outcomes of psychoanalytic parent-infant psychotherapy (PIP). This randomized controlled trial investigated the outcomes of PIP for parents with mental health problems who also were experiencing high levels of social adversity and their young infants (<12 months). Dyads were clinically referred and randomly allocated to PIP or a control condition of standard secondary and specialist primary care treatment (n = 38 in each group). Outcomes were assessed at baseline and at 6-month and 12-month follow-ups. The primary outcome was infant development. Secondary outcomes included parent-infant interaction, maternal psychopathology, maternal representations, maternal reflective functioning, and infant attachment. There were no differential effects over time between the groups on measures of infant development, parent-infant interaction, or maternal reflective functioning. Infant attachment classifications, measured only at the 12-month follow-up, did not differ between the groups. There were favorable outcomes over time for the PIP-treated dyads relative to the control group on several measures of maternal mental health, parenting stress, and parental representations of the baby and their relationship. The findings indicate potential benefits of parent-infant psychotherapy for improving mothers' psychological well-being and their representations of their baby and the parent-infant relationship.
Fondren, Alana Harrison;		Horseshoe crabs and	Rorschachiana	41	2		Collaborative/Therapeutic Assessment (CTA; Finn, 2007) offers a person-centered approach to understanding

Jenkins, Sharon Rae		stingrays: A case study of interpersonal theory and multimethod collaborative/therapeutic assessment					clients' problems through mutual engagement with the client's experience of the data-gathering process. Key tenets of CTA include empowering the client to shape their own assessment questions and goals and connecting with the client in an empathic and meaningful manner. These tenets map onto the core domains of interpersonal theory – that is, agency and communion (Wiggins, 1996). Interpersonal theory can be utilized to conceptualize several different concerns that may arise through the client's questions during CTA, such as their interpersonal traits, problems, sensitivities, and so on. The present article provides a case conceptualization that utilizes contemporary integrative interpersonal theory (CIIT; Pincus, 2005) to conceptualize an assessment client who presented with symptoms of depression, anxiety, and gastrointestinal problems. Through a multimethod assessment approach grounded in the CTA and CIIT frameworks, the assessor gained a deeper understanding of how the client's presenting problems are tied to her interpersonal patterns. Finally, the present article explores how interpersonal processes that unfolded during the assessment sessions informed case conceptualization and treatment planning. The synthesis of CTA and CIIT offers promising avenues for new methods of understanding clients' questions through the lens of interpersonal relationships. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Fonzo, Gregory A.; Goodkind, Madeleine S.; Oathes, Desmond J.; Zaiko, Yevgeniya	2017	Selective Effects of Psychotherapy on Frontopolar Cortical	The American journal of psychiatry	174	12	1175–1184	OBJECTIVE Exposure therapy is an effective treatment for posttraumatic stress disorder (PTSD), but a comprehensive, emotion-focused perspective on how psychotherapy affects brain function is lacking. The authors assessed changes in brain function after

<p>V.; Harvey, Meredith; Peng, Kathy K.; Weiss, M. Elizabeth; Thompson, Allison L.; Zack, Sanno E.; Mills-Finnerty, Colleen E.; Rosenberg, Benjamin M.; Edelstein, Raleigh; Wright, Rachael N.; Kole, Carena A.; Lindley, Steven E.; Arnow, Bruce A.; Jo, Booil; Gross, James J.; Rothbaum, Barbara O.; Etkin, Amit</p>		<p>Function in PTSD</p>				<p>prolonged exposure therapy across three emotional reactivity and regulation paradigms.</p> <p>METHOD Individuals with PTSD underwent functional MRI (fMRI) at rest and while completing three tasks assessing emotional reactivity and regulation. Individuals were then randomly assigned to immediate prolonged exposure treatment (N=36) or a waiting list condition (N=30) and underwent a second scan approximately 4 weeks after the last treatment session or a comparable waiting period, respectively.</p> <p>RESULTS Treatment-specific changes were observed only during cognitive reappraisal of negative images. Psychotherapy increased lateral frontopolar cortex activity and connectivity with the ventromedial prefrontal cortex/ventral striatum. Greater increases in frontopolar activation were associated with improvement in hyperarousal symptoms and psychological well-being. The frontopolar cortex also displayed a greater variety of temporal resting-state signal pattern changes after treatment. Concurrent transcranial magnetic stimulation and fMRI in healthy participants demonstrated that the lateral frontopolar cortex exerts downstream influence on the ventromedial prefrontal cortex/ventral striatum.</p> <p>CONCLUSIONS Changes in frontopolar function during deliberate regulation of negative affect is one key mechanism of adaptive psychotherapeutic change in PTSD. Given that frontopolar connectivity with ventromedial regions during emotion regulation is enhanced by psychotherapy and that the frontopolar cortex exerts downstream influence on ventromedial regions in healthy individuals, these</p>
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							findings inform a novel conceptualization of how psychotherapy works, and they identify a promising target for stimulation-based therapeutics.
Forand, Nicholas R.; Feinberg, Jason E.; Barnett, Jeffrey G.; Strunk, Daniel R.	2019	Guided internet CBT versus "gold standard" depression treatments: An individual patient analysis	Journal of clinical psychology	75	4	581–593	<p>OBJECTIVE Guided, computerized cognitive behavioral therapy delivered over the internet (iCBT) is a promising treatment for depression. However, comparisons to "gold standard" treatments and comparators, such as structured psychotherapy, medications, or pill placebo are rare. We compare the results of an 8-week trial of guided iCBT to outcomes from two trials of depression treatment, Penn-Vandy and U. Washington, using individual patient data.</p> <p>METHOD We adjusted for sample differences by restricting the iCBT sample to randomised controlled trial (RCT) inclusion criteria and using propensity scores. Three separate samples were included in analyses: iCBT trial (N = 89), Penn-Vandy (N = 240), and U. Washington (N = 241). Continuous outcomes were analyzed with linear-mixed models and noninferiority analyses were conducted for iCBT versus the psychotherapy conditions. The primary outcomes were attrition, remission, and the Hamilton Rating Scale for Depression.</p> <p>RESULTS Dropout was greater in iCBT than in CT, medications, placebo (Penn-Vandy), and CT and BA (U. Washington), but the rates of remission were similar. In continuous analyses, iCBT was superior to placebo in both RCTs and most analyses indicated no difference between iCBT and the active treatments.</p> <p>CONCLUSIONS Guided iCBT appears not inferior to "gold standard" treatments for depression and is superior to placebo.</p>

							Weaknesses include a lack of randomization, unblinded assessments, and a shorter "frame of treatment" in the iCBT sample.
Forbat, Liz	2018	What can systemic psychotherapy offer clinical practice and public debates on assisted dying?	Journal of Family Therapy	40	3	413–427	
Forde, Caroline; Duvvury, Nata	2021	Survivor-led relational psychotherapy and embodied trauma: A qualitative inquiry	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	3	633–643	
Forni, Lui G.; Darmon, Michael; Schetz, Miet	2017	Renal replacement in 2050: from renal support to renal replacement?	Intensive care medicine	43	7	1044–1047	
Foroughe, Mirisse; Browne, Dillon T.; Thambipillai, Prakash; Cordeiro, Kristina; Muller, Robert T.	2023	Brief emotion-focused family therapy: A 12-month follow-up study	Journal of marital and family therapy	49	2	394–410	This study provides a 12-month follow-up evaluation of caregivers after participating in a 2-day Emotion-focused family therapy (EFFT) intensive, a brief intervention for caregivers of youth struggling with mental health difficulties. Caregivers (N = 498) of children (N = 337) completed measures of caregiver self-efficacy and child mental health difficulties 1 week before the intervention, immediately after the intervention, and at 4, 8, and 12-month follow-ups. Piecewise latent trajectory models revealed that parental self-efficacy showed a large

							immediate increase following the intervention, $\beta = 1.61$ (1.32, 2.14), and although this effect was attenuated by 4 months, $\beta = -0.77$ (-1.31, -0.52), it did not change further by 12 months. Reductions in child mental health difficulties were observed by 4 months, $\beta = -0.54$ (-0.77, -0.37), and remained stable through the 12-month follow-up. Caregivers reporting more increases in self-efficacy also reported greater reductions in their children's symptoms at 4 and 12 months.
Foroughe, Mirisse; Stillar, Amanda; Goldstein, Laura; Dolhanty, Joanne; Goodcase, Eric T.; Lafrance, Adele	2019	Brief Emotion Focused Family Therapy: An Intervention for Parents of Children and Adolescents with Mental Health Issues	Journal of marital and family therapy	45	3	410–430	This study evaluated the 2-day intensive modality of Emotion Focused Family Therapy (EFFT). The intervention attempts to prepare parents to take a primary role in their child's recovery from a range of mental health issues. One hundred and twenty-four parents completed the intervention and provided data a week prior to intervention, post-intervention and at 4-month follow-up. Results include significantly reduced parent blocks and increased parental self-efficacy in relation to involvement in their child's recovery, as well as significant improvement in child symptomatology. The findings confirm positive results from an earlier pilot study involving eating disorders and demonstrate the potential for EFFT as an intervention for a range of clinical problems in children and youth.
Forrest, Lauren N.; Franko, Debra L.; Thompson-Brenner, Heather; Grilo, Carlos M.	2023	Examining changes in binge-eating disorder network centrality and structure in patients treated with cognitive-	The International journal of eating disorders	56	5	944–955	OBJECTIVE A sizeable minority of patients with binge-eating disorder (BED) do not fully respond to evidence-based treatments. Evidence to guide refinements of treatments is needed. Conceptualizing BED as arising from a network of symptom-to-symptom interactions allows for identification of the most strongly connected symptoms, which could inform intervention targets. This study estimated networks of BED features at pretreatment and

		<p>behavioral therapy versus interpersonal psychotherapy</p>				<p>posttreatment to assess whether cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) differentially impacted the interrelationships of BED symptoms/features.</p> <p>METHODS Participants were 392 adults (83% women, 88% white) with BED who received CBT (n = 236) or IPT (n = 156) and assessed at pretreatment and posttreatment. Networks were estimated across timepoints and treatments. Expected influence (EI) was calculated; symptoms with the highest EI have the most strong and frequent associations with other symptoms. We also assessed whether the symptoms with the highest and lowest EI predicted posttreatment remission indicators.</p> <p>RESULTS In the CBT and IPT networks, shape concern, weight concern, and eating concern had the highest EI at pretreatment and posttreatment. EI significantly increased from pretreatment to posttreatment for some symptoms in CBT but did not change for any symptoms in IPT. Shape concern significantly and positively predicted BED remission indicators in CBT and IPT.</p> <p>CONCLUSIONS CBT and IPT similarly impacted interrelations among BED features. Pretreatment EI predicted posttreatment remission indicators, indicating that pretreatment centrality could signal meaningful intervention targets. Clinical implications and avenues for future research are discussed including how personalized network analysis may advance the understanding of the clinical utility of centrality.</p> <p>PUBLIC SIGNIFICANCE Cognitive behavioral therapy and interpersonal therapy</p>
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							for binge-eating disorder, which are two leading evidence-based treatments for binge-eating disorder that are quite different in their models and approaches, similarly impacted interrelations among binge-eating disorder symptoms. In addition, the most strongly interconnected symptom predicted indicators of remission. Studying the interrelations among symptoms may provide new insight on how treatments impact symptom relationships and inform intervention targets.
Fortmeier, Paul; Winter, Elena	2017	"An der Schnittstelle von Person und Organisation"	Gesprchpsych otherapie und Personzentrierte Beratung	48	1	8-10	Im Gesprch mit Paul Fortmeier werden aktuelle Trends in der Supervision betrachtet. Zum einen werden fachliche und strukturelle Herausforderungen beleuchtet, zum anderen wird der Beitrag des personzentrierten Ansatzes fr die Entwicklung der Supervision diskutiert.
Fortney, John C.; Rajan, Suparna; Chen, Jessica A.; Campbell, Sarah B.; Nolan, John P.; Wong, Edwin; Sayre, George; Petrova, Valentina; Simons, Carol E.; Reisinger, Heather S.; Schnurr, Paula P.	2023	A mixed-methods evaluation of why an implementation trial failed to engage veterans with posttraumatic stress disorder in trauma-focused psychotherapy	J. Traum. Stress (Journal of Traumatic Stress)	36	4	762-771	Abstract An effectiveness trial found that telemedicine collaborative care for posttraumatic stress disorder (PTSD) significantly increased engagement in trauma-focused psychotherapy (TFP) and improved PTSD symptoms. However, in a subsequent implementation trial, very few veterans enrolled in collaborative care initiated TFP. We conducted a mixed-methods evaluation to determine why veterans did not initiate TFP in the implementation trial. After conducting chart reviews of 1,071 veterans with PTSD enrolled in collaborative care, patients were categorized into four mutually exclusive TFP groups: TFP not discussed; TFP discussed, declined; TFP discussed, did not decline; and TFP initiated. We conducted semistructured interviews with 43 unique patients and 58 unique providers (i.e., care managers and mental health specialists). Almost half (48.6%) of the veterans had no documentation of discussing TFP with their care manager; another 28.9% discussed it but declined. Most veterans (77.1%) had an encounter with a

							<p>mental health specialist, 36.8% of whom never discussed TFP, and 35.7% of whom discussed it but declined. Providers reported that many veterans were not able, willing, or ready to engage in TFP and that non-trauma-focused therapies were better aligned with their treatment goals. Veterans gave numerous reasons for not initiating TFP, including having bad prior experiences with TFP and wanting to avoid thinking about past traumatic experiences. Commonly cited reasons for noninitiation were providers never discussing TFP with veterans and veterans declining TFP after discussing it with their provider. Interventions, such as shared decision-making tools, may be needed to engage providers and patients in informed discussions about TFP.</p>
Fosha, Diana; Thoma, Nathan	2020	Metatherapeutic processing supports the emergence of flourishing in psychotherapy	Psychotherapy		19 39- 15 36(Ele ctr oni c), 00 33- 32 04(Pri nt)	323–339	<p>Psychotherapy has primarily focused on ameliorating symptoms and psychopathology. This is in contrast to positive psychology, which has focused on bringing about what Keyes (2002) has called “flourishing.” Accelerated experiential dynamic psychotherapy (AEDP) seeks to bridge the two traditions by both relieving suffering through processing painful negative emotions to completion and then going on to foster flourishing, in session and beyond, through a technique called metatherapeutic processing. After a brief summary of the AEDP approach, the aim of this article is to elaborate specifically on metatherapeutic processing, where a focus on savoring and exploring the positive affects that accompany the change process itself can set into motion an upward spiral of positive affect that broadens and builds the treatment’s effectiveness. We provide a how-to primer on metatherapeutic processing as well as annotated transcript material from three cases to illustrate the application of the technique. We describe</p>

							how metatherapeutic processing can organically foster, from the bottom-up, positive feeling states labeled transformational affects, such as gratitude, love, hope, curiosity, and zest, freeing up these vital energies that were latent within the client. We go on to propose that although metatherapeutic processing was conceived of within the framework of AEDP, it is a technique that can be integrated into a wide variety of psychotherapies, to activate flourishing in session and beyond. (PsyInfo Database Record (c) 2020 APA, all rights reserved)
Fox, Erin; Economos, Alexa; Potvin, Noah	2022	Assessment and Clinical Decision-Making During Imminent Death in Hospice Music Therapy	Journal of music therapy	59	1	6-35	Assessment is a critical aspect of treatment planning, and while there exist standards for facilitating music therapy assessments in a variety of clinical settings, no such standards exist for music therapists in hospice and palliative care. This gap in knowledge, which limits music therapists' ability to provide patients and caregivers best practices promoting supported movement through the dying process, becomes particularly problematic when assessing patients who are imminently dying with a 24-72 hour prognosis. To further develop and define assessment and clinical decision-making processes used by music therapists in hospice and palliative care, the authors used a constructivist grounded theory and situational analysis methodology to analyze interviews of 15 hospice music therapists. The resulting theoretical model describes an ongoing process of assessment and clinical decision-making shaped by participants' individual epistemologies. Epistemologies were comprised of 5 ways of knowing, which were termed experiential, personal, musical, ethical, and integral, and provided participants critical foundations for their practice. The results support a development of a model for reflective

						practice as well as continued research on epistemological foundations of clinical practice.
Fraire, Amy; Tiwari, Dhriti; Hinger, Cassandra; Leeper, Emily; Agorsor, Courtney; Hughitt, Rachel; Coleman, Jeremy; Sinha, Sree; Porter, Emma Freetly; DeBlaere, Cirleen; Davis, Don E.; Owen, Jesse	2023	Observer and client perceptions of therapist multicultural orientation in a jail setting	Journal of Psychotherapy Integration	33	4	Few studies have examined cultural factors in the context of jail-based psychotherapy. Given that incarcerated populations often consist of larger proportions of racial/ethnic minoritized groups and lower socioeconomic status individuals, more culturally oriented services could improve treatment outcomes. The multicultural orientation (MCO) framework could maximize psychotherapy outcomes with this clinical population; however, previous research has not examined MCO in a jail-based treatment setting. Additionally, research has historically utilized client and therapist perspectives of therapeutic alliance and cultural processes during psychotherapy, with observer perspectives receiving minimal attention. This study contributes to existing literature on jail-based psychotherapy and therapist MCO by investigating client and observer perspectives of therapists' demonstration of cultural humility, missed cultural opportunities (i.e., a therapist's engagement in cultural discussions during session), and therapeutic alliance. Fifty-eight adult (M = 35.18 years; SD = 10.52) clients participated in this study. Participants were predominately men (84.5%) and self-identified as White (27.6%), Multiracial (24.1%), African American/Black (20.7%), or Latine/Hispanic (20.7%). Results indicated that both clients and observers indicated a stronger therapeutic alliance if they perceived the therapist as more culturally humble. Clients indicated lower alliance when they perceived the therapist to have missed more cultural opportunities during session. There was no relationship between client and observer ratings of therapist cultural humility, missed cultural

						opportunities, or therapeutic alliance. This study provides evidence regarding the potential utility of comparing client and observer perspectives of therapeutic alliance and cultural processes in psychotherapy, as well as contributes to the scarcity of research on psychotherapy treatment in jail settings. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Francesetti, Gianni; Gecele, Michela; Roubal, Jan	2016	Gestalttherapie in der klinischen Praxis. Von der Psychopathologie zur Sthetik des Kontakts				In einem Handbuch wird umfassend über die Gestalttherapie in der klinischen Praxis informiert. Neben deren grundlegenden Prinzipien werden spezifische Kontexte, spezifische Lebenssituationen und spezifische klinische Leiden in den Blick genommen. - Inhalt: (A) Grundlegende Prinzipien der Gestalttherapie in der klinischen Praxis. (1) Margherita Spagnuolo Lobb: Grundlagen und Entwicklung der Gestalttherapie im Kontext der Gegenwart. Kommentar von Gordon Wheeler. (2) Gianni Francesetti, Michela Gecele und Jan Roubal: Psychopathologie: Ein Gestalttherapeutischer Ansatz. Kommentar von Peter Philippson. (3) Jan Roubal, Michela Gecele und Gianni Francesetti: Diagnostik: Ein Gestalttherapeutischer Ansatz. Kommentar von Antonio Sichera. (4) Margherita Spagnuolo Lobb: Entwicklungsperspektive in der Gestalttherapie: Die polyphone Entwicklung von Bereichen. Kommentar von Ruella Frank. (5) Dan Bloom: Situative Ethik und die ethische Welt der Gestalttherapie. Kommentar von Richard E. Lompa. (6) Ken Evans: Forschung und Gestalttherapie. Kommentar von Leslie Greenberg. (7) Jan Roubal und Elena Krivkov: Die Kombination von Gestalttherapie und psychiatrischer Behandlung. Kommentar von Brigitte Lapeyronnie-Robine. - (B) Spezifische Kontexte und fokussierende Betrachtungen. (8) Giovanni Salonia: Sozialer Kontext und

						<p>Psychotherapie. Kommentar von Philip Lichtenberg. (9) Stefan Blankertz: Die politische Dimension der Gestalttherapie. Kommentar von Lee Zevy. (10) Michela Gecele: Multikulturelle Kontexte leben. Kommentar von Talia Bar-Yospeh Levine. (11) Giovanni Salonia: Gestalttherapie und Entwicklungstheorien. Kommentar von Peter Mortola. (12) Jean-Marie Robine: Scham. Kommentar von Ken Evans. - (C) Spezifische Lebenssituationen. (13) Nurith Levi: Der goldene Kfig der kreativen Anpassung: Psychotherapie mit Kindern und Jugendlichen - ein gestalttherapeutischer Ansatz. Kommentar von Neil Harris. (14) Frans Meulmeester: Das Risiko der Psychopathologie im Alter. Kommentar von Martine Bleeker. (15) Carmen Vzquez Bandin: Verlust und Trauer. Manchmal lsst die Abwesenheit eines einzigen Menschen die ganze Welt leer erscheinen. Kommentar von Gonzague Masquelier. (16) Ivana Vidakovic: Die Macht des "Vorwrtsgehens". Trauma-Behandlung - ein gestalttherapeutischer Ansatz. Kommentar von Willi Butollo. (17) Dave Mann: Einschtzung des Suizidrisikos. Kommentar von Jelena Zeleskov Djoric. - (D) Spezifische klinische Leiden. (18) Frans Meulmeester: "Nach was sieht's denn aus?" Demenz - ein gestalttherapeutischer Ansatz. Kommentar, von Katerina Siampani. (19) Philip Brownell und Peter Schulthess: Abhngiges Verhalten. Kommentar von Nathalie Casabo. (20) Gianni Francesetti und Margherita Spagnuolo-Lobb: Jenseits der Sulen des Herakles. Psychotisches Erleben aus gestalttherapeutischer Perspektive. Kommentar von Gary Yontef. (21) Gianni Francesetti und Jan Roubal: Ein gestalttherapeutischer Ansatz bei der Behandlung von Depressionen. Kommentar von Joe Melnick. (22) Michela Gecele: Bipolares Erleben. Kommentar von Daan van</p>
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							<p>Baalen. (23) Jean-Marie Robine: Angst in der Situation: Strungen der Gestaltkonstruktion. Kommentar von Myriam Munoz Polit. (24) Gianni Francesetti: Panikattacken - Eine gestalttherapeutische Perspektive. Kommentar von Nancy Amendt-Lyon. (25) Giovanni Salonia: Gestalttherapie bei phobisch-zwanghaften Beziehungsstilen. Kommentar von Hans Peter Dreitzel. (26) Elisabetta Conte und Maria Mione: Anorexie, Bulimie und Hyperphagie: Dramatische Formen weiblicher Kreativitt. Kommentar von Irina Lopatukhina. (27) Oleg Nemirinskiy: Psychosomatische Strungen - Ein gestalttherapeutischer Ansatz. Kommentar von Giuseppe laculo. (28) Nancy Amendt-Lyon: Beziehungsorientierte sexuelle Themen: Liebe und Begierde im Kontext. Kommentar von Marta Helliesen. (29) Michela Gecele: Persnlichkeitsstrungen. Diagnostische und soziale Bemerkungen. (30) Margherita Spagnuolo Lobb: Borderline: Die Wunde der verletzten Grenze. Kommentar von Christine Stevens. (31) Giovanni Salonia: Von der Groartigkeit des Bildes zur Ffle des Kontakts. Gedanken zu Gestalttherapie und narzisstischem Erleben. Kommentar von Bertram Mller. (32) Sergio La Rosa: Hysterie: Formale Definition und neuer Ansatz zu einem phnomenologischen Verstdnis. Eine psychopathologische Neubewertung. Kommentar von Valeria Conte. (33) Dieter Bongers: Gewaltttiges Verhalten. Kommentar von Bernhard Thosold und Beatrix Wimmer.</p>
Francis, Emma R.; Smith, Jared G.; Qayyum, Mustabshira; Lee, Jessica;	2020	Biographical films as a person-centered approach to	Journal of clinical psychology	76	1	137-145	<p>OBJECTIVE: Neuropsychiatric symptoms are a major component of dementia irrespective of severity or subtype. We aimed to determine the feasibility of biographical films to reduce neuropsychiatric symptoms in people with moderate to severe dementia over a 32-</p>

Woodgate, Philip; Lawrence, Robert M.		reduce neuropsychiatric symptoms of dementia in residential care: A feasibility study					week period. METHOD: A total of 11 people with dementia situated in a residential care home took part in this mixed-method feasibility study. Carers reported neuropsychiatric symptoms of residents at three time-points, and their experience of the study was obtained at a feedback session. RESULTS: There was a significant reduction in neuropsychiatric symptoms in residents with neuropsychiatric impairment from baseline to the end of study ($p = .042$; $d = .98$). Thematic analysis identified three major themes: Triggered memories, knowledge gained to support care, and perceived changes in the resident. CONCLUSION: The findings suggest that it is feasible to use biographical films long-term to reduce neuropsychiatric symptoms of dementia, alongside routine care.
Franke, Irina; Speiser, Oskar; Dudeck, Manuela; Streb, Judith	2020	Clinical Ethics Support Services Are Not as Well-Established in Forensic Psychiatry as in General Psychiatry	Frontiers in psychiatry	11		186	Background: Mental health care professionals deal with complex ethical dilemmas that involve the principles of autonomy, justice, beneficence, and non-maleficence. Such dilemmas are even more prominent in forensic mental health care, where the restriction of personal rights is legitimated not only by patient well-being but also by public safety interests. Little is known about either the use of formal ethics support services or specific ethical needs in forensic mental health care. Knowledge about the current structures and how they compare with those in general psychiatry would help to identify the most important ethical issues and to analyze whether there are unmet needs that might require specific ethics support. Methods: We performed a survey study in all general psychiatric and forensic psychiatric inpatient departments in Germany. The aims were to compare the availability and functioning of clinical ethics structures and to identify specific ethical needs in inpatient forensic

							and general mental health care. Results: Clinical ethics support was available in 74% of general psychiatric hospitals but in only 43% of all forensic psychiatric hospitals and 25% of those offering treatment for offenders with substance use disorders. Most ethics support services were interdisciplinary. The most frequently requested retrospective and prospective ethics consultations were on issues of omission and termination of treatment, coercive measures, and advance directives. Among the hospitals without access to ethics support, 71% indicated a need for training in ethics. Discussion: Our results show that ethics consultation is well established in general psychiatry, but less so in forensic psychiatry. Mental health care professionals in forensic psychiatry seem to have a need for ethics support and training in clinical ethics. We also found a difference in access to ethics structures between hospitals that treat mentally disordered offenders and those that treat offenders with substance use disorders. Further research should focus on how ethics support can be comprehensively implemented in forensic mental health care and how this might improve treatment quality and patient and staff well-being.
Franke, Thomas	2022	Wenn neue Wege sichtbar werden . Ein Erlebnisbericht von den Focusing-Wochen Achberg 2022	Gesprchspsych otherapie und Personzentrierte Beratung	53	4	16-17	In dem Erlebnisbericht werden die Focusing-Wochen Achberg 2022 aus einer persnlichen Perspektive beschrieben.
Franke, Thomas	2023	Den Blick weit halten. Zum	Gesprchspsych otherapie und	54	4	13	Kein Abstract verf gbar.

		Artikel "Das Fundament des Personzentrierten Ansatzes" von Arne Klein in Ausgabe 3/2023	Personzentrierte Beratung				
Frankish, Pat	2021	Psychotherapy and Attachment Dynamics in People with Intellectual Disabilities				130–150	Summary This chapter provides a personal overview of what has happened in the provision of attachment-based psychotherapy for people with intellectual disabilities (ID) over the last 30 years. It includes descriptions of the approaches and models of understanding that have informed and helped the author's work. There is a distinction to be made between psychotherapy that is provided on an individual, one-to-one basis, psychotherapy provided on a group basis and a psychotherapeutic environment that is provided on an indirect basis with an organizational focus. Organizational approaches are more commonly used with people with more severe disabilities. People with limited cognitive and language abilities have a range of emotions that need an opportunity for expression. An attachment-based intervention, whether it is individual therapy or something less direct, has been shown to be effective and should be accessible to everyone who would benefit from it.
Frankl, Viktor E.	2017	Wer ein Warum zu leben hat. Lebenssinn und Resilienz					Lebenssinn und Resilienz stehen im Mittelpunkt der von V. Frankl (1905 bis 1997) begründeten Logotherapie, seiner Auseinandersetzung mit Holocaustüberlebenden und seiner kritischen Haltung gegenüber der inneren Leere der modernen Konsumgesellschaft. Quasi als Einladung zur Neuentdeckung des großen Humanisten werden Texte von Frankl aus sechs Jahrzehnten dokumentiert. Sie zeigen den Brückenschlag auf, den Frankl zwischen Psychologie und philosophischer Lebenskunst vollzogen hat. - Inhalt:

						<p>(1) Wer ein Warum zu leben hat, ertrgt fast jedes Wie. (2) Vorwort zur Neuauflage. (3) Vorwort zur Erstausgabe. - (A) Texte aus sechs Jahrzehnten. (4) Zur geistigen Problematik der Psychotherapie. (5) Seelenärztliche Selbstbesinnung. (6) Philosophie und Psychotherapie. Zur Grundlegung einer Existenzanalyse. (7) Zur medikamentösen Unterstützung der Psychotherapie bei Neurosen. (8) Psychologie und Psychiatrie des Konzentrationslagers. (9) Rudolf Allers als Philosoph und Psychiater. (10) Psychologisierung - oder Humanisierung der Medizin? (11) Die Begegnung der Individualpsychologie mit der Logotherapie. (12) Hunger nach Brot - und Hunger nach Sinn. (13) Der Mensch auf der Suche nach einem letzten Sinn. (14) In memoriam 1938. (15) Bemerkungen zur Pathologie des Zeitgeistes. (B) Grundriss der Existenzanalyse und Logotherapie. (16) Existenzanalyse als Explikation personaler Existenz. Dimensionalontologie. (18) Existenzanalyse als Therapie kollektiver Neurosen. Das existentielle Vakuum. (19) Logotherapie als ärztliche Seelsorge. Metaklinische Pathologisierung (20) Logotherapie als spezifische Therapie neurogener Neurosen. (21) Logotherapie als unspezifische Therapie.</p>
Franqu, Fritjof von; Schmidt, Claudia	2023	Klärungsorientierte Psychotherapie				<p>Im nachfolgenden Kapitel errtern wir die Anwendungsmöglichkeiten der Klärungsorientierten Psychotherapie (KOP) als ein Psychotherapieverfahren im forensischen Kontext. Wir skizzieren zunächst die Grundlagen der KOP und stellen beispielhaft ausgewählte Interventionen vor, um im zweiten Teil kurz die inhaltlichen Besonderheiten einer forensischen Psychotherapie zu charakterisieren. Anhand der jeweiligen Kategorien von dynamischen Risikofaktoren bei Gewalt- und Sexualdelinquenz stellen wir konkret dar, wie</p>

							die hier vorgestellten Interventionen forensisch-therapeutisch genutzt werden können. Abschließend diskutieren wir, welche Aspekte einer forensischen Psychotherapie durch die KOP gut abgedeckt werden, welche allerdings auch offen bleiben und ggf. durch Interventionen anderer Anstze ergänzt werden müssen. (c) Der/die Autor(en), exklusiv lizenziert an Springer Fachmedien Wiesbaden GmbH
Franqu, Fritjof von; Schwarze, Claudia	2021	Klrungsorientierte Psychotherapie und Forensische Psychotherapie	Forensische Psychiatrie und Psychotherapie	29	1	42–64	Erörtert werden die Anwendungsmöglichkeiten der Klrungsorientierten Psychotherapie (KOP) im forensischen Kontext. Zunächst wird ein Klassifikationsmodell therapeutischer Interventionen vorgestellt, in das sich die spezifischen Strategien der KOP einordnen lassen. Anschließend werden für jede Ebene des Modells Interventionen benannt, die im Rahmen der KOP entwickelt oder ergänzt wurden, ohne diese jedoch im Einzelnen zu konkretisieren. Stattdessen wird auf die entsprechende Literatur verwiesen. Im dritten Teil der Arbeit werden die inhaltlichen Besonderheiten forensischer Psychotherapie skizziert, wobei eine Fokussierung auf Gewalt- und Sexualdelinquenz erfolgt. Anhand der jeweiligen Kategorien von dynamischen Risikofaktoren wird dann dargestellt, welche Strategien der KOP während einer forensischen Psychotherapie genutzt werden können. Abschließend wird diskutiert, welche Aspekte einer forensischen Psychotherapie durch die KOP gut abgedeckt werden und welche offen bleiben und ggf. durch Interventionen anderer Anstze ergänzt werden müssen.
Frantz, Inga; Pedersen, Anya; Lincoln, Tania M.	2018	Psychotherapeutische Behandlungsan	Psychotherapeut	63	4	329–347	Zur Behandlung von psychotischen Störungen wird in vielen Leitlinien - neben der medikamentösen Therapie - Psychotherapie empfohlen. In der aktuellen Leitlinie der Deutschen Gesellschaft für Psychologie wurde die

		stze bei Psychosen					Wirksamkeit folgender psychotherapeutischer Verfahren bewertet: psychodynamische Therapie, Gesprächspsychotherapie, kognitive Verhaltenstherapie (KVT, einschließlich der "Dritte-Welle"-Verfahren), Psychoedukation, verschiedene Fertigkeitentrainings und Familieninterventionen. Diese Verfahren werden im vorliegenden Beitrag vorgestellt, und ihre empirische Evidenz im Hinblick auf verschiedene Zielvariablen wird beleuchtet. Als Therapieverfahren mit überzeugender Evidenzbasis erweisen sich die KVT zur Reduktion der Symptomatik und psychoedukative Familieninterventionen mit Fertigkeitentrainings zur Verringerung der Rückfallwahrscheinlichkeit. Konkrete Empfehlungen zur Indikationsstellung werden abgeleitet und das therapeutische Vorgehen anhand von Beispielen konkretisiert.
FREDERIKSEN, CHRISTINA; SOLBAKKEN, O. ANDRÉL.E.; LICHT, RASMUS W.; JØRGENSEN, CARSTEN RENÉ; RODRIGO-DOMINGO, MARIA; KJAERSDAM TELLÉUS, G. R.Y.	2021	Emotional dysfunction in avoidant personality disorder and borderline personality disorder: A cross-sectional comparative study	Scandinavian J Psychology (Scandinavian Journal of Psychology)	62	6	878–886	According to the literature, avoidant personality disorder (APD) is often overlooked in research on personality disorders. In the present study, patients with APD were compared to patients with borderline personality disorder (BPD) with respect to emotional dysfunction. Emotional dysfunction was operationalized through the Affect Integration Inventory. Sixty-one patients receiving treatment at specialized outpatient hospital facilities for either BPD (n=?25) or APD (n=?36) (Diagnostic and Statistical Manual of Mental Disorders, fifth edition) were included in a cross-sectional study. Supporting our expectations of no difference in the global capacity for affect integration between groups, the estimated difference was 0.00 (95% confidence interval [CI] [?0.53, 0.53]). On the other hand, the expected increased dysfunction in APD regarding Expression could not be confirmed. Furthermore, problems with specific affects

							distinguished the groups; integration of Interest was worse in APD ($p=?0.01$), whereas integration of Jealousy was worse in BPD ($p=?0.04$). In terms of prototypical modes of experiencing affects, APD was characterized by decreased access to the motivational properties of Interest ($p?<?0.01$), while BPD was more driven by Interest ($p?<?0.01$), Anger ($p?<?0.01$), and Jealousy ($p?=?0.01$). In conclusion, even though the two disorders are characterized by similar overall levels of emotional dysfunction, they differ systematically and predictably regarding specific affects and modes of experiencing. These findings carry implications for the understanding of emotional dysfunction in APD and BPD, suggesting specific areas of emotional dysfunction that could be targeted in tailored psychotherapeutic interventions.
Frei-Landau, Rivi; Tuval-Mashiach, Rivka; Silberg, Tamar; Hasson-Ohayon, Ilanit	2020	Attachment to God as a mediator of the relationship between religious affiliation and adjustment to child loss	Psychological Trauma: Theory, Research, Practice, and Policy	12	2	165–174	Objectives: The loss of a child is a traumatic life event. While bereavement research has examined the roles of both interpersonal attachment and religiosity in coping with loss, only a handful of studies have addressed the concept of attachment to God (ATG). The current study examined ATG's role as a mediator in the relationship between religious affiliation (RA) and adjustment to child loss. Method: Seventy-seven bereaved parents (68% women; average age, 55 years) were administered questionnaires referring to RA, ATG, and adjustment to loss (Two-Track Bereavement Questionnaire-TTBQ_70). Results: The hypothesized mediation model was confirmed. Conclusions: The findings highlight the need to examine internal religion-related variables, such as ATG, while addressing religion and loss. From a clinical perspective, the findings may help therapists implement culturally sensitive practice as a part of spiritually informed psychotherapy. Enhancing therapists' familiarity

						with the client's internal constructs will enable a better evaluation and accommodation of therapy when working with bereaved parents. (PsycINFO Database Record (c) 2020 APA, all rights reserved)	
Freire, Elizabeth; Williams, Christopher; Messow, Claudia-Martina; Cooper, Mick; Elliott, Robert; McConnachie, Alex; Walker, Andrew; Heard, Deborah; Morrison, Jill	2015	Counselling versus low-intensity cognitive behavioural therapy for persistent sub-threshold and mild depression (CLICD): a pilot/feasibility randomised controlled trial	BMC psychiatry	15		197	<p>BACKGROUND</p> <p>Persistent depressive symptoms below the threshold criteria for major depression represent a chronic condition with high risk of progression to a diagnosis of major depression. The evidence base for psychological treatments such as Person-Centred Counselling and Low-Intensity Cognitive Behavioural Therapy for sub-threshold depressive symptoms and mild depression is limited, particularly for longer-term outcomes.</p> <p>METHODS</p> <p>This study aimed to test the feasibility of delivering a randomised controlled trial into the clinical and cost effectiveness of Low-Intensity Cognitive Behavioural Therapy versus Person-Centred Counselling for patients with persistent sub-threshold depressive symptoms and mild depression. The primary outcome measures for this pilot/feasibility trial were recruitment, adherence and retention rates at six months from baseline. An important secondary outcome measure was recovery from, or prevention of, depression at six months assessed via a structured clinical interview by an independent assessor blind to the participant's treatment condition. Thirty-six patients were recruited in five general practices and were randomised to either eight weekly sessions of person-centred counselling each lasting up to an hour, or up to eight weeks of cognitive-behavioural self-help resources with guided telephone support sessions lasting 20-30 minutes each.</p> <p>RESULTS</p>

							<p>Recruitment rate in relation to the number of patients approached at the general practices was 1.8 %. Patients attended an average of 5.5 sessions in both interventions. Retention rate for the 6-month follow-up assessments was 72.2 %. Of participants assessed at six months, 71.4 % of participants with a diagnosis of mild depression at baseline had recovered, while 66.7 % with a diagnosis of persistent subthreshold depression at baseline had not developed major depression. There were no significant differences between treatment groups for both recovery and prevention of depression at six months or on any of the outcome measures.</p> <p>CONCLUSIONS</p> <p>It is feasible to recruit participants and successfully deliver both interventions in a primary care setting to patients with subthreshold and mild depression; however recruiting requires significant input at the general practices. The evidence from this study suggests that short-term Person-Centred Counselling and Low-Intensity Cognitive Behaviour Therapy are potentially effective and their effectiveness should be evaluated in a larger randomised controlled study which includes a health economic evaluation.</p> <p>TRIAL REGISTRATION</p> <p>Current Controlled Trials ISRCTN60972025 .</p>
Freiwald, Anja; Quiring, Juliane; Neuse, Yvonne	2018	ber den Umgang mit therapeutischen Anliegen in der Beratung Studierender	Verhaltenstherapie und psychosoziale Praxis	50	3	601-616	<p>Nach einer theoretischen Einfhrung in die berscheidungen und die Grenzen zwischen Beratung und Therapie wird anhand von zwei Beispielen dargestellt, wie in der Beratung von Studierenden mit therapeutischen Anliegen bzw. Bedarfen umgegangen werden kann. Dabei wird deutlich, wie drei wesentliche Aspekte des Lerncoaching-Angebots an der Ostfalia Hochschule fr angewandte Wissenschaften,</p>

							Fachhochschule Braunschweig/Wolfenbüttel - (1) der niedrigschwellige Zugang, (2) die hohe Flexibilität bei der zeitlichen Gestaltung sowie (3) die anliegenorientierte und personenzentrierte Vorgehensweise der Lerncoaches - dazu beitragen, dass betroffene Studierende ihren therapeutischen Bedarf im beratenden Prozess erkennen und gegebenenfalls weitere Schritte einleiten können. Durch diese wichtige "Trichter"-Funktion des Lerncoachings werden Befürchtungen gegenüber einer therapeutischen Behandlung und deren Folgen für das eigene Studium und die berufliche Zukunft abgebaut und neue Wege und Lösungen eröffnet.
Freudenberg, David; Weiland-Heil, Karoline; Sachse, Rainer	2018	Effekte klerungsorientierter Psychotherapie bei Klientinnen und Klienten mit Persönlichkeitsstörungen					Die Effektivität der klerungsorientierten Psychotherapie (KOP) bei Klientinnen und Klienten mit Persönlichkeitsstörungen wird untersucht. Dabei wurden zwei Hypothesen überprüft: (1) Die KOP ist eine effektive Therapieform für die Behandlung von Interaktionsstörungen (IS). (2) Das Ausmaß interpersoneller Probleme kann durch ein negatives Selbstschema vorhergesagt werden. Das Selbstschema ist hierbei durch niedrige Selbstakzeptanz und eine geringe Selbstwirksamkeitserwartung operationalisiert. Ausgewertet wurden Fragebogendaten (Pr-Post-Vergleich) von 688 Klienten einer Institutsambulanz für Psychotherapie (narzisstischer IS N=110, für erfolglose narzisstische IS N=207, für histrionische IS N=160, erfolglos histrionische IS N=162, dependente IS N=48). Insgesamt betrachtet konnten vorherige Befunde der Effektivitätsforschung hinsichtlich der Effektivität der KOP bei IS in der Pr-Post-Testung repliziert werden. Es wurden signifikante Ergebnisse für alle eingesetzten Inventare und ebenfalls mittlere bis hohe Effektstärken gefunden. In Bezug auf die formulierte Fragestellung nach einem regressiven Zusammenhang

							zwischen interpersonellen Problemen und einem negativen Selbstschema zeigte sich ein signifikant negativer Zusammenhang mit ausreichend erklärter Varianz von 39 Prozent. Demnach lie sich für die vorliegende Stichprobe der Schluss ziehen: Je stärker negative Selbstschema der Klienten mit diagnostizierter IS ausgeprägt sind, operationalisiert durch die Selbstwirksamkeitserwartung und Selbstakzeptanz, desto größer sind interpersonelle Probleme.
Frhlich-Gildhoff, Klaus; Rnnau-Bse, Maike	2018	Resilienz, Resilienzfrderung und Personenzentrierter Ansatz	Gesprchpsychotherapie und Personenzentrierte Beratung	49	2	62–68	Aufgezeigt werden die grundlegenden Aspekte des Resilienzkonzeptes, seine Bezüge zum personenzentrierten Ansatz und seine praktische Umsetzung in Form eines Präventionsprogramms für Kindertageseinrichtungen und Grundschulen. Die Entwicklung von Resilienz resultiert der vorgenommenen Definition folgend aus einem Zusammenspiel von Schutz- und Risikofaktoren, die zu einer erfolgreichen Bewältigung von Entwicklungsaufgaben, Krisen und Belastungen führen. Sechs Resilienzfaktoren werden hierbei aufgeführt und Parallelen zum personenzentrierten Ansatz herausgearbeitet. Darauf aufbauend wird ein Mehrebenenansatz zur Resilienzfrderung von Kindern vorgestellt und auf Evaluationsergebnisse verwiesen. Hierbei wurden positive Effekte einer ressourcenorientierten und resilienzfrdernden Pädagogik auf Ebene der Kinder, der Eltern und der pädagogischen Fachkräfte beobachtet.
Frhlich-Gildhoff, Klaus; Rnnau-Bse, Maike; Brandes, Petra; Siegrist, Ulrich; Winter, Elena;	2018	SchwerpunkttHEMA: Krisen meistern und Potenziale entfalten: Resilienz im	Gesprchpsychotherapie und Personenzentrierte Beratung	49	2	62–79	Die Verbindung von personenzentriertem Ansatz und dem Konzept individueller bzw. organisationaler Resilienz wird für verschiedene Zielgruppen diskutiert. Neben der Resilienzfrderung in der kindlichen Entwicklung, im Führungskräfte training, in der Organisationsentwicklung und in der personenzentrierten Familientherapie werden

Lieb, Maria; Ziebertz, Torsten; Hher, Friederike		Personzentrierte n Ansatz. (Mit 5 Einzelbeitrgen)					Aspekte der Selbstfrsorge in der Beratung angesprochen. Inhalt - (1) K. Frhlich-Gildhoff und M. Rnnau-Bse: Resilienz, Resilienzfrderung und Personzentrierter Ansatz (S. 62-68). (2) P. Brandes: Resilienz fr Beraterinnen und Berater. Ein Erfahrungsbericht aus der Beratungs- und Weiterbildungspraxis (S. 68-70). (3) U. Siegrist und E. Winter: "Resilienz wird zur Schlsselkompetenz fr Fach- und Fhrungskrfte" (S. 71). (4) M. Lieb und T. Ziebertz: Resilienzfrderung in der Personzentrierten Familientherapie (S. 72-75). (5) F. Hher: Menschliche und organisationale Resilienz durch Dialog (S. 76-79).
Friedl, Nadine; Berger, Thomas; Krieger, Tobias; Caspar, Franz; grosse Holtforth, Martin	2020	Using the Personalized Advantage Index for individual treatment allocation to cognitive behavioral therapy (CBT) or a CBT with integrated exposure and emotion- focused elements (CBT- EE)	Psychotherapy Research	30	6	763-775	Even though different psychotherapeutic interventions for depression have shown to be effective, patients suffering from depression vary substantially in their treatment response. The goal of this study was to answer the following research questions: (1) What are the most important predictors determining optimal treatment allocation to cognitive behavioral therapy (CBT) or CBT with integrated exposure and emotion-focused elements (CBT-EE)?, and (2) Would model-determined treatment allocation using this predictive information result in better treatment outcomes? Bayesian Model Averaging (BMA) was applied to the data of a randomized controlled trial comparing the efficacy of CBT and CBT-EE in depressive outpatients. Predictions were made for every patient for both treatment conditions and an optimal versus a suboptimal treatment was identified in each case. An index comparing the two estimates, the Personalized Advantage Index (PAI), was calculated. Different predictors were found for both conditions. A PAI of 1.35 BDI-II points for the two conditions was found and 46% of the sample was predicted to have a clinically meaningful advantage in one of the therapies. Although the utility of

							the PAI approach must be further confirmed in prospective research, the present study study promotes the identification of specific interventions favorable for specific patients.
Friedman, Robert	2017	The Theory and Art of Child Psychotherapy: A Corrective Developmental Approach	Psychoanalytic review	104	5	561–593	The history of child psychotherapy is sketched from the psychoanalytic pioneers Anna Freud and Melanie Klein to the popular "nondirective" approach of Virginia Axline. The author's approach to child psychotherapy, based on contemporary psychoanalytic theories, allows the therapist to play any parental role that helps to repair developmental deficiencies and conflicts. These include nurturing, supporting, mirroring, role modeling, challenging, and limit setting. Following Winnicott, psychotherapy is conceived as a play space in which therapist and child are both spontaneous. The value of interpretation and insight in child therapy is discussed. There follows a more detailed discussion of three major problem areas in child psychotherapy: handling anger and hostile aggression; handling issues related to sexuality; and handling narcissistic issues of inferiority and shame.
Frögéli, Elin; Rudman, Ann; Gustavsson, Petter	2019	Preventing stress-related ill health among future nurses: Effects over 3 years	International Journal of Stress Management		15 73- 34 24(Ele ctr oni c), 10 72- 52 45(272–286		In 2011, a randomized controlled trial with a sample of 113 nursing students and a group intervention consisting of six 2-hr sessions based on acceptance and commitment training (ACT) to prevent symptoms of burnout was initiated. Measures included the process variables of mindful awareness and experiential avoidance and the outcome variables of perceived stress and burnout. The current study presents data from 1, 2, and 3 years post intervention, investigating the maintenance of the effects. The effects were analyzed using multilevel modeling, including data from six points of measurement (baseline to 3 years after the end of the

					Print)		intervention). In addition, the mediation of effects was investigated. An effect on mindful awareness was maintained during the years following the intervention as indicated by a statistically significant group-by-time interaction and between-groups differences up to 2 years after the intervention. The group-by-time interactions for experiential avoidance, perceived stress, and burnout did not reach statistical significance, but the between-groups difference for perceived stress at 1 year after the intervention was statistically significant, and the effect was mediated by change in experiential avoidance. This study provided new information about the long-term effects of an ACT intervention including mediation of effects, suggesting that more research should be directed toward investigating mechanisms of change of ACT interventions and how to design interventions that bring about effects that last over time. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Frohme, Gabriele	2020	Krank durch Krnkung: Posttraumatische Verbitterungsstrung (PTED)	Zeitschrift fr Transaktionsanalyse	37	4	292–306	2022 wird voraussichtlich die neue Diagnose der Posttraumatischen Verbitterungsstrung in der ICD-11 eingefhrt werden. Die Verhaltenstherapeuten aus der Forschungsgruppe um Michael Linden haben viele Patienten mit diesem Strungsbild, vor allen in psychosomatischen Kliniken, untersucht und die Weisheitstherapie als Behandlungsmglichkeit entwickelt. In diesem Artikel wird das Krankheitsbild der Posttraumatischen Verbitterungsstrung vorgestellt und die Weisheitstherapie kurz beschrieben. Auerdem wird aufgezeigt, dass mit transaktionsanalytischen Konzepten ein etwas tiefer greifender Ansatz zur kausalen Behandlung dieser Strung vorhanden ist. Einige dieser transaktionsanalytischen Behandlungsanstze werden skizziert.

Frohme, Gabriele	2017	Psychosomatik und Transaktionsanalyse	Zeitschrift für Transaktionsanalyse	34	1	26–43	Es wird aufgezeigt, wie psychosomatische Erkrankungen mit einem transaktionsanalytischen Ansatz behandelt werden können. Die Transaktionsanalyse bietet bei psychosomatischen Erkrankungen ein ganzheitliches System zur Heilung an. Davon ausgehend, dass der Körper frühere Erfahrungen abgespeichert hat und diese Körpererinnerung unbewusst ist wird sie als Vorlage für das Skript angesehen. Mit der Skriptanalyse liegt ein ganzheitlicher Ansatz vor, der körperliche, psychische, soziale, kulturelle und spirituelle Bereiche mit einbeziehen kann. Zur Lösung von frühen unbewussten Konflikten, wie sie sich in den Engpässen manifestieren, eignet sich der psychodynamische Ansatz besonders. Transaktionsanalyse bietet sich als kausale Behandlungsform bei psychosomatischen Erkrankungen an.
Frohn, Dominic	2016	Mediation: Ein humanistisch-systemisches Verfahren - bewährt in klassischen und hilfreich in innovativen Kontexten	Gesprächspsychotherapie und Personenzentrierte Beratung	47	2	73–78	Theoretische Grundlagen der Prinzipien von Mediation und der Gestaltung des Mediationsprozesses werden beschrieben. Ein Schwerpunkt liegt dabei auf der Haltung von Mediatorinnen und Mediatoren, die humanistische Grundannahmen nach Rogers mit (hypno-)systemischen Ansätzen vereint. Im Weiteren wird die theoretische Basis in verschiedenen Anwendungskontexten konkretisiert. Am Beispiel der Arbeit mit "Regenbogenfamilien" wird das innovative Potential von Mediation verdeutlicht.
Front, Or; Yaffe-Herbst, Lirit; Wiseman, Hadas; Viksman, Polina; Kaplan, Haim; Zilchamano, Sigal	2021	Insight as a dual-perspective construct: Convergence between patients' and professional	Psychotherapy		19-39-1536(Electronic),	372–378	Insight gained by patients during treatment has been theorized to be a central mechanism of change in psychotherapy, but empirical studies examining the association between patients' insight and psychopathological symptoms have produced mixed results. The present study addresses these inconsistencies by investigating convergence between the perspectives of patient and professional evaluator on

		evaluators' perspective on baseline level of insight and on changes in insight			00 33- 32 04(Pri nt)		insight and disentangling two potentially distinct components of insight: pretreatment individual differences and changes in insight during treatment. A sample of 393 patients receiving psychodynamic psychotherapy completed pre- and posttreatment measures on symptoms and insight. Professional evaluators evaluated patients' insight based on clinical interviews pre- and posttreatment. Polynomial regression and response surface analyses were used to examine congruence. The results indicate that when there was agreement between the patient and the evaluator on insight, both baseline level of insight and the changes in insight during treatment were found to be related to symptomatic change, although showing different patterns of association. Lower baseline levels of insight were significantly associated with greater symptomatic improvement than were higher levels of insight. At the same time, greater increase in insight during treatment was moderately significantly associated with greater reduction in symptoms, as long as the changes in insight were not minimal. The findings underscore the importance of assessing the congruence between patients' and professional observers' perspectives on patient insight and the potentially distinct roles of between-patients baseline differences and within-patient changes in insight during treatment. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Frster, Katharina; Kurtz, Marcel; Konrad, Annika; Kanske, Philipp	2022	Emotional reactivity, emotion regulation, and social emotions in affective	Zeitschrift fr Klinische Psychologie und Psychotherapie	51	1	11–25	Affective disorders, specifically major depressive disorder and bipolar disorders, show high prevalence, relapse rates, and a high likelihood to develop a chronic course. For the past two decades, research has investigated the neural correlates of emotion processing and emotion regulation in patients with affective disorders. Putative

		disorders. Neural models informing treatment approaches					underlying causal mechanisms of dysregulated affect have been informed by knowledge from the intersection of neuroimaging and clinical psychology. More recent investigations also consider processing the role of mostly negative, self-blaming social emotions, which have been linked to treatment resistance and, hence, provide a prolific target for intervention. Several psychotherapeutic treatment approaches already focus on emotion, and here specific knowledge about the mechanisms underlying persistent changes in affect bears the potential to improve the treatment of affective disorders. In this narrative review, we delineate why and how our insights into the neural correlates of emotion processing and regulation can be applied to the treatment of patients with affective disorders.
Frymann, Tomas; Whitney, Sophie; Yaden, David B.; Lipson, Joshua	2022	The Psychedelic Integration Scales: Tools for Measuring Psychedelic Integration Behaviors and Experiences	Frontiers in psychology	13		863247	In this study, we describe the development and initial validation of two psychometric scales for measuring psychedelic integration. Psychedelic integration refers to the post-acute period of time following psychedelic drug administration. We created the Integration Engagement Scale (IES) to capture positive behavioral engagement with integration and the Experienced Integration Scale (EIS) to capture internal aspects of feeling integrated. These scales were developed to measure post-acute psychedelic administration dynamics in order to inform the creation of enhanced integration support and to help refine a general conceptual understanding of the construct of psychedelic integration. The scales are brief and face valid instruments designed for practical use in applied and research settings. Scale items were generated and refined using the Iterative Process Model of scale development, with input from psychedelics experts and clinicians. Content validity, internal structure, and

							reliability were assessed via expert surveys, content validity analysis, cognitive interviewing, convergent validity analysis, exploratory factor analysis, and confirmatory factor analysis. The data indicates the scales are valid and reliable measurements of the behavioral and experiential forms of Psychedelic Integration.
Fuchs, Christian	2021	Der Körper, das Trauma und der Affekt. Theorie und Praxis der Polyvagaltheorie in der Psychotherapie					Die Möglichkeit einer praktischen Umsetzung der Polyvagaltheorie in der psychotherapeutischen Arbeit wird beschrieben. Ausgangspunkt ist die Gestalttherapie in ihrer dialogisch-phänomenologischen Ausrichtung. Die Konzepte der Polyvagaltheorie werden erlutert und zu Dialog, Kontakt und autonomen Körperreaktionen in Beziehung gesetzt. Es wird gezeigt, wie die Theorie durch eine spezifische therapeutische Haltung erfolgreich in der Praxis eingesetzt werden kann. Praxisbeispiele demonstrieren die Anwendung. Dabei wird deutlich, dass auch andere Therapieformen, die ber Kontakt sichere Räume für Betroffene erzeugen können, gleichermaßen für die Anwendung der Polyvagaltheorie geeignet sind. Ziel der Ausfhrungen ist die Schaffung einer Verständnisgrundlage, wie im psychotherapeutischen Prozess gezielt mit autonomen Körperreaktionen gearbeitet werden kann. Gerade bei einem erlebnisorientierten therapeutischen Vorgehen sind diese autonomen Körperreaktionen sehr häufig zu beobachten und können gezielt für die Integration von traumatischem Erleben eingesetzt werden. Die Polyvagaltheorie stellt ein Theoriegebäude vor, das autonome Körperreaktionen in ein Erklärungsmuster einbettet. Insbesondere in der Arbeit am Trauma, aber auch bei anderen seelischen Themenstellungen, sind es zu einem nicht unerheblichen Teil diese unwillkürlichen Reaktionen, die in der Folge zu massiven Schwierigkeiten

							<p>der Affektkontrolle wie Angst- und Panikattacken, Flashbacks, Depressionen, psychosomatischen Problemen und dissoziativen Symptome führen. - Inhalt: (A) Trauma und Autonomes Nervensystem. (1) Eine Theorie des autonomen Nervensystems. (2) Neurozeption. (3) Reaktionen des Organismus (Soziale Kommunikation; Mobilisation - Kampf- oder Fluchtverhalten; Immobilisation - Totstellen, Verhaltensstarre). (4) Co-Regulation. (5) Therapeutische Konsequenzen. - (B) Praktisches Arbeiten. (6) Therapie und Polyvagaltheorie (Sprache und Erleben; Den Körper deuten). (7) Experimente (Whoop-Sound; Kopf; Bewegung; Grenzen; Berührung; Atmung). (8) Traumatische Reaktionen (Traumareaktionen; Neurozeption und Sicherheit; Spurbewusstsein wiederherstellen; Wege aus der Immobilisation; Umgang mit Mobilisation; Etablierung sozialer Kommunikation; Berührung; Krankheit, Schmerzen und Medizin; Co-Regulation mit Paaren; Unkontrollierte defensive Zustände auffangen). - (C) Schlussbemerkung. - (D) Anhang - Materialien (Balance-Kissen; Medizinisches Trampolin; Smovey-Ringe; Safe&Sound Protocol).</p>
Fuchs, Thomas	2022	Bilder und Imaginationen vom Körper . Funktion und Wirkung aus gestalttheoretischer Perspektive	Phänomenal	14	1	10-18	<p>Bilder und Imaginationen bestimmen unser Denken und Fühlen mehr als gemeinhin angenommen. In dieser Arbeit wird ihre Funktion und Wirkung anhand gestalttheoretischer Konzepte untersucht und beschrieben. Insbesondere wird der Frage nachgegangen, wie Bilder und Imaginationen zur Selbstvergewisserung, Steuerung und Feinjustierung zwischen phänomenalem Mikrokosmos und Makrokosmos beitragen. Wann sind Bilder hilfreich, wann haben sie negative oder gar destruktive Wirkungen? Eine entscheidende Rolle spielt dabei das Bezugssystem, durch das wesentlich mitbestimmt wird, ob Bilder hilfreich sind oder nicht.</p>

							Daraus leitet sich ab, wie Bilder und Imaginationen therapeutisch genutzt werden können. Anhand von Beispielen essgestörter Menschen wird gezeigt, welche Möglichkeiten bestehen, mit Bildern und Imaginationen zur Entwicklung beizutragen. Ein Sonderfall ist die Hartnäckigkeit, mit der sich Strungen in der Körperwahrnehmung essgestörter Menschen auch nach Überwindung der Ess-Symptomatik halten. Diese ungewöhnliche Persistenz einer körperlichen Imagination wird gesondert betrachtet. Mögliche Hypothesen zur Erklärung dieses Phänomens werden diskutiert und es werden - davon abgeleitet - mögliche Varianten eines therapeutischen Umgangs damit angedeutet.
Fuchs, Thomas	2016	Schmerz lässt nach! Anmerkungen zur psychotherapeutischen Diagnostik und Behandlung von Schmerzzuständen	Gestalt Theory	38	2-3	297-309	Schmerz besitzt die Eigenheit, zum Zentrum des gesamten psychologischen Feldes zu werden. Duncker nennt das in einer frühen Arbeit (1937) die "Dringlichkeit" (urgency) des Schmerzes. Er analysiert experimentell Bedingungen, unter denen sich die Wahrnehmung des Schmerzes verändert. Die Grundthese lautet, dass ein Schmerz umso weniger intensiv erlebt wird, je weniger er im Zentrum des psychologischen Feldes steht. Damit ist auch impliziert, dass sich ein erlebter Schmerz allenfalls relativ zu einem physikalischen Reiz verhält. Das gilt bereits für den akuten Schmerz und erst recht für chronische Schmerzzustände. Eine Erkenntnis, die sich 75 Jahre nach Duncker zumindest in der entsprechenden Fachliteratur durchgesetzt hat, leider noch nicht durchgängig in der Praxis der Schmerzbehandlung. Hier dominiert nach wie vor (sowohl bei Patienten als auch bei Ärzten und Therapeuten) die krampfhaftes Suche nach organischen Ursachen und führt häufig zu Überdiagnostik und Fehlbehandlung. Die Gestalttheorie betont seit jeher die notwendige Unterscheidung von physikalischer Welt und

						<p>erlebter (phnomenaler) Welt (Metzger 1963). Schmerz als seelisches Geschehen scheint insofern besonders geeignet, die Bedeutung eines phnomenologischen Zugangs in der Behandlung zu begrnden. Ein wichtiger Aspekt vor allem beim chronischen Schmerz ist dabei das Bezugssystem, in das der Schmerz eingebettet wird. Zudem soll gezeigt werden, welche Elemente im Fall der Chronifizierung eines Schmerzes eine Rolle spielen und wie diese Elemente in systematischer Weise zur Umstrukturierung des psychologischen Feldes beitragen. Daraus werden Hinweise fr die psychotherapeutische Arbeit abgeleitet.</p>
<p>Fuhr, Reinhard; Sreckovic, Milan; Gremmler-Fuhr, Martina</p>	<p>2017</p>	<p>Handbuch der Gestalttherapie</p>				<p>In Handbuchform wird ein kompakter, umfassender und kritischer Einblick in die Theorie und Praxis sowie die Anwendungsbereiche der modernen Gestalttherapie gegeben. - Inhalt: (1) Reinhard Fuhr, Milan Sreckovic und Martina Gremmler-Fuhr: Einfhrgung. (2) Milan Sreckovic: Geschichte und Entwicklung der Gestalttherapie. (3) Gestalttherapie in den Vereinigten Staaten und in Europa (Isabel Fredericson und Joseph H. Handlon: Vereinigte Staaten seit Perls und Goodman; Reinhard Fuhr, Milan Sreckovic und Martina Gremmler-Fuhr: Deutschland; Elisabeth Wildberger und Markus Hochgerner: sterreich; Toni Brhlmann-Jecklin und Peter Schulthess: Schweiz; Lars Marmgren: Skandinavien; Gaie Houston: Grobritannien; Ernst Knijff: Niederlande und Flandern; Jean-Marie Robine: Frankreich; Ximo Trrega: Spanien; Riccardo Zerbetto: Italien; Talia Levine Bar-Yoseph: Israel). - (A) Theoretische Grundlagen und Konzepte der Gestalttherapie. (4) Volkmar Baulig: Psychoanalytische Wurzeln der Gestalttherapie. (5) Heik Portele: Gestaltpsychologische Wurzeln der Gestalttherapie. (6) Malcolm Parlett: Feldtheoretische Grundlagen</p>

						<p>gestalttherapeutischer Praxis. (7) Ludwig Frambach: Schpferische Indifferenz - Die Philosophie von Salomo Friedlaender. (8) Hilarion Petzold: Gestalttherapie aus der Sicht der Integrativen Therapie. (9) Peter Rumppler: Kulturelle Einflsse auf die Gestalttherapie. (10) Martina Gremmler-Fuhr: Grundkonzepte und Modelle der Gestalttherapie. (11) Martina Gremmler-Fuhr: Dialogische Beziehung in der Gestalttherapie. (12) Reinhard Fuhr: Praxisprinzipien: Gestalttherapie als experientieller, exustentieller und experimenteller Ansatz. (13) Frank-M. Staemmler: Gestalttherapeutische Methoden und Techniken. - (B) Philosophische, soziologische und psychologische Dimensionen der Gestalttherapie. (14) Liselotte Nausner: Phnomenologische und hermeneutische Grundlagen der Gestalttherapie. (15) Michael Mehrgardt: Erkenntnistheoretische Fundierung der Gestalttherapie. (16) Kathleen Hll: Politische, sozialpsychologische und kologische Dimensionen der Gestalttherapie. (17) Martina Gremmler-Fuhr: Die ethische Dimension der Gestalttherapie. (18) Felicia Carroll: Entwicklungspsychologie der Kindheit in der Gruppe. (19) Reinhard Fuhr: Anstze einer Entwicklungstheorie fr die Gestalttherapie. (20) Madelaine Ulbing: Geschlechtsspezifische Aspekte der Gestalttherapie. (21) Ludwig Frambach: Spirituelle Aspekte der Gestalttherapie. - (C) Klinische Gestalttherapie. (22) Reinhard Fuhr, Milan Sreckovic und Martina Gremmler-Fuhr: Getalttherapeutische Diagnostik und klinische Gestalttherapie: Eine Einfhrung. (23) Bertram Mller: Ein kategoriales Modell gestalttherapeutischer Diagnostik. (24) Frank-M. Staemmler unter Mitarbeit von Werner Bock: Verstehen und Verndern - Dialogisch-prozessuale Diagnostik. (25)</p>
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							Greenberg und Jeanne C. Watson: Forschung zur gestalttherapeutischen Behandlung von Depressionen. (48) Helmut Pauls und Michael Reicherts: Empirische Forschung in der Gestalttherapie am Beispiel eines praxisorientierten Forschungsprojektes. (49) Dieter Teschke: Gestalttherapeutische Prozefforschung. - (F) Nachwort und Ausblick. (50) Daniel Rosenblatt: Die vergessenen Werte der frhen Gestalt. (51) Gerald Kogan: Meine Gestalt-Geschichte. (52) George Brown und Judith Brown: Epilog. (53) Edwin C. Nevis: Alternativen fr die Zukunft. (54) Reinhard Fuhr, Milan Sreckovic und Martina Gremmler-Fuhr: Nachwort und Ausblick. - Der Das handbuch wurde fr die vorliegende dritte Auflage neu ausgestattet.
Furrow, James L.; Palmer, Gail; Johnson, Sue M.; Faller, George; Palmer-Olsen, Lisa; Vorspohl, Elisabeth	2022	Emotionsfokussierte Familientherapie					Die Dynamik innerhalb einer Familie unterliegt einem lebenslangen Vernderungsprozess, in dem sich Rollen und Einflsse verndern. Emotionsvermeidung und Strungen in der Familie sind hufige Faktoren, die psychische Schwierigkeiten hervorbringen. Die Emotionsfokussierte Familientherapie (EFFT) geht von den neuesten Ergebnissen der Bindungsforschung aus, um das Wachstum der Kinder zu frdern und Beziehungsblockaden abzubauen. Sie arbeitet mithilfe systemischer Prinzipien, fokussiert auf die Bindungsbedrfnisse der Kinder und das Frsorgesystem der Eltern. Die Hauptthemen der Emotionsfokussierten Familientherapie werden praxisnah erlutert: Wie gelingt Wachstum innerhalb der Familie? Was strkt die Resilienz des Familiengefges? Wie kann die emotionale Verfgbarkeit der Eltern sichergestellt werden? Womit kann der emotionalen Verletzlichkeit von Kindern empathisch begegnet werden? - Inhalt: <a href="https://d-

							nb.info/1246378965/04">https://d-nb.info/1246378965/04
Fyhn, Tonje; Øverland, Simon; Reme, Silje E.	2021	Predictors of employment in people with moderate to severe mental illness participating in a randomized controlled trial of Individual Placement and Support (IPS)	The International journal of social psychiatry	67	2	150–157	BACKGROUND: Many people with moderate to severe mental illness have a desire to obtain ordinary employment. To aid further development of health and social services for this group, the aim of this study was to examine candidate modifiable and prognostic markers of employment, and moderating effects of group allocation in a clinical trial. METHOD: The sample consists of 327 patients in treatment for mental illness, randomized to Individual Placement and Support (IPS) or treatment as usual (TAU) as part of a clinical trial. Psychosocial and demographic baseline characteristics were included as predictors in log binary regression analyses with employment 18 months after inclusion as the outcome, and group allocation as the moderator (IPS or TAU). RESULTS: Directive emotional support and non-directive instrumental support seemed to positively predict employment, but effects were small. Involuntary hospitalization seemed to be a strong negative predictor of employment. Group allocation did not moderate any main effects. CONCLUSION: Interpretation of the findings suggest that attention should be given to certain aspects of health and social services provided to this target group, and in particular the effect of receiving appropriate types of social support. The findings are novel because social support and involuntary hospitalization do not seem to have been included in previous predictor studies. The results from this study identify new topics for research on employment outcomes for this population.
Fynn, Judith F.; Hardeman, Wendy; Milton,	2020	A scoping review of evaluation	BMC public health	20	1	1000	BACKGROUND: Physical activity and dietary change programmes play a central role in addressing public health priorities. Programme evaluation contributes to

<p>Karen; Jones, Andy P.</p>		<p>frameworks and their applicability to real-world physical activity and dietary change programme evaluation</p>				<p>the evidence-base about these programmes; and helps justify and inform policy, programme and funding decisions. A range of evaluation frameworks have been published, but there is uncertainty about their usability and applicability to different programmes and evaluation objectives, and the extent to which they are appropriate for practitioner-led or researcher-led evaluation. This review appraises the frameworks that may be applicable to evaluation of physical activity and/or dietary change programmes, and develops a typology of the frameworks to help guide decision making by practitioners, commissioners and evaluators. METHODS: A scoping review approach was used. This included a systematic search and consultation with evaluation experts to identify evaluation frameworks and to develop a set of evaluation components to appraise them. Data related to each framework's general characteristics and components were extracted. This was used to construct a typology of the frameworks based on their intended programme type, evaluation objective and format. Each framework was then mapped against the evaluation components to generate an overview of the guidance included within each framework. RESULTS: The review identified 71 frameworks. These were described variously in terms of purpose, content, or applicability to different programme contexts. The mapping of frameworks highlighted areas of overlap and strengths and limitations in the available guidance. Gaps within the frameworks which may warrant further development included guidance on participatory approaches, non-health and unanticipated outcomes, wider contextual and implementation factors, and sustainability. CONCLUSIONS: Our typology and mapping signpost to</p>
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							frameworks where guidance on specific components can be found, where there is overlap, and where there are gaps in the guidance. Practitioners and evaluators can use these to identify, agree upon and apply appropriate frameworks. Researchers can use them to identify evaluation components where there is already guidance available and where further development may be useful. This should help focus research efforts where it is most needed and promote the uptake and use of evaluation frameworks in practice to improve the quality of evaluation and reporting.
Gaab, Jens; Ziem, Max; Flckiger, Christoph	2020	Humanistische und experientielle Psychotherapie- verfahren					Humanistische und experientielle Psychotherapieverfahren umfassen verschiedene Therapieansätze, welche mit ihrer Anerkennung einer kongruenten, empathischen und wertschätzenden therapeutischen Beziehung als notwendige und hinreichende Voraussetzung für Veränderungen, ihrem Fokus auf die Erfahrung im therapeutischen Prozess und auf das persönliche Wachstum sowie ihrer expliziten Personzentrierung ein eigenständiges Verständnis- und Vorgehensparadigma darstellen. Ausgehend von frühen empirischen Beobachtungen Carl Rogers und deren Weiterentwicklung haben die humanistischen und experientialen Psychotherapieverfahren fortlaufende Differenzierungen erfahren, wobei hier die motivierende Gesprächsführung und die emotionsfokussierten Psychotherapie als einflussreiche Beispiele zu nennen sind. Die Wirksamkeit von humanistischen und experientialen Psychotherapieverfahren ist empirisch belegt und die angenommenen Wirkmechanismen sind durch die Ergebnisse der Psychotherapieforschung bestätigt. (c) Springer-Verlag GmbH Deutschland

<p>Gablonski, Thorsten-Christian; Herrmann, Pauline Leonie; Lüdemann, Jonas; Andreas, Sylke</p>	<p>2023</p>	<p>Intersession experiences and internalized representations of psychotherapy: A scoping review</p>	<p>Journal of clinical psychology</p>	<p>79</p>	<p>8</p>	<p>1875–1901</p>	<p>INTRODUCTION Between-session processes outside the therapy room and beyond the direct interaction between a therapist and client can play an important role in the psychotherapeutic process and outcome. These processes are called intersession experiences and can be seen as internalized mental representations of therapy and/or therapists. Due to the COVID-19 pandemic, different digital forms of treatment have successfully been implemented and could be relevant even after the end of the COVID-19 pandemic. Therefore, patients' internalized mental representations may become highly relevant in the future.</p> <p>RATIONALE The aim of this study was to conceptually delineate the current state of research on internalized mental representations of therapy or therapists in the period between sessions and to provide an overview of the evidence. In addition, we aimed to identify research gaps to provide a baseline for further research.</p> <p>METHODS For this purpose, we conducted a scoping review to obtain a comprehensive overview of the evidence and to identify the relevant research gaps. We searched PsycArticles, Medline, PsycINFO, and PSYINDEX for publications on internalized mental representations.</p> <p>RESULTS The final sample comprised 30 publications published from 1989 to 2021. Based on the individual study results, it can be assumed that intersession experiences are of central importance for psychotherapeutic treatment. However, the scoping review showed that there was a large gap in knowledge in the research of intersession experiences. All previous research was barely</p>
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							comparable, and therefore, a generalized statement is not possible. CONCLUSION Future research should provide sufficient information about relevant aspects, such as the setting, therapists, and patients, as these factors are likely to have a significant impact on the outcome. Furthermore, better measurements for the assessment of these processes should be developed.
Gaebel, Wolfgang; Lehmann, I.; Chisholm, D.; Hinkov, H.; Höschl, C.; Kapócs, G.; Kurimay, T.; Tosevski, D. Lecic; Milosavljevic, M.; Nakov, V.; Winkler, P.; Zielasek, J.	2021	Quality indicators for mental healthcare in the Danube region: results from a pilot feasibility study	European archives of psychiatry and clinical neuroscience	271	6	1017–1025	Quality indicators are vital for monitoring the transformation of institution-based mental health services towards the provision of person-centered mental healthcare. While several mental healthcare quality indicators have been identified as relevant and valid, their actual usability and utility for routine monitoring healthcare quality over time is significantly determined by the availability and trustworthiness of the underlying data. In this feasibility study, quality indicators that have been systematically identified for use in the Danube region countries of Bulgaria, the Czech Republic, Hungary, and Serbia were measured on the basis of existing mental healthcare data in the four countries. Data were collected retrospectively by means of the best available, most standardized, trustworthy, and up-to-date data in each country. Out of 21 proposed quality indicators, 18 could be measured in Hungary, 17 could be measured in Bulgaria and in the Czech Republic, and 8 could be measured in Serbia. The results demonstrate that a majority of quality indicators can be measured in most of the countries by means of already existing data, thereby demonstrating the feasibility of quality measurement and regular quality monitoring. However, data availability and usability are scattered across

							countries and care sectors, which leads to variations in the quality of the quality indicators themselves. Making the planning and outputs of national mental healthcare reforms more transparent and evidence-based requires (trans-)national standardization of healthcare quality data, their routine availability and standardized assessment, and the regular reporting of quality indicators.
Gahleitner, Silke Birgitta	2018	Bindung, Beziehung und Einbettung ermöglichen: Anregungen für die Therapie und Beratung mit beziehungsorientierten Menschen	Gesprächspsych otherapie und Personzentrierte Beratung	49	3	132-136	Erörtert wird die Bedeutung einer emotional tragenden, bindungs- und begegnungsorientierten, vertrauensvollen Beziehung in Therapie und Beratung. In der auf einem Vortrag im Rahmen des GwG-Jahreskongresses 2018 basierenden Darstellung wird auf Befunde verwiesen, die zeigen, wie sehr Behandlungserfolge in psychotherapeutischen und psychosozialen Settings von vergangenen und aktuellen Beziehungserfahrungen geprägt sind. Die grundlegenden Mechanismen hierfür werden in der Bindungstheorie, der Vertrauens- und der Netzwerktheorie verortet und durch Interviewpassagen von Frauen mit Ausgrenzungs-, Abwertungs- und Ausbeutungserfahrungen illustriert. Im Anschluss wird die Beziehungsgestaltung im Personenzentrierten Ansatz näher beleuchtet und Parallelen zwischen den Bedingungen des therapeutischen Prozesses und dem Konzept der Feinfühligkeit in der Bindungstheorie herausgestellt. Darüber hinaus wird betont, dass eine authentische und wertschätzende therapeutische Haltung eine stetige Persönlichkeitsentwicklung auf Seiten der Fachkraft erfordert. Zuletzt wird über die konkrete Umsetzung der theoretischen Erkenntnisse in die Praxis reflektiert.
Gahleitner, Silke Birgitta	2018	Trauma					Ausmaß und Ausformung der Folgeerscheinungen nach traumatischen Ereignissen sind abhängig von der Art, den

						Umstnden und der Dauer der traumatischen Einwirkung. Zu den Umstnden zhlt neben dem Entwicklungsstand bei der Traumatisierung insbesondere, ob es vor, whrend oder nach der Traumatisierung schtzende Faktoren gegeben hat. Traumatische Belastungen und Folgeerscheinungen wie die Posttraumatische Belastungsstrung sind daher nicht nur als Konsequenz traumatischer Ereignisse zu verstehen, sondern prinzipiell immer als Versuche, das traumatische Ereignis in der jeweiligen (Lebens-)Situation mglichst gut zu verarbeiten. Bei aller scheinbarer Absurditt und Dysfunktionalitt stehen die dadurch entstehenden Inkongruenzen - zunchst - im Dienst des berlebens. (c) Springer-Verlag GmbH Deutschland
Gahleitner, Silke Birgitta; Hintenberger, Gerhard; Pammer, Barbara	2022	Humanistische Traumatherapie in der Praxis. Biografische Verletzungen verstehen und therapeutisch beantworten				Traumatische Belastungsfolgen sind nach humanistischem Verstdnis Versuche, widrige Lebensereignisse mglichst konstruktiv zu bewltigen. Humanistische Therapieverfahren setzen daher stets an der berlebenskraft und -kreativitt an. Im Dialog mit den Betroffenen werden Einblicke in ihre jeweilige Traumabiografie gewonnen. Eine zentrale Rolle spielt fr den Heilungsprozess auch, ob Betroffenen Anerkennung statt Ausgrenzung, Abwertung und Tabuisierung entgegenkommt. Dies impliziert konsequente Beziehungsorientierung im Therapieprozess. Traumatische Erfahrungen unterliegen lebenslang einem Prozesscharakter. Humanistische Verfahren greifen das damit verbundene Entfaltungspotenzial der Klientinnen und Klienten im therapeutischen Geschehen auf. Aus dem Fundus sechs verschiedener humanistischer Verfahren gibt der Band vielfltige Anregungen fr die therapeutische Praxis. - Inhalt: https://d-nb.info/1243100672/04

Gahleitner, Silke Birgitta; Locher, Marion; Rieckhof, Marvin	2022	Personzentrierte Milieuarbeit: Bindung, Beziehung und Einbettung schaffen für benachteiligte Klienten	Gesprächspsych otherapie und Personzentrierte Beratung	53	1	14-17	Vorgestellt wird das Konzept der personzentrierten Milieuarbeit, eine Form der integrativen personzentrierten Psychotherapie, die sich vor allem an gesellschaftlich benachteiligte Personengruppen richtet.
Galbusera, Laura; Fuchs, Thomas; Holm- Hadulla, Rainer M.; Thoma, Samuel	2022	Person- Centered Psychiatry as Dialogical Psychiatry: The Significance of the Therapeutic Stance	Psychopatholog y	55	1	1-9	In this article, we present holistic and person-centered perspectives in psychiatry, with the aim of better understanding what a focus on personhood might really mean and what clinical implications it might have. We first introduce classical and philosophical concepts of personhood, in order to then outline person-centered approaches in psychiatry, which mainly focus on the person of the patient. We then argue that, for it to really be person-centered, psychiatry must necessarily also focus on the person of professionals. We thus explore the notion of stance, as the expression of the therapist's personhood. By unpacking the effects that a professional's stance can have on patients, we finally turn to a consideration of the interpersonal sphere. More specifically, we propose clinical considerations on a therapeutic stance that strives to support and to help the person of the patient unfold. Such a stance must - we argue - necessarily be a dialogical one. Drawing on these considerations, we thus claim that a truly person-centered approach in psychiatry must necessarily and automatically be interperson-centered and dialogical. In the concluding remarks, we finally discuss broader societal implications and outline future research perspectives.

Galliker, Mark	2020	Die Psychotherapie-Debatte	Gesprächspsychotherapie und Personenzentrierte Beratung	51	3	6-14	<p>Das Werk "Die Psychotherapie-Debatte" von Wampold, Imel und Flockiger bietet einen Überblick der aktuellen Psychotherapieforschung. Fragen werden gestellt wie jene nach der Wirksamkeit von Psychotherapie und jene nach der Effektivität eines bestimmten therapeutischen Verfahrens im Verhältnis zu anderen Verfahren. Dem herkömmlichen Medizinischen Metamodell der Psychotherapieforschung wird das neue Kontextuelle Metamodell der Therapieforschung gegenübergestellt. Die zentrale These der Arbeit lautet, dass zum Nachteil eines wirklichen Verständnisses dessen, wodurch Psychotherapie wirksam wird, mehrere wichtige Aspekte derselben bisher in der Psychotherapieforschung vernachlässigt worden sind. Das umfangreiche Buch sollten m. E. nicht zuletzt GesprächspsychotherapeutInnen zur Kenntnis nehmen, weil es hinsichtlich einer definitiven Anerkennung der Personzentrierten Psychotherapie zu verdeutlichen vermag, welches Potenzial in diesem Verfahren auch aus der Sicht der modernen Therapieforschung steckt. Das Werk besteht aus neun Kapiteln, die im Folgenden zusammengefasst werden. Nach der komprimierten inhaltlichen Darstellung erfolgt eine kurze Diskussion dieser bahnbrechenden Arbeit der Autoren.</p>
Galliker, Mark; Klein, Margot	2018	Auf der Suche nach der verlorenen Zukunft. Ist Rogers' Gesprächspsychotherapie antiquiert oder die	Person	22	1	55-64	<p>Wirksamkeitsprüfungen der Gesprächspsychotherapie nach Rogers in der Psychotherapieforschung werden kritisch diskutiert. Dabei wird betont, dass die sinnvollen Errungenschaften Rogers' zu bewahren nicht "Dogmatismus" bedeutet, sondern die Voraussetzung für die Weiterentwicklung einer humanistischen Psychotherapie ist, die nicht nach Magabe wissenschaftlich fragwürdiger Klassifikationssysteme und Therapieforschungen instrumentell ausgerichtet wird. Es</p>

		Therapieforschung ihr inadquat?					wird postuliert, dass es aufgrund der sogenannten Evidenzbasierten Therapieforschung nicht möglich ist, die Effektivität therapeutischer Verfahren adquat zu evaluieren, diese Verfahren eingehend zu untersuchen oder sie gar zu verbessern, was jedoch im Jubilumsartikel sowie vom Wissenschaftlichen Beirat Psychotherapie ausgeblendet wurde. Im Fokus stehen diagnostische Klassifikationssysteme, Prozess-Analyse, randomisiert-kontrollierte Studien, Meta-Analysen und Therapieforschungsbefunde. Abschließend werden (1) die methodologische Hegemonie des kognitiven Wissenschaftsparadigmas, (2) eine nicht bessere Legitimation der (kognitiven) Verhaltenstherapie als bei anderen therapeutischen Verfahren, (3) das Spannungsfeld zwischen humanistischem Paradigma und kognitiven Perspektiven, (4) die Bedeutung der Prozessanalyse und (5) die Untauglichkeiten von Dogmatismus als auch Revisionismus konstatiert.
Gallin-Anliker, T.; Wiedemann, S.; Bähler, C.; Kaske, M.	2021	Usage of antimicrobials on seven farms of beef producers in Switzerland	Schweizer Archiv für Tierheilkunde	163	12	859–870	It was the objective of this study to evaluate morbidity, mortality, use of veterinary drugs and production output on seven representative Swiss beef fatteners, who bought on a regular basis batches of calves from traders (mean age and weight: 31 day, 75 kg) and practised an all in-all out system. From March 2015 until May 2016, 51 batches with a total of 1307 calves were included. The use of drugs during the first eight weeks following delivery of calves from the trader, casualty rate and carcass performance of 837 bulls. The administration of antimicrobials was calculated per calf as the number of days with effective therapeutic concentrations (daily doses per animal; DD/A). The average weight of the calves at arrival on the fattening unit was 75 kg and the age 31 days. The group size was between 13 to 47 calves

							<p>(median 22, Q1 = 21, Q2 = 30). In 36 batches (70,6 %), a veterinary entry examination was performed which demonstrated that at admission 20 % of the calves suffered from a relevant disease. The median for the number of DD/A was 16 for the first 56 days on the farm (Q1 = 11, Q3 = 21); 68 % of these DD/A were attributed to metaphylactic medications after delivery. Thereafter, pneumonia (54 %), diarrhea (33 %) and otitis (10 %) were the most frequent indications for subsequent therapeutic interventions. Over all batches, a median of 71 % (Q1 = 47, Q3 = 85) of all DD/A were due to critically important antimicrobials (CIM) and drugs containing several antibiotics including a CIM. The losses due to death or euthanasia averaged 3,7 % of all calves. The median for daily weight gain for the total fattening period (median 354 days; Q1 = 328, Q3 = 379) accounted for 1325 g (Q1 = 1216, Q3 = 1425). The profound variation between the farms in respect to the results of drug use and production output reveals evidence for the strong impact of farm-specific factors (such as pen space per calf, barn climate, vaccination protocol, supervision). Concurrently, the remarkable differences between the results of different batches on one farm depict that there are further important risk factors which are beyond the control of the farmer (in particular season of the year, transport). It is concluded that a systematic minimization of risk factors as part of a continuous veterinary consultation is useful to improve herd health and to reduce the input of drugs in the production of beef.</p>
Galvão Gomes da Silva, Joana; Kavanagh, David J.;	2018	Experiences of a Motivational Interview Delivered by a	Journal of medical Internet research	20	5	e116	<p>BACKGROUND: Motivational interviewing is an effective intervention for supporting behavior change but traditionally depends on face-to-face dialogue with a human counselor. This study addressed a key challenge</p>

<p>Belpaeme, Tony; Taylor, Lloyd; Beeson, Konna; Andrade, Jackie</p>		<p>Robot: Qualitative Study</p>				<p>for the goal of developing social robotic motivational interviewers: creating an interview protocol, within the constraints of current artificial intelligence, which participants will find engaging and helpful. OBJECTIVE: The aim of this study was to explore participants' qualitative experiences of a motivational interview delivered by a social robot, including their evaluation of usability of the robot during the interaction and its impact on their motivation. METHODS: NAO robots are humanoid, child-sized social robots. We programmed a NAO robot with Choregraphe software to deliver a scripted motivational interview focused on increasing physical activity. The interview was designed to be comprehensible even without an empathetic response from the robot. Robot breathing and face-tracking functions were used to give an impression of attentiveness. A total of 20 participants took part in the robot-delivered motivational interview and evaluated it after 1 week by responding to a series of written open-ended questions. Each participant was left alone to speak aloud with the robot, advancing through a series of questions by tapping the robot's head sensor. Evaluations were content-analyzed utilizing Boyatzis' steps: (1) sampling and design, (2) developing themes and codes, and (3) validating and applying the codes. RESULTS: Themes focused on interaction with the robot, motivation, change in physical activity, and overall evaluation of the intervention. Participants found the instructions clear and the navigation easy to use. Most enjoyed the interaction but also found it was restricted by the lack of individualized response from the robot. Many positively appraised the nonjudgmental aspect of the interview and how it gave space to articulate their</p>
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							<p>motivation for change. Some participants felt that the intervention increased their physical activity levels.</p> <p>CONCLUSIONS: Social robots can achieve a fundamental objective of motivational interviewing, encouraging participants to articulate their goals and dilemmas aloud. Because they are perceived as nonjudgmental, robots may have advantages over more humanoid avatars for delivering virtual support for behavioral change.</p>
<p>Ganslev, Christina A.; Storebø, Ole Jakob; Callesen, Henriette E.; Ruddy, Rachel; Søgaard, Ulf</p>	2020	<p>Psychosocial interventions for conversion and dissociative disorders in adults</p>	<p>The Cochrane database of systematic reviews</p>	7	7	<p>CD00533 1</p>	<p>BACKGROUND Conversion and dissociative disorders are conditions where people experience unusual neurological symptoms or changes in awareness or identity. However, symptoms and clinical signs cannot be explained by a neurological disease or other medical condition. Instead, a psychological stressor or trauma is often present. The symptoms are real and can cause significant distress or problems with functioning in everyday life for the people experiencing them.</p> <p>OBJECTIVES To assess the beneficial and harmful effects of psychosocial interventions of conversion and dissociative disorders in adults.</p> <p>SEARCH METHODS We conducted database searches between 16 July and 16 August 2019. We searched Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, and eight other databases, together with reference checking, citation searching and contact with study authors to identify additional studies. SELECTION CRITERIA: We included all randomised controlled trials that compared psychosocial interventions for conversion and dissociative disorders with standard care, wait list or other interventions (pharmaceutical, somatic or</p>

						<p>psychosocial). DATA COLLECTION AND ANALYSIS: We selected, quality assessed and extracted data from the identified studies. Two review authors independently performed all tasks. We used standard Cochrane methodology. For continuous data, we calculated mean differences (MD) and standardised mean differences (SMD) with 95% confidence interval (CI). For dichotomous outcomes, we calculated risk ratio (RR) with 95% CI. We assessed and downgraded the evidence according to the GRADE system for risk of bias, imprecision, indirectness, inconsistency and publication bias.</p> <p>MAIN RESULTS</p> <p>We included 17 studies (16 with parallel-group designs and one with a cross-over design), with 894 participants aged 18 to 80 years (female:male ratio 3:1). The data were separated into 12 comparisons based on the different interventions and comparators. Studies were pooled into the same comparison when identical interventions and comparators were evaluated. The certainty of the evidence was downgraded as a consequence of potential risk of bias, as many of the studies had unclear or inadequate allocation concealment. Further downgrading was performed due to imprecision, few participants and inconsistency. There were 12 comparisons for the primary outcome of reduction in physical signs. Inpatient paradoxical intention therapy compared with outpatient diazepam: inpatient paradoxical intention therapy did not reduce conversive symptoms compared with outpatient diazepam at the end of treatment (RR 1.44, 95% CI 0.91 to 2.28; 1 study, 30 participants; P = 0.12; very low-quality evidence). Inpatient treatment programme plus hypnosis</p>
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						<p>compared with inpatient treatment programme: inpatient treatment programme plus hypnosis did not reduce severity of impairment compared with inpatient treatment programme at the end of treatment (MD -0.49 (negative value better), 95% CI -1.28 to 0.30; 1 study, 45 participants; P = 0.23; very low-quality evidence).</p> <p>Outpatient hypnosis compared with wait list: outpatient hypnosis might reduce severity of impairment compared with wait list at the end of treatment (MD 2.10 (higher value better), 95% CI 1.34 to 2.86; 1 study, 49 participants; P < 0.00001; low-quality evidence).</p> <p>Behavioural therapy plus routine clinical care compared with routine clinical care: behavioural therapy plus routine clinical care might reduce the number of weekly seizures compared with routine clinical care alone at the end of treatment (MD -21.40 (negative value better), 95% CI -27.88 to -14.92; 1 study, 18 participants; P < 0.00001; very low-quality evidence). Cognitive behavioural therapy (CBT) compared with standard medical care: CBT did not reduce monthly seizure frequency compared to standard medical care at end of treatment (RR 1.56, 95% CI 0.39 to 6.19; 1 study, 16 participants; P = 0.53; very low-quality evidence). CBT did not reduce physical signs compared to standard medical care at the end of treatment (MD -4.75 (negative value better), 95% CI -18.73 to 9.23; 1 study, 61 participants; P = 0.51; low-quality evidence). CBT did not reduce seizure freedom compared to standard medical care at end of treatment (RR 2.33, 95% CI 0.30 to 17.88; 1 trial, 16 participants; P = 0.41; very low-quality evidence).</p> <p>Psychoeducational follow-up programmes compared with treatment as usual (TAU): no study measured reduction in physical signs at end of treatment.</p> <p>Specialised CBT-based physiotherapy inpatient</p>
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						<p>programme compared with wait list: no study measured reduction in physical signs at end of treatment.</p> <p>Specialised CBT-based physiotherapy outpatient intervention compared with TAU: no study measured reduction in physical signs at end of treatment.</p> <p>Brief psychotherapeutic intervention (psychodynamic interpersonal treatment approach) compared with standard care: brief psychotherapeutic interventions did not reduce conversion symptoms compared to standard care at end of treatment (RR 0.12, 95% CI 0.01 to 2.00; 1 study, 19 participants; P = 0.14; very low-quality evidence).</p> <p>CBT plus adjunctive physical activity (APA) compared with CBT alone: CBT plus APA did not reduce overall physical impacts compared to CBT alone at end of treatment (MD 5.60 (negative value better), 95% CI -15.48 to 26.68; 1 study, 21 participants; P = 0.60; very low-quality evidence).</p> <p>Hypnosis compared to diazepam: hypnosis did not reduce symptoms compared to diazepam at end of treatment (RR 0.69, 95% CI 0.39 to 1.24; 1 study, 40 participants; P = 0.22; very low-quality evidence).</p> <p>Outpatient motivational interviewing (MI) and mindfulness-based psychotherapy compared with psychotherapy alone: psychotherapy preceded by MI might decrease seizure frequency compared with psychotherapy alone at end of treatment (MD 41.40 (negative value better), 95% CI 4.92 to 77.88; 1 study, 54 participants; P = 0.03; very low-quality evidence). The effect on the secondary outcomes was reported in 16/17 studies. None of the studies reported results on adverse effects. In the studies reporting on level of functioning and quality of life at end of treatment the effects ranged from small to no effect.</p> <p>AUTHORS' CONCLUSIONS</p>
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							The results of the meta-analysis and reporting of single studies suggest there is lack of evidence regarding the effects of any psychosocial intervention on conversion and dissociative disorders in adults. It is not possible to draw any conclusions about potential benefits or harms from the included studies.
Garcia, Danilo; Cloninger, Kevin M.; Cloninger, C. Robert	2023	Coherence of character and temperament drives personality change toward well being in person-centered therapy	Current opinion in psychiatry	36	1	60–66	<p>PURPOSE OF REVIEW: People and communities around the world face many crises, including increasing burdens from disease, psychopathology, burn-out, social distrust, and acts of hate and terrorism. Personality disorder is arguably both a root cause and a consequence of these problems, creating a vicious cycle of suffering caused by fears, immoderate desires, and social distrust that are inconsistent with rational goals and prosocial values. Fortunately, recent advances in understanding the biopsychosocial basis and dynamics of development in personality and its disorders offer insights to address these problems in effective person-centered ways.</p> <p>RECENT FINDINGS: Fundamental advances have been made recently in the understanding of the psychobiology and sociology of personality in relationship to health, and in basic mechanisms of personality change as a complex process of learning and memory. Promotion of self-awareness and intentional self-control releases a strong tendency for people to seek coherence of their emotions and habits with what gives their life meaning and value.</p> <p>SUMMARY: People have a strong drive to cultivate personalities in which their emotions and habits are reliably in accord with reasonable goals and prosocial values. Person-centered therapeutics provide practical ways to promote a virtuous cycle of increasing well being for individuals and their communities and habitats.</p>

García, Enara; Di Paolo, Ezequiel A.; Jaegher, Hanne de	2022	Embodiment in online psychotherapy: A qualitative study	Psychology and psychotherapy	95	1	191–211	<p>UNLABELLED</p> <p>As a result of the COVID-19 pandemic, many therapists and patients have been required to switch to online sessions in order to continue their treatments. Online psychotherapy has become increasingly popular, and although its efficacy seems to be similar to face-to-face encounters, its capacity to support the implicit nonverbal and embodied aspects of the therapeutic relationship has been questioned and remains understudied.</p> <p>OBJECTIVES</p> <p>To study how embodied and intersubjective processes are modified in online psychotherapy sessions.</p> <p>DESIGN</p> <p>Taking the enactive concept of participatory sense-making as a guiding thread, we designed an interpretative phenomenological analysis to examine the experiences of embodiment in online therapy.</p> <p>METHODS</p> <p>We conducted phenomenological semi-structured interviews with patients and therapists who have recently switched from face-to-face encounters to online modality.</p> <p>RESULTS</p> <p>Adjustments in verbal and nonverbal behavior, gaze behavior, management of silences, and displacements of non-intentional and pre-reflective patterns onto reflective ones are reported as necessary to compensate for changes introduced in the online modality.</p> <p>CONCLUSIONS</p> <p>From an enactive perspective, such adaptations manifest regulatory processes aimed at sustaining interactive dynamics and coordinating the primordial tension between relational and individual norms in social</p>
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						<p>encounters.</p> <p>PRACTITIONER POINTS</p> <p>We examine different aspects of embodiment that practitioners should take into account when switching from face-to-face to online encounters with their clients. Online communication systems can alter aspects of the therapeutic relationship, such as its structure, its fragility, and its significance. Video calls afford new forms of intervention such as integrating the experience of patients with their self-image, incorporating information about their habitual environment into the process, and adopting less confrontational therapeutic styles.</p>	
Garcia, Hector A.; Mignogna, Joseph; DeBeer, Bryann R.; Song, Jiyoung; Haro, Elizabeth K.; Finley, Erin P.	2020	Provider factors predict use of evidence-based psychotherapies in veterans affairs posttraumatic stress disorder specialty programs: The role of profession, theoretical orientation, and training	Traumatology	26	2	227-234	<p>Although a large body of research indicates that evidence-based psychotherapies for posttraumatic stress disorder (PTSD) such as prolonged exposure (PE) and cognitive processing therapy (CPT) are both effective and efficacious in veteran populations, less is known about provider factors that impact decisions to utilize these treatments. The current study aims (a) to describe use of CPT, PE, and “other” psychotherapies among Veterans Health Administration (VHA) PTSD specialty care providers, and (b) to examine whether factors such as theoretical orientation, occupation, graduate training in cognitive-behavioral therapy, and having received VHA training are associated with providers’ use of specific PTSD treatments. VHA providers in PTSD clinical teams were invited to participate in a national survey (n = 259, response rate = 24.2%) assessing provider demographics, treatment preferences, and treatment use. Overall, providers reported using CPT and PE for PTSD for a relatively low percentage of their clinical time (mean of 38.8% for CPT and 19.8% for PE), relying more heavily on use of “other” psychotherapies (mean of 44.8%) in patient</p>

							care. VHA evidence-based psychotherapy training emerged as a predictor of time spent administering CPT or PE. Having a cognitive-behavioral therapy theoretical orientation was associated with time spent conducting CPT, but not PE, whereas identification with “other” orientation was associated with time spent conducting psychotherapies other than CPT or PE. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
García-Mieres, Helena; Niño-Robles, Noelia; Ochoa, Susana; Feixas, Guillem	2019	Exploring identity and personal meanings in psychosis using the repertory grid technique: A systematic review	Clinical psychology & psychotherapy	26	6	717-733	Current research and clinical practice in person-centred approaches highlight the importance of self, identity, and personal meanings in psychosis. Previous research has focused on dimensions of self, but less attention has been paid to the personal meanings involved in identity. The personal construct theory framework and the repertory grid technique (RGT) allow the study of identity and personal meanings within person-centred approaches of psychopathology and treatment in psychosis, as suggested by studies that began more than 40 years ago. However, their contributions have not yet been reviewed. We aimed to systematically review the evidence for the role of identity and personal meanings in psychotic disorders. We performed a systematic search using personal construct and RGT terms in PsycINFO, Web of Science, PubMed, EBSCO, Scopus, and Google Scholar. After identifying 2,574 articles, 15 were included. Nine studies followed an idiographic assessment, and six were nomothetic. Patients reported their subjective experience of isolation in terms of high self-ideal discrepancy and high perceived discrepancy with their significant others, which some studies associated with a lower degree of recovery or with the way in which positive symptoms were construed. Self-fragmentation either decreased with interventions or was associated with

							recovery. Evidence regarding interpersonal construing was less consistent, but there was a tendency for patients to show a more rigid cognitive structure than controls. To conclude, we found some evidence that self-discrepancies, fragmentation of self, and interpersonal construing are affected in psychosis and potentially modifiable through psychotherapy.
García-Soler, Álvaro; Díaz-Veiga, Pura; Suárez Pérez de Eulate, Nerea; Mondragón, Gabriela; Sancho, Mayte	2017	Study of engagement in a group of people with dementia in traditional care settings and a group with person centred care	Revista española de geriatría y gerontología	52	2	65–70	INTRODUCTION: People with dementia in the residential care setting have a high level of apathy and disengagement. The lack of stimulation and customised activities, a common aspect in residential centres, could be contextual elements that promote these behaviours. The person-centred care model (PCCM) promotes the participation of people in their daily activities in relation to their resources, interests, and needs. The aim of this study is to compare the frequency of engagement behaviours in the daily activities in two groups of users residing in Psychogeriatric Units, one receiving a traditional care model and the other assisted under PCCM. METHODOLOGY: The study involved 28 patients with cognitive impairment in Psychogeriatric Units, 14 of whom were in a traditional unit (control group), and 14 were in a unit where PCCM (experimental group) was implemented. Groups were equivalent in cognitive impairment, functional capabilities, and years in the long-term care institution. The Registering Engagement Instrument (REI) was used to observe the frequency of 12 categories of engagement behaviour in two distinct periods in both groups: before the interventions associated with PCCM, and 18 months after starting them. RESULTS: Both groups increased the frequency of their engagement behaviours in the post-evaluation, but the experimental group decreased their disengagement

							behaviours while the control group increased them. CONCLUSIONS: According to the data, PCCM interventions could reduce disengagement behaviours in the residential context, and could facilitate the participation and involvement in the activities of daily living.
Gardner, Kathryn Jane; Wright, Karen M.; Elliott, Alison; Graham, Simon; Fonagy, Peter	2020	The weirdness of having a bunch of other minds like yours in the room: The lived experiences of mentalization-based therapy for borderline personality disorder	Psychology and psychotherapy	93	3	572–586	Objectives Studies of lived experiences are important for improving treatment effectiveness, but most studies of mentalization-based therapy (MBT) are quantitative. This qualitative study aimed to better understand service users' lived experiences of MBT, including their experiences of change. Design This is a qualitative study that used one-to-one semi-structured interviews. Method Semi-structured interviews were conducted with eight MBT service users recruited via four NHS trusts. Interviews were analysed using interpretative phenomenological analysis (IPA). Findings Three superordinate themes were identified: being borderline, being in the group, and being on a journey. Experiences of diagnosis and the group are salient topics in the lived experiences of service users during the MBT journey, as is the nature/type of change that can create symptom reduction albeit alongside a negative felt experience. Conclusion Our research aligns with current thought regarding the complexity and challenges of treating BPD via psychotherapy and adds a further dimension, that of experiencing MBT and changes during therapy. The participants' experiences of BPD and of experiencing MBT are discussed. Practitioner points Therapists are observant of how each client gives meaning to their experience of diagnosis, the group, and change, particularly since the experience of recovery is not all positive. Service users' emerging and ongoing

							construction of their experience of diagnosis is closely monitored and additional appropriate strategies implemented where necessary. The impact of joining MBT, especially the group, becomes a process for formal regular review. Therapists undertake an in-depth exploration of service users' felt experiences to capture less quantifiable dimensions of change.
Garland, Sheila N.; Trevino, Kelly; Liou, Kevin T.; Gehrman, Philip; Spiguel, Eugenie; MacLeod, Jodi; Walker, Desirée A. H.; Glosik, Betsy; Seluzicki, Christina; Barg, Frances K.; Mao, Jun J.	2021	Multi-stakeholder perspectives on managing insomnia in cancer survivors: recommendations to reduce barriers and translate patient-centered research into practice	Journal of cancer survivorship : research and practice	15	6	951–960	<p>PURPOSE: Insomnia is a debilitating symptom experienced by nearly 60% of cancer survivors. Building on our prior research showing the clinical benefit of cognitive behavioral therapy for insomnia (CBT-I) and acupuncture, we organized a workshop of patient advocates and clinician stakeholders to understand the barriers and develop recommendations for the dissemination and implementation of these interventions. METHODS: Participants completed a pre-workshop survey assessing their experiences with insomnia and barriers to insomnia treatment and participated in a workshop facilitated by professionals and patient experts. Responses from the survey were tabulated and the discussions from the workshop were content-analyzed to extract relevant factors that may influence dissemination and implementation. RESULTS: Multidisciplinary and stakeholder workshop participants (N = 51) identified barriers and proposed solutions and future recommendations for dissemination and implementation of evidence-based interventions to improve sleep health in cancer survivors. Barriers were identified in four categories: patient (e.g., knowledge, time, cost), clinician (e.g., education, time, capacity), institutional (e.g., space, insurance reimbursement, referrals), and societal (e.g., lack of prioritization for sleep issues). Based on these categories, we made six</p>

							<p>recommendations for dissemination and implementation of research findings to improve clinical sleep management in oncology. CONCLUSION: Dissemination and implementation efforts are necessary to translate research into clinical practice to improve patient care. IMPLICATIONS FOR CANCER SURVIVORS: Sleep needs to be prioritized in cancer care, but patient, provider, and institutional/societal barriers remain. Dedicated effort and resources at each of these levels are needed to help millions of people affected by cancer manage their insomnia and improve their quality of life.</p>
Garrido-Fernández, Miguel; Marcos-Sierra, Juan A.; López-Jiménez, Ana; Ochoa de Alda, Iñigo	2017	Multi-Family Therapy with a Reflecting Team: A Preliminary Study on Efficacy among Opiate Addicts in Methadone Maintenance Treatment	Journal of marital and family therapy	43	2	338–351	<p>In this study, we evaluate the efficacy of multi-family therapy at reducing the addiction severity and at improving the psychological and family dynamics of opiate addicts receiving methadone treatment at a public treatment center. The study compares multi-family therapy with a reflecting team (MFT-RT) and a standard treatment following a methadone maintenance treatment program. The results show that multi-family therapy with a reflecting team effectively reduces the addiction severity in several of the areas evaluated and noted that this effect is superior to standard treatment. The psychotherapy patients showed improvement in the areas of employment and social support; their drug use diminished and their psychiatric condition improved. At the same time, they needed a lower daily dose of methadone. In addition, the group undergoing standard treatment showed a noteworthy deterioration in their medical condition. Both groups showed a significant increase in their alcohol use. When applied to family treatments, the systemic-constructivist approach by the reflecting team offers combined techniques that can help</p>

							improve care for the families of patients with addiction problems.
Garrote-Caparrós, Elena; Lecuona, Óscar; Bellosta-Batalla, Miguel; Moya-Albiol, Luis; Cebolla, Ausiàs	2023	Efficacy of a mindfulness and compassion-based intervention in psychotherapists and their patients: Empathy, symptomatology, and mechanisms of change in a randomized controlled trial	Psychotherapy		19-39-1536(Electronic), 0033-3204(Print)	182-193	In recent years, mindfulness and compassion-based interventions (MCBI) have been found to beneficially influence the acquisition of essential skills in psychotherapy and are a promising way to improve relationships with patients. In this regard, new studies are needed to evaluate the effects of MCBI on psychotherapists and their patients and to analyze the influence of these effects on the processes and outcomes of psychotherapy. In this randomized controlled trial, we evaluate the efficacy of an MCBI in psychotherapists' mindfulness skills and self-reported empathy, as well as its indirect effect on patients (patient-reported psychotherapists' empathy, therapeutic bond, and symptomatology). Finally, we present a multilevel structural equation model (MSEM) to analyze the relationship between these variables in psychotherapists and their patients. A group of psychotherapists (N = 63) were randomized to an MCBI or an active control group (empathy diary). We assessed psychotherapists and their patients (N = 121) before and after the MCBI and at follow-up evaluation. Psychotherapists' results showed an increase in psychotherapeutic mindfulness skills (PMS) after the MCBI and at follow-up, whereas self-reported empathy improved at follow-up. Patients' results showed an improvement in perceived empathy, therapeutic bond, and symptomatology after the MCBI. The improvements in symptomatology were maintained for somatization and anxiety at follow-up. According to the MSEM, the increase in PMS is related to an increase in patient-reported psychotherapists' empathy, which produces an improvement in therapeutic bond and their

							symptomatology. These results support the benefits of introducing MCBI in psychotherapists' training to improve the psychotherapy outcomes. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Gaume, Jacques; Hallgren, Kevin A.; Clair, Carole; Schmid Mast, Marianne; Carrard, Valérie; Atkins, David C.	2019	Modeling empathy as synchrony in clinician and patient vocally encoded emotional arousal: A failure to replicate	Journal of Counseling Psychology		19 39- 21 68(Ele ctr oni c), 00 22- 01 67(Pri nt)	341-350	Empathy is a well-defined active ingredient in clinical encounters. To measure empathy, the current gold standard is behavioral coding (i.e., trained coders attribute overall ratings of empathy to clinician behaviors within an encounter), which is labor intensive and subject to important reliability challenges. Recently, an alternative measurement has been proposed: capturing empathy as synchrony in vocally encoded arousal, which can be measured as the mean fundamental frequency of the voice (mean F0). This method has received preliminary support by one study (Imel, Barco, et al., 2014). We aimed to replicate this study by using 2 large samples of clinical interactions (alcohol brief motivational interventions with young adults, N = 208; general practice consultations, N = 204). Audio files were segmented to identify respective speakers and mean F0 was measured using speech signal processing software. All sessions were independently rated by behavioral coders using 2 validated empathy scales. Synchrony between clinician and patient F0 was analyzed using multivariate multilevel models and compared with high and low levels of empathy derived from behavioral coding. Findings showed no support for our hypothesis that mean F0 synchrony between clinicians and patients would be higher in high-empathy sessions. This lack of replication was consistent for both clinical samples, both behavioral coding instruments, and using measures of F0 synchrony occurring at both the session-level and minute-level. We considered differences in culture and

							language, patients' characteristics, and setting as explanations for this failure to replicate. Further replication testing and new developments regarding measurement methods and modeling are needed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Gaume, Jacques; Magill, Molly; Gmel, Gerhard; Daeppen, Jean-Bernard	2021	Motivational interviewing technical and relational skills, change talk, and alcohol outcomes - A moderated mediation analysis	Journal of consulting and clinical psychology	89	8	707-716	Objective: Change talk has been proposed as a mechanism of change in motivational interviewing (MI) by mediating the link between MI technical skills and behavioral outcomes. We tested the influence of therapists' relational skills on this mediation model. Method: Secondary analysis of a randomized controlled trial of individual brief MI for heavy drinking among 20-year-old-Swiss young men, where the MI group (n = 179) significantly reduced drinking compared to an assessment-only control. We coded MI sessions and derived: therapists' MI technical skills, clients' change talk (CT) and sustain talk (ST), and global relational ratings (empathy and MI spirit). We tested moderated mediation models with technical skills as the independent variable, CT and ST as parallel mediators, predicting drinking at 3-month follow-up (controlling for baseline drinking), and relational skills as moderators of the path from technical skills to client mediators. Results: Conditional indirect effects were significant for overall MI technical skills, open questions, and simple reflections (i.e., more of these behaviors related to more ST, which was related to more drinking) when relational skills were low. In contrast, there was a significant conditional indirect effect for complex reflections when relational skills were high (i.e., more complex reflections related to less ST). Conclusions: This study provides partial support for the MI technical and relational process models. Interestingly,

							support was found regarding the negative side of client ambivalence (ST) in this highly precontemplative sample. Accordingly, MI therapists should work cautiously with ST when clients are at early stages of motivational readiness.
Gawlik, A.; Lüdemann, J.; Neuhausen, A.; Zepp, C.; Vitinius, F.; Kleinert, J.	2023	A Systematic Review of Workplace Physical Activity Coaching	Journal of occupational rehabilitation	33	3	550–569	<p>Aim Studies show that about 60 min of moderate physical activity (PA) per day compensate for sitting all day at work. However, the workplace offers an ideal setting for health-promoting interventions such as PA coaching as a person-centered intervention aimed at achieving lasting health behavior changes. Given a good evidence base of health coaching studies in general, this systematic review aims to provide an overview of workplace PA coaching interventions. Methods This review was conducted according to PRISMA guidelines. Studies published up to July 2021 were considered based on the following inclusion criteria: (1) longitudinal intervention studies, (2) analysis of PA at work, (3) sedentary employees, (4) PA coaching in the workplace as intervention, (5) increasing workplace PA. Results Of 4323 studies found, 14 studies with 17 interventions met inclusion criteria. All 17 interventions indicated an increase in at least one PA outcome. Twelve interventions indicated significant improvements in at least one workplace or total PA outcome. There is a high variation within the different coaching parameters, such as behavior change techniques and communication channels. The study quality showed a moderate to high risk of bias. Conclusions The majority of interventions provided evidence for the effectiveness of workplace PA coaching. Nevertheless, the results are inconclusive with regard to the variety of coaching parameters and thus no general statement can be made about the effectiveness of individual parameters. However, this variety of</p>

							parameters also leads to a high degree of individualization of workplace PA coaching interventions to increase PA for different groups of employees and different types of workplaces.
Gdde, Gnter	2016	Die Weichenstellung zur therapeutischen Beziehung als vorrangigem Therapiefokus					Aus historischer Perspektive wird der Frage nachgegangen, wie es dazu gekommen ist, dass die therapeutische Beziehung in den psychodynamischen Therapien zum zentralen Therapiefokus geworden ist. Den Ausgangspunkt bildet Freuds Theoriekonzeption, die an die Erfahrungen der Hypnotiseure mit dem "Rapport", einer Vorform der Übertragung, anknüpfte und eine radikale Umkehrung des Arzt-Patient-Verhältnisses mit sich brachte, da der Patient das Recht erhielt, in freier Themenwahl sein Leiden selbst darzustellen. In den 1920er-Jahren kam es zu einer bis heute nachwirkenden Debatte mit S. Ferenczi, in der sich die Polarisierung von "Einsichts-" und "Erlebnistherapie" herauskristallisierte. Während die Einsichtstherapie, geprägt von den Annahmen der psychoanalytischen Ich- und Triebpsychologie, an einem intrapsychischen Paradigma orientiert blieb, gingen Objektbeziehungspsychologen - etwa M. Balint und D. W. Winnicott - im Rahmen einer Therapie der emotionalen Erfahrung zu einem "Beziehungsparadigma" über, in dem Übertragung und Gegenübertragung interaktionell und zirkulär gesehen wurden und der Anteil des Therapeuten und damit die aktualgenetische Übertragungs-Gegenübertragungsdynamik im Hier und Jetzt zunehmend mehr Berücksichtigung fanden. Die weitere Entwicklung der psychodynamischen Psychotherapie führte zu einer stärkeren Beachtung der Empathie des Therapeuten und der Subtilität und Wechselseitigkeit in den therapeutischen Interaktionen ("intersubjektives Paradigma").

Geiser, Christiane	2021	Verkrperte Trume	Psychotherapie-Wissenschaft	11	2	47-54	Vorgestellt wird der Umgang mit Trumen in einer personenzentriert-experienziellen Krperpsychotherapie, wie sie im Ausbildungsinstitut GFK in Zrich vermittelt wird. Nach einfhrenden therapietheoretischen berlegungen wird anhand einer ausfhrlichen, kommentierten Falldarstellung gezeigt, wie der Therapieverlauf unter Einbeziehung des Traumerlebens konsequent immer wieder zum Bezugsrahmen der Klientin zurckkehrt und ihre innere Bewegung in Bezug auf ihr eigenes Erleben untersttzt. Dabei werden unterschiedliche Modalitten angefragt und ausgefaltet, die der Klientin mglich sind und die den Prozess fortfhren. Die Therapeutin ist in der Beziehung als Person mit ihren eigenen Erlebensresonanzen prsent.
Gelfand, Samantha L.; Scherer, Jennifer S.; Koncicki, Holly M.	2020	Kidney Supportive Care: Core Curriculum 2020	American journal of kidney diseases : the official journal of the National Kidney Foundation	75	5	793-806	Kidney supportive care is the application of palliative medicine principles and practices to patients with kidney disease. The goal is alleviation of suffering through treatment of symptoms, empathic communication, and support for psychosocial distress. Kidney supportive care includes primary palliative care provided by nephrology teams, as well as referral of patients with complex distress for comanagement by an interprofessional specialty palliative care team, when available. The team may include physicians, nurses, social workers, chaplains, and dieticians. Comanagement with nephrologists offers an additional layer of support to patients and families as prognostic awareness, patient preferences, and care decisions are explored. Kidney supportive care can be offered to patients experiencing acute kidney injury or chronic kidney disease, including those with kidney failure treated by kidney replacement therapy (dialysis and transplantation). Kidney supportive care includes but is not limited to end-of-life care. This

							installment of the Core Curriculum in Nephrology outlines several practical applications of kidney supportive care, with a focus on the nephrologist's approach to symptom management, active medical management of kidney failure without dialysis (also known as comprehensive conservative care), acute kidney injury in seriously ill patients, and withdrawal from dialysis.
Gelso, Charles J.; Kivlighan Jr., Dennis M.; Markin, Rayna D.	2018	The real relationship and its role in psychotherapy outcome: A meta-analysis	Psychotherapy	55	4	434–444	Although writing about the real relationship has existed from the beginnings of the “talking cure,” it is only in recent years that empirical research has focused on this phenomenon. The real relationship is the personal relationship between patient and therapist marked by the extent to which each is genuine with the other and perceives/experiences the other in ways that are realistic. The strength of the real relationship is determined by both the extent to which it exists and the degree to which it is positive or favorable. In this article, a meta-analysis is presented on the association between the strength of the real relationship and the outcome of psychotherapy. Summed across 16 studies, this meta-analysis revealed a moderate association with outcome ($r = .38$, 95% confidence interval $ [.30, .44]$, $p < .001$, $d = 0.80$, $N = 1.502$). This real relationship–outcome association was independent of the type of outcome studied (treatment outcome, treatment progress, and session outcome) and of the source of the measure (whether the client or the therapist rated the real relationship and/or treatment outcome). We also present commonly used measures of the real relationship, limitations of the research, and patient contributions. The article concludes with diversity considerations and practice recommendations for developing and strengthening the real relationship.

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Genova, Federica; Zingaretti, Pietro; Gazzillo, Francesco; Tanzilli, Annalisa; Lingiardi, Vittorio; Katz, Michael; Hilsenroth, Mark	2021	Patients' crying experiences in psychotherapy and relationship with working alliance, therapeutic change and attachment styles	Psychotherapy	58	1	160-171	Crying may be a beneficial experience and reflect a patients' involvement in the therapeutic work, as well as a potential indicator of the healing process. This study explored the relationships between patients' crying experience in therapy, their perception of working alliance and therapeutic change, as well as considering the role of attachment styles. One hundred six patients completed a survey about crying in psychotherapy and self-report measures for assessing working alliance, therapeutic change, and attachment styles. Concerning general crying experiences, results showed that when patients' crying (even if painful) was followed by more positive or less negative emotions (i.e., a sense of relief), they perceived the working alliance more positively and therapeutic change as enhanced. Similarly, regarding their most recent crying episode, patients' feeling of crying as a positive (albeit often painful) experience was related with a better perception of working alliance and therapeutic change. In relation to variance explained by patient attachment style, our results are quite limited and secondary to the findings on crying-related experiences, working alliance and therapeutic change. However, when attachment style did contribute significantly to a regression model, results indicated that for patients with high dismissing attachment concerns, crying in a context of a good working alliance may represent both a useful process for reducing negative emotions and an indicator of good therapeutic outcome. Clinical and empirical implications are discussed in terms of the relevance of the therapeutic crying experience on the quality of

							working alliance and therapeutic change. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Gentles, Stephen J.; Nicholas, David B.; Jack, Susan M.; McKibbon, K. Ann; Szatmari, Peter	2018	Parent engagement in autism-related care: a qualitative grounded theory study	Health psychology and behavioral medicine	7	1	1-18	Parents of children with autism assume substantial responsibility for navigating intervention to address autism-related concerns, including involvement in therapy. Little is known, from the perspective of these parents, regarding how to best engage and support them in this navigating process as it evolves over the child's development. In this article, we present findings from a large qualitative study that investigated how parents of children with autism navigate intervention, to construct an in-depth theoretical account of how this group comes to be engaged in individual-level care. Using grounded theory methods and a symbolic interactionist framework, we analyzed select documents and 45 intensive interviews conducted with 32 mothers and 9 expert professionals from urban and rural regions of Ontario, Canada. Parent-defined concerns are the central impetus for the core process of navigating intervention, labeled using parents' language making your own way. We describe how this process is analogous to engaging in care. Four meaning-making processes - defining concerns, informing the self, seeing what is involved, and adapting emotionally - all interacting in an ongoing fashion, together account for parents' evolving readiness and motivation for taking action to navigate intervention. We illustrate how parents' readiness and motivation for navigating intervention (and thus for engagement) evolves over a generalized trajectory, according to three highly overlapping processes experienced by most parents: coming to understand their child has autism, going into high gear, and easing off. These findings indicate multiple empirical conditions and factors affecting engagement

							that service planners and professionals will likely want to consider when seeking parent involvement as a means to improve outcomes in autism. Additionally, theoretical aspects are relevant to the developing understanding of how healthcare consumers in general become engaged in individual care, with implications for patient-centered care.
Gericke, Franco; Ebert, David D.; Breet, Elsie; Auerbach, Randy P.; Bantjes, Jason	2021	A qualitative study of university students' experience of Internet-based CBT for depression	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	4	792–804	
Germer, Sylvan; Weyrich, Vanessa; Bräscher, Anne-Kathrin; Mütze, Kaline; Witthöft, Michael	2022	Does practice really make perfect? A longitudinal analysis of the relationship between therapist experience and therapy outcome: A replication of Goldberg, Rousmaniere, et al. (2016)	Journal of Counseling Psychology		19 39- 21 68(Ele ctr oni c), 00 22- 01 67(Pri nt)	745–754	Experience is often regarded as a prerequisite of high performance. In the field of psychotherapy, research has yielded inconsistent results regarding the association between experience and therapy outcome. However, this research was mostly conducted cross-sectionally. A longitudinal study from the U.S. recently indicated that psychotherapists' experience was not associated with therapy outcomes. The present study aimed at replicating Goldberg, Rousmaniere, et al. (2016) study in the German healthcare system. Using routine evaluation data of a large German university psychotherapy outpatient clinic, the effect of N = 241 therapists' experience on the outcomes of their patients (N = 3,432) was assessed longitudinally using linear and logistic multilevel modeling. Experience was operationalized using the number of days since the first patient of a therapist as well as using the number of patients treated beforehand. Outcome criteria were defined as change in general

							psychopathology as well as response, remission, and early termination. Several covariates (number of sessions per case, licensure, and main diagnosis) were also examined. Across all operationalizations of experience (time since first patient and number of cases treated) and therapy outcome (change in psychopathology, response, remission, and early termination), results largely suggest no association between therapists' experience and therapy outcome. Preliminary evidence suggests that therapists need fewer sessions to achieve the same outcomes when they gain more experience. Therapeutic experience seems to be unrelated to patients' change in psychopathology. This lack of findings is of importance for improving postgraduate training and the quality of psychotherapy in general. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Germing, Cathrin	2018	Qualitätssicherung in Weiterbildungs-einrichtungen: Diskussion eines populären Phänomens	Gesprächspsychotherapie und Personenzentrierte Beratung	49	4	200–203	Aus Sicht einer Gutachterin wird über das Qualitätsmanagement in der Aus- und Weiterbildung im Allgemeinen und in der personenzentrierten Beratung bzw. Beratungsausbildung im Speziellen reflektiert. Zunächst werden Bedeutung und Entwicklung von qualitätssichernden Maßnahmen wie Gütesiegeln im Bildungsbereich dargestellt. Kernaspekte bilden demnach Prozesstransparenz sowie die kontinuierliche Verbesserung des Systems mit dem Ziel einer Standardisierung. Thematisiert wird darüber die Perspektive der Kunden und der zu zertifizierenden Einrichtung. Abschließend werden Anregungen zum Qualitätsmanagement auf individueller und institutioneller Ebene in Bezug auf die personenzentrierte Arbeit formuliert.
Ghafoori, Bitia; Garfin, Dana	2019	Predictors of treatment	Psychological trauma : theory,	11	7	767–774	OBJECTIVE: Few studies have investigated determinants of trauma-informed care (TIC) in vulnerable youth

Rose; Ramírez, Jesse; Khoo, Su Fern		initiation, completion, and selection among youth offered trauma-informed care	research, practice and policy				<p>populations. The purpose of the present study was to investigate factors associated with initiation, completion, and selection of type of TIC treatment among a sample of 128 treatment-seeking youth who experienced crime or violence. METHOD: This retrospective medical record review study used data collected through routine clinical care at an outpatient, no-cost community mental health clinic. RESULTS: We found that 69.5% of treatment-seeking youth (n = 89) initiated treatment, defined as attending at least 1 TIC session. Among youth who initiated treatment, 61.8% (n = 55) completed a TIC treatment. Predisposing and need characteristics were not significantly associated with initiating or completing treatment in adjusted models. Youth assigned to trauma-focused cognitive-behavioral therapy (TF-CBT) were more likely to complete treatment compared with those assigned to child-centered therapy (CCT) approaches (odds ratio [OR] = 4.48, 95% CI [1.35, 14.91], p = .014). Logistic regression analyses suggested therapists were less likely to select TF-CBT for children with higher externalizing symptoms (OR = 0.92, 95% CI [0.85, 0.99], p = .035). CONCLUSIONS: Findings suggest among youth who called in for treatment, many successfully initiated treatment, and of those who initiated, most completed treatment. Empirically supported treatments such as TF-CBT may further promote treatment completion. (PsycINFO Database Record (c) 2019 APA, all rights reserved).</p>
Ghafoori, Bitia; Hansen, Marissa C.; Garibay, Erika;	2017	Feasibility of Training Frontline Therapists in Prolonged	The Journal of nervous and mental disease	205	4	283–293	<p>The study aims were to determine whether prolonged exposure (PE) improved mental health and was feasible to implement by frontline clinicians in a culturally diverse sample with complex trauma. Seventy-one individuals were randomly assigned to PE or person-centered therapy</p>

Korosteleva, Olga		Exposure: A Randomized Controlled Pilot Study of Treatment of Complex Trauma in Diverse Victims of Crime and Violence					(PCT). Outcome measures were administered at baseline and sessions 3, 6, 9, and 12. Mixed modeling was used to regress outcome measures on time, treatment group, and number of visits. Individuals who received PE showed significant moderate association with decline in reported posttraumatic stress disorder (PTSD) symptoms as noted by the PTSD Checklist for DSM-5 ($p = 0.05$) compared with PCT. Results indicated improved scores on all measures at each follow-up time point compared with baseline ($p \leq 0.01$). PE was feasible, shown by positive recruitment and ability of clinicians to effectively implement and maintain treatment fidelity. Findings suggest that PE can be effective for treating complex trauma when used by clinicians in community settings.
Ghafoori, Bitia; Matos, Marlene; Gonçalves, Mariana	2022	Dropout from evidence-based trauma treatment in a community mental health clinic serving victims of interpersonal violence	J. Traum. Stress (Journal of Traumatic Stress)	35	3	1025–1041	Trauma-focused psychotherapies are increasingly offered in community-based mental health centers, but little is known about treatment dropout in these settings. The current study explored dropout at different stages of treatment in a treatment-seeking sample of 1,186 adults who experienced interpersonal violence and were offered trauma-focused and non-trauma-focused therapies. A total of 31.6% of participants dropped out before treatment initiation, 28.0% dropped out after treatment initiation and completed a mean of 4.02 (SD = 2.41) sessions, and 40.4% completed a full course of PTSD treatment. Being unemployed, $p < .001$, and scoring lower on measures of environment factors, $p = .045$, were significant predictors of pretreatment dropout. Being female, $p < .001$; Latinx, $p = .032$; and scoring higher on a measure of social relationships, $p = .024$, were independent predictors of postinitiation dropout. Individuals who completed nine sessions of treatment displayed significantly lower levels of posttraumatic

							stress disorder, depression, and anxiety symptoms. The present study provides preliminary evidence that survivors of interpersonal violence who seek therapy tend to drop out early during treatment, and most who complete treatment attain symptom reduction.
Ghafoori, Bitia; Wolf, Melissa Gordon; Nylund-Gibson, Karen; Felix, Erika D.	2019	A naturalistic study exploring mental health outcomes following trauma-focused treatment among diverse survivors of crime and violence	Journal of affective disorders	245		617–625	<p>BACKGROUND: Although considerable research has tested evidence-based practices in clinical trials, research is needed on the use of trauma-focused treatments by victims of crime and violence in naturalistic settings. This study investigated four trauma-focused treatments, prolonged exposure therapy (PE), cognitive behavioral therapy (CBT), eclectic therapy, and person-centered therapy (PCT), and assessed treatment dropout and symptom improvement over five assessment time-points. METHODS: Descriptive comparisons and pattern mixture multigroup growth models were used to assess differences between treatments on time in treatment, rate of dropout, and improvement in posttraumatic stress (PTSD) and depression symptoms in an outpatient sample of 526 clients seeking routine clinical care. RESULTS: PCT was significantly associated with the highest number of therapy sessions completed and the lowest rate of dropout (41.75%) compared to CBT and eclectic treatments. All treatment groups reported PTSD symptom improvement with no significant differences based on therapy type. For depression, the rate of improvement for clients in PCT who dropped out of treatment after session 3 was significantly steeper than the rate of improvement for clients in eclectic treatment who dropped out of treatment after session 3. Clients who stayed in treatment longer generally had larger decreases in symptoms compared to those who dropped out earlier. LIMITATIONS: The small sample size in each of</p>

							the treatment groups may have limited power to detect change. CONCLUSIONS: Several trauma-focused treatments offered in a community-based setting may result in significant symptomatic improvement.
Ghai, Shashank; Ghai, Ishan; Narciss, Susanne	2022	Auditory stimulation improves gait and posture in cerebral palsy: A systematic review with between- and within-group meta-analysis	Children, 2022				The past decade has seen an increased interest in the implementation of auditory stimulation (AStim) for managing gait and postural deficits in people with cerebral palsy. Although existing reviews report beneficial effects of AStim on the spatiotemporal and kinematic parameters of gait, there are still numerous limitations that need to be addressed to correctly interpret these results. For instance, existing reviews have failed to characterize the effects of AStim by conducting separate between and within-group meta-analyses, these reviews have not evaluated the influence of AStim on postural outcomes, and nor have included several high-quality existing trials. In this study, we conducted between- and within-group meta-analyses to establish a state of evidence for the influence of AStim on gait and postural outcomes in people with cerebral palsy. We searched the literature according to PRISMA-P guidelines across 10 databases. Of 1414 records, 14 studies, including a total of 325 people with cerebral palsy, met the inclusion criterion. We report a significant enhancement in gait speed, stride length, cadence, and gross motor function (standing and walking) outcomes with AStim compared to conventional physiotherapy. The findings from this analysis reveal the beneficial influence of AStim on the spatiotemporal and kinematic parameters of gait and postural stability in people with cerebral palsy. Furthermore, we discuss the futurized implementation of smart wearables that can deliver person-centred AStim rehabilitation in people with cerebral palsy.

Ghanaati, Zahra	2021	Die Bedeutung der interkulturellen Öffnung in der Personzentrierten Supervision	Gesprächspsychotherapie und Personzentrierte Beratung	52	4	6-11	Aufgrund meiner iranischen Wurzeln habe ich lernen müssen, mein eigenes Kulturbewusstsein zu erweitern, indem ich mich mit und gegenüber anderen Kulturen öffne. Im Laufe der GwG-Weiterbildung zur Personzentrierten Supervisorin wurde mir die Bedeutung dessen immer deutlicher und ich konnte während meiner Supervisionen mit Klienten meine Kompetenzen im interkulturellen Bereich erweitern und nun als Produkt anbieten. Ich musste oftmals feststellen, dass der Aspekt der interkulturellen Sensibilität sich nicht für alle als selbstverständlich erweist. Daher wünsche ich mir, auch mit diesem Text, der eine Kurzfassung meiner Abschlussarbeit im Rahmen der Weiterbildung ist, einen Beitrag dazu zu leisten, andere auf das Thema aufmerksam zu machen. Es geht also darum, auch in der Supervision anzuerkennen, dass die Unterschiedlichkeit des einzelnen Individuums respektiert, wertgeschätzt und in seiner Einzigartigkeit umso mehr als Bereicherung angesehen wird, sodass unsere Vielfalt zum Wachstum beiträgt.
Gibson, Adam; Cooper, Mick; Rae, John; Hayes, Jacqueline	2020	Clients' experiences of shared decision making in an integrative psychotherapy for depression	Journal of evaluation in clinical practice	26	2	559-568	Abstract Mental health and general health care research has shown that practitioners can facilitate patient involvement in shared decision making (SDM) and that the approach can benefit patients who wish to take part in decisions around their care. Yet patient experiences of SDM within a psychotherapy context have been little researched. This study examined how clients experienced SDM in a collaborative-integrative psychotherapy. A grounded theory approach used interpersonal process recall interviewing and supplementary semi-structured interviews to investigate 14 clients' experiences of SDM in pluralistic psychotherapy for depression. Verbatim transcripts were coded into 819 meaning units across six

							<p>categories containing 13 subcomponents that comprised a single, core category. The six categories were (a) experiencing decisions as shared, (b) psychotherapists supporting clients to become more active in the decision-making process, (c) both parties presenting and recognizing expert knowledge, (d) clients felt recognized as an individual and accommodated for by their psychotherapist, (e) clients felt comfortable engaging with the decision-making process, and (f) daunting for clients to be asked to take part in decision discussions. A core category emerged of ?Psychotherapists encourage client participation and progressively support clients to provide information and contributions towards shared treatment decisions that could be led equally, or marginally more by one party.? Such support was particularly useful when clients had difficulty contributing as part of decision discussions. Client preferences for SDM change across clients and across decisions, highlighting the importance of practitioners remaining flexible to individual clients when using the approach.</p>
Gidhagen, Ylva; Holmqvist, Rolf; Philips, Björn	2018	Attachment style among outpatients with substance use disorders in psychological treatment	Psychology and psychotherapy	91	4	490–508	<p>OBJECTIVES: To explore the associations between self-rated attachment style, psychological distress and substance use among substance use disorder (SUD) outpatients in psychological treatment. DESIGN AND METHODS: In this practice-based study, 108 outpatients were asked to fill in the Experiences in Close Relationships - Short form, the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM), the Alcohol Use Disorders Identification Test (AUDIT), and the Drug Use Disorders Identification Test (DUDIT) at treatment start and end. Patients were given psychological treatments with a directive, reflective or supportive orientation. RESULTS: An insecure attachment</p>

							<p>style was more common among the SUD outpatients, compared to non-clinical groups. Patients with a fearful attachment style scored higher on psychological distress than patients with a secure attachment style. The associations between the attachment dimensions and psychological distress were stronger than those between attachment and SUD. Significantly more patients had a secure attachment style at treatment end.</p> <p>CONCLUSIONS: This study shows significant relations between patients' attachment style and their initial psychological distress. The causal relationship between attachment style and psychological distress is, however, not clear and can likely go in both directions. The psychological treatment of patients with SUD contributed significantly to changes from insecure to secure attachment style. PRACTITIONER POINTS: We found among patients with SUD a strong relation between patients' attachment style and their psychological distress. Knowledge of the patient's attachment style may help the therapist to tailor the treatment to the patient's needs. A change from insecure to secure attachment style can be an important goal for a SUD treatment, as it may prevent the patient from using defence strategies involving substance use for regulating emotions and interpersonal relationships.</p>
Gieselmann, Astrid; Scholten, Matthé; Gather, Jakob; Vollmann, Jochen	2019	Advance research directives in the context of dementia research: Ethical reflections on	Fortschritte der Neurologie-Psychiatrie	87	4	255–258	<p>In November 2016, the German Federal Diet adopted an amendment to the German Medicinal Products Act (Arzneimittelgesetz), which permits non-therapeutic biomedical research on incompetent adults under a number of strict conditions. One of these conditions is that the potential research participant has declared her wish to participate in biomedical research in a valid research advance directive. Before completing the</p>

		the disclosure requirement					research advance directive, the potential research participant must be informed about the circumstances of research participation. It has been argued that the legislature should have omitted the disclosure requirement for research advance directives. In this article, we consider reasons for maintaining such a disclosure requirement. In addition, we propose a practically feasible disclosure standard for research advance directives. According to this standard, potential research participants should be informed about types of biomedical studies rather than about particular studies.
Gill, Michelle M.; Ndimbii, James N.; Otieno-Masaba, Rose; Ouma, Millicent; Jabuto, Stella; Ochanda, Boniface	2022	Adherence challenges and opportunities for optimizing care through enhanced adherence counseling for adolescents with suspected HIV treatment failure in Kenya	BMC health services research	22	1	962	BACKGROUND: Adolescents living with HIV (ALHIV) experience higher mortality and are more likely to have poor antiretroviral therapy (ART) adherence and unsuppressed viral load (VL) compared to adults. Enhanced adherence counseling (EAC) is a client-centered counseling strategy that aims to identify and address barriers to optimal ART use and can be tailored to the unique needs of adolescents. This study aimed to better understand adherence barriers among ALHIV with suspected treatment failure and their experience with EAC to inform future programming. METHODS: A qualitative study was conducted in Homa Bay and Turkana counties, Kenya in 2019 with adolescents and caregivers of children and adolescents living with HIV with suspected treatment failure after ≥ 6 months on ART and who had received ≥ 1 EAC sessions. Sixteen focus group discussions (FGDs) were conducted; five FGDs each were held with adolescents 12-14 years (n = 48) and 15-19 years (n = 36). Caregivers (n = 52) participated in six FGDs. Additionally, 17 healthcare workers providing pediatric/adolescent HIV services participated in in-depth interviews. Audio recordings were transcribed and

							translated from Kiswahili or Dholuo into English and coded using MAXQDA software. Data were thematically analyzed by participant group. RESULTS: Participants identified adolescents' fear of being stigmatized due to their HIV status and their relationship with and level of support provided by caregivers. This underpinned and often undermined adolescents' ART-taking behavior and progress towards more independent medication management. Adolescents were generally satisfied with EAC and perceived it to be important in improving adherence and reducing VL. However, problems were noted with facility-based, individual EAC counseling, including judgmental attitudes of providers and difficulties traveling to and keeping EAC clinic appointments. Participant-suggested improvements to EAC included peer support groups in addition to individual counseling, allowing for greater flexibility in the timing and location of sessions and greater caregiver involvement. CONCLUSIONS: The findings provide opportunities to better tailor EAC interventions to promote improved ALHIV adherence and caregiver-supported disease management. Multi-prong EAC interventions that include peer-led and community approaches and target adolescent and caregiver treatment literacy may improve EAC delivery, address issues contributing to poor adherence, and position adolescents to achieve viral suppression. TRIAL REGISTRATION: ClinicalTrials.gov : NCT04915469.
Girit, Selina; Müller-Stierlin, Annabel S.; Hiltensperger, Ramona;	2023	Successful Implementation of Peer Support for People with Severe Mental	Psychother Psychosom Med Psychol	73	2	70-77	OBJECTIVE: Peer support is an established intervention in which people with mental illness receive support by trained peer support workers who have already overcome a mental health crisis. The implementation of peer support is complex due to interacting factors and can be

<p>Wenzel, Lisa; Lohner, Manfred; Mahlke, Candelaria; Nixdorf, Rebecca; Puschner, Bernd</p>		<p>Illness in Germany: a Theory of Change Approach</p>				<p>achieved through the participatory Theory of Change method. Aim of this study is to develop a cross-site Theory of Change for the sustainable implementation of UPSIDES peer support in Germany. METHODS: Based on site-specific Theories of Change workshops from Ulm and Hamburg in which 47 participants took part, a cross-site Theory of Change was designed and verified in three follow-up workshops with 12 participants. Participants' professional and experiential backgrounds were diverse, including peer support workers, hospital directors and managers, mental health professionals (psychiatrists, psychotherapists, nurses), and researchers. RESULTS: The first pathway of the cross-site Theory of Change focuses on the training of peer support workers, whereas the second pathway emphasizes recognition and integration by mental health institutions and professionals. The third pathway specifies the building of a cross-professional care network to integrate various peer support services. Procedures to approach prospective peer clients are depicted in the fourth pathway. The fifth path addresses the clarification of the role description of peer support workers and the implementation in other institutions through cooperation. DISCUSSION: Many of the identified implementation steps have been validated in comparable studies. The development of this Theory of Change by bringing together multiple perspectives of key stakeholders is an important basis for the sustainable implementation of UPSIDES peer support. Furthermore, it may serve as a blueprint for the implementation of similar interventions to advance scaling-up of evidence-based user-led and recovery-oriented interventions. CONCLUSION: The Theory of Change approach is a well-accepted and</p>
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							feasible method, which can be recommended for the implementation of complex interventions such as UPSIDES peer support.
Gladstone, Tracy R. G.; Feinstein, Rebecca T.; Fitzgibbon, Marian L.; Schiffer, Linda; Berbaum, Michael L.; Lefaiver, Cheryl; Pössel, Patrick; Diviak, Kathleen; Wang, Tianxiu; Knepper, Amanda K.; Sanchez-Flack, Jennifer; Rusiewski, Calvin; Potts, Diane; Buchholz, Katherine R.; Myers, Taylor L.; van Voorhees, Benjamin W.	2022	PATH 2 Purpose: Design of a comparative effectiveness study of prevention programs for adolescents at-risk for depression in the primary care setting	Contemporary clinical trials	117		106763	The majority of mental, emotional, and behavioral (MEB) disorders have an initial onset before age 24, with 20% annual incidence, and with major depressive disorder (MDD) being the most common MEB. Health systems may be able to reduce costs by transitioning from the current treatment-focused model for MDD to a prevention model. However, evidence is needed for (1) the comparative effectiveness of a "scalable intervention" and (2) an implementation model for such a scalable intervention in the primary care setting. This paper describes a comparative effectiveness trial evaluating the efficacy of two evidence-based cognitive-behavioral prevention (CBP) programs: Teens Achieving Mastery over Stress (TEAMS), the "gold standard," group therapy model, and Competent Adulthood Transition with Cognitive Behavioral, Humanistic and Interpersonal Training (CATCH-IT), a scalable, self-directed, technology-based model. Eligible adolescents, age 13-19, are offered one of these two depression prevention programs across five health systems (30 clinics) in urban and suburban Chicago, IL, rural Western IL, and Louisville, KY. We are comprehensively evaluating patient-centered outcomes and stakeholder-valued moderators of effect versus baseline at two, six, 12, and 18-month assessment points. Using a hybrid clinical trial design that simultaneously examines the implementation process, the study is also assessing adolescents', parents', and providers' experiences (e.g., efficacy, time commitment, cultural acceptability) within each intervention approach.

Glanzer, Otto; Krauskopf, Karsten; Orkibi, Hod; Schnabel, Konrad; Stadler, Christian	2023	Zukunft der Psychodramath erapieforschung . Interviews mit Otto Glanzer, Karsten Krauskopf, Hod Orkibi und Christian Stadler	Zeitschrift fr Psychodrama und Soziometrie	22	1	35–51	Dieser Artikel der Zeitschrift fr Psychodrama und Soziometrie entht ein Interview von vier Experten zum derzeitigen Stand und zu mglichen zuknftigen Entwicklungen der Psychodramatherapieforschung. Die Interviewten blicken aus unterschiedlichen Perspektiven der Gestalttherapie, der Dramatherapie und der analytischen beziehungsweise tiefenpsychologischen Psychotherapie auf Herausforderungen und originr psychodramatische Anstze der Psychodramatherapieforschung. Besondere Bercksichtigung finden Aspekte der Outcome- und Prozess-Forschung, der Gruppentherapie, der Bedeutung von Kreativitt und Spontaneitt und der mentalisationsbasierten Psychotherapie als ein methodenbergreifendes Konzept. Auerdem werden Wege aufgezeigt, um die Forschung verstrkt in Ausbildung und praktische therapeutische Ttigkeit zu integrieren. Die Interviews verdeutlichen, dass eine verbesserte Kooperation der Forschenden und praktisch Ttigen dazu beitragen kann, die besonderen Potenziale der Psychodramatherapie herauszuarbeiten. Dadurch kann es gelingen, den Stellenwert des Psychodramas als eigenstndiges psychotherapeutisches Verfahren insgesamt auszubauen und zu behaupten.
Glaserapp, Jan	2021	Emotionen als Ressourcen. Manual fr Psychotherapie, Coaching und Beratung					In einem Manual fr Psychotherapie, Coaching und Beratung wird die Nutzung von Emotionen als Ressourcen dargestellt. Im Anschluss an Ausfhrungen zu Emotionen und zum Umgang mit ihnen werden sechs Module zum Einbezug von Emotionen in das psychotherapeutische Vorgehen beschrieben. Ziel ist dabei, dem Klienten den Zugang zu seinem eigenen emotionalen Erleben zu erleichtern. Ein Schwerpunkt liegt auf dem Erkennen und Offenlegen vermiedener Emotionen. Das Manual ist

							strungsbergreifend in der Einzel- sowie Gruppentherapie, Supervision und Selbsterfahrung einsetzbar. Fr die zweite Auflage wurde das Manual mit allen Arbeitsmaterialien vollstndig bearbeitet. - Inhalt: https://d-nb.info/1231245875/04
Glavonic, Emilija; Mitic, Milos; Adzic, Miroslav	2022	Hallucinogenic drugs and their potential for treating fear-related disorders: Through the lens of fear extinction	Couns and Psychother Res (Counselling and Psychotherapy Research)	100	4	947–969	Abstract Fear-related disorders, mainly phobias and post-traumatic stress disorder, are highly prevalent, debilitating disorders that pose a significant public health problem. They are characterized by aberrant processing of aversive experiences and dysregulated fear extinction, leading to excessive expression of fear and diminished quality of life. The gold standard for treating fear-related disorders is extinction-based exposure therapy (ET), shown to be ineffective for up to 35% of subjects. Moreover, ET combined with traditional pharmacological treatments for fear-related disorders, such as selective serotonin reuptake inhibitors, offers no further advantage to patients. This prompted the search for ways to improve ET outcomes, with current research focused on pharmacological agents that can augment ET by strengthening fear extinction learning. Hallucinogenic drugs promote reprocessing of fear-imbued memories and induce positive mood and openness, relieving anxiety and enabling the necessary emotional engagement during psychotherapeutic interventions. Mechanistically, hallucinogens induce dynamic structural and functional neuroplastic changes across the fear extinction circuitry and temper amygdala's hyperreactivity to threat-related stimuli, effectively mitigating one of the hallmarks of fear-related disorders. This paper provides the first comprehensive review of hallucinogens' potential to alleviate symptoms of fear-related disorders by focusing

							on their effects on fear extinction and the underlying molecular mechanisms. We overview both preclinical and clinical studies and emphasize the advantages of hallucinogenic drugs over current first-line treatments. We highlight 3,4-methylenedioxymethamphetamine and ketamine as the most effective therapeutics for fear-related disorders and discuss the potential molecular mechanisms responsible for their potency with implications for improving hallucinogen-assisted psychotherapy.
Gldenring, Annette; Stern, K.	2020	100 Jahre - Von Magnus Hirschfeld zur S3-Leitlinie und darber hinaus: Krperorientierte Behandlungsverfahren als eine Option der Zukunft?	Zeitschrift fr Sexualforschung	33	3	164-168	In diesem Beitrag werden zentrale Inhalte der 2018 verffentlichten S3-Leitlinie "Geschlechtsinkongruenz, Geschlechtsdysphorie und Trans-Gesundheit", die sich dem Wissen von Magnus Hirschfeld vor 100 Jahren wieder annhert, vorgestellt und diskutiert. Der zweite Teil widmet sich krper- und emotionsfokussierten Verfahren in der Versorgung von geschlechtlich nonkonformen Menschen, die bislang nur randstndig im therapeutisch-pdagogischen und beraterischen Bereich angewandt werden. Es wird dafr pldiert, krper- und emotionsfokussierte Verfahren in die Regelversorgung zu integrieren; insbesondere - wie in den AWMF-Kriterien vorgeschrieben - mit Blick auf die bevorstehende bearbeitung der S3-Leitlinie nach fnf Jahren in 2023. Dieser Zeitpunkt gibt auch die Chance, die in der aktuellen Leitlinie verwendete Sprache weiter zu entgendern, um mit einer geschlechtsinkluisiven Nomenklatur nicht-binrem Geschlechtererleben gerecht zu werden. (c) Thieme. All rights reserved.
Glisenti, Kevin; Strodl, Esben; King, Robert	2018	Emotion-focused therapy for binge-eating disorder: A	Clinical psychology & psychotherapy	25	6	842-855	This study aimed to provide preliminary evidence of the usefulness of emotion-focused therapy (EFT) for binge-eating disorder (BED). We used a single-subject design in which 12weeks of individual EFT were applied

		review of six cases					<p>nonconcurrently to six female adult participants with BED, following three weekly baseline sessions. Participants were assessed for binge-eating psychopathology and emotion regulation difficulties on a weekly basis during baseline and treatment. They were assessed on a 2-, 4-, and 8-week basis during posttreatment, and they were assessed for binge-eating episodes, eating disorder attitudes, alexithymia, and psychiatric comorbidity at pretreatment and posttreatment. All cases experienced reliable recovery from binge-eating psychopathology and a significant decrease in binge-eating frequency. For all cases, there was reliable improvement or recovery on eating and shape concerns, and there was improvement on weight concern for the majority of cases. For all cases, reliable recovery or improvement occurred in overall emotion regulation. Most cases that were in the clinical range pretreatment recovered for anxiety, and reliable improvement in or recovery from depression occurred for all cases. There was reliable recovery or improvement in alexithymia for half of the cases; however, the other half experienced no change or deteriorated. There were no treatment dropouts. Individual EFT demonstrates potential as a psychological treatment for BED. The current study provides preliminary evidence to guide the development of a more extensive trial to test the efficacy of individual EFT for BED as well as to identify possible mechanisms of change. 2018 John Wiley & Sons, Ltd.</p>
Glisenti, Kevin; Strodl, Esben; King, Robert	2023	The Role of Beliefs About Emotions in Emotion-Focused	Journal of contemporary psychotherapy	53	2	117-124	

		Therapy for Binge-Eating Disorder					
Glock, Gianna; Hilsenroth, Mark; Curtis, Rebecca	2018	Therapeutic interventions patients with anxiety problems find most helpful: A case for integration?	Journal of Psychotherapy Integration	28	2	233–241	<p>Little research has examined what patients find most helpful with regard to their improvements during treatment. This study explores what specific therapeutic interventions people find most helpful regardless of the type of therapy they receive, and specifically focuses on patients seeking treatment for anxiety symptoms as their primary concern. Data was collected from 34 outpatients reporting high levels of distress related to anxiety symptoms. Patients rated the helpfulness of different psychodynamic–interpersonal and cognitive–behavioral therapist interventions during their treatment, and these ratings were examined for a relationship to overall improvement. Significant findings included exploring wishes, fantasies, dreams or early memories ($r = .472, p = .005$); exploring uncomfortable feelings ($r = .443, p = .009$); focusing on future life situations ($r = .428, p = .012$); feelings and perceptions are linked to past experiences ($r = .400, p = .019$); practicing behaviors learned in therapy between sessions ($r = .345, p = .046$); and providing information on symptoms, treatment, disorder ($r = .341, p = .048$). Trends toward significance between the rated helpfulness of the following therapist interventions with improvement in their therapy included providing explicit advice or direct suggestion ($r = .338, p = .051$) and exploring alternative understanding of patient experiences ($r = .320, p = .065$). Our findings suggest there are specific techniques in both psychodynamic–interpersonal and cognitive–behavioral approaches important during the change process of patients suffering from anxiety problems. This supports future research</p>

							examining transtheoretical or integrative approaches in the psychotherapy of anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Göbel, Kristin; Ortelbach, Niklas; Cohrdes, Caroline; Baumgarten, Franz; Meyrose, Ann-Katrin; Ravens-Sieberer, Ulrike; Scheithauer, Herbert	2022	Co-occurrence, stability and manifestation of child and adolescent mental health problems: a latent transition analysis	BMC psychology	10	1	267	<p>BACKGROUND: Complex constellations of socio-emotional and behavioural problems (i.e., mental health problems) in childhood and adolescence are common and heighten the risk for subsequent personality, anxiety and mood disorders in adulthood. Aims of this study included the examination of patterns of mental health problems (e.g., externalizing-internalizing co-occurrence) and their transitions to reported mental disorders by using a longitudinal person-centered approach (latent class and latent transition analysis). METHODS: The sample consisted of 1255 children and adolescents (51.7% female, mean age = 12.3 years, age range 8-26 years) from three time points of the comprehensive mental health and wellbeing BELLA study. Children and their parents completed the German SDQ (Strength and Difficulties Questionnaire, Goodman, 1997) and reported on diagnoses of ADHD, depression, and anxiety. RESULTS: Latent class analysis identified a normative class, an emotional problem class, and a multiple problem class. According to latent transition analysis, the majority of the sample (91.6%) did not change latent class membership over time; 14.7% of individuals showed a persistent pattern of mental health problems. Diagnoses of mental disorders were more likely to be reported by individuals in the emotional problem or multiple problem class. CONCLUSIONS: Results highlight the need for early prevention of mental health problems to avoid accumulation and manifestation in the transition to adolescence and young adulthood.</p>

<p>Gobin, Robyn L.; Strauss, Jennifer L.; Golshan, Shahrokh; Allard, Carolyn B.; Bomyea, Jessica; Schnurr, Paula P.; Lang, Ariel J.</p>	<p>2019</p>	<p>Gender Differences in Response to Acceptance and Commitment Therapy Among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans</p>	<p>Women's health issues : official publication of the Jacobs Institute of Women's Health</p>	<p>29</p>	<p>3</p>	<p>267-273</p>	<p>BACKGROUND Most of our knowledge base regarding treatment response among veterans comes from predominantly male samples. Evidence suggests, however, that women and men use different coping strategies, which may impact how effective treatments are for people of different genders. The purpose of this investigation was to examine gender differences in response to acceptance and commitment therapy, an empirically supported transdiagnostic psychotherapy.</p> <p>METHODS Data were drawn from a multisite, randomized, controlled trial of acceptance and commitment therapy as compared with a psychotherapy control, namely, present-centered therapy (PCT), in veterans with emotional distress who served in Operations Enduring Freedom, Iraqi Freedom, or New Dawn (OEF/OIF/OND). Although the original trial did not find a difference between acceptance and commitment therapy and present-centered therapy, we were interested in examining whether gender differences may have been obscured in the original analyses. This secondary analysis included 117 participants for whom at least one post-baseline data point was available and examined the role of gender in treatment response.</p> <p>RESULTS Gender differences were not observed on the primary outcome of general distress, but were observed in post-traumatic stress disorder symptoms ($p < .01$).</p> <p>CONCLUSIONS These preliminary results suggest the possibility of gender differences in psychotherapy response and should motivate additional study of gender-specific care.</p>
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Gocheva, Vanya; Hund-Georgiadis, Margret; Hediger, Karin	2018	Effects of animal-assisted therapy on concentration and attention span in patients with acquired brain injury: A randomized controlled trial	Neuropsychology	32	1	54–64	<p>Objective: Previous studies have reported that brain-injured patients frequently suffer from cognitive impairments such as attention and concentration deficits. Numerous rehabilitation clinics offer animal-assisted therapy (AAT) to address these difficulties. The authors' aim was to investigate the immediate effects of AAT on the concentration and attention span of brain-injured patients. Method: Nineteen patients with acquired brain injury were included in a randomized, controlled, within-subject trial. The patients alternately received 12 standard therapy sessions (speech therapy, physiotherapy, occupational therapy) and 12 paralleled AAT sessions with comparable content. A total of 429 therapy sessions was analyzed consisting of 214 AAT and 215 control sessions. Attention span and instances of distraction were assessed via video coding in Noldus Observer. The Mehrdimensionaler Befindlichkeitsbogen ([Multidimensional Affect Rating Scale] MDBF questionnaire; Steyer, Schwenkmezger, Notz, & Eid, 1997) was used to measure the patient's self-rated alertness. Concentration was assessed through Visual Analogue Scale (VAS) via self-assessment and therapist's ratings. Results: The patients' attention span did not differ whether an animal was present or not. However, patients displayed more instances of distraction during AAT. Moreover, patients rated themselves more concentrated and alert during AAT sessions. Further, therapists' evaluation of patients' concentration indicated that patients were more concentrated in AAT compared with the control condition. Conclusions: Although the patients displayed more instances of distraction while in the presence of an animal, it did not have a negative impact on their attention span. In addition, patients reported to</p>
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							be more alert and concentrated when an animal was present. Future studies should examine other attentional processes such as divided attention and include neurobiological correlates of attention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Goeddel, Lee A.; Murphy, Zachary; Owodunni, Oluwafemi; Esfandiary, Tina; Campbell, Demetria; Shay, Joanne; Tang, Olive; Bandeen- Roche, Karen; Gearhart, Susan; Brown, Charles H. [4th.]	2023	Domains of Frailty Predict Loss of Independence in Older Adults After Noncardiac Surgery	Annals of surgery	278	2	e226- e233	IMPORTANCE: Preoperative frailty has been consistently associated with death, severe complications, and loss of independence (LOI) after surgery. LOI is an important patient-centered outcome, but it is unclear which domains of frailty are most strongly associated with LOI. Such information would be important to target individual geriatric domains for optimization. OBJECTIVE: To assess whether impairment in individual domains of the Edmonton Frail Scale (EFS) can predict LOI in older adults after noncardiac surgery. DESIGN: Retrospective Cohort Study. SETTING: One Academic Hospital. PARTICIPANTS: Patients aged 65 or older who were living independently and evaluated with the EFS during a preoperative visit to the Center for Preoperative Optimization at the Johns Hopkins Hospital between June 2018 and January 2020. MAIN OUTCOME: LOI defined as discharge to increased level of care outside of the home with new mobility deficit or functional dependence. New mobility deficit and functional dependence were extracted from chart review of the standardized occupational therapy and physical therapy assessment performed before discharge. RESULTS: A total of 3497 patients were analyzed. Age (mean±SD) was 73.4±6.2 years, and 1579 (45.2%) were female. The median total EFS score was 3 (range 0-16), and 725/3497 (27%) were considered frail (EFS≥6). The frequencies of impairment in each EFS domain were functional performance (33.5% moderately impaired, 11% severely impaired), history of hospital readmission

							(42%), poor self-described health status (37%), and abnormal cognition (17.1% moderately impaired, 13.8% severely impaired). Overall, 235/3497 (6.7%) patients experienced LOI. Total EFS score was associated with LOI (odds ratio: 1.37, 95% CI, 1.30-1.45, P <0.001) in a model adjusted for age, sex, body mass index, American Society of Anesthesiologists rating, congestive heart failure, valvular heart disease, hypertension diagnosis, chronic lung disease, diabetes, renal failure, liver disease, weight loss, anemia, and depression. Using a nested log likelihood approach, the domains of functional performance, functional dependence, social support, health status, and urinary incontinence improved the base multivariable model. In cross-validation, total EFS improved the prediction of LOI with the final model achieving an area under the curve of 0.840. Functional performance was the single domain that most improved outcome prediction, but together with functional dependence, social support, and urinary incontinence, the model resulted in an area under the curve of 0.838. CONCLUSION AND RELEVANCE: Among domains measured by the EFS before a wide range of noncardiac surgeries in older adults, functional performance, functional dependence, social support, and urinary incontinence were independently associated with and improved the prediction of LOI. Clinical initiatives to mitigate LOI may consider screening with the EFS and targeting abnormalities within these domains.
Goel, Anurag R.; Bruce, Haley A.; Williams, Nicholas;	2021	Long-Term Effects of Hearing Aids on Hearing Ability in Patients with	Journal of the American Academy of Audiology	32	6	374-378	BACKGROUND: A frequent concern surrounding amplification with hearing aids for patients with sensorineural hearing loss is whether these devices negatively affect hearing ability. To date, there have been few studies examining the long-term effects of

<p>Alexiades, George</p>		<p>Sensorineural Hearing Loss</p>				<p>amplification on audiometric outcomes in adults. PURPOSE: In the present study, we examined how hearing aids affect standard audiometric outcomes over long-term periods of follow-up. RESEARCH DESIGN: We retrospectively collected audiometric data in adults with sensorineural hearing loss, constructing a model of long-term outcomes. STUDY SAMPLE: This retrospective cohort study included 802 ears from 401 adult patients with bilateral sensorineural hearing loss eligible for amplification with hearing aids at a single institution. INTERVENTION: Of the eligible patients, 88 were aided bilaterally, and 313 were unaided. DATA COLLECTION AND ANALYSIS: We examined the standard three-frequency pure-tone average (PTA(3-Freq)), a novel extended pure-tone average (PTA(Ext)), and word recognition score (WRS) per-ear at each encounter. We then modeled the association between the use of hearing aids for 5 years and these audiometric outcomes using targeted maximum likelihood estimation. RESULTS: In comparing aided and unaided ears at the end of 5 years, there were discernible effects for all measurements. The PTA(3-Freq) was 5 dB greater in aided ears (95% CI: 1.37-8.64, p = 0.007), WRS was 4.5 percentage points lower in aided ears (95% CI: -9.14 to 0.15, p = 0.058), and PTA(Ext) was 5 dB greater in aided ears (95% CI: 2.18-7.82, p < 0.001), adjusting for measured confounders. CONCLUSION: Our analysis revealed discernible effects of 5 years of hearing aid use on hearing ability, specifically as measured by the PTA(3-Freq), novel PTA(Ext), and WRS, suggesting a greater decline in hearing ability in patients using hearing aids. Future studies are needed to examine these effects between treatment groups over longer periods of time and in more heterogeneous populations</p>
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							to improve clinical practice guidelines and safety of both prescriptive fitting nonprescriptive amplification.
Goeres, Achim; Hetzer, Tanja	2016	Transformation und kollektive Traumatisierung	Bewusstseinswi ssenschaften	22	2	66–82	<p>Informiert wird über N-Prozess-Moderation, eine Weiterentwicklung der Prozessarbeit nach Arnold Mindell. In diesem Ansatz wird die gesellschaftliche Transformation als ein sich selbst organisierender Prozess eines hochkomplexen Systems betrachtet. Die interdisziplinäre Verbindung von chaostheoretischen Erkenntnissen, Prozessarbeit und Erfahrungen aus der Trauma-Therapie legen nahe, dass kollektive Traumatisierungen, allen voran die Traumata des Holocausts und des Zweiten Weltkrieges, die wichtigsten Widerstände gegen die Kräfte der Selbstorganisation mobilisieren. Das Wissen um Trauma-Dynamiken fordert, dass die Persönlichkeitsanteile, welche die traumatisierenden Erfahrungen und Gefühle bewahren, eine doppelte Unterstützung benötigen, bevor nachhaltiger Wandel geschehen kann: Sie brauchen öffentliches Mitgefühl und die Unterstützung von Vertretern einer transzendenten Qualität. Damit dies möglich wird, müssen einzelne Menschen, allen voran die Facilitator(inn)en von gesellschaftlichem Wandel, sowohl ihre eigenen Traumatisierungen in mitfühlende Obhut nehmen als auch den Zugang zu ihren eigenen inneren transzendenten Quellen erschließen. Die neuentwickelte Methode "SlowFlow" ermöglicht das Fühlen und Durcharbeiten dieser inneren Prozesse inmitten einer Gruppe von realen Menschen in einem kollektiv traumatisierten Umfeld.</p>
Goetz, Dana B.; Hirschhorn, Elizabeth W.	2022	An Evaluation of an ACT-Based "Aging Resiliently" Group	Clinical gerontologist	45	2	430–436	<p>OBJECTIVES: There were two quality improvement aims in this project: (1) to evaluate the outcomes of a six-week closed geriatric focused Acceptance and Commitment Therapy (ACT)-based group called "Aging Resiliently" offered in a primary care setting, and (2) to obtain</p>

							<p>feedback from group members in order to make relevant modifications to future groups. METHODS: Four cohorts of veterans ages 58 and older participated in the group (N = 17). Paired samples t-tests were computed to determine the significance of changes on pre- and post-self-report measures of depression, experiential avoidance, and life satisfaction. Veterans also provided feedback in the form of an open-ended feedback questionnaire. RESULTS: There were statistically significant improvements in depressive symptoms and satisfaction with life, but not in experiential avoidance. Two major themes emerged from the feedback questionnaire about what group members found to be the most helpful: (1) self-reflection/values, and (2) the social process of the group. CONCLUSIONS: At our institution, the Aging Resiliently group yielded meaningful outcomes for older veterans presenting with different problems related to aging. CLINICAL IMPLICATIONS: This Aging Resiliently group proved to be a potential effective, feasible, and acceptable psychotherapy for older veterans in our established local primary care setting.</p>
Goetz, Teddy G.; Wolk, Courtney Benjamin	2023	Moving toward targeted eating disorder care for transgender, non-binary, and gender expansive patients in the United States	The International journal of eating disorders	56	12	2210–2222	<p>Abstract Objective Literature suggests that transgender, non-binary, and/or gender expansive (TNG) people are more likely than cisgender peers to experience eating disorders (EDs) and engage in dangerous weight control behaviors. TNG individuals with EDs are dramatically higher risk for self-harm behaviors, suicidal ideation, and suicidal behaviors than cisgender peers with EDs or TNG peers without EDs, and often engage in ED symptoms/behaviors to alleviate gender dysphoria. Yet, no treatment paradigms have yet been adapted for TNG-specific ED care. This qualitative study aims to identify stakeholder needs from such care to inform future</p>

						<p>clinical interventions. Methods We elicited patient (n=?12) and mental health clinician (n=?9) stakeholder needs and preferences regarding TNG-specific ED care. Semi-structured interview guides informed by the Consolidated Framework for Implementation Research (CFIR) and a behavioral insights framework, EAST, were developed to ensure uniform inclusion and sequencing of topics and allow for valid comparison across interviews. Using a rapid analysis procedure, we produced a descriptive analysis for each group identifying challenges of and opportunities in providing ED care for TNG adults. Results Stakeholders expressed needs and preferences for TNG-specific treatment including that it be: (1) TNG-affirming, weight-inclusive, trauma-informed, and anti-racist; (2) delivered by an interdisciplinary team, including gender-affirming care clinicians; (3) focused on parsing gender dysphoria from other body image concerns, building distress tolerance, and working toward gender euphoria (rather than body acceptance). Discussion Future work is needed exploring ED care delivery models that integrate gender-affirming care services with mental health care. Such models may improve TNG access to ED treatment and recovery. Public Significance Transgender, non-binary, and/or gender expansive (TNG) experience disproportionately high rates of eating disorders and have unique barriers to accessing care. In individual interviews, TNG adults with eating disorders and mental health clinicians who provide psychotherapy for eating disorders voiced desire for greater availability of TNG-affirming, weight-inclusive eating disorder care, integrated with other gender-affirming care services. This informs future research developing eating disorder care for TNG individuals.</p>
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Gofman, Mordechai; Kivity, Yogev; Peri, Tuvia	2022	Beyond the conditioned fear model: Narrative reconstruction for a woman with posttraumatic stress disorder	Journal of Psychotherapy Integration	32	2		<p>Although fear is considered to be the dominant affect associated with posttraumatic stress disorder (PTSD), recent changes in diagnostic criteria have resulted in the addition of anger, guilt, and shame as significant emotional states linked with the disorder. The presence of these other emotions is associated with poorer prognosis, slower recovery, and more residual symptoms. However, treatment strategies for these other kinds of PTSD presentation have been less well explored than fear. Narrative reconstruction—an integrative treatment for PTSD—combines components of cognitive behavioral therapy, such as exposure and cognitive restructuring, alongside psychodynamic features. Incorporated psychodynamic elements include the expression of emotions, identification of recurring themes and patterns, interpersonal relationships, the influence of past experiences, and the integration of dissociated emotional schemas. During narrative reconstruction, the patient and therapist reconstruct an organized, coherent, and detailed written narrative of the patient’s traumatic experience. Narrative reconstruction employs psychodynamic elements to help identify and address the underlying feelings of shame, guilt, and anger. To illustrate how these other emotions are dealt with in narrative reconstruction, a case study is presented of a woman with chronic PTSD who previously had limited success with exposure-based treatment. Unprocessed shame, anger, and loneliness are discovered, and connections are made to past and current family situations. Pre- to posttreatment, session-by-session, and follow-up data on clinician-administered and self-report measures demonstrate significant symptom reduction. Clinical vignettes and a case discussion demonstrate the</p>
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							therapeutic model and technique. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Goicoechea, Jessie	2022	A tribute to Constance Fischer: Collaboration, social responsibility, and aesthetics	The Humanistic Psychologist	50	3	417–424	This article gives tribute to Constance Fischer, PhD, ABPP. Constance Fischer has had an outstanding impact on the development of humanistic psychology. She pioneered individualized, collaborative assessment, an approach that privileges the client’s lived experiences, agency, and contributions to the interpretation of test data. She brought these same values to qualitative research, another area of scholarship and training for which she is very well known. In both assessment and research, Constance Fischer has sought to understand and describe in everyday language the meaning that situations hold for people, to respect and engage clients and research participants as coparticipants, and to address the interpersonal and social contexts in which a presenting problem or phenomenon of research interest occurs and is coconstructed. This tribute centers on Constance Fischer’s embodiment and appreciation, both professionally and personally, of several of the elements she identified as core to humanistic assessment— collaboration, intervention, and context or artful hospitality. This tribute also situates these elements as consistent with a feminist epistemology. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Gökçe İsbir, Gözde; Yılmaz, Mualla; Thomson, Gill	2022	Using an emotion-focused approach in preventing psychological birth trauma	Perspectives in psychiatric care	58	3	1170–1176	<p>PURPOSE</p> <p>This discussion article considers how an emotion-focused approach can be adopted to prevent psychological birth trauma and to optimize perinatal wellbeing for women and their families.</p> <p>CONCLUSION</p> <p>Emotion-focused approaches have a different perspective when compared to other classic</p>

						<p>psychotherapy methods. This approach may help women to resolve the negative impacts of psychological birth trauma; to prevent posttraumatic stress disorder onset; to lead to better results for mother and baby well-being; and may be cost effective.</p> <p>PRACTICE IMPLICATIONS</p> <p>Mental health nurses/midwives should receive education about emotion-focused approaches in addition to gaining competence in basic counseling skills so that they can utilize these approaches with women.</p>
Goldbach, Nele; Reif, Andreas; Preuss, Hanna; Erhart, Mira; Zabel, Kirsten; Windmann, Sabine; Oertel, Viola		A randomized trial of group therapy for resource activation for patients with affective disorder	Journal of Psychotherapy Integration	33	1	<p>Resource activation is a common factor of psychotherapy and has an effect on the treatment success regardless of the specific orientation. A balanced focus on resources and problems seems to constitute a promising therapy method. Therefore, the aim of this study was to evaluate the effects of a novel group therapy for resource activation (GTRA) for inpatients with unipolar depressive and bipolar affective disorders experiencing a depressive episode. Primary outcome criteria were the change in resources and in depression severity. Eighty-nine patients with unipolar depressive and bipolar affective disorders (57.3% female, mean age = 39.9 years) took part in a randomized, controlled trial comparing GTRA plus treatment as usual (TAU) with TAU alone. A comparison of the intervention (GTRA plus TAU) and control group (TAU) showed significantly higher improvements over time in “current relationships” and “fostering self-esteem” in the intervention group but no significant group differences in depression severity. Over the course of the GTRA, participants reported positive experiences of coping and clarification and showed significant increases in problem activation and improvements in subjective session outcomes. This study can be understood as a preliminary</p>

							effort to pave the way for further refinement and testing of GTRA for patients with affective disorders in addition to TAU in an inpatient care setting. Future research should focus on improving the efficacy of the GTRA by varying different therapy components (e.g., the duration of the GTRA). (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Goldberg, Simon B.; Babins-Wagner, Robbie; Miller, Scott D.	2017	Nurturing Expertise at Mental Health Agencies				199–217	
Goldin, Philippe R.; Morrison, Amanda; Jazaieri, Hooria; Brozovich, Faith; Heimberg, Richard; Gross, James J.	2016	Group CBT versus MBSR for social anxiety disorder: A randomized controlled trial	Journal of consulting and clinical psychology	84	5	427–437	Objective: The goal of this study was to investigate treatment outcome and mediators of cognitive-behavioral group therapy (CBGT) versus mindfulness-based stress reduction (MBSR) versus waitlist (WL) in patients with generalized social anxiety disorder (SAD). Method: One hundred eight unmedicated patients (55.6% female; mean age = 32.7 years, SD = 8.0; 43.5% Caucasian, 39% Asian, 9.3% Hispanic, 8.3% other) were randomized to CBGT versus MBSR versus WL and completed assessments at baseline, posttreatment/WL, and at 1-year follow-up, including the Liebowitz Social Anxiety Scale—Self-Report (primary outcome; Liebowitz, 1987) as well as measures of treatment-related processes. Results: Linear mixed model analysis showed that CBGT and MBSR both produced greater improvements on most measures compared with WL. Both treatments yielded similar improvements in social anxiety symptoms, cognitive reappraisal frequency and self-efficacy, cognitive distortions, mindfulness skills, attention focusing, and rumination. There were greater decreases in subtle avoidance behaviors following CBGT

							<p>than MBSR. Mediation analyses revealed that increases in reappraisal frequency, mindfulness skills, attention focusing, and attention shifting, and decreases in subtle avoidance behaviors and cognitive distortions, mediated the impact of both CBGT and MBSR on social anxiety symptoms. However, increases in reappraisal self-efficacy and decreases in avoidance behaviors mediated the impact of CBGT (vs. MBSR) on social anxiety symptoms. Conclusions: CBGT and MBSR both appear to be efficacious for SAD. However, their effects may be a result of both shared and unique changes in underlying psychological processes. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Goldman, Rhonda; Goldstein, Zoë	2022	Case formulation in emotion-focused therapy	Journal of clinical psychology	78	3	436-453	<p>Case formulation in emotion-focused therapy aids therapists to both conceptualize core emotion schemes and follow markers across therapy that signify tasks aimed at emotional transformation. The case formulation process will be illustrated in the successful case of Jina, a woman with a history of childhood emotional abuse who sought therapy for depression. The three stages of case formulation are co-constructed between client and therapist. In stage one, the therapist assesses her initial emotion processing style and listens as the emotion-based narrative unfolds. In stage two, the core emotion scheme and formulation narrative organize around feelings of shame of inferiority and attachment-related feelings of being rejected and unloved. Attendant secondary emotions of powerlessness, and unmet needs for validation emerge. Stage three evolves as the therapist follows process markers, prompting chair work for both unfinished business and self-criticism, ultimately helping Jina access adaptive sadness and newly experienced self-compassion.</p>

Goldstein, Shari E.	2017	Reflexivity in narrative research: Accessing meaning through the participant-researcher relationship	Qualitative Psychology	4	2	149-164	The purpose of this article is to provide an example of a study in which reflexivity served as a secondary but integral data source and became the experiential context from which meaningful findings emerged. I will briefly describe the purpose and methodology of the project, a phenomenological narrative study in which I interviewed 7 women previously diagnosed with borderline personality disorder (BPD) about their therapy relationship experiences (Goldstein, 2014). A description of my reflexive process, including planned and unplanned activities, is provided along with a discussion of the challenges associated with engaging and communicating reflexive methods. My experience of 3 participants along with the intersubjective reflections (Finlay, 2002) that unfolded during the interviews and in later analysis, are used to demonstrate the transformative quality of the reflexive material and how the cocreated relationships contextualized the content of the narratives with a shared, lived experience. It is argued that the reflexive process supported the emergence of findings that more usefully captured the dyadic nature of the interpersonal tensions that develop between individuals placed in this diagnostic group and their therapists. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Goldstein, Shari E.	2020	Hear us! Seven women diagnosed with borderline personality disorder describe what they need from	Qualitative Psychology		23 26- 35 98(Ele ctr oni c), 23	132-152	The purpose of my dissertation project was to explore the interpersonal therapy experiences of seven female participants diagnosed with borderline personality disorder (BPD) using a phenomenological approach with participants' narratives as the primary data source. Data was gathered from individual interviews, administration of the core conflictual relationship theme-relationship anecdotes paradigm interview (CCRT-RAP; Luborsky, 1990), and relational space mapping (Josselson, 1996).

		their therapy relationships			26-3601(Print)	<p>The analysis involved a back-and-forth process whereby I moved between the developmental information, identified interpersonal patterns, described therapy experiences, and my own reflections. Immersion with the material was ongoing and allowed themes to be modified and elaborated. Results are described in a manner intended to illustrate the benefits of a phenomenological approach that relied heavily on participants' voices and allowed for continual reflection on the material and deepening of meaning. As a group, the seven participants desired therapists who demonstrated caring and kindness and who joined them in their experiences through a deep form of listening and validation. These conditions were necessary but not adequate for the development of a healing alliance. Participants also desired clinicians who maintained a collaborative approach, balancing strength with flexibility, and who were willing to address conflicts and tensions head-on. Therapist neutrality, withholding, and inactivity were experienced as aversive and participants expressed a desire for explicit evidence of clinician humanity. The value of the qualitative approach for accessing the complex and vacillating therapy relationship needs of this patient group is discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Gollner, Christina	2018	Psychosenpsychotherapie				<p>Die Psychotherapie der Psychose wird unter Rückgriff auf ihre historische Entwicklung errtert. Dabei wird den Begriffen der "Verrcktheit" und des "Wahnsinns" nachgegangen und auf tiefsitzende Vorurteile und ngste bei vielen Menschen Bezug genommen. Der Schizophreniebegriff wird diskutiert, und das Konzept der "Basisstrungen" wird detailliert fr verschiedene Zustandsbereiche erlutert: (1) Verlust der Kontrolle</p>

							(Verlust der Selbstverfügbarkeit), (2) einfache (sensorische) Wahrnehmung, (3) komplexe (organisierte) Wahrnehmung, (4) Sprache (expressiv und rezeptiv), (5) Denken, (6) Gedchtnis, (7) Motorik, (8) Automatismenverlust, (9) Anhedonie und Angst (Depressivitt), (10) Reizberflutung. Es wird darauf eingegangen, wie diese Phnomene aus gestalttherapeutischer Sicht zu verstehen sind. Die Wichtigkeit des Milieus als auslsender oder aufrechterhaltender Faktor wird betont.
Golovchanova, Nadezhda; Dezutter, Jessie; Vanhooren, Siebrecht	2021	Meaning profiles and the perception of the working alliance at the start of outpatient person-centered, experiential, and existential psychotherapies	Journal of clinical psychology	77	3	770–781	OBJECTIVE(S): Quantitative research on meaning in life in the context of psychotherapy is relatively limited. The current study aims to investigate the profiles of the meaning of clients and their perception of the working alliance and initial symptomatology at the start of therapy. DESIGN: In a sample of 145 clients (62.1% female; mean age, 34.77) who started person-centered psychotherapy, the relationship between meaning, search for meaning, symptomatology, and the working alliance was analyzed. The assessment took place after the second session. RESULTS: Cluster analysis revealed four profiles: Low Presence High Search, High Presence Low Search, High Presence High Search, and Low Presence Low Search. These meaning profiles are distinguished in terms of symptomatology but not in terms of the working alliance perception. However, the experience of meaning is significantly associated with the working alliance. CONCLUSIONS: Results show the relevance of meaning-related questions for certain groups of clients at the start of therapy.
Gómez Penedo, Juan Martín; Constantino,	2019	Baseline Client Interpersonal Agency	Behavior therapy	50	6	1063–1074	In a recent trial for generalized anxiety disorder (GAD), cognitive-behavioral therapy (CBT) integrated with motivational interviewing (MI) promoted more long-term

<p>Michael J.; Coyne, Alice E.; Romano, Felicia M.; Westra, Henny A.; Antony, Martin M.</p>		<p>Moderates the Indirect Effect of Treatment on Long-term Worry in Variants of CBT for Generalized Anxiety Disorder</p>				<p>worry reduction than CBT alone (Westra, Constantino, & Antony, 2016). A follow-up analysis found that CBT vs. MI-CBT clients evidenced greater increases in friendly submissiveness (FS) across treatment, which in turn promoted lower long-term worry (Constantino, Romano, Coyne, Westra, & Antony, 2018). It was unsurprising that traditional directive CBT promoted more FS than when person-centered MI was integrated; however, given that problematic low agency characterizes GAD, that greater FS promoted better outcome was unexpected. To further unpack this unexpected result, we tested the following moderated mediation hypothesis: for clients with more vs. less problematic low agency at baseline, CBT would still promote more in-session FS than MI-CBT, but this increase would in turn predict increased worry over follow-up. Clients receiving CBT (n = 43) or MI-CBT (n = 42) rated their interpersonal problems at baseline and their worry after treatment and across 12-month follow-up. Therapists rated clients' in-session FS multiple times. As predicted, multilevel modeling revealed that for clients with more problematic low agency, CBT vs. MI-CBT facilitated greater FS, which in turn related to increased worry across follow-up. For clients with more problematic high agency, CBT's facilitation of greater FS related to reduced worry across follow-up. A baseline interpersonal problem characteristic of GAD may have implications for treatment matching and for appreciating different pathways to long-term improvement, or deterioration, for different GAD subgroups.</p>
<p>Gómez Penedo, Juan Martín; Coyne, Alice E.; Constantino,</p>		<p>Theory-specific patient change processes and mechanisms in</p>	<p>Journal of consulting and clinical psychology</p>	<p>88</p>	<p>8</p>	<p>Objective: This study aimed to identify differential patient change processes and mechanisms associated with long-term outcome in exposure-based cognitive therapy (EBCT) and cognitive-behavioral therapy (CBT) for</p>

<p>Michael J.; Krieger, Tobias; Hayes, Adele M.; grosse Holtforth, Martin</p>		<p>different cognitive therapies for depression</p>				<p>depression. Method: We drew on a randomized controlled trial in which 149 patients were randomly assigned to either EBCT or CBT, with the treatments showing comparable efficacy at 12-month follow-up (grosse Holtforth et al., 2019). Based on Doss's (2004) 4-step model of psychotherapy change and using sequential multilevel structural equation models, we tested putative theory-based change processes and mechanisms for both treatments. Specifically, we examined emotional processing and cognitive restructuring during treatment as hypothesized change processes of EBCT and CBT, respectively. Furthermore, as potential change mechanisms during follow-up, we examined theory-relevant mechanisms for each treatment, preselected via multilevel models. Results: Although the full serial mediational pathways were not supported, EBCT fostered greater during-treatment increases in emotional processing and higher self-efficacy during follow-up than CBT, both of which associated with better long-term depression outcome. Unexpectedly, cognitive restructuring change did not differ between EBCT and CBT. Across both CBT and EBCT, greater during-treatment increases in cognitive restructuring related to lower cognitive-behavioral avoidance and greater self-efficacy across follow-up, which associated with lower long-term depression. Conclusions: Results suggest that therapists might improve long-term depression outcome by fostering both emotional processing (via emotion-focused techniques as included in EBCT) and cognitive restructuring (by using general CBT techniques included in both treatments), which operate either directly or through varied treatment-common mechanisms (e.g., greater self-efficacy and reduced cognitive-behavioral</p>
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							avoidance). (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Gonçalves, Miguel M.; Silva, Joana Ribeiro; Mendes, Inês; Rosa, Catarina; Ribeiro, António P.; Batista, João; Sousa, Inês; Fernandes, Carlos F.	2017	Narrative Changes Predict a Decrease in Symptoms in CBT for Depression: An Exploratory Study	Clinical psychology & psychotherapy	24	4	835–845	<p>OBJECTIVE Innovative moments (IMs) are new and more adjusted ways of thinking, acting, feeling and relating that emerge during psychotherapy. Previous research on IMs has provided sustainable evidence that IMs differentiate recovered from unchanged psychotherapy cases. However, studies with cognitive behavioural therapy (CBT) are so far absent. The present study tests whether IMs can be reliably identified in CBT and examines if IMs and symptoms' improvement are associated.</p> <p>METHODS The following variables were assessed in each session from a sample of six cases of CBT for depression (a total of 111 sessions): (a) symptomatology outcomes (Outcome Questionnaire-OQ-10) and (b) IMs. Two hierarchical linear models were used: one to test whether IMs predicted a symptom decrease in the next session and a second one to test whether symptoms in one session predicted the emergence of IMs in the next session.</p> <p>RESULTS Innovative moments were better predictors of symptom decrease than the reverse. A higher proportion of a specific type of IMs-reflection 2-in one session predicted a decrease in symptoms in the next session. Thus, when clients further elaborated this type of IM (in which clients describe positive contrasts or elaborate on changes processes), a reduction in symptoms was observed in the next session.</p> <p>DISCUSSION A higher expression and elaboration of reflection 2 IMs</p>

							<p>appear to have a facilitative function in the reduction of depressive symptoms in this sample of CBT. Copyright © 2016 John Wiley & Sons, Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>Elaborating innovative moments (IMs) that are new ways of thinking, feeling, behaving and relating, in the therapeutic dialogue, may facilitate change. IMs that are more predictive of amelioration of symptoms in CBT are the ones focused on contrasts between former problematic patterns and new adjusted ones; and the ones in which the clients elaborate on processes of change. Therapists may integrate these kinds of questions (centred on contrasts and centred on what allowed change from the client's perspective), in the usual CBT techniques. When elaborating these IMs successfully, therapists may expect an improvement in symptoms in the next session of psychotherapy.</p>
Gondek, Dawid; Edbrooke-Childs, Julian; Velikonja, Tjasa; Chapman, Louise; Saunders, Felicity; Hayes, Daniel; Wolpert, Miranda	2017	Facilitators and Barriers to Person-centred Care in Child and Young People Mental Health Services: A Systematic Review	Clinical psychology & psychotherapy	24	4	870–886	<p>Implementation of person-centred care has been widely advocated across various health settings and patient populations, including recent policy for child and family services. Nonetheless, evidence suggests that service users are rarely involved in decision-making, whilst their preferences and goals may be often unheard. The aim of the present research was to systematically review factors influencing person-centred care in mental health services for children, young people and families examining perspectives from professionals, service users and carers. This was conducted according to best practice guidelines, and seven academic databases were searched. Overall, 23 qualitative studies were included. Findings from the narrative synthesis of the facilitators and barriers are discussed in light of a recently published systematic review examining person-centred care in</p>

						<p>mental health services for adults. Facilitators and barriers were broadly similar across both settings. Training professionals in person-centred care, supporting them to use it flexibly to meet the unique needs of service users whilst also being responsive to times when it may be less appropriate and improving both the quantity and quality of information for service users and carers are key recommendations to facilitate person-centred care in mental health services with children, young people and families. Copyright © 2016 John Wiley & Sons, Ltd. KEY PRACTITIONERS MESSAGES: As research shows, children and young people are rarely actively involved in their treatment within mental health services. This is despite a strong recent emphasis on providing care within child and young people mental health services according to person-centred principles. Still, there is little known about factors affecting provision of person-centred care with this population. As found by the current study, the most commonly reported factors affecting provision of person-centred care were information sharing (in an appropriate amount and at a right time), listening, respecting and validating, quality of relationship and support, capacity of children and young people to be involved in their care, parental involvement and shortage of resources. These factors were cited as both facilitators and barriers and were found to be universally important by service users, their carers and professional working at the services. The key factors were broadly similar to those reported among adults, particularly regarding information sharing/communication, capacity of service users to be involved and available resources. The main difference was related to a more complex role of a carer in children/young people services. The key</p>
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							recommendations of the review to improve provision of person-centred care are providing professionals with more training in using the approach, supporting them to use it flexibly to meet the unique needs of service users whilst also being responsive to times when it may be less appropriate and improving both the quantity and quality of information for service users.
Gone, Joseph P.	2022	Re-imagining mental health services for American Indian communities: Centering Indigenous perspectives	American journal of community psychology	69	3-4	257-268	The Indigenous peoples of North America are heirs to the shattering legacy of European colonization. These brutal histories of land dispossession, military conquest, forced settlement, religious repression, and coercive assimilation have robbed American Indian communities of their economies, lifeways, and sources of meaning and significance in the world. The predictable consequence has been an epidemic of "mental health" problems such as demoralization, substance abuse, violence, and suicide within these communities. One apparent solution would seem to be the initiation or expansion of mental health services to better reach American Indian clients. And yet, conventional mental health services such as counseling and psychotherapy depend on assumptions and aspirations that may not fit well with American Indian cultural sensibilities. For example, counseling practices draw on the presumed value for clients of introspective and expressive "self talk," whereas Indigenous community norms may emphasize communicative caution outside of interactions with intimate kin, leading to marked reticence rather than candid disclosure. Moreover, given community sensitivities to salient histories of colonization, such differences have the potential to further alienate American Indian community members from the very services and providers designated to help them. In this article, I review a postcolonial predicament

							that bedevils American Indian community mental health services and trace a program of research that has sought to harness American Indian cultural and spiritual traditions for reimagining helping services in a manner that truly centers Indigenous perspectives.
Gonzalez Salas Duhne, Paulina; Horan, Andrew J.; Ross, Caitlin; Webb, Thomas L.; Hardy, Gillian E.	2020	Assessing and promoting the use of implementation intentions in clinical practice	Social science & medicine (1982)	265		113490	<p>RATIONALE: Striving for goals is a key part of psychological therapy, but people often struggle to translate their goals into action. Prior evidence has found that forming if then plans (or 'implementation intentions') is an effective way to bridge the gap between goals and action. However, it is unclear if therapists naturally prompt their clients to form implementation intentions and, if not, whether training would be feasible. METHOD AND RESULTS STUDY 1: Researchers coded the behavior change techniques used in 40 sessions of therapy for depression using a Cognitive Behavioral Therapy approach and a Person-Centered Experiential Therapy approach and found that therapists do not typically prompt their clients to form implementation intentions in either therapeutic approach. METHOD AND RESULTS STUDIES 2 AND 3: The aim was to develop and evaluate a training program for therapists on implementation intentions. Training was delivered face-to-face to 69 cognitive-behavioral therapists (Study 2), and online to 87 therapists working across models (Study 3) and therapists completed self-report measures of their use and knowledge of implementation intentions before training, post-training, and follow-up. The training significantly increased therapists' use and knowledge of implementation intentions. CONCLUSIONS: Taken together, these findings suggest therapists can be trained in the use of implementation intentions and that</p>

							appropriate content might be integrated into training programs.
Goodall, Gemma; Taraldsen, Kristin; Serrano, J. Artur	2021	The use of technology in creating individualized, meaningful activities for people living with dementia: A systematic review	Dementia (London, England)	20	4	1442–1469	<p>There is a growing interest in using technology to provide meaningful activities for people living with dementia. The aim of this systematic review was to identify and explore the different types of digital technologies used in creating individualized, meaningful activities for people living with dementia. From 1414 articles identified from searches in four databases, 29 articles were included in the review. The inclusion criteria were the study used digital technology to deliver an individually tailored activity to participants with dementia, the process of individualization was described, and findings relating to the mental, physical, social, and/or emotional well-being of the participant were reported. Data extracted from the included studies included participant demographics, aims, methods, and outcomes. The following information on the technology was also extracted: purpose, type, training, facilitation, and the individualization process. A narrative synthesis of the results grouped the various technologies into four main purposes: reminiscence/memory support, behavior management, stimulating engagement, and conversation/communication support. A broad range of technologies were studied, with varying methods of evaluation implemented to assess their effect. Overall, the use of technology in creating individualized, meaningful activities seems to be promising in terms of improving behavior and promoting relationships with others. Furthermore, most studies in this review involved the person with dementia in the individualization process of the technology, indicating that research in this area is adopting a more co-creative and inclusive approach.</p>

						<p>However, sample sizes of the included studies were small, and there was a lack of standardized outcome measures. Future studies should aim to build a more concrete evidence base by improving the methodological quality of research in this area. Findings from the review indicate that there is also a need for more evidence concerning the feasibility of implementing these technologies into care environments.</p>
<p>Goodman, Fallon R.; Peckham, Andrew D.; Kneeland, Elizabeth T.; Choate, Alexandria M.; Daniel, Katharine E.; Beard, Courtney; Björgvinsson, Thröstur</p>	2023	<p>How does emotion regulation change during psychotherapy? A daily diary study of adults in a transdiagnostic partial hospitalization program</p>	<p>Journal of consulting and clinical psychology</p>	91	12	<p>Objective: Improvement in emotion regulation is a proposed transdiagnostic mechanism of change. However, treatment research is limited by disorder-specific investigations that assess a narrow number of emotion regulation strategies. Moreover, most assess pre-to-post-treatment change without examining short-term changes throughout psychotherapy that might influence treatment response. Method: To address these gaps, this study uses daily diary methodology to examine trajectories of change in use of six emotion regulation strategies during partial hospitalization psychiatric treatment. Treatment was rooted in cognitive behavioral principles and included skills adapted from empirically supported cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) manuals. Participants were adults (N = 364; Mage = 34.6 years; 60% female; 85% non-Hispanic White) with various profiles of mood, anxiety, and obsessive-compulsive disorders who completed symptom measures at baseline and discharge and daily measures of emotion regulation. Results: In the first 7 treatment days, patients increased use of engagement strategies (reappraisal, acceptance) and decreased use of disengagement (expressive suppression) and cognitive perseveration (experiential avoidance, rumination) strategies. Day-to-day trajectories</p>

						found that decreased use of experiential avoidance predicted next-day changes in distraction and suppression use. In predicting treatment outcomes, steeper rates of decreased suppression use predicted reductions in anxiety, depression, and general psychopathology symptoms; similar patterns were observed for decreased rumination and experiential avoidance use and increased reappraisal use. Conclusion: Results add to a growing literature on the value of intentional, constructive engagement with emotional experiences as a mechanism of psychological health. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Goodman, Geoff; Halfon, Sibel	2021	Session adherence to prototypical psychotherapy process as a correlate of outcome in a naturalistic study of child mentalization-informed psychodynamic play therapy	Journal of Psychotherapy Integration	31	4	While the adult psychotherapy literature has made great strides to understand the relations between psychotherapy process and treatment outcome, the child psychotherapy literature lags far behind. The first aim of this study was to determine whether mentalization-informed psychodynamic play therapy (PDT) sessions adhered to therapeutic principles comprising this treatment model. The second aim was to assess whether session adherences to prototypical PDT and Reflective Function (RF) process using the Child Psychotherapy Q-Set (CPQ) were correlated with both problem behavior reduction and adaptive functioning after controlling for pretreatment scores. The third aim was to assess whether these correlations depended on problem behavior type (externalizing-only, internalizing-only, externalizing and internalizing), age, or gender. The sample included 95 children (56% male; M age = 6.80) categorized into these 3 types. Three-hundred seventy-nine sessions from different treatment phases were rated using the CPQ. Outcomes were assessed using the Child Behavior

							<p>Checklist, Teacher Rating Form, Emotion Regulation Checklist, and Children's Global Assessment Scale. Sessions adhered to prototypical RF and PDT process. Session adherences to prototypical RF and cognitive-behavioral therapy (CBT) process were positively correlated with adaptive functioning. Among internalizers, session adherence to prototypical PDT process was negatively correlated with internalizing behavior, while among externalizers, session adherences to prototypical RF and CBT process were negatively correlated with externalizing behavior and emotion negativity. Session adherences to prototypical RF and CBT process were significantly higher for girls than for boys. Two different "trajectories of success" are proposed for children with externalizing problems. PDT is proposed for children with internalizing problems. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Görg, Nora; Böhnke, Jan R.; Priebe, Kathlen; Rausch, Sophie; Wekenmann, Stefanie; Ludäscher, Petra; Bohus, Martin; Kleindienst, Nikolaus	2019	Changes in Trauma-Related Emotions Following Treatment With Dialectical Behavior Therapy for Posttraumatic Stress Disorder After Childhood Abuse	J. Traum. Stress (Journal of Traumatic Stress)	32	5	764-773	<p>Dialectical behavior therapy for posttraumatic stress disorder (DBT-PTSD) is a trauma-focused therapy shown to reduce core PTSD symptoms, such as intrusions, hyperarousal, and avoidance. Preliminary data indicate effects on elevated trauma-related emotions (e.g., guilt and shame) and possibly radical acceptance of the traumatic event. However, it is unclear if improvements in these variables are significant after controlling for changes in core PTSD symptoms and to what extent nonclinical levels are obtained. In the current study, 42 individuals who met criteria for PTSD after childhood abuse and were participating in a 3-month residential DBT-PTSD program were evaluated at the start of the exposure phase of DBT-PTSD and the end of treatment; a nonclinical sample with a history of childhood abuse was the reference group. Multivariate analyses of variance and</p>

						<p>multivariate analyses of covariance controlling for change in core PTSD symptoms were used to evaluate changes in several elevated trauma-related emotions (fear, anger, guilt, shame, disgust, sadness, and helplessness) and in radical acceptance. In a repeated measures multivariate analyses of variance, both elevated trauma-related emotions and radical acceptance significantly improved during DBT-PTSD, $\lambda = 0.34$, $p < .001$; $\eta^2 = .56$; $t(40) = -5.66$, $p < .001$, $SMD = 0.88$, even after controlling for changes in PTSD symptoms, $\lambda = 0.35$, $p < .001$, $\eta^2 = .65$; $\Lambda = 0.86$, $p = .018$, $\eta^2 = .14$, respectively. Posttreatment, 31.0% (for acceptance) to 76.2% (for guilt) of participants showed nonclinical levels of the investigated outcomes, suggesting that both trauma-related emotions and radical acceptance changed after the 3-month residential DBT-PTSD program.</p> <p>Spanish Abstracts by Asociación Chilena de Estrés Traumático (ACET) Los Cambios en las Emociones Relacionadas al Trauma posterior al Tratamiento con Terapia Dialéctica Conductual para el Trastorno de Estrés Traumático después de Abuso Infantil EMOCION RELACIONADA AL TRAUMA Y TERAPIA DIALECTICA CONDUCTUAL La terapia dialéctica conductual para el trastorno de estrés traumático (TDC-TEPT) es una terapia centrada en el trauma que ha mostrado una reducción de los síntomas centrales del TEPT, tales como intrusiones, hiperactivación, y evitación. Resultados preliminares indican efectos sobre elevadas emociones relacionadas con el trauma (por ej., culpa y vergüenza) y la aceptación posiblemente radical del evento traumático. Sin embargo, no es claro si las mejoras en estas variables son significativas luego de controlar los cambios en los síntomas centrales del TEPT y en qué medida se obtienen</p>
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						<p>niveles no clínicos. En el presente estudio, 42 individuos que cumplieron con los criterios para el TEPT luego de un abuso infantil y que participaron en un programa residencial de la TDC-TEPT por 3 meses fueron evaluados al principio de su etapa de exposición a la TDC-TEPT y al final del tratamiento; una muestra no clínica con una historia de abuso infantil fue el grupo de referencia. Análisis multivariados de varianza y análisis multivariados de covarianza controlando los cambios en los síntomas centrales del TEPT fueron usados para evaluar los cambios en diferentes emociones relacionadas al trauma elevadas (temor, rabia, culpa, vergüenza, disgusto, tristeza, y desesperanza) y una aceptación radical. En los análisis multivariados de la varianza de medidas repetidas, las elevadas emociones relacionadas al trauma y la aceptación radical mejoraron significativamente durante la TDC-TEPT, $\lambda = 0.34$, $p < .001$; $\eta^2 = .56$; $t(40) = -5.66$, $p < .001$, $SMD = 0.88$, incluso luego de controlar por los cambios en los síntomas del TEPT, $\lambda = 0.35$, $p < .001$, $\eta^2 = .65$; $\Lambda = 0.86$, $p = .018$, $\eta^2 = .14$, respectivamente. Al término del tratamiento, 31.0% (para aceptación) al 76.2% (para culpa) de los participantes mostraron niveles no clínicos de los resultados investigados, sugiriendo que tanto las emociones relacionadas con el trauma como la aceptación radical, cambió luego del programa residencial de la TDC-TEPT por 3 meses.</p> <p>Traditional and Simplified Chinese Abstracts by the Asian Society for Traumatic Stress Studies (AsianSTSS) 簡體及繁體中文撮要由亞洲創傷心理研究學會翻譯 Changes in Trauma-related Emotions Following Treatment with Dialectical Behavior Therapy for Posttraumatic Stress Disorder after Childhood Abuse Traditional Chinese 標題:</p>
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						<p>反映, 此疗法对提升了的创伤相关情绪 (如内疚、羞耻) 及有可能激进地接受创伤事件有所效应。然而, 我们仍不清楚这些变量的改善, 在对PTSD的核心症状改变作对照后是否仍为显著, 以及效应在非临床水平的可见程度有多大。研究样本为42名童年时经历虐待并符合患PTSD准则的人士。他们参与为期3个月的DBT-PTSD住院治疗计划, 在暴露阶段开始前及完成治疗后接受评估。我们采用一份童年时经历虐待的非临床样本作为参考组。我们对变异量和协方差进行多变量分析, 并以PTSD的核心症状改变作对照, 以评估几种提升了的创伤相关情绪的变化 (恐惧、愤怒、内疚、羞耻、厌恶、悲伤、无助), 及激进的接受的变化。重复进行的变异量多变量分析显示, 样本接受DBT-PTSD期间, 提升了的创伤相关情绪及激进的接受均有显著改善($\lambda = 0.34, p < .001; \eta^2 = .56; t(40) = -5.66, p < .001, SMD = 0.88$);即使对PTSD的症状改变作对照后, 依然如是($\lambda = 0.35, p < .001, \eta^2 = .65; \Lambda = 0.86, p = .018, \eta^2 = .14$)。完成治疗后, 31.0%的样本(在接受方面) 至 76.2%的样本(在内疚方面)呈现非临床水平的受检视效应, 反映样本的创伤相关情绪和激进的接受, 在完成为期3个月的DBT-PTSD住院治疗计划后, 有所改变。.</p>	
Gorrell, Sasha; Lebow, Jocelyn; Kinasz, Kathryn; Mitchell, James E.;	2020	Psychotropic medication use in treatment-seeking youth	European eating disorders review : the journal of the Eating	28	6	739-749	<p>OBJECTIVE Psychotropic medication use in youth with eating disorders (EDs) is poorly understood despite high co-occurrence of psychiatric disorders. This study examined characteristics associated with medication use in</p>

Goldschmidt, Andrea B.; Le Grange, Daniel; Accurso, Erin C.		with eating disorders	Disorders Association				<p>treatment-seeking youth with EDs.</p> <p>METHOD Youth up to age 18 reported on medication use when presenting to an academic medical center outpatient ED service in the United States. Data presented were collected between 1998-2015.</p> <p>RESULTS The sample (N = 604) was predominantly female (90.6%) with a mean age of 15.3 years (SD = 2.3). Approximately one-third (30%, n = 173) were taking psychotropic medications (40%, n = 70, were taking multiple medications). Antidepressant use was most common (26%, n = 152), followed by atypical antipsychotics (8%, n = 43). Adjusting for co-occurring psychiatric disorders, non-Hispanic Whites who had received prior treatment (psychotherapy, hospitalization) were significantly more likely to be using medication. Longer illness duration and prior treatment were associated with greater antidepressant use. For atypical antipsychotics, prior hospitalization was associated with greater use.</p> <p>CONCLUSIONS Findings confirm moderate psychotropic medication use among young patients with EDs despite a lack of clarity regarding optimally effective pharmacologic interventions in this population. Pharmacological trials examining the efficacy of medications for young patients with EDs are warranted to inform future prescribing practice.</p>
Gourari, Karim; Awada, Ahmad; Kotecki, Nuria	2022	Molecular oncology: what is needed to speed access to innovative therapies in	Current opinion in oncology	34	5	575-578	<p>PURPOSE OF REVIEW: A better understanding of the biology of cancer cells has led in the past 20 years to more and more molecular and immunological driven treatment strategies impacting both clinical trials and day-to-day practice. The aim of this review is to describe new approaches to conduct clinical trials in this area to</p>

		clinical research?					<p>speed up drug development and increase access to innovation for cancer patients. RECENT FINDINGS: The design of an early phase trial has an impact on its clinical benefit. Trials deriving from a specific biomarker or histologic characteristic (also known as enrichment design) are more likely to demonstrate benefit than trials based on a more conventional design. However, the increase of low incidence cancer molecular subtypes poses a major hurdle in the clinical management and drug development research for cancer patients.</p> <p>SUMMARY: With the identification of news targets and the subsequent introduction of precision medicine, new strategies and tools are needed to provide access to biomarker identification and target-oriented clinical trials to all cancer patients. We propose to set up a new patient-centered model to conduct clinical trials allowing simply to 'bring the trial to the patient'.</p>
Gozé, Tudi	2022	How to Teach/Learn Praecox Feeling? Through Phenomenology to Medical Education	Frontiers in psychiatry	13		819305	<p>BACKGROUND: The Praecox Feeling (PF) refers to a classical psychopathological concept describing the specific experience of bizarreness arising in the encounter with a person living with schizophrenia spectrum disorders (SSDs). Some studies have shown that experienced psychiatrists take advantage of this experience to perform accurate and rapid diagnostic expertise. It would seem that PF is not contradictory with an operationalized diagnostic approach, but that the PF would intervene at a more tacit level of medical judgment. However, the articulation between the implicit and explicit levels of the psychiatrist's experience in the situation of medical judgment remains little studied, even though it is of crucial importance for structuring the teaching of clinical psychiatry to mental health practitioners. Can diagnostic intuition be learned? Is this</p>

							<p>experience a kind of "gift" that some may or may not have? Does the PF refer to medical expertise? METHODS: To unfold the complexity of his questions this article proposes to conduct an historical, epistemological and phenomenological analysis of the PF. RESULTS: We will first conduct a presentation of historical descriptions of the PF understood as a sensation, intuition and experience, alongside the evolution of the concept of schizophrenia. Then, the article proposes an original phenomenological modelization of the temporal unfolding of the PF. DISCUSSION: The phenomenological conceptualization, informed from empirical evidence will try to account for the paradox of the PF as both lived evidence and indescribable experience. PF will be described as a complex cognitive and embodied process based upon ante-predicative aesthetic sensing which is secondly apprehended as perceptible evidence thanks to clinical typification. This conceptualization relying on Husserl manuscript on intersubjectivity will help to demystify its experiential structure and discuss its relevance for medical education.</p>
Grady, Jacqueline; Dean, Suzanne; Godfrey, Celia; Beaufoy, Jeanette; Pullen, Jill; Hill, Christine; Ivey, Gavin; Tonge, Bruce	2023	The Melbourne Study of Psychoanalytic Psychotherapy III: Patients' and psychotherapists' perspectives on progress and challenges	Appl Psychoanal Studies (International Journal of Applied Psychoanalytic Studies)	20	4	596-618	
Grady, Jacqueline;	2023	The Melbourne Study of	Appl Psychoanal	20	4	573-595	

Dean, Suzanne; Godfrey, Celia; Beaufoy, Jeanette; Pullen, Jill; Smale, Sarina; Hill, Christine; Ivey, Gavin; Tonge, Bruce		Psychoanalytic Psychotherapy II: Patients' and psychotherapists' perspectives on expectations, therapeutic experience and benefits	Studies (International Journal of Applied Psychoanalytic Studies)				
Graham, Christopher D.; Gouick, Joanna; Ferreira, Nuno; Gillanders, David	2016	The influence of psychological flexibility on life satisfaction and mood in muscle disorders	Rehabilitation Psychology	61	2	210–217	Purpose/Objective: Acceptance and commitment therapy (ACT), a newer type of behavior therapy that targets psychological flexibility, may have particular utility in the context of muscle disorders. However, there has been no formal investigation of psychological flexibility in this population. This longitudinal observational study investigated whether psychological flexibility is cross-sectionally related to, and prospectively influential on, life satisfaction and mood in muscle disorders. Methods: Data were collected via online questionnaire batteries, completed at baseline and then repeated 4 months later. Cross-sectional and prospective regression analyses examined relationships between validated measures of disability level, psychological flexibility (experiential avoidance, cognitive fusion, and valued living) and illness perceptions (a psychological variable with known influence in muscle disorders), and outcomes (life satisfaction, anxiety, and depression). Results: A sample of 137 people with a range of muscle disorders participated. In cross-sectional analyses, psychological flexibility explained significant unique variance in addition to illness perceptions ($\Delta R^2 = 0.17-0.34, p < .001$). In prospective analyses, psychological flexibility alone was

							<p>predictive of change in life satisfaction ($\Delta R^2 = 0.04$, $p = .01$) and anxiety ($\Delta R^2 = 0.03$, $p = .04$) over 4 months. No independent variables were predictive of change in depression over 4 months, and disability level had no significant influence on outcomes. Conclusions: Psychological flexibility influences important outcomes in muscle disorders. Experimental studies are required to establish if increased psychological flexibility leads to improved outcomes. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Grandjean, Loris; Hummel, Jana; Wyer, Dominik; Beuchat, H�el�ene; Caspar, Franz; Sachse, Rainer; Berger, Thomas; Kramer, Ueli</p>	2021	<p>Psychotherapeutic case formulation: Plan analysis for narcissistic personality disorder</p>	<p>Personality and mental health</p>	15	4	309–316	<p>Abstract Background One of the relevant case formulation methods for personality difficulties is plan analysis. The present study aimed at delivering a prototypical plan analysis for clients presenting with a diagnosis of narcissistic personality disorder (NPD). The sample consisted of 14 participants diagnosed with an NPD. Based on audio clinical material, we developed 14 individual plan analyses that we then merged into a single prototypical plan analysis. For explorative purposes, we ran an ordinary least squares regression model to predict the narcissistic symptoms severity (NAR) measured on a scale of 1-7 of the 14 clients by the presence (respectively absence) of certain plans in their individual plan analysis. The synthesis revealed that clients with pathological narcissism share common basic motives. Results of the regression model reveal that the presence of the plan 'be strong' reduces the NAR scale by 1.52 points ($p = .011$). Discussion In the treatment of psychological disorders, precise case formulations allow therapists for making clinically appropriate decision, personalizing the intervention and gaining insight into the client's subjective experience. In the prototypical plan structure we developed for NPD, clients strive to</p>

							strengthen their self-esteem and avoid loss of control, criticism and confrontation as well as to get support, understanding and solidarity. When beginning psychotherapy with a client presenting with NPD, the therapist can use these plans as valuable information to help writing tailored, and therefore more efficient, case formulations for their patients presenting with an NPD.
Graser, Johannes; Göken, Jonas; Lyons, Naomi; Ostermann, Thomas; Michalak, Johannes		Cognitive-behavioral therapy for adults with intellectual disabilities: A meta-analysis	Clinical Psychology: Science and Practice	29	3		People with intellectual disabilities (ID) often suffer from psychopathological symptoms and are rarely treated psychotherapeutically. Concurrently, there is a lack of studies summarizing the effectiveness of cognitive-behavioral therapy (CBT) for adults with ID and co-morbid psychopathological symptoms. A literature search identified CBT-trials focusing on the outcome domains anxiety, depression, and anger in adults with ID (IQ 20–69). A meta-analysis with subgroup analyses was conducted. Controlled trials showed significant effects for the outcome domains depression (d = 0.65; eight studies; 95% confidence interval, CI [0.24, 1.07]) and anger (d = 0.65; six studies; 95% CI [0.25, 1.06]), and a small and nonsignificant effect for anxiety (d = 0.25; four studies; 95% CI [0.00, 0.49]). Due to only a moderate number of trials and limited methodological quality, larger and more rigorous trials are needed to support the preliminary evidence for the efficacy of CBT for individuals with ID. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Graul, A.; Haggerty, A.; Stickley, C.; Kumar, P.; Morales, K.; Bogner, H.;	2020	Effect of patient education on palliative care knowledge and acceptability of outpatient	Gynecologic oncology	156	2	482–487	OBJECTIVES: A randomized control trial (RCT) to estimate the effect of an interventional video on improving palliative care knowledge, acceptability and attendance to outpatient services in gynecologic oncology patients. METHODS: Women receiving treatment for gynecologic malignancy recruited at an academic tertiary care center

Burger, R. A.; Morgan, M.; Ko, E.		palliative care services among gynecologic oncology patients: A randomized controlled trial					<p>were randomized to: palliative care educational video or non-directive cancer center video. The primary outcome was referral to palliative care. Function and knowledge were assessed using the Functional Assessment of Cancer Therapy and the Palliative Care Knowledge Scale. Data analyses were performed using t-tests, Wilcoxon rank sum or Fisher's exact tests with significance level of $\alpha = 0.05$. RESULTS: 111 women were enrolled. Demographic characteristics were equally distributed between groups with respect to age, race, cancer, and stage. There was no statistical difference in knowledge scores or in referral to palliative care between the patients that watched the educational versus control video (29% vs. 27%; $p = .79$). Secondary analysis showed a statistically significant increase in utilization of palliative care services compared to historic institutional data (8.8% to 31.5%; $p \leq .001$). Further, those referred had significantly worse baseline functional scores. CONCLUSIONS: Use of a palliative care educational video did not increase knowledge or acceptability of palliative services within this RCT. However, the rate of patients referred to palliative care tripled compared to historic rates. Further studies should investigate whether discussion regarding palliative care services alone may increase desire for referral, and if use of Fact-G scores may identify patients in greatest need of services.</p>
Graziano, Paulo A.; Spiegel, Jamie A.; Hayes, Timothy; Arcia, Emily	2023	Early intervention for families experiencing homelessness: A pilot randomized trial	Journal of consulting and clinical psychology	91	4	192–207	<p>Objective: As part of a larger community-based, service-driven research project, the primary purpose of this pilot randomized study was to examine the feasibility and acceptability of delivering time-limited adaptations of parent–child interaction therapy (PCIT) and child–parent psychotherapy (CPP) within a sample of children experiencing homelessness. The secondary goal was to</p>

		comparing two parenting programs				<p>examine the promise of both interventions in improving parent/child outcomes. Method: One hundred forty-four young children (18 month–5 years old; Mage = 3.48, SD = 1.09; 43.1% female; 78.5% Black/African American; 27.1% Hispanic) and their mothers were recruited from a women’s homeless shelter and randomly assigned to 12 weeks of either PCIT or CPP delivered by shelter clinicians on-site. Attendance, fidelity, and program satisfaction were obtained. Families completed pre- and postintervention assessments, including observational data on maternal verbalizations during a child-led play session. Results: Both time-limited PCIT and time-limited CPP were successfully implemented with similarly high levels of intervention fidelity (>90%) and satisfaction by mothers (85%). Completion rates were similar across both time-limited PCIT (76.6%) and time-limited CPP (71.4%). Both time-limited CPP and PCIT resulted in decreases in children’s posttraumatic stress, parental stress, and increases in maternal positive verbalizations. Only time-limited PCIT resulted in significant improvements in externalizing behavior problems in children and reductions in maternal negative verbalizations. Conclusions: Time-limited PCIT and CPP are acceptable, feasible, and hold significant promise for helping families within a homeless shelter environment and by extension, other transitional and/or shelter environments. A full randomized trial is warranted to determine which program may offer a more effective intervention. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Grecucci, Alessandro; Messina, Irene;	2020	A Dual Route Model for Regulating	Frontiers in psychology	11	930	<p>The aim of this article is to present recent applications of emotion regulation theory and methods to the field of psychotherapy. The term Emotion Regulation refers to the</p>

<p>Amodeo, Letizia; Lapomarda, Gaia; Crescentini, Cristiano; Dadomo, Harold; Panzeri, Marta; Theuninck, Anthony; Frederickson, Jon</p>		<p>Emotions: Comparing Models, Techniques and Biological Mechanisms</p>				<p>neurocognitive mechanisms by which we regulate the onset, strength, and the eventual expression of our emotions. Deficits in the regulation of emotions have been linked to most, if not all, psychiatric disorders, with patients presenting either dysregulated emotions, or dysfunctional regulatory strategies. We discuss the implications of regulating emotions from two different theoretical perspectives: the Cognitive Emotion Regulation (CER), and the Experiential-Dynamic Emotion Regulation (EDER) model. Each proposes different views on how emotions are generated, dysregulated and regulated. These perspectives directly influence the way clinicians treat such problems. The CER model views emotional dysregulation as due to a deficit in regulation mechanisms that prioritizes modifying or developing cognitive skills, whilst the EDER model posits emotional dysregulation as due to the presence of dysregulatory mechanisms that prioritizes restoring natural regulatory processes. Examples of relevant techniques for each model are presented including a range of cognitive-behavioral, and experiential (including both dynamic and cognitive) techniques. The aim of the paper is to provide a toolbox from which clinician may gain different techniques to enhance and maintain their patient's capacity for emotional regulation. Finally, the biological mechanisms behind the two models of emotion regulation are discussed as well as a proposal of a dual route model of emotion regulation.</p>
<p>Grecucci, Alessandro; Sigirci, Hseyin; Lapomarda, Gaia; Amodeo,</p>	<p>2020</p>	<p>Anxiety regulation: From affective neuroscience to clinical practice</p>	<p>Brain Sciences, 2020</p>			<p>According to psychoanalysis, anxiety signals a threat whenever a forbidden feeling emerges. Anxiety triggers defenses and maladaptive behaviors, thus leading to clinical problems. For these reasons, anxiety regulation is a core aspect of psychodynamic-oriented treatments to</p>

Letizia; Messina, Irene; Frederickson, Jon						help clients. In the present theoretical paper, we review and discuss anxiety generation and dysregulation, first from a neural point of view, presenting findings from neuroimaging and psychophysiological studies. The aim is to trace parallels with psychodynamic theories of anxiety. Then, we discuss the psychological mechanisms and neural bases of emotion regulation in the laboratory, and possible neurobiological mechanisms of anxiety regulation in psychotherapy. We describe two different approaches to emotion/anxiety regulation, one based on the standard cognitive model of emotion regulation, the other based on psychodynamic principles and affective neuroscience. We then illustrate in detail a dynamic experiential approach to regulation. This model claims that emotions arise before cognition and are not inherently dysregulated. Dysregulation emerges from co-occurrences of emotions and associated anxiety. Technical consequences of this model are discussed and include strategies to regulate anxiety.
Greenman, Paul S.; Johnson, Susan M.	2022	Emotionally focused therapy: Attachment, connection, and health	Current opinion in psychology	43	146-150	In this review, we suggest attachment science as a framework for understanding the negative impact of loneliness and social disconnection on mental and physical health and for guiding the interventions of clinicians. We provide an overview of current findings linking loneliness and social isolation to mental health problems such as depression and anxiety, as well as to physical illnesses such as heart disease. We propose emotionally focused therapy for couples, families, and individuals to enhance the quality of people's emotional ties to significant others and their subjective sense of social connectedness. We conclude by suggesting that the strengthening of emotional, interpersonal bonds, which is the primary focus of all forms of emotionally

							focused therapy, can help restore emotional balance, thereby protecting people from chronic feelings of isolation and the host of health problems that they can cause. Copyright 2021 Elsevier Ltd. All rights reserved.
Grégoire, Simon; Chénier, Christophe; Doucerain, Marina; Lachance, Lise; Shankland, Rebecca	2020	Ecological momentary assessment of stress, well-being, and psychological flexibility among college and university students during acceptance and commitment therapy	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement	52	3	231–243	The aim of this ecological momentary assessment study was to explore how students' momentary levels of stress, well-being, and psychological flexibility fluctuate during an intervention based on acceptance and commitment therapy (ACT). Fifty-nine (n = 59) Canadian postsecondary students took part in this study. They were invited to participate in 5 group workshops of 2.5 hr in length and to use a smartphone application designed for ecological momentary assessment. Data collection spanned 5 consecutive weeks. Students were prompted once per day at random times between 8:30 a.m. and 8:30 p.m., for a maximum of 5 times per week and 25 intended prompts. Analyses were conducted using multilevel modeling. The results show that (a) students' momentary levels of stress, well-being, and psychological flexibility did not change significantly during the intervention; (b) students' momentary psychological flexibility was associated with their momentary stress and well-being; and (c) the association between students' momentary psychological flexibility and well-being became stronger over time. The results of this within-person research study extend previous between-person studies carried out on ACT and reinforce the importance of helping postsecondary students cultivate psychological flexibility to promote their mental health. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Grégoire, Simon; Lachance, Lise;	2016	L'efficacité de l'approche d'acceptation et	Canadian Journal of Behavioural	48	3	222–231	Many university students experience psychological health issues that undermine their academic success. In this quasi-experimental study, 90 (N = 90) students from 3

<p>Bouffard, Thérèse; Hontoy, Lysa-Marie; Mondehare, Laurence de</p>		<p>d'engagement en regard de la santé psychologique et de l'engagement scolaire des étudiants universitaires. [The effectiveness of the approach of acceptance and commitment with regard to the psychological health and academic engagement of university students.]</p>	<p>Science / Revue canadienne des sciences du comportement</p>				<p>universities in Quebec (Canada) participated in a group intervention based on Acceptance and Commitment Therapy (ACT). A pretest-posttest switching-replication design including 3 measuring times was used to evaluate the impact of the intervention on 1) psychological flexibility, 2) psychological health (stress, psychological wellbeing, anxiety and depression) and 3) academic commitment. Repeated measures ANCOVA demonstrate a positive effect of the intervention on students' psychological flexibility, their psychological health and their academic commitment. Results also show that gains related to psychological health and academic commitment are correlated with gains in terms of psychological flexibility. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
<p>Grenon, Renee; Schwartz, Dominique; Hammond, Nicole; Ivanova, Iryna; Mcquaid, Nancy; Proulx, Genevieve; Tasca, Giorgio A.</p>	<p>2017</p>	<p>Group psychotherapy for eating disorders: A meta-analysis</p>	<p>The International journal of eating disorders</p>	<p>50</p>	<p>9</p>	<p>997-1013</p>	<p>OBJECTIVE In the current meta-analysis, we review the effect of group psychotherapy compared to both wait-list controls and other active treatments for adults with eating disorders (EDs). METHOD Twenty-seven randomized controlled trials (RCTs) that provide direct comparisons with a total of 1,853 participants were included. RESULTS Group psychotherapy is significantly more effective than</p>

							<p>wait-list controls at achieving abstinence rates of binge eating and/or purging (RR = 5.51, 95% CI: 3.73, 8.12), decreasing the frequency of binge eating and/or purging (g = 0.70, 95% CI: 0.51, 0.90), and reducing related ED psychopathology (g = 0.49, 95% CI: 0.32, 0.66) after treatment. The effects of group psychotherapy and other active treatments (e.g., behavioral weight loss, self-help, individual psychotherapy) did not differ on any outcome at post-treatment or at follow-ups. Group cognitive behavioral therapy (CBT) and other forms of group psychotherapy did not differ significantly on outcomes at any time point.</p> <p>DISCUSSION</p> <p>Additional research is needed to evaluate other group psychotherapy approaches, along with CBT, to provide more evidence-based treatment options for individuals with an ED. Group psychotherapy appears as effective as other common treatments and is perhaps more cost-effective than the most popular treatment, individual psychotherapy. Only 8.33% of comparisons in the current meta-analysis had at least 80% power to detect a moderate effect (d = .50) and we recommend that future RCTs be adequately powered.</p>
Griffin, Darren K.	2022	Why PGT-A, most likely, improves IVF success	Reproductive biomedicine online	45	4	633–637	<p>Preimplantation genetic testing for aneuploidies (PGT-A), with its vocal advocates and opponents, is at the epicentre of a perpetual, often heated, debate. The main issues include the following. First, how do we interpret the existing evidence-base? Around 100 retrospective and single-centre studies, two non-selection trials and at least two meta-analyses point to its efficacy in improving live birth rates, although randomized controlled trials are more mixed. Second, what should be done in relation to euploid/aneuploid mosaicism? Recent data suggest that</p>

							low-level mosaic pregnancies can proceed uneventfully to term, so intelligent interpretation of the diagnostic data is appropriate. Third, what is the stance of the Human Fertilisation and Embryology Authority? The 'traffic light' system is much debated and is perhaps best described as well-intentioned, but misguided in places. Fourth, what is the motivation of people who maintain their point of view despite the evidence? Sadly, the presentation of new empirical evidence polarizes, rather than reconciles, opinion. Too many have made a career out of either promoting or denigrating PGT-A for them to back down easily. Finally, how can we find common ground and move forward? All patients should be counselled in a non-directive manner on whether to embark on PGT-A, summarizing for them the whole evidence base so they can make up their own mind.
Griffiths, Alys Wyn; Surr, Claire A.; Creese, Byron; Garrod, Lucy; Chenoweth, Lynn	2019	The development and use of the assessment of dementia awareness and person-centred care training tool in long-term care	Dementia (London, England)	18	7-8	3059–3070	
Grimes, Jeffrey L.; Kivlighan III, D. Martin	2022	Whose multicultural orientation matters most? Examining additive and compensatory	Group Dynamics: Theory, Research, and Practice	26	1	58–70	Objective: The multicultural orientation (MCO) framework has received increased attention within the multicultural group work literature. However, most of this research has examined cultural processes between group members and how cultural processes of the group-as-a-whole directly impact outcomes of individual members. As such, the effect of group leaders' MCO on members'

		effects of the group's and leader's multicultural orientation in group therapy					improvement has largely been ignored. Understanding the complex interaction between leaders' and group members' MCO is critical to advance this body of literature and further understand the dynamic interplay of cultural processes between leaders and members of therapy groups. Method: Data for this study consisted of 101 group members across 48 interpersonal process groups at 12 university counseling centers. Polynomial regression and response surface analysis were conducted to test additive and compensatory effects between members' perceptions of their group's and their leaders' MCO on their perceived improvement in group therapy. Results: Clients' estimated improvement was highest when their perceptions of their group's and leaders' cultural humility were congruent and high (i.e., additive effect). Additionally, clients' estimated improvement was highest when clients perceived either (a) the group high in cultural missed opportunities and leaders low in cultural missed opportunities or (b) the group low in cultural missed opportunities and leaders high in cultural missed opportunities (i.e., compensatory effect). Conclusions: This article grows the existing body of literature on MCO orientation by exploring how group's and leaders' MCO interact in complex and important ways with client's perceived improvement in therapy. Both leaders and members should engage in cultural aspects of the group. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Griner, Derek; Erekson, David M.; Beecher, Mark E.; Cattani, Kara;	2022	The power of compassion in group psychotherapy	Journal of clinical psychology	78	8	1601–1612	Research has repeatedly demonstrated that individual and group psychotherapy are equally effective. Compassion-focused therapy (CFT) has been shown to be an effective approach to treating individuals with a wide range of presenting mental health concerns. In this

Burlingame, Gary M.							study, we discuss the basic tenets of CFT and introduce a 12-module CFT group psychotherapy approach for college counseling centers. We use a clinical vignette to provide an example of how psychotherapists may implement this approach. We then discuss clinical applications, including strengths and limitations of this approach.
Grobe, James E.; Goggin, Kathy; Harris, Kari Jo; Richter, Kimber P.; Resnicow, Ken; Catley, Delwyn	2020	Race moderates the effects of Motivational Interviewing on smoking cessation induction	Patient education and counseling	103	2	350–358	OBJECTIVE: Health disparities necessitate exploration of how race moderates response to smoking cessation treatment. Data from a randomized clinical trial of Motivational Interviewing (MI) for smoking cessation induction were used to explore differential treatment response between African American (AA) vs Non-Black (NB) smokers. METHODS: Adult tobacco smokers (138 AA vs 66 NB) with low desire to quit were randomly assigned to four sessions of MI or health education (HE). Outcomes (e.g., quit attempts) were assessed 3- and 6-months. RESULTS: There was evidence of a Race by Treatment interaction such that MI was less effective than HE in AA smokers. Mean Cohen's d for the interaction effect was -0.32 (95% CI [-0.44, -0.20]). However, the race interaction could be accounted for by controlling for baseline relationship status and communication preference (wants directive approach). CONCLUSIONS: MI may be less effective for smoking cessation induction in AA vs NB smokers when compared to another active and more directive therapy. The differential response between races may be explained by psychosocial variables. PRACTICE IMPLICATIONS: MI may not be an ideal choice for all African American smokers. Patients' relationship status and preference for a directive counseling approach might explain disparities in response to MI treatment.

Grochowiak, Klaus	2017	Sorge dich und lebe jetzt! Daseinsanalyse und NLP: Wie wir fr uns sorgen knnen, ohne die Katastrophe zu beschwren. Vorschlag zur Erweiterung des NLP-Curriculums	Praxis Kommunikation	3	2	62–65	Es wird ein Vorschlag zur Erweiterung des Neurolinguistischen Programmierens um Einsichten aus der Daseinsanalyse gemacht. Dabei wird als beste Methode, sich gut zu fhlen, ganz im Hier und Jetzt zu sein erachtet. Auch die angenehme Wirkung der Gedankenleere wird hervorgehoben. Schlielich wird der Unterschied zwischen Des-Identifikation und Dissoziation erlutert.
Groot, Marlies de; Laceulle, Odilia M.; Cissen, Helma; Tiemens, Bea; van der Heijden, Paul T.	2022	Symptom distress and disability: Different sides of the same coin? An investigation of the relationship between symptom distress and disability over time in patients receiving treatment for internalizing disorders	Journal of clinical psychology	78	12	2446–2455	BACKGROUND Most psychotherapy outcome research focuses on symptom reduction as a primary outcome. However, most patients do not seek psychological treatment exclusively for symptom relief, but mainly because they can no longer do what they want to do or used to do. Therefore, besides symptom reduction, also disability in daily functioning should be a focus of psychotherapy outcome research. Yet, until now there is a paucity in research pertaining to the relation between symptom reduction and reduction of disability during psychological treatment. AIMS For this reason, the aim of the current study was to examine the relationship between changes in symptom reduction (reduction in general symptom distress) and changes in self-reported disability over a period of two years in patients that receive psychotherapy for mood and anxiety disorders (N = 1182). RESULTS We found strong correlations between both outcome

							<p>measures at all measurement points. Furthermore, results demonstrated a decrease in both outcome measures from start to end of treatment with a moderate effect for symptom distress and a small effect for experienced disability. Cross-lagged panel analysis demonstrated that a decrease in symptom distress predicted a subsequent decrease in self-reported disability, and a decrease in self-reported disability equally predicted a subsequent decrease in experienced symptom distress.</p> <p>CONCLUSION</p> <p>Our results seem to indicate that both outcome measures are interchangeable in psychotherapy outcome studies for internalizing disorders.</p>
<p>grosse Holtforth, Martin; Krieger, Tobias; Zimmermann, Johannes; Altenstein-Yamanaka, David; Drig, Nadja; Meisch, Laurence; Hayes, Adele M.</p>	2019	<p>A randomized-controlled trial of cognitive-behavioral therapy for depression with integrated techniques from emotion-focused and exposure therapies</p>	<p>Psychotherapy Research</p>	29	1	30–44	<p>Background: Emotional processing (EP) is hypothesized to be a key mechanism of change in psychotherapy that may enhance its long-term efficacy. To study the effects of fostering EP in psychotherapy for depression, this randomized-controlled clinical trial compares the efficacy and pattern of change of a cognitive-behavioral therapy that integrates emotion-focused techniques within an exposure framework (Exposure-Based Cognitive Therapy for depression; EBCT-R) to a standard cognitive-behavioral therapy (CBT). Methods: One hundred and forty-nine depressed outpatients were randomized to a maximum of 22 sessions of manualized EBCT-R (N = 77) or CBT (N = 72). Primary outcomes were self-reported and clinician-rated depressive symptoms at posttreatment and 12-month follow-up. Secondary outcomes were self-esteem, interpersonal problems, and avoidance thoughts and behaviors. Results: Depressive symptoms improved significantly over therapy in both treatments, with large within-group effect sizes for CBT (d = -1.95) and EBCT-R (d</p>

							= -1.77). The pattern of depression change during treatment did not differ between treatments. Symptom relief lasted over 12 months and did not differ between EBCT-R and CBT. Conclusions: Results suggest that both treatments produced significant short- and long-term improvement in depression symptoms, but the integration of emotion-focused techniques within an exposure framework did not have added benefit.
Groth, Taylor; Hilsenroth, Mark	2021	Psychotherapy techniques related to therapist alliance among adolescents with eating disorders: The utility of integration	Journal of Psychotherapy Integration	31	1	104-114	This study is the 1st to explore specific therapeutic techniques clinicians find helpful in establishing and maintaining alliance with adolescents with eating disorders. Data was collected from 107 experienced therapists (Myears = 16) currently treating an eating-disordered adolescent. Therapists held degrees in various disciplines in mental health (MA, MS, MSW, MHC, PhD, PsyD) or in medicine (MD), who came from various theoretical orientations (cognitive-behavioral [CB] = 46.7%, psychodynamic = 13.1%, interpersonal = 13.1%, family = 7.5%, humanistic = 3.7%, and other = 15.9%). Therapists rated the utility of various psychodynamic-interpersonal, CB, and adjunctive eating disorder interventions, as well as their alliance with that patient. The majority of the patients (N = 107) reported on were female (n = 102) and diagnosed with anorexia (n = 70), bulimia (n = 14), binge eating (n = 9), or other specified feeding or eating disorders (n = 14). Therapists reported a constellation of integrative treatment interventions related to alliance. Specifically, a forward stepwise regression yielded a final, 7-step model predicting therapist alliance ($R = .704$, $r^2 = .495$), $F(102) = 4.599$, $p = .035$. The final regression model revealed specific items from each treatment approach to be significantly related to alliance, with the most important

							item being an in-session focus on the therapeutic relationship. Findings highlight how an integrative model of treatment interventions, with emphasis on the focus of the therapist–patient relationship in session, might be explored in future work to help facilitate the alliance in the treatment of adolescents with eating disorders. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Groth, Taylor; Hilsenroth, Mark J.; Gold, Jerold; Boccio, Dana; Tasca, Giorgio A.	2020	Therapist factors related to the treatment of adolescent eating disorders	Professional Psychology: Research and Practice		19 39- 13 23(Electronic), 07 35- 70 28(Print)	517–526	Eating disorders (EDs) are historically complex to treat, and evidence-based recommendations for treating adolescents with EDs need to be improved. The present study is unique and distinctive as it is the first to assess therapists’ report of their technique, working alliance, and countertransference with ED adolescents in relation to patient factors of childhood traumatic experiences as well as ED symptomatology. One hundred and four experienced (M = 16.28 years as clinician) therapists from a variety of different theoretical orientations and disciplines currently treating an adolescent patient diagnosed with an ED for at least 8 sessions completed an online survey. These therapists completed measures of therapists’ technique, alliance, and countertransference, as well as a DSM–5 ED symptom and childhood trauma questionnaire regarding their patients. Therapists reported experiencing more special/overinvolved countertransference when the patient had greater trauma severity, specifically with patients who experienced more severe traumatic parental upheavals and had been a victim of violence. In addition, therapists used more psychodynamic interpersonal (PI) techniques when treating patients with more severe trauma histories, especially when they were victim to a major parental upheaval, childhood sexual abuse, and serious injury. PI was also significantly related to total ED

							symptoms, and most specifically with bulimia nervosa and binge ED symptoms. Despite these findings, there was a lack of significance for therapist alliance with ED symptom or trauma variables. Overall, these findings highlight how therapist treatment process may be related to aspects of trauma history and symptomatology when treating an adolescent with an ED. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Grtz, Astrid	2016	Ein Therapie-Rckblick aus existenzanalytischer Sicht als Methode der qualitativen Psychotherapieforschung	Existenzanalyse	33	1	15–24	Am Beispiel einer existenzanalytischen Traumatherapie mit einer jungen Erwachsenen wird aufgezeigt, welche Erkenntnisse im Sinne der qualitativen Psychotherapieforschung aus einem gemeinsamen Rckblick in Form eines Dialogs zwischen Therapeut und Klient gewonnen werden knnen. Im Anschluss wird der Unterschied zum Change-Interview nach Elliott herausgearbeitet. Beide Formen der Gesprchsfhrung werden einander gegenberstellt, wobei das Original-Transkript in Auszgen wiedergegeben wird. Schlielich wird auf Aspekte der Forschungsethik eingegangen.
Grtz, Astrid	2019	"Was hat mir geholfen?" - Wirkelemente im Therapieprozess aus Patienten-Sicht. Ein Beitrag zur Psychotherapie-Prozessforschung	Existenzanalyse	36	1	15–43	Im vorliegenden Beitrag werden auf Basis von rckblickenden Gesprchen bzw. strukturierten Interviews die Wirkelemente von drei existenzanalytischen Psychotherapie-Prozessen bei unterschiedlichen Diagnosen mit Schwerpunkten in verschiedenen existentiellen Grundmotivationen analysiert. Zunchst wird auf grundlegende berlegungen zur Wirksamkeitsforschung in der Psychotherapie eingegangen. Im empirischen Hauptteil wird fr jeweils drei Patientinnen (21 Jahre, 34 Jahre, 42 Jahre) erst die Patientinnen-Sicht auf induktivem Weg analysiert. Fr das Verstdnis der Therapie-Wirkungen werden dann als theoretischer Rahmen die existentiellen Grundmotivationen und die Personale Existenzanalyse

						herangezogen. Schliesslich wird die Patientinnen-Aussage mithilfe einer hermeneutisch-phnomenologischen Analyse aus Therapeuten-Perspektive zu einer intersubjektiven Aussage hinsichtlich der Wirkelemente in der existenzanalytischen Psychotherapie verdichtet. Die fallbezogenen Erkenntnisse werden bei zwei Patientinnen mit quantitativen Selbsteinschätzungen in Beziehung gesetzt. Anhand dieser Fallvergleiche wird die therapeutische Arbeit mit der Personalen Existenzanalyse in Hinblick auf die klinischen Bilder theoretisch spezifiziert. Schliesslich resultieren daraus allgemeine berlegungen zu adquaten Forschungszugngen in der qualitativen Einzelfall- bzw. Prozessforschung.
Grzanka, Patrick R.; Zeiders, Katharine H.; Miles, Joseph R.	2016	Beyond “born this way?” reconsidering sexual orientation beliefs and attitudes	Journal of Counseling Psychology	63	1	Previous research on heterosexuals’ beliefs about sexual orientation (SO) has been limited in that it has generally examined heterosexuals’ beliefs from an essentialist perspective. The recently developed Sexual Orientation Beliefs Scale (SOBS; Arseneau, Grzanka, Miles, & Fassinger, 2013) assesses multifarious “lay beliefs” about SO from essentialist, social constructionist, and constructivist perspectives. This study used the SOBS to explore latent group-based patterns in endorsement of these beliefs in 2 samples of undergraduate students: a mixed-gender sample (n = 379) and an all-women sample (n = 266). While previous research has posited that essentialist beliefs about the innateness of SO predict positive attitudes toward sexual minorities, our research contributes to a growing body of scholarship that suggests that biological essentialism should be considered in the context of other beliefs. Using a person-centered analytic strategy, we found that that college students fell into distinct patterns of SO beliefs that are more different on beliefs about the homogeneity,

							discreteness, and informativeness of SO categories than on beliefs about the naturalness of SO. Individuals with higher levels of endorsement on all 4 SOBS subscales (a group we named multidimensional essentialism) and those who were highest in discreteness, homogeneity, and informativeness beliefs (i.e., high-DHI) reported higher levels of homonegativity when compared with those who were high only in naturalness beliefs. We discuss the implications of these findings for counseling and psychotherapy about SO, as well educational and social interventions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Gu, Honglei; Fang, Lanlan; Yang, Cong	2023	Peer Victimization and Adolescent Non-Suicidal Self-Injury: The Mediating Role of Alienation and Moderating Role of Mindfulness	Journal of interpersonal violence	38	3-4	3864– 3882	Peer victimization and non-suicidal self-injury (NSSI) are two major public health problems, with the former being associated with outward attack and the latter characterizing inward attack. Peer victimization has been shown to be associated with adolescents' NSSI. However, less is known about the mechanism underlying the association. Based on the experiential avoidance model of NSSI, this study tested whether the sense of alienation mediated the association between peer victimization and NSSI, and whether this process was weakened by mindfulness. A total of 1,574 Chinese adolescents (51.1% girls; ages 12-16 years) completed questionnaires concerning NSSI, peer victimization, alienation, and mindfulness. Regression-based analyses indicated that peer victimization predicted adolescents' NSSI through the indirect effect of alienation, and mindfulness weakened this indirect effect. These findings suggest that victimized adolescents may injure themselves as an emotion regulation strategy. The results highlight the importance to implement programs aimed to improve the school climate to reduce the risk of adolescent NSSI.

							Furthermore, we underscore the need to include emotion-regulation training (e.g., mindful practice) into bully intervention programs to prevent NSSI.
Gudaitė, Gražina	2019	Psychotherapy research: an interplay between inner and outer and a succession of meanings	The Journal of analytical psychology	64	4	512–529	Psychotherapy research is a rapidly developing area of study that aims to explore the integration of inner and outer conditions of an individual's experience, the interplay between subjective and objective, as well as between individual and collective. Questions regarding a more integrative view and qualitative research in psychotherapy are discussed in the paper. The author introduces some ideas from the studies on psychotherapy effectiveness that were done at Vilnius University by a group of researchers who work in the 'Centre for research on the psychodynamics of personality'. Clinical psychologists who hold a doctorate degree or who are in doctoral studies in the Department of Psychology at Vilnius University are members of this research group. The subjective understanding about healing episodes and the development of depth premises were the main tasks of these studies. Among other methods, the researchers used the drawing a picture of a healing moment and telling a psychotherapy story recalled by the client to collect data. Two examples of drawing a picture of a healing moment and one example of telling a therapy story are analyzed in the paper. The themes of subjective experience of renewal in psychotherapy as well as the multiplicity of experience and results in psychotherapy are discussed in the paper with case illustrations. This study showed that drawing a picture opens one more dimension of reflection and that it can be an appropriate tool for developing individual narratives as well. Authoring and re-authoring one's life narrative is accepted as part of a productive therapy as

						<p>well as discovering one's inner authorship. The ability to follow a succession of meanings, as well as a connection to nature and culture could be one of the ways of actualizing an integrative view in psychotherapy research. La recherche dans le domaine de la psychothérapie est un domaine d'étude en croissance rapide qui vise à étudier l'intégration des conditions intérieures et extérieures dans l'expérience d'une personne, l'interaction entre le subjectif et l'objectif, ainsi qu'entre l'individuel et le collectif. L'article aborde des questions concernant une perspective plus intégrative et la recherche qualitative en psychothérapie. L'auteur introduit des idées provenant d'études faites par un groupe de chercheurs à l'université de Vilnius sur l'efficacité de la psychothérapie. Ces chercheurs travaillent au « Centre for research on the psychodynamics of personality » (Centre de recherche sur les psychodynamiques de la personnalité). Ils sont docteurs en psychologie clinique ou doctorants dans le département de Psychologie à l'université de Vilnius. L'objet principal de ces recherches est la compréhension subjective d'épisodes de guérison et la construction de postulats de profondeur. Parmi différentes méthodes pour obtenir des données, les chercheurs ont utilisé celle consistant à faire un dessin d'un moment de guérison et celle consistant à raconter une histoire de psychothérapie telle que le client se la rappelle. Deux exemples de faire un dessin d'un moment de guérison ainsi qu'un exemple de raconter une histoire de psychothérapie sont analysés dans l'article. Les thèmes de l'expérience subjective du renouveau en psychothérapie, ainsi que la multiplicité d'expérience et de résultats en psychothérapie sont traités dans l'article</p>
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						<p>et illustrés par des cas. Cette étude montre que de faire un dessin ouvre une dimension de plus dans la réflexion et que cela peut être un outil approprié pour le développement des récits individuels. Être l'auteur de son récit de vie, ainsi que de sa réécriture, est considéré comme étant un aspect d'une thérapie productive. De même que découvrir sa capacité intérieure à « être auteur ». La capacité à suivre une succession de significations, ainsi qu'un lien avec la nature et la culture pourraient être une des manières d'actualiser une perspective intégrative dans la recherche en psychothérapie.</p> <p>Psychotherapieforschung ist ein sich rasant entwickelndes Forschungsgebiet, das darauf abzielt, die Integration der inneren und äußeren Bedingungen einer individuellen Erfahrung, das Zusammenspiel von Subjektivem und Objektivem sowie von Individuellem und Kollektivem zu untersuchen. In diesem Beitrag werden Fragen diskutiert, die sowohl eine integrativere Sichtweise als auch qualitative Forschung in der Psychotherapie berücksichtigen. Die Autorin stellt einige Ideen aus Studien zur Wirksamkeit von Psychotherapie vor, die an der Universität Vilnius von einer Gruppe von Forschern durchgeführt wurden, die im 'Zentrum zur Erforschung der Psychodynamik der Persönlichkeit' arbeiten. Zu dieser Forschergruppe gehören promovierte klinische Psychologen oder solche, die gegenwärtig am Institut für Psychologie der Universität Vilnius promovieren. Das subjektive Verständnis von Heilungsepisoden und die Entwicklung von Tiefenprämissen stellten die Hauptthemen dieser Studien dar. Neben anderen Methoden verwendeten die Forscher das Zeichnen eines Bildes eines Heilungsmomentes und das Erzählen einer Psychotherapiegeschichte, wie sie von Klienten erinnert</p>
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						<p>wurde, um Daten zu sammeln. In der Arbeit werden zwei Beispiele für das Zeichnen eines Bildes eines Heilungsmomentes und ein Beispiel für das Erzählen einer Therapiegeschichte analysiert. Anhand von Falldarstellungen werden in dem Beitrag die Themen der subjektiven Erfahrung von Erneuerung in der Psychotherapie und die Vielzahl der Erfahrungen mit sowie die Ergebnisse von Psychotherapie diskutiert. Diese Studie hat gezeigt, daß das Zeichnen eines Bildes eine weitere Dimension der Reflexion eröffnet und ein geeignetes Werkzeug für die Entwicklung individueller Erzählungen sein kann. Das Verfassen und Neuverfassen der eigenen Lebenserzählung wird dabei als Teil einer produktiven Therapie und als Entdeckung der inneren Urheberschaft angesehen. Die Fähigkeit, einer Sukzession von Bedeutungen zu folgen sowie eine Verbindung zu Natur und Kultur herzustellen könnte eine der Möglichkeiten sein, eine integrative Sichtweise in der Psychotherapieforschung zu verwirklichen.</p> <p>La ricerca in psicoterapia è un'area di studio in rapida evoluzione che tende ad esplorare l'integrazione tra le condizioni interne ed esterne dell'esperienza individuale, l'interazione tra soggettivo ed oggettivo tanto quanto tra individuale e collettivo. Nell'articolo vengono affrontate domande relative ad una visione più integrativa ed alla ricerca qualitativa in psicoterapia. L'Autrice introduce alcune idee prese dagli studi sull'efficacia della psicoterapia effettuati all'università di Vilnius da un gruppo di ricercatori, che lavorano nel 'Center for Research on the psychodynamics of personality'.</p> <p>Psicologi clinici che hanno conseguito un dottorato o che lo stanno per conseguire presso il Dipartimento di Psicologia dell'Università di Vilnius fanno parte di questo</p>
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						<p>gruppo di ricerca. La comprensione soggettiva degli episodi di guarigione e lo sviluppo di premesse profonde erano gli obiettivi principali di questi studi. Tra i tanti metodi utilizzati dai ricercatori per raccogliere informazioni vi è il disegno di un'immagine di un momento di guarigione e la narrazione di una storia terapeutica rammentata dal paziente. Due esempi del 'disegno di un'immagine di un momento di guarigione' e un esempio della 'narrazione di una storia terapeutica' sono analizzati nell'articolo. I temi dell'esperienza soggettiva del rinnovamento nella psicoterapia così come la molteplicità di esperienze e risultati vengono trattati nell'articolo con illustrazioni di casi. Questo studio ha mostrato che disegnare un'immagine apre un'ulteriore dimensione di riflessione e che può essere uno strumento appropriato per lo sviluppo di una narrazione individuale. Scrivere e riscrivere la narrazione della propria vita fa parte di una terapia produttiva tanto quanto la scoperta di esserne l'autore. L'abilità di seguire una successione di significati, così come una connessione con la natura e la cultura, potrebbe essere un modo per realizzare una prospettiva nella ricerca psicoterapeutica.</p> <p>Исследование в психотерапии - это быстро развивающаяся область знаний, задачи которой состоят в изучении интеграции внутренних и внешних условий индивидуального опыта, взаимодействия между субъективным и объективным, индивидуальным и коллективным. В статье обсуждаются вопросы, связанные с интегративным подходом и качественными исследованиями в психотерапии. Автор представляет читателю некоторые идеи из работ по эффективности психотерапии, которые были проведены в</p>
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						<p>университете Вильнюса группой ученых, работавших в «Центре исследования по психодинамике личности». Клинические психологи, имеющие докторскую степень или пишущие докторскую диссертацию на факультете психологии в университете Вильнюса, являются членами этой группы. Субъективное понимание моментов исцеления, а также предпосылки развития глубины терапии были основными задачами исследования. Среди прочих методов докторанты использовали рисунки моментов исцеления и рассказ психотерапевтической истории клиентом, которого приглашали для сбора данных. В статье анализируется два рисунка момента исцеления и одна терапевтическая история. Темы субъективного опыта обновления в психотерапии, а также многогранность опыта и результаты в психотерапии обсуждаются в статье вместе с клиническими иллюстрациями. Исследование показало, что рисунок открывает несколько измерений рефлексии, он может быть использован как адекватное средство для развития индивидуального нарратива. Авторское творение повторное сотворение нарратива своей жизни принимает как часть продуктивной терапии, а также позволяет открыть внутреннего автора. Способность проследивать преемственность смыслов, а также связь между природой и культурой может быть одним из способов актуализации интегративного взгляда в исследовании в психотерапии.</p> <p>La investigación en psicoterapia es un área de estudio en creciente desarrollo cuyo objetivo es explorar la integración</p>
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Guerrero, Mayra; Longan, Casey; Cummings, Camilla; Kassanits, Jessica; Reilly, Angela; Stevens, Ed; Jason, Leonard A.	2022	Women's friendships: A basis for individual-level resources and their connection to power and optimism	The Humanistic Psychologist		15 47- 33 33(Ele ctr oni c), 08 87- 32 67(Pri nt)	360-375	The study examined how friendships among women in recovery from substance use disorders are related to individual resources (e.g., social support, self-esteem, and hope) and empowerment (e.g., power and optimism). Findings from a path analysis of 244 women in recovery revealed that friendships among women were positively related to individual resources; that is, the stronger the relationships with other women, the higher women perceived their resources to be. Further, individual-level resources mediated the relations between friendships and empowerment, with higher levels of individual resources related to higher levels of empowerment constructs of power and optimism. Results point to the importance of developing and sustaining empowering relationships for women in recovery. Findings have implications for gender-specific treatment practices and recommendations impacting substance use recovery outcomes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Guerrini Usubini, Anna; Cattivelli, Roberto; Bertuzzi, Vanessa; Varallo, Giorgia; Rossi, Alessandro Alberto; Volpi, Clarissa; Bottacchi, Michela; Tamini, Sofia; Col,	2021	The ACTyourCHANGE in Teens Study Protocol: An Acceptance and Commitment Therapy-Based Intervention for Adolescents with Obesity: A Randomized Controlled Trial	International journal of environmental research and public health	18	12		This Randomized Controlled Trial [(RCT) aims to evaluate the effectiveness of a brief Acceptance and Commitment Therapy (ACT)-based intervention combined with treatment as usual (TAU) compared to TAU only in improving psychological conditions in a sample of adolescents with obesity (body mass index, BMI > 97th percentile for age and sex) within the context of a wider multidisciplinary rehabilitation program for weight loss. Fifty consecutive adolescents (12-17 years) of both genders with obesity will be recruited among the patients hospitalized in a clinical center for obesity rehabilitation and randomly allocated into two experimental conditions: ACT + TAU vs. TAU only. Both groups will attend a three-week in-hospital multidisciplinary rehabilitation program

Alessandra de; Pietrabissa, Giada; Mannarini, Stefania; Castelnovo, Gianluca; Molinari, Enrico; Sartorio, Alessandro							for weight loss. The ACT + TAU condition comprises a psychological intervention based on ACT combined with a standard psychological assessment and support to the hospitalization. The TAU comprises the standard psychological assessment and support to the hospitalization. At pre- to post-psychological intervention, participants will complete the Avoidance and Fusion Questionnaire for Youth, the Psychological Well-Being Scale, the Depression Anxiety Stress Scale, the Difficulties in Emotion Regulation Scale, and the Emotional Eating subscale of the Dutch Eating Behavior Questionnaire to assess psychological well-being as the primary outcome and experiential avoidance, psychological distress, emotional dysregulation, and emotional eating as secondary outcomes. Repeated-measures ANOVAs (2 × 2) will be conducted. The study will assess the effectiveness of a brief ACT-based intervention for adolescents with obesity in improving their psychological conditions by targeting specific core processes of the ACT framework (openness, awareness, and engagement). Future directions of the study will assess whether these psychological processes will contribute to addressing long-term weight loss.
Guessoum, Sélim Benjamin; Minassian, Sevan; Staël, Pauline de; Touhami, Fatima; DiGiovanni, Madeline; Radjack,	2022	Multimodal co-therapy for unaccompanied minors: a qualitative study	Child and adolescent psychiatry and mental health	16	1	81	BACKGROUND: Unaccompanied refugee minors-or unaccompanied minors-are children and adolescents who have been separated from parents and other relatives and are not being cared for by an adult. Unaccompanied minors are a vulnerable population, with numerous stressors and complex psychiatric symptoms necessitating specialized mental health care. This study explores patients' experiences of a Multimodal Co-Therapy for Unaccompanied Minors (MUCTUM), which encompasses cultural, biological, narrative & institutional

Rahmeth; Moro, Marie Rose; Benoit, Laelia							<p>approaches to care. METHODS: MUCTUM is a co-therapy program for unaccompanied minors, with a psychiatrist, psychologist, native-language interpreter, and caseworker for each patient. In this qualitative study, we interviewed adolescents about their experiences with MUCTUM and analyzed these semi-structured interviews using a phenomenological framework (Interpretative Phenomenological Analysis). RESULTS: Qualitative analysis of 16 interviews discovered that unaccompanied minors felt misunderstood before participating in MUCTUM, describing a sense of strangeness and loneliness in relation to psychiatric symptoms. Several youths experienced triple stigmatization: of being unaccompanied minors, of suffering from psychotrauma, and of being mental health patients. We further describe three overarching domains that inform on MUCTUM support to unaccompanied minors: (1) A safe space for unaccompanied minors; (2) Helpful interventions during therapy; and (3) Narrating one's story can "set us free" if guided carefully by care providers. CONCLUSION: This study suggests that MUCTUM therapy may efficiently support unaccompanied minors' mental health by acknowledging their hierarchy of needs.</p> <p>Psychotherapeutic strategies include creating a safe place, providing culturally appropriate care and patient-centered therapy, addressing concrete problems, supporting relationships, and making use of limited reparenting in therapy. Delayed and progressive inquiry about traumatic events may be beneficial. Replication of these findings and their field application is warranted.</p>
Guiffrida, Douglas A.; McGuinness,	2023	A qualitative study of clients with chronic	Journal of Psychotherapy Integration		15 73- 36	No Paginatio n	The purpose of this qualitative study was to understand the experiences of 11 clients with chronic pain who participated in a 10-week, small group psychotherapy

Scott; Carter, Rachel; Miller, Daniel; Farah, Jennifer		pain who participated in an integrative mind/body psychotherapy intervention			96(Electronic), 1053-0479(Print)	Specified -No Pageination Specified	intervention that integrated emotional awareness and expression therapy and mindfulness. Qualitative interviews using constructivist grounded theory were conducted with participants to understand their experiences. The findings identify a set of conditions under which the approach is perceived as effective in alleviating chronic pain, as well as conditions under which participants perceived moderate or no benefit from the intervention. These findings provide the potential to inform future treatment protocols and interventions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Gultekin, Murat; Ekinici, Ayten; Erturk, Gozde; Mirza, Meral	2017	Female Parkinson's disease caregivers have much anxiety and depressive symptom	Brain and behavior	7	9	e00787	<p>OBJECTIVE Parkinson's Disease Caregivers (PDC) play an important role, especially in the medium and advanced phase of the disease for patients' daily life activities, treatment, and follow-up. The aim of this study is to attract attention to the factors which place PDC at risk of psychological problems and to give consideration to these factors.</p> <p>MATERIALS AND METHODS First of all, the 80 participants, who were PDC, filled in the demographic information form. The Hospital Anxiety and Depression Scale (HADS) was applied in order to determine the psychological status of the PDC.</p> <p>RESULTS The average age of PDC in the study was found as 47.94. While 11 (13.8%) of the PDC had undergone psychiatric treatment in the past, four of them (5%) were currently receiving treatment. Twenty-eight (35%) of those who provide care have experience in patient care, whereas 52 (65%) of them have no prior experience in caring for patients. Thirty-six (45%) of the PDC reported that they had difficulties, which were mostly psychological.</p>

							<p>According to the HADS which was applied, anxiety was seen in 26 of those who provide care (32.5%), while depression was seen in 41 (51.3%).</p> <p>CONCLUSION</p> <p>This study is the first to provide data on the psychological status of PDC in our country. It is important that PDC's psychological problems are reduced by psychotherapy or, if necessary, by treatment. This situation has a direct negative effect on the patient's daily life activities.</p>
Gülüm, I. Volkan; Soygüt, Gonca	2022	Limited reparenting as a corrective emotional experience in schema therapy: A preliminary task analysis	Psychotherapy research : journal of the Society for Psychotherapy Research	32	2	263–276	<p>AIM: To construct a process model of limited reparenting as a corrective emotional experience using schema therapy (ST). METHOD: We followed a task analytical approach, building two separate rational models based on the ST theory and our experience. Then, we constructed a final rational model. We tested our model in five therapy sessions. RESULTS: The process began with noticing a schema activation, after which a complex, interwoven process occurred involving facilitation and validation of the client's experiences, exploration of schema origins, engaging the client's process, and responding to unmet needs within professional boundaries. The limited reparenting experience in ST involves the use of psychotherapeutic techniques and, crucially, how these techniques are used in line with the ST model deployed. CONCLUSION: Our results provided a roadmap and clarified the important aspects of limited reparenting. Providing clients with healthy and potentially corrective emotional experiences, facilitating and validating the feelings, understanding schema origins, and being willing to provide limited reparenting are the key features of the ST. It is more important to comprehend the philosophy behind ST than to focus on the specific</p>

							(cognitive, behavioral, interpersonal, experiential, etc.) techniques.
Gundel, Brittany E.; Bartholomew, Theodore T.; Scheel, Michael J.	2020	Culture and care: An illustration of multicultural processes in a counseling dyad	Practice Innovations	5	1		Attention to cultural factors in counseling is critical, and theories have emerged in counseling and psychology to describe competence for working with multicultural clients. Among the emergent theoretical considerations is the multicultural orientation perspective, which prioritizes therapists' emphasis on cultural humility, attendance to cultural opportunities, and cultural comfort within sessions. To better understand the manifestation of multicultural processes in psychotherapy, we used an instrumental case study design to independently interview a counselor and client who were working together. The client and therapist were culturally different from one another in salient aspects of identity, and the interview focused on their respective experiences of multicultural processes in sessions. Data were analyzed using Stake's (2006) case study approach. Analysis resulted in the identification of three themes: (a) open exploration of culture, (b) integration of salient cultural factors, and (c) expectation of addressing culture. Findings are discussed with respect to the role of culture in counseling and the emergence of multicultural orientation. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Gunlicks-Stoessel, Meredith; Mufson, Laura	2016	Innovations in Practice: a pilot study of interpersonal psychotherapy for depressed adolescents	Child Adolesc Ment Health (Child and Adolescent Mental Health)	21	4	225-230	Background Problems in adolescents? relationships with their parents are a significant risk factor for the development and maintenance of depression. The purpose of this pilot study was to examine the feasibility and acceptability of an adaptation of interpersonal psychotherapy for depressed adolescents (IPT-A) who were also experiencing problems in their relationships with parents. The adaptation includes greater and more

		and their parents					structured parent involvement in the treatment (IPT-AP). Method Fifteen adolescents (age 12-17) who were diagnosed with depression and were also experiencing conflictual or emotionally disengaged relationships with their parents (based on adolescent or parent report on the Conflict Behavior Questionnaire) participated in a 16 week randomized clinical trial of individually delivered IPT-A versus IPT-AP. Data regarding the feasibility and acceptability of IPT-AP were collected. Assessments of depression and family functioning were completed at baseline and weeks 4, 8, 12, and 16 by evaluators blind to treatment condition. Results IPT-AP was feasible to implement, and adolescents and parents reported high treatment satisfaction. Adolescents demonstrated significant improvements in depressive symptoms, general functioning, and family functioning. IPT-AP was more efficacious than individual IPT-A in improving adolescents' perceptions of father-adolescent relations and mothers' perceptions of mother-adolescent relations. Conclusions Interpersonal psychotherapy for depressed adolescents and their parents was feasible to implement and acceptable to families, indicating that a full-scale randomized controlled trial to evaluate its efficacy is warranted.
Gunst, Ellen; Watson, Jeanne; Willemsen, Jochem; Desmet, Mattias; Loeys, Tom; Vanhooren, Siebrecht	2020	A quest for self-soothing: A systematic case study into emotion-focused therapy with an emotionally avoidant client	Journal of clinical psychology	76	4	676-687	The current study is part of a multiple case study that investigated the emotional change in individuals who have committed sexual offenses (ISOs). This case study highlights how one client used sex as a maladaptive coping strategy to suppress negative emotions. A mixed-methods design was used to track changes in the client's affect regulation (AR) during four phases, including a baseline (Phase A), treatment as usual (Phase B), treatment with an emotion-focused therapy (EFT)

		who committed sexual offenses					component added (Phase C), and follow up (Phase A). The qualitative description with verbatim clinical vignettes, revealed deeper insight into some important steps and hindrances and the impact of specific EFT-interventions. Quantitative analysis of self-report and observational measures showed a significant improvement in the client's AR across different phases of treatment. The study improves our knowledge of the emotional change in ISOs during treatment and illustrates some key interventions, steps, and hindrances. 2019 Wiley Periodicals, Inc.
Günther, Fritz; Dudschig, Carolin; Kaup, Barbara	2018	Symbol Grounding Without Direct Experience: Do Words Inherit Sensorimotor Activation From Purely Linguistic Context?	Cognitive science	42 Suppl 2		336–374	Theories of embodied cognition assume that concepts are grounded in non-linguistic, sensorimotor experience. In support of this assumption, previous studies have shown that upwards response movements are faster than downwards movements after participants have been presented with words whose referents are typically located in the upper vertical space (and vice versa for downwards responses). This is taken as evidence that processing these words reactivates sensorimotor experiential traces. This congruency effect was also found for novel words, after participants learned these words as labels for novel objects that they encountered either in their upper or lower visual field. While this indicates that direct experience with a word's referent is sufficient to evoke said congruency effects, the present study investigates whether this direct experience is also a necessary condition. To this end, we conducted five experiments in which participants learned novel words from purely linguistic input: Novel words were presented in pairs with real up- or down-words (Experiment 1); they were presented in natural sentences where they replaced these real words (Experiment 2); they were presented as

							<p>new labels for these real words (Experiment 3); and they were presented as labels for novel combined concepts based on these real words (Experiment 4 and 5). In all five experiments, we did not find any congruency effects elicited by the novel words; however, participants were always able to make correct explicit judgements about the vertical dimension associated to the novel words. These results suggest that direct experience is necessary for reactivating experiential traces, but this reactivation is not a necessary condition for understanding (in the sense of storing and accessing) the corresponding aspects of word meaning.</p>
Gupta, Nihit; Chaudhary, Ridhima; Gupta, Mayank; Ikehara, Linh-Han; Zubiar, Faiza; Madabushi, Jayakrishna S.	2023	Play Therapy As Effective Options for School-Age Children With Emotional and Behavioral Problems: A Case Series	Cureus	15	6	e40093	<p>As a type of psychotherapy, play therapy entails using play and creative activities as a means to help children express their thoughts and emotions, and to work through their challenges. A wide range of issues can be addressed through play therapy, including behavioral issues, anxiety, depression, trauma, and difficulties in relationships. Through this case report, we aim to discuss the history and evolution of play therapy concepts. We will review the core principles of child-centered therapy (CCT), non-directive child-centered play (NDCCP), and cognitive behavior play therapy. We will discuss clinically helpful approaches and the evidence supporting the efficacy of play therapy in anxiety, depression, trauma, and other behavioral difficulties in children.</p>
Gutierrez, Peter M.; Johnson, Lora; Podlogar, Matthew C.; Hagman, Stacy; Muehler, Tanner A.; Hanson,	2022	Pilot study of the Collaborative Assessment and Management of	Suicide & life-threatening behavior	52	2	244–255	<p>INTRODUCTION</p> <p>Few evidence-based options exist for outpatient treatment of patients at risk of suicide, and to-date almost all research has focused on individually delivered psychotherapy. Group therapy for veterans at risk of suicide is a promising alternative.</p> <p>METHODS</p>

<p>Jetta; Pierson, Jonathan T.; Brown, Austin A.; O'Connor, Stephen</p>		<p>Suicidality-Group</p>					<p>Thirty veterans receiving care at an urban Veterans Affairs Medical Center in the southern United States were randomized to either care as usual (CAU) or to CAU plus the Collaborative Assessment and Management of Suicide-Group (CAMS-G). Veterans were assessed prior to randomization to condition and at 1, 3, and 6 months post-randomization on a range of suicide-specific measures, burdensomeness, belonging, treatment satisfaction, and group cohesion.</p> <p>RESULTS</p> <p>Across measures and follow-up assessments, veterans in CAMS-G reported good satisfaction with the intervention, a sense of cohesion with other members of the group, and reduced symptom distress. Veterans in both conditions reported decreases in suicidal ideation and behavior, with CAMS-G participants potentially improving slightly faster.</p> <p>CONCLUSION</p> <p>This description of CAMS-G for veterans adds to the growing literature on suicide-specific interventions and supports the need for additional research to determine if wide-spread rollout is justifiable.</p>
<p>Guttman, Leah E.</p>	<p>2020</p>	<p>Disclosure and felt security in clinical supervision</p>	<p>Journal of Psychotherapy Integration</p>		<p>15 73- 36 96(</p>	<p>67-75</p>	<p>The empirical basis for understanding disclosure in clinical supervision is limited. Research has indicated that a majority of psychology trainees engage in concealment or distortion of clinical and nonclinical material despite expectations of transparency. This article explores the risks and benefits of disclosure by examining two experiences from my doctoral training. In Case Illustration 1, I describe working with a teenage boy, with a history of caregiver abandonment, and disclosing to my supervisor a desire to shift the therapeutic approach. I examine how my disclosure impacted our supervisory</p>

					79(Pri nt)		alliance and the patient's treatment outcome. In Case Illustration 2, I describe how a supervisor's personal disclosure facilitated my understanding of countertransference and intersubjectivity. I conclude by offering suggestions on how disclosure can strengthen alliance and felt security in supervision. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Gysin-Maillart, Anja; Schwab, Simon; Soravia, Leila; Megert, Millie; Michel, Konrad	2016	A Novel Brief Therapy for Patients Who Attempt Suicide: A 24-months Follow-Up Randomized Controlled Study of the Attempted Suicide Short Intervention Program (ASSIP)	PLoS medicine	13	3	e1001968	<p>BACKGROUND</p> <p>Attempted suicide is the main risk factor for suicide and repeated suicide attempts. However, the evidence for follow-up treatments reducing suicidal behavior in these patients is limited. The objective of the present study was to evaluate the efficacy of the Attempted Suicide Short Intervention Program (ASSIP) in reducing suicidal behavior. ASSIP is a novel brief therapy based on a patient-centered model of suicidal behavior, with an emphasis on early therapeutic alliance.</p> <p>METHODS AND FINDINGS</p> <p>Patients who had recently attempted suicide were randomly allocated to treatment as usual (n = 60) or treatment as usual plus ASSIP (n = 60). ASSIP participants received three therapy sessions followed by regular contact through personalized letters over 24 months. Participants considered to be at high risk of suicide were included, 63% were diagnosed with an affective disorder, and 50% had a history of prior suicide attempts. Clinical exclusion criteria were habitual self-harm, serious cognitive impairment, and psychotic disorder. Study participants completed a set of psychosocial and clinical questionnaires every 6 months over a 24-month follow-up period. The study represents a real-world clinical setting at an outpatient clinic of a university hospital of psychiatry. The primary outcome measure was repeat</p>

						<p>suicide attempts during the 24-month follow-up period. Secondary outcome measures were suicidal ideation, depression, and health-care utilization. Furthermore, effects of prior suicide attempts, depression at baseline, diagnosis, and therapeutic alliance on outcome were investigated. During the 24-month follow-up period, five repeat suicide attempts were recorded in the ASSIP group and 41 attempts in the control group. The rates of participants reattempting suicide at least once were 8.3% (n = 5) and 26.7% (n = 16). ASSIP was associated with an approximately 80% reduced risk of participants making at least one repeat suicide attempt (Wald $\chi^2_1 = 13.1$, 95% CI 12.4-13.7, $p < 0.001$). ASSIP participants spent 72% fewer days in the hospital during follow-up (ASSIP: 29 d; control group: 105 d; $W = 94.5$, $p = 0.038$). Higher scores of patient-rated therapeutic alliance in the ASSIP group were associated with a lower rate of repeat suicide attempts. Prior suicide attempts, depression, and a diagnosis of personality disorder at baseline did not significantly affect outcome. Participants with a diagnosis of borderline personality disorder (n = 20) had more previous suicide attempts and a higher number of reattempts. Key study limitations were missing data and dropout rates. Although both were generally low, they increased during follow-up. At 24 months, the group difference in dropout rate was significant: ASSIP, 7% (n = 4); control, 22% (n = 13). A further limitation is that we do not have detailed information of the co-active follow-up treatment apart from participant self-reports every 6 months on the setting and the duration of the co-active treatment.</p> <p>CONCLUSIONS</p> <p>ASSIP, a manual-based brief therapy for patients who have recently attempted suicide, administered in addition</p>
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						<p>to the usual clinical treatment, was efficacious in reducing suicidal behavior in a real-world clinical setting. ASSIP fulfills the need for an easy-to-administer low-cost intervention. Large pragmatic trials will be needed to conclusively establish the efficacy of ASSIP and replicate our findings in other clinical settings.</p> <p>TRIAL REGISTRATION ClinicalTrials.gov NCT02505373.</p>
Ha, Jiyeon; Park, Yeon-Hwan	2020	Effects of a Person-Centered Nursing Intervention for Frailty among Prefrail Community-Dwelling Older Adults	International journal of environmental research and public health	17	18	<p>This study examined the effects of a person-centered nursing intervention program for frailty (PNIF) targeting community-dwelling prefrail older people in South Korea. The study participants were 40 community-dwelling older adults (≥ 65 years) who were classified as prefrail on the Cardiovascular Health Study (CHS) frailty index. The intervention group ($n = 20$) received group intervention sessions two days/week for twelve weeks and the control group ($n = 20$) attended lectures about frailty prevention one day/week for four weeks. The evaluation instruments included the CHS Frailty Index, a JAMAR^(®) hydraulic hand dynamometer, the Short Physical Performance Battery (SPPB), the Korean version of the Community Healthy Activities Model Program for Seniors Questionnaire (K-CHAMPS), the Mini Nutritional Assessment (MNA), the Geriatric Depression Scale Short Form-Korea Version (GDSSF-K), the ENRICH Social Support Instrument (ESSI), and the Goal Attainment Scale (GAS). Significant differences were found in the CHS Frailty Index ($p < 0.001$), left-hand grip strength ($p = 0.022$), right-hand grip strength ($p = 0.009$), SPPB ($p = 0.007$), K-CHAMPS ($p = 0.009$), MNA ($p = 0.018$), and GDSSF-K ($p = 0.001$) between the two groups after 12 weeks. No significant between-group differences in ESSI scores were observed. The PNIF effectively improved grip strength, physical</p>

							function, physical activity, and nutritional status, reduced depression, and prevented frailty among community-dwelling older adults.
Haagen, Joris F. G.; van Rijn, Allison; Knipscheer, Jeroen W.; van der Aa, Niels; Kleber, Rolf J.	2018	The dissociative post-traumatic stress disorder (PTSD) subtype: A treatment outcome cohort study in veterans with PTSD	The British journal of clinical psychology	57	2	203–222	<p>OBJECTIVES</p> <p>Dissociation is a prevalent phenomenon among veterans with post-traumatic stress disorder (PTSD) that may interfere with the effectiveness of treatment. This study aimed to replicate findings of a dissociative PTSD subtype, to identify corresponding patterns in coping style, symptom type, and symptom severity, and to investigate its impact on post-traumatic symptom improvement.</p> <p>METHODS</p> <p>Latent profile analysis (LPA) was applied to baseline data from 330 predominantly (97%) male treatment-seeking veterans (mean age 39.5 years) with a probable PTSD. Multinomial logistic models were used to identify predictors of dissociative PTSD. Eighty veterans with PTSD that commenced with psychotherapy were invited for a follow-up measure after 6 months. The majority (n = 64, 80% response rate) completed the follow-up measure. Changes in post-traumatic stress between baseline and follow-up were explored as a continuous distal outcome.</p> <p>RESULTS</p> <p>Latent profile analysis revealed four distinct patient profiles: 'low' (12.9%), 'moderate' (33.2%), 'severe' (45.1%), and 'dissociative' (8.8%) PTSD. The dissociative PTSD profile was characterized by more severe pathology levels, though not post-traumatic reactions symptom severity. Veterans with dissociative PTSD benefitted equally from PTSD treatment as veterans with non-dissociative PTSD with similar symptom severity.</p> <p>CONCLUSIONS</p>

							<p>Within a sample of veterans with PTSD, a subsample of severely dissociative veterans was identified, characterized by elevated severity levels on pathology dimensions. The dissociative PTSD subtype did not negatively impact PTSD treatment.</p> <p>PRACTITIONER POINTS</p> <p>The present findings confirmed the existence of a distinct subgroup veterans that fit the description of dissociative PTSD. Patients with dissociative PTSD subtype symptoms uniquely differed from patients with non-dissociative PTSD in the severity of several psychopathology dimensions. Dissociative and non-dissociative PTSD patients with similar post-traumatic severity levels showed similar levels of improvement after PTSD treatment. The observational design and small sample size caution interpretation of the treatment outcome data. The IES-R questionnaire does not assess all PTSD DSM-IV diagnostic criteria (14 of 17), although it is considered a valid measure for an indication of PTSD.</p>
Haberman, Ann; Shahar, Ben; Bar-Kalifa, Eran; Zilcha-Mano, Sigal; Diamond, Gary M.	2019	Exploring the process of change in emotion-focused therapy for social anxiety	Psychotherapy research: journal of the Society for Psychotherapy Research	29	7	908–918	<p>Objective: This study examined purported change mechanisms in emotion-focused therapy for social anxiety disorder. Methods: The sample included nine clients who had participated in a multiple-baseline case study trial examining the efficacy of emotion-focused therapy for social anxiety disorder (SAD). Multilevel analyses were conducted to examine the trajectories of emotions over the course of treatment, and whether primary adaptive emotions in a given session predicted levels of SAD symptoms, self-criticism, and self-reassurance over the course of the following week. Results: Findings showed a significant decrease in shame, and a marginally significant increase in assertive anger, over the course of treatment. Adaptive</p>

						<p>sadness/grief in a given session predicted less fear of negative evaluation over the course of the following week. Shame in a given session predicted higher levels of inadequate-self over the course of the following week. Finally, shame, and to a lesser degree assertive anger, in a given session predicted reassurance of self over the course of the following week. Neither assertive anger nor adaptive sadness/grief in a given session predicted levels of self-criticism over the course of the following week. Conclusions: These findings lend partial preliminary support for the therapeutic role of evoking and processing adaptive sadness/grief and assertive anger in the treatment of SAD.</p>
<p>Hack, Samantha M.; Medoff, Deborah R.; Brown, Clayton H.; Fang, Lijuan; Dixon, Lisa B.; Klingaman, Elizabeth A.; Park, Stephanie G.; Kreyenbuhl, Julie A.</p>	2016	<p>Predictors of patient communication in psychiatric medication encounters among veterans with serious mental illnesses</p>	<p>Psychiatric Rehabilitation Journal</p>	39	2	<p>Objective: Person-centered psychiatric services rely on consumers actively sharing personal information, opinions, and preferences with their providers. This research examined predictors of consumer communication during appointments for psychiatric medication prescriptions. Methods: The Roter Interaction Analysis System was used to code recorded Veterans Affairs psychiatric appointments with 175 consumers and 21 psychiatric medication prescribers and categorize communication by purpose: biomedical, psychosocial, facilitation, or rapport-building. Results: Regression analyses found that greater provider communication, symptomology, orientation to psychiatric recovery, and functioning on the Repeatable Battery for the Assessment of Neuropsychological Status Attention and Language indices, as well as consumer diagnostic label, were positive predictors of consumer communication, though the types of communication impacted varied. Conclusions and Implications for Practice: Provider communication is the easiest variable to intervene on to</p>

							create changes in consumer communication. Future research should also consider how cognitive and symptom factors may impact specific types of consumer communication in order to identify subgroups for targeted interventions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Hadash, Yuval; Plonsker, Reut; Vago, David R.; Bernstein, Amit	2016	Experiential self-referential and selfless processing in mindfulness and mental health: Conceptual model and implicit measurement methodology	Psychological Assessment	28	7	856–869	We propose that Experiential Self-Referential Processing (ESRP)-the cognitive association of present moment subjective experience (e.g., sensations, emotions, thoughts) with the self-underlies various forms of maladaptation. We theorize that mindfulness contributes to mental health by engendering Experiential Selfless Processing (ESLP)-processing present moment subjective experience without self-referentiality. To help advance understanding of these processes we aimed to develop an implicit, behavioral measure of ESRP and ESLP of fear, to experimentally validate this measure, and to test the relations between ESRP and ESLP of fear, mindfulness, and key psychobehavioral processes underlying (mal)adaptation. One hundred 38 adults were randomized to 1 of 3 conditions: control, meta-awareness with identification, or meta-awareness with disidentification. We then measured ESRP and ESLP of fear by experimentally eliciting a subjective experience of fear, while concurrently measuring participants' cognitive association between her/himself and fear by means of a Single Category Implicit Association Test; we refer to this measurement as the Single Experience & Self Implicit Association Test (SES-IAT). We found preliminary experimental and correlational evidence suggesting the fear SES-IAT measures ESLP of fear and 2 forms of ESRP-identification with fear and negative self-referential evaluation of fear. Furthermore, we found evidence that

							ESRP and ESLP are associated with meta-awareness (a core process of mindfulness), as well as key psychobehavioral processes underlying (mal)adaptation. These findings indicate that the cognitive association of self with experience (i.e., ESRP) may be an important substrate of the sense of self, and an important determinant of mental health. (PsycINFO Database Record
Haelberg-Weyandt, Wilfried	2022	Die Diagnose - Ntzlich und problemtrchtig	Gesprchspsych ootherapie und Personzentrierte Beratung	53	4	11-13	In dem Artikel werden Vorteile und der Nutzen sowie mgliche Nachteile im Zusammenhang mit der Vergabe von Diagnosen psychischer Strungen diskutiert.
Hagehlsmann, Heinrich; Hagehlsmann, Ute	2017	Populismus - vorlufige Gedanken zu einem regressiven Phnomen	Zeitschrift fr Transaktionsana lyse	34	2	103-121	Das Phnomen des Populismus wird thematisiert und es werden transaktionsanalytischen Konzepte als geeignete Gegenmanahmen prsentiert, um dieser Entwicklung Einhalt gebieten zu knnen. In Zeiten des Umbruchs empfinden viele Menschen Angst. Sie fhlen sich ohnmchtig, misstrauen denjenigen, die das Sagen haben, und frchten, von ihnen bevorteilt zu werden. Zur Kompensation flchten sie sich in regressive Bewltigungsstrategien. Damit einher geht der Wunsch nach einem "charismatischen" Fhrer. Folgende Thesen werden diskutiert: (1) Angst und Stress befrdern Regression, (2) Regression verhindert Autonomie und (3) Regression bedarf der Behandlung, nicht der Verurteilung.
Hahn, Alexis; Paquin, Jill D.; Glean, Ercilla; McQuillan, Kathleen; Hamilton, Deanna	2022	Developing into a group therapist: An empirical investigation of expert group therapists'	American Psychologist	77	5		Group therapy is a ubiquitous treatment modality. And its recent recognition as an APA specialty reflects both its empirical bases of support as a clinical intervention, as well as the decades of work that have gone into establishing competency standards for its practice. The present study seeks to add to this literature by examining how one develops into a group therapist, and how to best

		training experiences					train group therapists to meet competencies. Specifically, for those who have achieved “expertness” in the practice of group work, this grounded theory (GT) study explores both how have they done so and how such practitioners, in turn, train and evaluate effectiveness in their group therapy trainees. Through analysis of in-depth interviews with nine peer-nominated expert group therapists, essential components of their development included an emphasis on experiential training, personal therapy, didactic coursework, participating in professional conferences, and simply enjoying group work. The study also identifies common competencies that these experts look for to determine effectiveness among their trainees, as well as how these experts determine their own level of effectiveness (and how these processes differ). Finally, the study proposes an emergent theoretical model as to how one develops a professional identity as a group therapist. Study limitations and implications for practice, training, advocacy, and research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hall, Jennifer D.; Danna, Maria N.; Hoefft, Theresa J.; Solberg, Leif I.; Takamine, Linda H.; Fortney, John C.; Nolan, John Paul; Cohen, Deborah J.	2022	Patient and Clinician Perspectives on Two Telemedicine Approaches for Treating Patients with Mental Health Disorders in Underserved Areas	Journal of the American Board of Family Medicine : JABFM	35	3	465–474	BACKGROUND: Primary care practices in underserved and/or rural areas have limited access to mental health specialty resources for their patients. Telemedicine can help address this issue, but little is known about how patients and clinicians experience telemental health care. METHODS: This pragmatic randomized effectiveness trial compared telepsychiatry collaborative care, where telepsychiatrists provided consultation to primary care teams, to a referral approach, where telepsychiatrists and telepsychologists assumed responsibility for treatment. Twelve Federally Qualified Health Centers in rural and/or underserved areas in 3 states participated. RESULTS: Patients and clinicians

						<p>reported that both interventions alleviated barriers to accessing mental health care, provided quality treatment, and offered improvements over usual care. Telepsychiatry collaborative care was identified as better for patients with difficulty developing trust with new providers. This approach also required more primary care involvement than referral care, creating more opportunities for clinician learning related to mental health diagnosis and treatment. The referral approach was identified as better suited for patients with higher complexity or desiring specific psychotherapies. CONCLUSIONS: Both approaches addressed patient needs and provided access to specialty mental health care. Each approach better aligned with different patients' needs, suggesting that having both approaches available to practices is optimal for supporting patient-centered care.</p>
<p>Hallam, Craig; Simmonds-Buckley, Melanie; Kellett, Stephen; Greenhill, Beth; Jones, Andrew</p>	<p>2021</p>	<p>The acceptability, effectiveness, and durability of cognitive analytic therapy: Systematic review and meta-analysis</p>	<p>Psychology and psychotherapy</p>	<p>94 Suppl 1</p>	<p>8–35</p>	<p>OBJECTIVES This paper sought to conduct a meta-analysis of the effectiveness and durability of cognitive analytic therapy (CAT) and assess the acceptability of CAT in terms of dropout rates. DESIGN Systematic review and meta-analysis. METHODS PROSPERO registration: CRD42018086009. Searches identified CAT treatment outcome studies eligible to be narratively synthesized. Pre-post/post-follow-up effect sizes (ESs) were extracted and synthesized in a random-effects meta-analysis. Variations in effect sizes were explored using moderator analyses. Dropout rates were extracted. Secondary analyses synthesized between-group ES from trials of CAT. RESULTS</p>

							<p>Twenty-five studies providing pre-post CAT treatment outcomes were aggregated across three outcome comparisons of functioning, depression, and interpersonal problems. CAT produced large pre-post improvements in global functioning (ES = 0.86; 95% CI 0.71-1.01, N = 628), moderate-to-large improvements in interpersonal problems (ES = 0.74, 95% CI 0.51-0.97, N = 460), and large reductions in depression symptoms (ES = 1.05, 95% CI 0.80-1.29, N = 586). All these effects were maintained or improved upon at follow-up. Limited moderators of CAT treatment effect were identified. CAT demonstrated small-moderate, significant post-treatment benefits compared to comparators in nine clinical trials (ES = 0.36-0.53; N = 352). The average dropout rate for CAT was 16% (range 0-33%).</p> <p>CONCLUSIONS</p> <p>Patients with a range of presenting problems appear to experience durable improvements in their difficulties after undergoing CAT. Recommendations are provided to guide the further progression of the CAT outcome evidence base.</p> <p>PRACTITIONER POINTS</p> <p>Large pre-post reductions in global functioning and depression outcomes and moderate-large reductions in interpersonal problems are evident after CAT. The effects of CAT appear durable, and interpersonal functioning significantly improves over follow-up time. CAT produces small-moderate benefits compared to trial comparators. CAT appears to be an engaging psychotherapy that maintains patients in treatment.</p>
Hallgren, Kevin A.; Holzhauer, Cathryn G.;	2021	Optimizing the length and reliability of	Journal of consulting and	89	4	277–287	<p>Objective: Clients who receive alcohol use disorder (AUD) treatment experience variable outcomes. Measuring clinical progress during treatment using standardized</p>

<p>Epstein, Elizabeth E.; McCrady, Barbara S.; Cook, Sharon</p>		<p>measures of mechanisms of change to support measurement-based care in alcohol use disorder treatment</p>	<p>clinical psychology</p>			<p>measures (i.e., measurement-based care) can help indicate whether clinical improvements are occurring. Measures of mechanisms of behavioral change (MOBCs) may be particularly well-suited for measurement-based care; however, measuring MOBCs would be more feasible and informative if measures were briefer and if their ability to detect reliable change with individual clients was better articulated. Method: Three abbreviated measures of hypothesized MOBCs (abstinence self-efficacy, coping strategies, anxiety) and a fourth full-length measure (depression) were administered weekly during a 12-week randomized trial of cognitive-behavioral therapy (CBT) for women with AUD. Psychometric analyses estimated how reliably each measure distinguished within-person change from between-person differences and measurement error. Reliability coefficients were estimated for simulated briefer versions of each instrument (i.e., instruments with fewer items than the already-abbreviated instruments) and rates of reliable improvement and reliable worsening were estimated for each measure. Results: All four measures had good reliability (.86–.90) for detecting within-person change. Many participants (41.4%–62.5%) reliably improved on MOBCs from first to last treatment session. Reliable improvement on MOBCs was associated with reductions in percentage of drinking days (PDD) at 3, 9, and 15-month follow-ups. Simulated briefer versions of each instrument retained good reliability for detecting change with only 3 (self-efficacy), 11 (coping strategies), 5 (anxiety), or 10 items (depression). Conclusions: Brief MOBC measures can detect reliable change for individuals in AUD treatment. Routinely measuring MOBCs may help with monitoring clinical progress.</p>
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Hammen, Jessica L.; Norman, Sonya B.; Sonis, Jeffrey H.; Phelps, Andrea J.; Bisson, Jonathan I.; Nunes, Vanessa D.; Megnin-Viggars, Odette; Forbes, David; Riggs, David S.; Schnurr, Paula P.	2019	A guide to guidelines for the treatment of posttraumatic stress disorder in adults: An update	Psychotherapy	56	3	359–373	Clinical practice guidelines (CPGs) are used to support clinicians and patients in diagnostic and treatment decision-making. Along with patients' preferences and values, and clinicians' experience and judgment, practice guidelines are a critical component to ensure patients are getting the best care based on the most updated research findings. Most CPGs are based on systematic reviews of the treatment literature. Although most reviews are now restricted to randomized controlled trials, others may consider nonrandomized effectiveness trials. Despite a reliance on similar procedures and data, methodological decisions and the interpretation of the evidence by the guideline development panel can result in different recommendations. In this article, we will describe key methodological points for 5 recently released CPGs on the treatment of posttraumatic stress disorder in adults and highlight some of the differences in both the process and the subsequent recommendations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Hameed, M.; O'Doherty, L.; Gilchrist, G.; Tirado-Muñoz, J.; Taft, A.; Chondros, P.; Feder, G.; Tan, M.; Hegarty, K.	2020	Psychological therapies for women who experience intimate partner violence	Cochrane Database of Systematic Reviews	CD013017. doi:10.1002/14651858.CD013017.pub2	7		Abstract - Background Intimate partner violence (IPV) against women is prevalent and strongly associated with mental health problems. Women experiencing IPV attend health services frequently for mental health problems. The World Health Organization recommends that women who have experienced IPV and have a mental health diagnosis should receive evidence-based mental health treatments. However, it is not known if psychological therapies work for women in the context of IPV and whether they cause harm. Objectives To assess the effectiveness of psychological therapies for women who experience IPV on the primary outcomes of depression,

							<p>self-efficacy and an indicator of harm (dropouts) at six- to 12-months' follow-up, and on secondary outcomes of other mental health symptoms, anxiety, quality of life, re-exposure to IPV, safety planning and behaviours, use of healthcare and IPV services, and social support. Search methods We searched the Cochrane Common Mental Disorders Controlled Trials Register (CCMDCTR), CENTRAL, MEDLINE, Embase, CINAHL, PsycINFO, and three other databases, to the end of October 2019. We also searched international trials registries to identify unpublished or ongoing trials and handsearched selected journals, reference lists of included trials and grey literature. Selection criteria We included randomised controlled trials (RCTs), quasi-RCTs, cluster-RCTs and cross-over trials of psychological therapies with women aged 16 years and older who self-reported recent or lifetime experience of IPV. We included trials if women also experienced co-existing mental health diagnoses or substance abuse issues, or both. Psychological therapies included a wide range of interventions that targeted cognition, motivation and behaviour compared with usual care, no treatment, delayed or minimal interventions. We classified psychological therapies according to Cochrane Common Mental Disorders's psychological therapies list. Data collection and analysis Two review authors extracted data and undertook 'Risk of Bias' assessment. Treatment effects were compared between experimental and comparator interventions at short-term (up to six months post-baseline), medium-term (six to under 12 months, primary outcome time point), and long-term follow-up (12 months and above). We used standardised mean difference (SMD) for continuous and odds ratio (OR) for dichotomous outcomes, and used random-</p>
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						<p>effects meta-analysis, due to high heterogeneity across trials. Main results We included 33 psychological trials involving 5517 women randomly assigned to experimental (2798 women, 51%) and comparator interventions (2719 women, 49%). Psychological therapies included 11 integrative therapies, nine humanistic therapies, six cognitive behavioural therapy, four third-wave cognitive behavioural therapies and three other psychologically-orientated interventions. There were no trials classified as psychodynamic therapies. Most trials were from high-income countries (19 in USA, three in Iran, two each in Australia and Greece, and one trial each in China, India, Kenya, Nigeria, Pakistan, Spain and UK), among women recruited from healthcare, community, shelter or refuge settings, or a combination of any or all of these. Psychological therapies were mostly delivered face-to-face (28 trials), but varied by length of treatment (two to 50 sessions) and staff delivering therapies (social workers, nurses, psychologists, community health workers, family doctors, researchers). The average sample size was 82 women (14 to 479), aged 37 years on average, and 66% were unemployed. Half of the women were married or living with a partner and just over half of the participants had experienced IPV in the last 12 months (17 trials), 6% in the past two years (two trials) and 42% during their lifetime (14 trials). Whilst 20 trials (61%) described reliable low-risk random-sampling strategies, only 12 trials (36%) described reliable procedures to conceal the allocation of participant status. While 19 trials measured women's depression, only four trials measured depression as a continuous outcome at medium-term follow-up. These showed a probable beneficial effect of psychological therapies in</p>
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						<p>reducing depression (SMD -0.24, 95% CI -0.47 to -0.01; four trials, 600 women; moderate-certainty evidence). However, for self-efficacy, there may be no evidence of a difference between groups (SMD -0.12, 95% CI -0.33 to 0.09; one trial with medium-term follow-up data, 346 women; low-certainty evidence). Further, there may be no difference between the number of women who dropped out from the experimental or comparator intervention groups, an indicator of no harm (OR 1.04, 95% CI 0.75 to 1.44; five trials with medium-term follow-up data, 840 women; low-certainty evidence). Although no trials reported adverse events from psychological therapies or participation in the trial, only one trial measured harm outcomes using a validated scale. For secondary outcomes, trials measured anxiety only at short-term follow-up, showing that psychological therapies may reduce anxiety symptoms (SMD -0.96, 95% CI -1.29 to -0.63; four trials, 158 women; low-certainty evidence). However, within medium-term follow-up, low-certainty evidence revealed that there may be no evidence between groups for the outcomes safety planning (SMD 0.04, 95% CI -0.18 to 0.25; one trial, 337 women), post-traumatic stress disorder (SMD -0.24, 95% CI -0.54 to 0.06; four trials, 484 women) or re-exposure to any form of IPV (SMD 0.03, 95% CI -0.14 to 0.2; two trials, 547 women). Authors' conclusions There is evidence that for women who experience IPV, psychological therapies probably reduce depression and may reduce anxiety. However, we are uncertain whether psychological therapies improve other outcomes (self-efficacy, post-traumatic stress disorder, re-exposure to IPV, safety planning) and there are limited data on harm. Thus, while psychological therapies probably improve emotional</p>
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						<p>health, it is unclear if women's ongoing needs for safety, support and holistic healing from complex trauma are addressed by this approach. There is a need for more interventions focused on trauma approaches and more rigorous trials (with consistent outcomes at similar follow-up time points), as we were unable to synthesise much of the research. Plain language summary Psychological therapies for women who experience intimate partner violence The review question Domestic violence (physical, emotional, sexual abuse and controlling behaviour by a partner or ex-partner) is common worldwide and causes long-lasting emotional and physical health problems. Psychological therapies (counselling by trained people) may improve women's mental health and enable them to focus on making safety plans, accessing resources for themselves and their children, and ultimately to escape the domestic violence. We searched scientific literature worldwide up to the end of October 2019 for trials comparing a group of female domestic violence survivors who received psychological therapy with those who did not, to understand whether such therapies are safe and effective. Trial characteristics Women had been randomly placed in one group (the intervention) or the other (comparison). We found 33 trials involving 5517 women, with an average age of 37 years, and two-thirds of them were unemployed. Half of them were married or living with a partner, and for half of them the domestic violence was in the last 12 months. Psychological therapies were mostly delivered face-to-face but varied by the length of treatment (2 to 50 sessions) and the staff who delivered the therapies (social workers, nurses, psychologists, community health workers, family doctors, researchers). Women were</p>
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						invited from healthcare settings, community centres and domestic violence refuges and shelters. Nineteen trials measured women's depression, two assessed self-efficacy (if women believed they were capable of making changes in their lives) and all measured dropout from the groups. We used the number of dropouts to measure harmful effects. Most trials followed up on the women within six months of starting the trial. Key results We found evidence that psychological therapies probably reduce depression and may reduce anxiety symptoms for women who have experienced domestic violence (six to 12 months after the therapy). Psychological therapies do not appear to cause any harm. However, we are uncertain whether psychological therapies improve self-efficacy, mental health, quality of life, social support, uptake of healthcare and domestic violence services, safety planning or reduce post-traumatic stress disorder and re-exposure to any form of domestic violence. Overall, there is a need for more trials with consistent outcomes at similar follow-up time points as we were unable to combine much of the research to give an overall picture. Thus, while women experiencing domestic violence may be helped by psychological therapies to improve their emotional health, which may in turn help their ongoing needs of safety, support and holistic healing from complex trauma, we are uncertain whether psychological therapies improve these aspects of their lives.
Hamlett, Nakia M.; Carr, Erika R.; Hillbrand, Marc	2016	Positive behavioral support planning in the inpatient treatment of	Psychological Services	13	2	Positive behavior support (PBS) plans are increasingly used on inpatient units to assess and treat serious and dangerous behaviors displayed by patients with serious psychiatric impairment. A contemporary extension of traditional applied behavior analytic procedures, PBS plans integrate theories from several domains with

		severe disruptive behaviors: A description of service features				<p>perspectives on community psychology, positive psychology, and recovery-oriented care. Because there is little evidence to suggest that more invasive, punitive disciplinary strategies lead to long-term positive behavioral change (Parkes, 1996), PBS plans have emerged as an alternative to the use of seclusion and restraint or other forms of restrictive measures typically used on inpatient psychiatric units (Hammer et al., 2011). Moreover, PBS plans are a preferred method of intervention because more invasive interventions often cause more harm than good to all involved (Elliott et al., 2005). This article seeks to provide an integrated framework for the development of positive behavior support plans in inpatient psychiatric settings. In addition to explicating the philosophy and core elements of PBS plans, this work includes discussion of the didactic and pragmatic aspects of training clinical staff in inpatient mental health settings. A case vignette is included for illustration and to highlight the use of PBS plans as a mechanism for helping patients transition to less restrictive settings. This work will add to the scant literature examining the use of positive behavioral support plans in inpatient psychiatric settings. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Hammer, Andrea; Hofer-Freundorfer, Sabine; Croy, Antonia; Ettl, Christa; Kienzl, Simone; Prohaska, Martina	2018	"Brcken bauen" - In Kontakt-Kommen mit Menschen am Rand des psychotherapeutischen Interesses				<p>Die unterschiedlichen Anwendungsbereiche der Pr-Therapie werden thematisiert. Aufgezeigt wird die Wirksamkeit vor allem in der Arbeit mit Kindern und Jugendlichen mit geistiger Behinderung, im schulischen Bereich mit Jugendlichen mit Affektdurchbrchen und in der Betreuung von Menschen mit schweren Demenzerkrankungen. All diesen Beispielen ist gemeinsam, dass es durch die Anwendung der Kontaktreflexionen gelungen ist, in Ausnahmesituationen,</p>

							in denen die Kinder und Jugendlichen keinen Kontakt zu ihrer Umgebung aufnehmen konnten, diesen Kontakt herzustellen und damit eine Grundlage für einen Beziehungsaufbau zum Therapeuten zu schaffen. Um als Therapeut hilfreich sein zu können ist es unumgänglich, nicht gemeinsam mit dem Klienten in seiner Welt zu versinken, sondern "am Boden zu bleiben". Dafür ist erforderlich, dass ein Kontakt auf unterschiedlichen Ebenen wiederhergestellt wird - sowohl affektiv als auch zur Realität. Wenn das gelungen ist, ist auch eine Kommunikation zwischen Therapeut und Klient möglich.
Han, Jeehee; Park, Sangwoo; Kim, Sung Hae	2022	Supporting decision-making regarding fertility preservation in patients with cancer: An integrative review	European journal of cancer care	31	6	e13748	INTRODUCTION: Recent reproductive technology for cancer patients has provided multiple options to preserve their fertility. Preserving fertility can increase quality of life of cancer patients. However, medical service providers and patients face difficulties in the decision-making process for the fertility preserving treatment because studies focusing on the concept of decision-making and various intervention materials are lack. This review aims to identify the attributes of interventions of studies on decision-making support interventions in cancer patients considering fertility preservation and provide best evidence for health professionals. METHODS: PubMed, CINAHL, Embase, Cochrane CENTRAL and DBpia databases were searched. An integrated review of the literature was conducted using Whittemore and Knaf's methodology. RESULTS: The search identified 1008 articles, of which 11 studies met eligible criteria. The attributes of the interventions were (1) provision of detailed and practical information of fertility preservation, (2) nondirective approaches to help patients to value their judgements, (3) emphasis on interactions through individualised consultations, (4) establishing connections

							with available resources and (5) reinforcement of decision-making support resources. CONCLUSION: Health professionals must acquire current knowledge and ethical and legal standards of fertility preservation and pass this information on to patients before the formation of fertility preservation decision-making support networks within the hospital and health systems.
Hankir, Ahmed; Kirkcaldy, Bruce; Carrick, Frederick R.; Sadiq, Asad; Zaman, Rashid	2017	The performing arts and psychological well-being	Psychiatria Danubina	29	Suppl 3	196–202	Although psychotropic drugs have been hailed as, 'One of the success stories of modern psychiatry' the prescribing of these medicines has not been without commotion, concern and controversy. Moreover, the President of the World Psychiatry Association Professor Dinesh Bhugra and colleagues, after conducting a recent large-scale study (n=25,522) on psychiatric morbidity in the UK, collectively issued the clarion call that, 'The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone'. The provision of mental healthcare services may likely benefit from a holistic approach that includes a variety of treatment options that prioritizes patient safety and preference. The performing arts is gaining popularity among service users as an adjunctive form of treatment for mental illness. There is a growing body of evidence that provisionally supports the claim that art therapy, 'Possesses the power to heal psychological wounds'. The North American Drama Therapy Association defines drama therapy as, 'The intentional use of drama and/or theatre processes to achieve therapeutic goals' and that it is 'active and experiential'. This review article discusses and describes the merits of dramatherapy and how this treatment modality can contribute to a patient's recovery from psychological distress.

Hannaford, Sophie; Shaw, Rhonda; Walker, Renee	2019	Older Adults' Perceptions of Psychotherapy: What Is It and Who Is Responsible?	Australian Psychologist	54	1	37-45	
Hannse, Christin; Drckler, Annika; Krger, Christoph	2023	Einsatz von Demonstrationsvideos zur Psychotherapie im Psychologiestudium. Eine randomisiert-kontrollierte Studie zur Vermittlung praxisbezogener und verfahrensspezifischer Inhalte	Zeitschrift fr Klinische Psychologie und Psychotherapie			1-10	Theoretischer Hintergrund: Demonstrationsvideos (DVs) mit Simulationspatientinnen und -patienten sind eine innovative Lehrmethode. Fragestellung: Eignen sich DVs fr die Lehre verschiedener Psychotherapieverfahren im Bachelorstudium Psychologie und als Klausurvorbereitung? Methode: In einer Pilotstudie wurde Studierenden je ein DV zur tiefenpsychologischen, gesprchspsychotherapeutischen, verhaltenstherapeutischen und systemischen Therapie nach der dazugehrgen Vorlesung gezeigt. Das Abschneiden der Studierenden in verfahrensspezifischen Klausurfragen wurde mit den Ergebnissen aus dem Vorjahr verglichen. In einer zweiten, randomisiert-kontrollierten Studie (RCT) wurden dieselben DVs im Vergleich zu Lehrbuchtexten nach der Vorlesung eingesetzt. Anschließend beantworteten die Studierenden Fragen zu verfahrensspezifischem Wissen und bewerteten verfahrensspezifische Merkmale. Ergebnisse: In der Pilotstudie schnitt die Studiengruppe mit DVs (n = 59) in Klausurfragen besser ab als die Gruppe aus dem Vorjahr ohne DVs (n = 65). In der RCT (n = 43 - 53) konnte die Videogruppe die Wissensabfrage zur Tiefenpsychologie und Verhaltenstherapie besser beantworten. Verfahrensspezifische Merkmale wurden teilweise erkannt. Schlussfolgerungen: DVs sind eine vielversprechende Lehrmethode, jedoch Lehrbuchtexten nicht immer berlegen.

Hansch, Dietmar	2021	Verfahrensintegrierende Verhaltenstherapie bei Angsterkrankungen - Lernen und Verlernen von pathologischer Angst als ganzheitlicher Prozess	Gestalt Theory	43	2	215–230	Nicht zu Unrecht gilt die Behandlung von Angsterkrankungen als die Paradedisziplin der Verhaltenstherapie (VT). Hier wie auch generell zeigt sich die VT dabei aber als zersplittert in eine Vielzahl von Einzelmethoden: Verschiedene Lernformen - Einsichtslernen, Konditionierungslernen und Habituationlernen - werden in ihrem Beitrag zu Angsterkrankungen isoliert voneinander konzipiert. Entsprechend stehen auch auf diesen Lernformen basierende Therapiemethoden für sich. Dadurch werden wichtige Synergiepotenziale verschenkt. Menschliches Lernen, auch und gerade das Lernen und Verlernen von pathologischer Angst, ist aber immer ein ganzheitlicher Prozess. Der Artikel skizziert eine ganzheitliche Psychologie der Eskalation und Chronifizierung pathologischer Angst unter integrierendem Einbezug der o.g. Lernformen. Hieraus leitet sich eine verfahrensintegrierende VT ab, die die etablierten Behandlungsmethoden so kombiniert, dass Synergiegewinne entstehen, was an einem Fallbeispiel verdeutlicht wird. Den theoretischen Hintergrund bildet die Theorie der Selbstorganisation komplexer Systeme, insbesondere die Synergetik - ein Feld, in dem wichtige Aspekte der Gestalttheorie aufgehoben sind.
Hansen, Anette; Hauge, Solveig; Bergland, Ådel	2017	Meeting psychosocial needs for persons with dementia in home care services - a qualitative study of different	BMC geriatrics	17	1	211	BACKGROUND: The majority of persons with dementia are home-dwelling. To enable these persons to stay in their own homes as long as possible, a holistic, individual and flexible care is recommended. Despite a requirement for meeting psychological, social and physical needs, home care services seem to focus on patients' physical needs. Accordingly, the aim of this study was to explore how the psychosocial needs of home-dwelling, older persons with dementia were perceived, emphasized and

		perceptions and practices among health care providers					met by home care services. METHODS: A descriptive, qualitative approach was used. Data were collected through semi-structured focus group interviews with 24 health care providers in home care services from four municipalities. Data were analysed using systematic text condensation. RESULTS: This study showed major differences in how health care providers perceived the psychosocial needs of older home-dwelling persons with dementia and how they perceived their responsibilities for meeting those psychosocial needs. The differences in the health care providers' perceptions seemed to significantly influence the provided care. Three co-existing logics of care were identified: the physical need-oriented logic, the renouncement logic and the integrated logic. CONCLUSIONS: The differences in how health care providers perceived the psychosocial needs of persons with dementia and their responsibilities for meeting those needs, influenced how the psychosocial needs were met. These differences indicates a need for a clarification of how psychosocial needs should be conceptualized and who should be responsible for meeting these needs. Further, increased competence and increased consciousness of psychosocial needs and how those needs can be met, are essential for delivering high-quality holistic care that enables persons with dementia to live in their own home for as long as possible.
Hanswille, Reinert; Wienand-Kranz, Dorothee; Eckert, Jochen; Brito Santos-Dodt, Mareke	2016	"Wenn sich die geplante Psychotherapie weiterbildung nicht zu einem 'closed shop' entwickeln soll,	Psychotherapeutenjournal	15	2	142-150	Das Psychotherapeutenjournal seine Reihe mit Interviews zur Reform der Ausbildung fort. Gesprächspsychotherapie (GPT) und Systemische Therapie (ST) sind die beiden Psychotherapieverfahren, denen nach Einfhrgung des Psychotherapeutengesetzes die wissenschaftliche Anerkennung durch den Wissenschaftlichen Beirat Psychotherapie (WBP) erteilt wurde, sodass eine zur

de; Thielen, Manfred		bentigen wir kreative Lösungen"				<p>Approbation fhrende Ausbildung mit diesen Schwerpunkten mglich wurde. Beiden Verfahren fehlt jedoch die sozialrechtliche Anerkennung durch den Gemeinsamen Bundesausschuss (G-BA). Im Unterschied zu den Ausbildungsinstituten der Richtlinienverfahren knnen hier also die in der Ausbildung zu erbringenden Psychotherapien nicht ber die gesetzlichen Krankenkassen abgerechnet werden. Fr 600 Stunden Psychotherapie mssen Selbstzahler gefunden werden und die Absolventinnen und Absolventen dieser Ausbildung bleiben auf Verdienstmglichkeiten auerhalb der gesetzlichen Krankenkassen angewiesen. So ist zu fragen, welche Konsequenzen sich daraus fr die jetzige Ausbildung mit dem Schwerpunkt GPT bzw. ST ergeben und welche Hoffnungen mit der Reform verknpt sind. Wir haben mit Dr. Dorothee Wienand-Kranz, Ausbildungsleiterin im Schwerpunkt GPT am Institut fr Psychotherapie der Universitt Hamburg (IfP) und Professor Dr. Jochen Eckert, stellv. geschftsfhrender Direktor am IfP, sowie mit Reinert Hanswille, Leiter am Institut fr Systemische Familientherapie, Supervision und Organisationsentwicklung (ifs) in Essen gesprochen. Steht die GPT vor dem Aus? Bleibt die Systemische Therapie weiterhin stark nachgefragt? Wird in dem geplanten Direktstudium eine Chance fr die Lehre in den vier Grundorientierungen - Verhaltenstherapie, Psychodynamische Psychotherapie, Systemische Therapie und Humanistische Psychotherapie - gesehen? Wird sich die Verfahrensvielfalt auch in der Weiterbildung nicht durchsetzen knnen? Die Vertreter der beiden Institute nehmen dazu Stellung, formulieren Erwartungen und Wnsche, aber auch Bedenken und Skepsis.</p>
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Hara, Kimberley M.; Westra, Henny A.; Coyne, Alice E.; Di Bartolomeo, Alyssa A.; Constantino, Michael J.; Antony, Martin M.	2022	Therapist affiliation and hostility in cognitive-behavioral therapy with and without motivational interviewing for severe generalized anxiety disorder	Psychotherapy research : journal of the Society for Psychotherapy Research	32	5	598–610	<p>OBJECTIVE: Although therapist supportive, rather than directive, strategies have been particularly indicated during client resistance, little systematic research has examined how therapists responsively navigate resistance in different therapy approaches and how this responsiveness is related to outcome. METHOD: In the context of disagreement episodes in cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD; Westra, H. A., Constantino, M. J., & Antony, M. M. Integrating motivational interviewing with cognitive-behavioral therapy for severe generalized anxiety disorder: An allegiance-controlled randomized clinical trial. <i>Journal of Consulting and Clinical Psychology</i>, 84(9), 768-782. https://doi.org/10.1037/ccp0000098, 2016), the present study examined (1) the degree to which therapist management of resistance differed between therapists trained in CBT integrated with motivational interviewing (MI-CBT; i.e., training centered on the responsive management of resistance) and therapists trained in CBT-alone, and (2) the impact of specific therapist behaviors during disagreement on client worry outcomes immediately posttreatment and 1-year posttreatment. Episodes of disagreement were rated used the Structural Analysis of Social Behavior (Benjamin, L. S. Structural analysis of social behavior. <i>Psychological Review</i>, 81(5), 392-425. https://doi.org/10.1037/h0037024, 1974).</p> <p>RESULTS: Therapists trained in MI-CBT were found to exhibit significantly more affiliative and fewer hostile behaviors during disagreement compared to those trained in CBT-alone; both of these, in turn, were found to mediate client 1-year posttreatment outcomes, such that increased affiliation during disagreement was associated with improved outcomes. CONCLUSION: This study</p>
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							highlights the value of training therapists in the responsive detection and management of resistance, as well as the systematic integration of MI into CBT.
Hardin, Kaitlin M.; Contreras, Isaias M.; Kosiak, Klaudia; Novaco, Raymond W.	2022	Anger rumination and imagined violence as related to violent behavior before and after psychiatric hospitalization	Journal of clinical psychology	78	9	1878–1895	<p>OBJECTIVE Anger rumination and imagined violence, in the context of anger/aggression proclivity, are examined for their direct and conjoint associations with violent behavior by psychiatric patients.</p> <p>METHOD A secondary analysis of data from the MacArthur Violence Risk Study was conducted with 1136 acute civil commitment patients, assessed during hospitalization and after hospital discharge. Anger/aggression proclivity was assessed with the Brief Psychiatric Rating Scale hostility subscale, anger rumination was indexed using items from the Novaco Anger Scale, and imagined violence was measured with Grisso's Schedule of Imagined Violence. Violence, prehospitalization and posthospitalization, was indexed by the MacArthur project measure.</p> <p>RESULTS Correlational analyses, mediation analyses, and moderated mediation analyses were conducted. Anger rumination significantly predicted pre- and posthospitalization violence, when controlling for age, sex, race, childhood physical abuse, and anger/aggression proclivity; and it partially mediated the relation between anger/aggression proclivity and violence. Imagined violence and anger rumination were highly inter-related. When imagined violence was added to the regression model, it was a significant predictor of prehospitalization violence; however, it did not moderate the association of anger rumination with pre- or</p>

							<p>posthospitalization violence.</p> <p>CONCLUSION</p> <p>Anger rumination may be a mechanism through which anger activates violent behavior, which has important implications for psychotherapeutic intervention targeting. Future research should investigate the association between anger rumination and imagined violence, with attention given to revenge planning as a link.</p>
Hardy, Nathan R.; Fisher, Adam R.	2018	Attachment Versus Differentiation: The Contemporary Couple Therapy Debate	Family process	57	2	557-571	<p>This paper reviews the current debate between differentiation and attachment in treating couples through exploring the tenets of crucible therapy (Schnarch, 1991) and emotionally focused couple therapy (Johnson, 2004). We provide a review of the two theories-as well as the two "pure form" example models- and explore the debate in light of the integrative movement in couple and family therapy (Lebow, 2014). We also examine points of convergence of the two theories and models, and provide clinicians and researchers with an enhanced understanding of their divergent positions. Both differentiation and attachment are developmental theories that highlight the human experience of balancing individuality and connection in adulthood. The two models converge in terms of metaconcepts that pervade their respective theories and approach. Both models capitalize on the depth and importance of the therapeutic relationship, and provide rich case conceptualization and processes of therapy. However, they substantially differ in terms of how they view the fundamental aspects of adult development, have vastly divergent approaches to how a therapist intervenes in the room, and different ideas of how a healthy couple should function. In light of the deep polarization of the two models, points of integration-</p>

							particularly between the broader theories of attachment and differentiation-are offered for therapists to consider. 2018 Family Process Institute.
Harms, Louise	2017	Trauma und Resilienz. Symptome verstehen, Heilung fördern					<p>Im Kontext des Themas "Trauma und Resilienz" werden bedeutsame Ansätze zur Frage vorgestellt, wie Menschen traumatische Lebenserfahrungen bewältigen. In der Praxis stehen medikalisierte und psychiatrische Theorien und Behandlungsmethoden Seite an Seite mit soziologischen und anthropologischen Ansätzen. Für manche Verfahren wie die kognitive Verhaltenstherapie ist eine rasche Effizienz nachgewiesen. Andere Verfahren, etwa die psychodynamischen und narrativen Methoden, können zwar keine damit vergleichbare empirische Evidenzgrundlage vorweisen, finden aber gleichermaßen Anklang bei Berlebenden, Klinikern und Wissenschaftlern. Ziel dieses Buches ist es, Fachleuten eine Ressource an die Hand zu geben, die all diese verschiedenen Sichtweisen des Traumas, der Resilienz und der Genesung zusammenführt - zur Unterstützung der Betroffenen. Zur Illustration der Herangehensweisen und Unterstützung des Transfers in den eigenen Praxisalltag werden Fallbeispiele angeführt. - Inhalt: (1) Trauma- und Resilienztheorien. (2) Psychodynamische Theorien: die Reintegration des Selbst. (3) Bindungstheorien und -therapien: die Regulation des Selbst und der Beziehungen. (4) Symptombasierte Ansätze. Reduzierung der PTBS-Symptomatik. (5) Personenzentrierte Verfahren: die Wiederherstellung der Kongruenz. (6) Narrative Ansätze: Wiederaneignung von Bedeutung und Kohärenz. (7) Soziokologische Ansätze: Systeme wiederaufbauen und erhalten. (8) Antirepressive Ansätze: Rechte anerkennen und Unterdrückung bekämpfen. (9) Förderung der Resilienz und der Genesung: ein integrativer Ansatz.</p>

Harned, Melanie S.; Fitzpatrick, Skye; Schmidt, Sara C.	2020	Identifying Change Targets for Posttraumatic Stress Disorder Among Suicidal and Self-Injuring Women With Borderline Personality Disorder	J. Traum. Stress (Journal of Traumatic Stress)	33	4	610–616	Research on psychotherapies for posttraumatic stress disorder (PTSD) is increasingly focused on understanding not only which treatments work but why and for whom they work. The present pilot study evaluated the temporal relations between five hypothesized change targets- posttraumatic cognitions, guilt, shame, general emotion dysregulation, and experiential avoidance- and PTSD severity among women with PTSD, borderline personality disorder, and recent suicidal and/or self-injurious behaviors. Participants (N = 26) were randomized to receive 1 year of dialectical behavior therapy (DBT) with or without the DBT prolonged exposure (DBT PE) protocol for PTSD. Potential change targets and PTSD were assessed at 4-month intervals during treatment and at 3-month posttreatment follow-up. Time-lagged mixed-effects models indicated that between-person differences in all change targets except guilt were associated with more severe PTSD, η^2 s = .32-.55, and, except for general emotion dysregulation, slowed the rate of change in PTSD severity over time, η^2 s = .20-.39. In DBT but not in DBT + DBT PE, individuals with higher levels of guilt and experiential avoidance relative to their own average had more severe PTSD at the next assessment point, η^2 s = .12-.25. The associations between the proposed change targets and PTSD severity were not bidirectional, except for general emotion dysregulation, η^2 = .50; and posttraumatic cognitions, η^2 = .06. These preliminary findings suggest that trauma-related cognitions, shame, and guilt, as well as problems regulating them, may be important change targets for improving PTSD in this patient population.
Harrington, Shawn;	2021	Depth of experiencing	Psychology and psychotherapy	94	4	895–914	The purpose of this study was to determine the extent to which therapeutic processes - working alliance and depth

<p>Pascual-Leone, Antonio; Paivio, Sandra; Edmondstone, Christopher; Baher, Tabarak</p>		<p>and therapeutic alliance: What predicts outcome for whom in emotion-focused therapy for trauma?</p>				<p>of experiencing - contributed to outcome. Individual differences in these processes were examined at the early and working phases to determine their impact on symptom reduction. An archival data set of N=42 individuals who underwent emotion-focused therapy for trauma for childhood maltreatment was used to examine the differential quality of client processes throughout treatment. For those who had difficulty forming an alliance early in therapy, alliance scores during the working phase were the best predictor of outcome ($r = -.42$). This was complemented by a process change of improvement in alliance from the early to working phases ($d = 1.0$). In contrast, for those who had difficulty engaging in deepened experiencing early in therapy, depth of experiencing in the working phase was the best predictor of outcome ($r = -.36$). This was complemented by an improvement in depth of experiencing from the early to working phases ($d = .69$). The findings of this study suggest that focusing on the process that clients have trouble with early in therapy contributes to the best treatment outcome. Sometimes early treatment sessions reveal an abundance of one kind of processing but limitations to another, which poses a puzzle for treatment planning. Our findings suggest that within the first four sessions, therapists could develop tailored treatments based on the relative presence or absence of critical therapeutic changes processes. When it becomes evident that therapy is progressing with a weaker alliance between client and therapist, therapists should redouble their efforts in alliance-building. However, when therapy is developing in a fashion that lacks deep emotional experiencing on the part of the client, treatment efforts should aim to facilitate a richer exploration of moment-</p>
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							by-moment experience. As such, our findings suggest relying on the existing processing strengths within a dyad (e.g., emphasis on an already strong relationships, or augmenting an existing aptitude for deeper experiencing) while shortcomings exist in another kind of process is not optimal responding. Therapists should focus their work on the process that clients have trouble with early in therapy to facilitate the best treatment outcome. 2021 British Psychological Society.
Harris, Jeff E.; Maddoux, John A.; Stretcher, Amanda L.	2016	Testing the impact of Key Strategies Training for Individual Psychotherapy on understanding, confidence, and intention to use skills in practice	Journal of Psychotherapy Integration	26	3	318–325	This study represents a preliminary test of the impact of Key Strategies Training for Individual Psychotherapy (KST-IP), a new method of integrative training for graduate psychology students. Trainees received 8 weeks of training, introducing them to practical skills designed to explore and transform thoughts, feelings, and actions. A total of 24 skills were taught; 4 skills for exploration and 4 skills for transformation for each of 3 theoretical models: cognitive, emotion-focused, and behavioral. After receiving KST-IP, trainees reported increased understanding, confidence, and intention to use skills drawn from all 3 theories. These results provide preliminary support for the feasibility and impact of KST-IP. Future research can be used to overcome limitations associated with the current study. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Harrison, Amy; Stavri, Pamela; Tchanturia, Kate	2021	Individual and group format adjunct therapy on social emotional skills for adolescent inpatients with severe and	Neuropsychiatrie : Klinik, Diagnostik, Therapie und Rehabilitation : Organ der Gesellschaft Österreichische	35	4	163–176	BACKGROUND: Relatively little is known about which psychological treatment adjuncts might be helpful for supporting people with the most severe and complex forms of anorexia nervosa (AN) with very low weight and malnutrition requiring inpatient admissions, but targeting key perpetuating factors such as social emotional difficulties may be one way to advance knowledge. This pilot feasibility project reports on the development of an

		complex eating disorders (CREST-A)	r Nervenarzte und Psychiater				adolescent adaptation of Cognitive Remediation and Emotion Skills Training (CREST-A) and explores its acceptability, feasibility and possible benefits. METHODS: An uncontrolled, repeated measures design was employed with data collected at the start and end of treatment. CREST-A was investigated in two formats: a 10-session individual format delivered to a case series of 12 patients and a 5-session group format delivered to 3 groups of 9 patients. RESULTS: Acceptability, measured using a Patient Satisfaction Scale was 7/10 for the individual and 6/10 for the group format. Individual take-up was 100% and group take-up was 34.62%. Drop-out was 8.33% and 29.63% in the individual and group formats respectively. Homework was completed 66.67% and 75% of the time in the individual and group formats respectively. Patients reported medium-sized improvements in components of social emotional functioning measured using the Work and Social Adjustment Scale, the Toronto Alexithymia Scale and the Revised Social Anhedonia Scale in the individual and group formats. CONCLUSION: Future studies employing randomized controlled designs may now be warranted to advance this evidence base of this low intensity treatment adjunct.
Harrison, Phillippa; Hardy, Gillian E.; Barkham, Michael	2019	The relationship between expected engagement and talking therapy outcome	Clinical psychology & psychotherapy	26	4	492-501	The aim of the study was to investigate whether client-reported expected engagement with therapy predicted therapy outcome. It was hypothesized that higher expected engagement with cognitive behavioural therapy (CBT) or person-centred experiential therapy (PCET) would predict more symptomatic improvement following therapy and higher likelihood of therapy completion. The Sheffield Expected Engagement with Therapy Scale was administered to 96 clients at pre-therapy assessment

						with all meeting a diagnosis of moderate or severe depression with 53 receiving CBT and 43 receiving PCET. Higher expected engagement predicted more symptomatic improvement in CBT but not PCET. Expected engagement only predicted improvement in CBT when clients rated the credibility of CBT as low or moderate. Expected engagement did not predict therapy completion in either therapy. Assessment of expected engagement could be a useful tool in prediction of symptomatic improvement in CBT.
Harrison, Richard L.	2020	Termination in 16-session accelerated experiential dynamic psychotherapy (AEDP): Together in how we say goodbye		57	4	This article explores key aspects of the termination process in a 16-session treatment protocol of accelerated experiential dynamic psychotherapy (AEDP). AEDP theory and its empirical support are described; interventions used throughout termination are demonstrated with verbatim clinical exchanges; and potential challenges faced during termination are addressed. Congruent with AEDP's healing orientation, termination is reframed as completion and launching: Although treatment ends, the change process begun in therapy can continue, as does the therapist's care for the patient. AEDP interventions during termination include (a) relational strategies to foster connection and undo aloneness; (b) the highlighting of patient resilience and the celebration of growth; (c) affirmative work with defenses around loss; (d) coregulation of patient's emotional experience; (e) experiential, bodily-rooted affective strategies to process and transform negative emotions; and (f) thorough exploration and processing of ensuing, vitalizing positive emotions and in-session experiences of change-for-the-better (i.e., metatherapeutic processing), to expand these and promote enhanced well-being and flourishing. Therapists aim to (a) elicit and process emotions related

							to the completion of treatment; (b) celebrate patients' affective achievements; and (c) convey trust and confidence in an ongoing transformational process, predicted to yield not only diminishment of symptoms and suffering but also upward spirals of flourishing. AEDP suggests that in providing patients a new, positive attachment experience of togetherness as therapy ends, termination offers a unique opportunity to disconfirm patients' earlier attachment-based expectations, revise inner working models, and help patients grow in self-confidence as they face, accept, and thrive in the wake of loss. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Hartley, Jessica N.; Holmqvist, Maxine	2023	“Learning with each other, about each other”: Interdisciplinary learning among genetic counseling students and clinical health psychology residents	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	n/a	n/a		Abstract Interprofessional collaborative healthcare is known to improve provider satisfaction and retention, as well as patient safety and quality of care. The specific knowledge, skills, and attitudes required to work in these environments are best taught interprofessionally. Despite having considerable overlap in training, orientation, and populations served, it is rare for trainees from genetic counseling and clinical health psychology to interact and learn together. In 2017, we developed an innovative week-long clinical health psychology rotation for students in the University of Manitoba MSc in Genetic Counselling Program, which aims to enrich psychotherapeutic/counseling knowledge and skills, as well as gain familiarity with the work of clinical psychologists. This rotation incorporates didactic teaching, observation, and structured reflection. Didactic teaching includes topics such as psychological assessment, adaptation to life-altering news, skills for managing intense emotional responses, and counseling for change. Observations of clinical health psychologists

							and clinical health psychology residents occur in a range of health settings. Structured reflection is practiced in both oral and written formats. Finally, both groups of trainees participate in an interprofessional case seminar series. Feedback from this experience has been very promising, and it was identified as a strength in the program's accreditation review. Adaptations over time include refining the clinical exposures to increase breadth and relevance, increasing the contact between the trainees from the two professions and enhancing the case seminar series to be more learner-driven and to focus on explicit interprofessional skills and themes. In addition to expected results, this rotation has led to some unanticipated findings, including an emergent emphasis on the social determinants of health and the need to work collaboratively for systemic change. Further, psychology residents have identified that it benefits them to learn more about genetic counseling and expressed interest in potential reciprocal learning opportunities in genetics clinics.
Hartmann, Armin; Zeeck, Almut; Herzog, Wolfgang; Wild, Beate; Zwaan, Martina de; Herpertz, Stephan; Burgmer, Markus; Wietersheim, Joern von; Tagay, Sefik;	2016	The Intersession Process in Psychotherapy for Anorexia Nervosa: Characteristics and Relation to Outcome	J. Clin. Psychol. (Journal of clinical psychology)	72	9	861–879	Objective The ?inter session process? (ISP) is defined as therapy-related conscious thoughts, memories, and emotions that patients and therapists experience between psychotherapy sessions. It indicates how the participants process and use treatment. The main aim of this study is to describe the ISP characteristics of patients in outpatient treatment for anorexia nervosa (AN). An additional aim is to explore the relation between patients' ISP and treatment outcome. Method Patients taking part in a randomized controlled trial on outpatient psychotherapy for AN (ANTOP) filled in the Intersession Experience Questionnaire before each of the 40 psychotherapy sessions. Trajectories of different aspects

<p>Dinkel, Andreas; Löwe, Bernd; Resmark, Gaby; Orlinsky, David; Zipfel, Stephan</p>							<p>of the ISP were analyzed with growth curve models based on orthogonal polynomials and tested for differences between 3 outcome categories (recovery, partially recovered, full syndrome AN). Results Data from 108 cases were available for analysis. ISP facets showed diverse, mostly nonlinear, trajectories over the course of treatment. Less favorable outcomes were associated with higher levels of patients? experiencing negative emotions when recalling therapeutic dialogue, thinking about therapy during dreaming/drowsy states, and applying therapeutic learning (in the second half of treatment). Conclusions Findings confirm an overall relation between ISP and treatment outcome. In outpatient treatment in AN, patients with a less successful course seem to be more preoccupied with therapy and therapist between sessions. For the ISP facet ?applying therapeutic learning,? findings point to an optimal range dependent on treatment phase. Growth curve modeling is required to describe the nonlinear trajectories of ISP facets.</p>
<p>Hartmann, Ellen; Opaas, Marianne</p>	<p>2023</p>	<p>Convergence in a multi-method study between Rorschach and self-report data of traumatized refugees assessed before and after psychotherapy</p>	<p>Journal of clinical psychology</p>	<p>79</p>	<p>5</p>	<p>1357–1370</p>	<p>UNLABELLED Rorschach and self-report instruments represent methodologically different types of assessment, which together may yield incremental information about the test-taker. There is little evidence on whether and when results from these methods converge. OBJECTIVE To examine possible convergences between Rorschach trauma-related personality variables and self-reported variables. METHOD Before and after psychotherapy 22 traumatized adult refugee patients were assessed with the Rorschach Performance Assessment System (R-PAS), symptom</p>

						<p>checklists of posttraumatic stress, anxiety and depression, and a quality of life questionnaire. Correlational analyses between eight R-PAS variables and 10 self-reported variables were performed.</p> <p>RESULTS</p> <p>The findings showed inconsistent and nonsignificant correlations pretherapy. Posttherapy, however, all R-PAS variables except Complexity correlated positively with symptoms of mental disorder, and negatively with the quality of life variables, as predicted. The R-PAS variables Mutuality of Autonomy-Pathology, Poor Human Representation, Critical Content, and Form Quality-minus%, converged significantly with most of the self-reported variables, with medium to large correlations.</p> <p>CONCLUSION</p> <p>The finding of convergence only after psychotherapy, may tentatively suggest greater self-knowledge and internal consistency through the therapy experience, and increased trust and self-disclosure through the repeated meetings with the researchers. The findings represent a promising contribution to a cumulative validation process of convergence between Rorschach and self-report data.</p>
Harty, Erin	2023	"Embodying opposites"-A case illustration of Dance Movement Therapy as an additional intervention in the treatment of co-morbid Borderline	Journal of clinical psychology			<p>Dance Movement Therapy is gradually becoming recognized as a treatment option in Mental Health Care. However, the working mechanisms can be difficult to comprehend without experiential knowledge of this therapy form. This article aims to offer insight into the clinical application of Dance Movement Therapy for Sanne, a woman with a history of interpersonal relationship difficulties, problems with self-regulation, low self-efficacy and diagnosed with Borderline Personality Disorder and co-morbid Complex Post Traumatic Stress Disorder. This case illustration describes</p>

		Personality Disorder and Complex Post Traumatic Stress Disorder					treatment interventions during two months of bi-monthly Dance Movement Therapy as an additional treatment alongside weekly group therapy and bi-monthly individual Psychotherapy. Post treatment, Sanne demonstrates improvements in self-regulatory behavior, interpersonal relationships and self-efficacy as well as an experience she describes as being whole. This article highlights the implications for practitioners of embodied forms of therapy as well as multidisciplinary teams who wish to better understand how the use of opposites within Dance Movement Therapy may be used as an additional intervention for people with Borderline Personality Disorder and co-morbid complex Post Traumatic stress Disorder.
Hasenfratz, Karin; Moergeli, Hanspeter; Sprott, Haiko; Ljutow, André; Hefti, René; Rittmayer, Isabelle; Peng-Keller, Simon; Rufer, Michael	2021	Do Chronic Pain Patients Wish Spiritual Aspects to Be Integrated in Their Medical Treatment? A Cross-Sectional Study of Multiple Facilities	Frontiers in psychiatry	12		685158	Background: Chronic pain is a complex, multidimensional experience. Spirituality is hypothesized to impact pain experience in various ways. Nevertheless, the role that spirituality plays in multimodal pain therapy remains controversial and, to date, quantitative data on whether and for which patients spiritual aspects should be considered in the treatment of chronic pain is lacking. The aim of this study was thus to investigate the proportion and characteristics of patients with chronic pain who wish spiritual aspects to be integrated in their treatment. Methods: Two hundred nine patients with chronic pain were recruited from five inpatient departments and outpatient clinics in the German-speaking part of Switzerland. Patients filled out validated questionnaires, such as the Hospital Anxiety and Depression Scale (HADS), the Resilience Scale (RS-11), the Spiritual and Religious Attitudes in Dealing with Illness (SpREUK), and the 12-item Spiritual Well-Being Scale (FACIT-Sp-12). Results: More than 60% (CI(95%):

							55.5-67.9%) of the patients wanted to address spiritual aspects in their treatment. These patients were significantly younger, had higher levels of education, and suffered from more frequent and more severe pain than patients who did not wish to address spiritual aspects. Furthermore, there were high correlations with existing spiritual resources and higher scores of spirituality. Conclusions: These results confirm that the majority of chronic pain patients wish spiritual aspects to be considered in their treatment. Additionally, the finding that these patients had more spiritual resources underlines the importance of integrating spiritual aspects in a resource-oriented, patient-centered care approach for this condition.
Hasson-Ohayon, Ilanit; Cheli, Simone; Lysaker, Paul H.	2021	Emerging psychotherapeutic approaches to addressing self-experience in schizophrenia spectrum disorders	Journal of clinical psychology	77	8	1781–1785	Growing awareness that many who are diagnosed with schizophrenia recover has spurred the development of new psychosocial approaches to treatment. These new approaches include forms of individual and group psychotherapy whose focus extends beyond reducing symptoms and improving skills to subjective outcomes related to sense of self. This paper introduces an issue of In Session which presents six case reports which illustrating these approaches in differing international contexts. First, we explore the larger issues of subjective outcomes from schizophrenia. We then discuss each of the papers separately along with implications of these papers as a group for how treatment might promote the recapturing of a sense of self or place in the world.
Haugen, Peter T.; Werth, Aditi S.; Foster, Alyce L.; Owen, Jesse	2017	Are rupture–repair episodes related to outcome in the treatment of	Couns and Psychother Res (Counselling and	17	4	276–282	

		trauma-exposed World Trade Center responders?	Psychotherapy Research)				
Hauser, Reini; Heidelberg, Reiner; Weyermann, Ruth; Helbling, Josef; Goodbread, Joe; Hrtreiter, Sylvia; Apel, Claudia	2022	Prozessorientierte Psychotherapie. Einführung in Theorie, Methoden und Praxis					<p>Es wird eine Einführung in Theorie, Methoden und Praxis der prozessorientierten Psychotherapie nach Arnold Mindell gegeben. Die prozessorientierte Psychotherapie verbindet Analytische Psychologie und Systemdenken mit erfahrungsorientierter Praxis. Als humanistisch-experienzieller Ansatz werden mit wahrnehmungsbasierten Methoden die Potenziale in den Strungen selbst entfaltet - hin zur Erfahrung von Kohrenz und Sinnhaftigkeit. Von der Entwicklung der Prozessarbeit über ihre philosophische und methodentheoretische Verortung hin zum Arbeitsmodell wird Einsicht in Denken, Fühlen und Intervenieren prozessorientierter Praxis vermittelt. Psychiatrische Strungsbilder werden methodenspezifisch betrachtet und Prozessverläufe wie Interventionspraxis anhand von Beispielen erfahrbar gemacht. Über die Integration der prozessorientierten Gruppenpsychotherapie weitet sich der Blick vom individualpsychologischen Kontext auf systemische und feldtheoretische Wirkfaktoren im psychischen Selbst- und Welterleben. Der Forschungsstand zu Wirksamkeit und Therapieerfolg sowie Bedingungen für einen Transfer von der Theorie in die Praxis werden dargestellt.</p> <p>Prozessorientierte Methoden lassen sich anwenden in Psychotherapie, Medizin, psychosozialer Arbeit, Konfliktarbeit, Mediation, Gruppenleitung und Gruppenpsychotherapie. Fachpersonen erhalten hierfür praxistaugliche Haltungen und Werkzeuge, Studierende finden Grundlagen und eine übersichtliche Einführung. - Inhalt: </p>

							nb.info/1246972131/04">https://doi.org/10.1186/s12874-023-01427-1
Hautmann, Christopher; Dose, Christina; Hellmich, Martin; Scholz, Kristin; Katzmann, Josepha; Pinior, Julia; Gebauer, Stephanie; Nordmann, Lisa; Wolff Metternich-Kaizman, Tanja; Schürmann, Stephanie; Döpfner, Manfred	2023	Behavioural and nondirective parent training for children with externalising disorders: First steps towards personalised treatment recommendations	Behaviour research and therapy	163		104271	For children with externalising disorders, parent training programmes with different theoretical foundations are available. Currently, there is little knowledge concerning which programme should be recommended to a family based on their individual needs (e.g., single parenthood). The personalised advantage index (PAI) indicates the predicted treatment advantage of one treatment over another. The aim of the present study was to examine the usefulness of this score in providing individualised treatment recommendations. The analysis considered 110 parents (per-protocol sample) of children (4-11 years) with attention-deficit/hyperactivity (ADHD) or oppositional defiant disorder (ODD), randomised to either a behavioural or a nondirective telephone-assisted self-help parent training. In multiple moderator analyses with four different regression algorithms (linear, ridge, k-nearest neighbors, and tree), the linear model was preferred for computing the PAI. For ODD, families randomised to their PAI-predicted optimal intervention showed a treatment advantage of $d = 0.54$, 95% CI [0.17, 0.97]; for ADHD, the advantage was negligible at $d = 0.35$, 95% CI [-0.01, 0.78]. For children with conduct problems, it may be helpful if the PAI includes the treatment moderators single parent status and ODD baseline symptoms when providing personalised treatment recommendations for the selection of behavioural versus nondirective parent training. TRIAL REGISTRATION: The study was registered prospectively with ClinicalTrials.gov (Identifier NCT01350986).
Havighurst, Sophie S.;	2020	Emotion-focused	Current opinion in psychiatry	33	6	586–601	To review recent studies on emotion-focused parenting interventions to provide clinicians with knowledge about

Radovini, Alessandra; Hao, Brandon; Kehoe, Christiane E.		parenting interventions for prevention and treatment of child and adolescent mental health problems: a review of recent literature					how these approaches might be used in prevention and treatment of mental health difficulties for children, adolescents and their families. A number of emotion-focused parent interventions are reported in the literature, including emotion coaching/communication parenting programs, emotion-focused family therapy, attachment-focused parenting interventions (including those that address parental reflective functioning/mentalization), mindfulness parenting programs and behavioral programs with added emotion components. All target emotions or emotional communication to assist parents and children understand and work through emotional experiences so they are less likely to impede healthy functioning. These interventions target four main domains: exploring family of origin or early attachment/relational experiences with emotion, targeting parents' own emotion awareness and regulation, shifting parents responses to or communication with their children when emotions occur, and promoting parents' skills for assisting children to regulate emotions and behavior. This review from the last 18 months found 50 studies that evaluated programs addressing these domains. Whilst the dominant approach in evidence-based parenting programs has been teaching behavioral strategies, it has been recognized that a focus on emotion-related processes is important. This is especially when working to improve the attachment relationship or when parents and children experience emotion dysregulation. This review demonstrates extensive evidence to support emotion-focused parenting interventions.
Haw, Rebecca; Hartley,	2023	A systematic review and	The British journal of	62	2	392–410	BACKGROUND Self-harm is a major public health concern. Lifetime

<p>Samantha; Trelfa, Sarah; Taylor, Peter J.</p>		<p>meta-ethnography to explore people's experiences of psychotherapy for self-harm</p>	<p>clinical psychology</p>			<p>prevalence is high, and rates of self-harm are rising; however, available interventions do not benefit everyone, and engagement with therapy can be low. Qualitative accounts allow for a greater understanding of what is helpful to individuals. This study aimed to synthesize the experiences of interventions for self-harm, from participants who have participated in these themselves.</p> <p>METHODS</p> <p>Participants had self-harmed at least once and undergone an individual psychotherapeutic intervention for self-harm. Papers not written or translated to the English language were excluded. Four databases (Medline, CINAHL, Web of Science and PsycINFO) were systematically searched and each paper was assessed using the CASP quality appraisal tool. A meta-ethnographic approach to the synthesis was taken.</p> <p>RESULTS</p> <p>Ten studies encompassing 104 participants were included. Four overarching themes were developed and the importance of recognizing the person beyond the self-harm emerged through a line of argument synthesis. Building a trusted, therapeutic relationship founded on patience and without judgement was essential for the perceived success of therapy, which was unique to each person and often went beyond reducing self-harming behaviours.</p> <p>LIMITATIONS</p> <p>Papers included in the study showed a lack of diversity with regard to ethnicity and gender.</p> <p>CONCLUSIONS</p> <p>The findings illustrate the importance of the therapeutic alliance when working with self-harm. Clinical implications of this paper include the importance of</p>
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							utilizing key therapeutic competencies which should be considered fundamental to change within psychotherapeutic interventions for self-harm, with the uniqueness of each patient recognized throughout.
Hawkins II, Raymond C.	2022	Measurement of dreams by SCORS and LIWC: Prelude to dreamwork in psychotherapy	Dreaming	32	1	52-62	Reliable and valid measures of dream content are necessary for evidence-based dreamwork in psychotherapy research. This article provides normative data on the Social Cognition and Object Relations Scale-Form L (SCORS-L) applied to normal college students' dreams. Concurrent computer text analysis of 630 college students' recent dreams and important dreams using the Linguistic Inquiry Word Count 2007 (LIWC 2007) was done to provide construct validation for the SCORS-L dream rating measure. SCORS-L affect and object relations content scales were significantly positively correlated with LIWC first person plural pronouns, social category words, and affiliation. SCORS-L scales involving cognitive content were significantly correlated with LIWC third person singular pronouns, social and family category words, and positive emotion words. SCORS-L ratings for important dreams were higher than for recent dreams for scales involving complexity of representations of people, the capacity for emotional investment in relationships, emotional investment in values and moral standards, understanding of social causality, and management of aggressive impulses. The SCORS-L rating scales for dreams show promise as a reliable, valid indicator of affective and object relational content that can supplement word search measures such as LIWC and the Hall/Van de Castle method. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Hawley, Kathryn J.; Winter Plumb, Evelyn I.; Conoley, Collie W.	2020	Goal-focused positive psychotherapy in action: A case study	Journal of clinical psychology	76	7	1217–1225	<p>OBJECTIVE This case study describes one client's progression through goal-focused positive psychotherapy (GFPP), a positive psychology inspired treatment. The study aims to contribute a more nuanced understanding of GFPP by illustrating the clinical use of approach goals, hope, positive emotion, and client strengths-interventions that constitute the heart of GFPP.</p> <p>METHOD The case study methodology illuminates the 33-session treatment of a self-identified European-American heterosexual female in her mid-twenties, presenting with several interpersonal concerns, and symptoms of depression and anxiety. The client met the DSM 5 criteria for generalized anxiety disorder and borderline personality disorder.</p> <p>RESULTS Processes and outcomes are documented through clinician and client perceptions, and weekly assessments of symptomatology and subjective well-being.</p> <p>CONCLUSIONS The case study demonstrates a successful application of positive psychology consistent with GFPP's existential and humanistic psychology roots. The study should provide clinicians and theorists a greater understanding of GFPP processes and perspectives in an applied context.</p>
Hawranek, Pia; Kasper, Lea; Weigl, Melanie; Schramm, Elisabeth; Taubner, Svenja	2023	"I Think it's Good that they Choose who they want to be Stroked by" -The Support Quality	Praxis der Kinderpsychologie und Kinderpsychiatrie	72	8	702–721	For Adolescents with personality impairments it's often difficult to accept therapy offers. Personality impairment may be preceded by (early childhood) trauma, which undermines trust in others. Thus, adolescents with traumatic experience often have limited motivation to start psychotherapy, also due to the greater need for

		of Animal-Based Therapy					<p>autonomy and the process of detachment in this age phase. However, adolescence is a particularly sensitive period, as personality impairments may consolidate and personality disorders (PD) develop. To address low trust and low motivation in adolescents with high risk for or already full PD an animal-assisted group therapy adjunct to individual mentalization-based therapy was developed and piloted. Two groups with a total of eleven patients each were conducted, four of whom agreed to talk about their experiences with animal-assisted therapy in an interview after completion of therapy. Interviews were analyzed qualitatively and evaluated with regard to the aspects of what the adolescents liked and disliked, what expectations were met or unmet, and what effects the adjunct intervention had on the adolescents' therapeutic success. The categorized statements are discussed related to the theories of human-animal interaction according to Hediger et al. (2019) and a new hypothesis about animals as team building catalysts could be established. In sum, alpacas were perceived suitable as therapy animals for adolescents with personality impairments.</p>
Haynes, Emma	2022	Treating perinatal mental illness with transactional analysis psychotherapy —A narrative enquiry	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	2	331–344	
Hazzard, Vivienne M.; Peterson, Carol	2020	Predictors of treatment response	The International	53	12	1918–1927	<p>OBJECTIVE To examine changes in hypothesized maintenance mechanisms during treatment as predictors of treatment</p>

<p>B.; Crosby, Ross D.; Schaefer, Lauren M.; Smith, Kathryn E.; Engel, Scott G.; Crow, Scott J.; Wonderlich, Stephen A.</p>		<p>durability in psychotherapy for binge-eating disorder: Examining the roles of self-discrepancy, self-directed style, and emotion dysregulation</p>	<p>journal of eating disorders</p>			<p>response durability in binge-eating disorder (BED) treatment, using data from a randomized clinical trial comparing the efficacy of Integrative Cognitive-Affective Therapy for BED with cognitive-behavioral therapy delivered using guided self-help.</p> <p>METHOD Adults with BED (N = 112) received 17 weeks of treatment. Regression models were conducted to examine the extent to which changes in hypothesized maintenance mechanisms from baseline to end of treatment predicted treatment outcomes at 6-month follow-up, adjusting for demographics, study site, and baseline level of treatment outcome.</p> <p>RESULTS During-treatment reductions in negative self-directed style and emotion dysregulation predicted reductions in the primary treatment outcome (i.e., binge-eating episode frequency) at follow-up. During-treatment reductions in emotion dysregulation also predicted improvements at follow-up across all three secondary treatment outcomes examined (i.e., global eating disorder [ED] psychopathology, depressive symptoms, and anxiety symptoms), as did during-treatment reductions in actual-ideal self-discrepancy and actual-ought self-discrepancy. Increases in positive self-directed style (e.g., self-affirmation) and reductions in negative self-directed style (e.g., self-blame) during treatment each predicted improvements in anxiety symptoms at follow-up. When predictors were examined simultaneously, the most salient predictors of treatment response durability identified were negative self-directed style for binge-eating episode frequency, actual-ought self-discrepancy and emotion dysregulation for depressive symptoms, and</p>
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							emotion dysregulation for anxiety symptoms. No predictors emerged as most salient for global ED psychopathology. DISCUSSION Results indicate that negative self-directed style and emotion dysregulation are particularly important treatment targets in relation to behavioral treatment outcomes in BED.
Hbschen, Sylvia; Teeuw, Harriet; Veugelers, Ren	2023	Fhlen wie ein Kind . Ein Workshop zu Kinder-Focusing	Gesprchspsych otherapie und Personzentrierte Beratung	54	4	5-7	Kein Abstract verf gbar.
Heberle, Amy E.; Hoch, Noah; Wagner, Anna C.; Caccia Cruz, Amanda G.; Zhou, Longjing; Khan, Aiman K.	2023	Examining feasibility, acceptability, and participant experiences of an anti-racist parenting intervention for White U.S. parents	American Journal of Orthopsychiatry			No Paginatio n Specified -No Paginatio n Specified	Many White parents engage in minimal discussion of race and racism with their children, instead engaging in color-evasive practices that communicate that race is unimportant and that White people are racially neutral. Even White parents who express a commitment to anti-racist parenting frequently struggle to act on this commitment and feel underprepared to do so. The current mixed methods pilot study focused on the feasibility, acceptability, and participant experiences of an intervention (“CounterACT”) that aimed to address this gap in White U.S.-based parents’ skills and knowledge. Participants in the study were 27 White U.S.-based parents of 4- to 6-year-old White children who completed pre- and postintervention surveys as well as postintervention interviews. Findings suggest that the CounterACT model was feasible and acceptable. Parent self-report further suggests that CounterACT had beneficial effects on parenting, parents’ beliefs regarding White privilege, and children’s critical reflection. Parents reported positive experiences of CounterACT, particularly group components of the intervention. Key elements of

							<p>participants' experience included learning to understand their own and their children's experience of Whiteness; learning to better tolerate and regulate emotional discomfort; connecting with others for motivation, accountability, and learning; and approaching racial socialization with greater intentionality. However, parents also experienced limits in their progress toward anti-racist parenting. Many indicated a desire for more concrete guidance and greater support enacting what they were learning in their own parenting. A particular concern was how to discuss White racial identities effectively. Our discussion highlights the implications of these findings for future work in this area. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Hebert, Catherine A.; Hancock, Kathryn; McConnell, Eleanor S.</p>	<p>2018</p>	<p>Implementation of Individualized Music in Long-Term Care: Application of the PARIHS Framework</p>	<p>Journal of gerontological nursing</p>	<p>44</p>	<p>8</p>	<p>29–38</p>	<p>The need to provide evidence-based, person-centered care for long-term care (LTC) residents, which often include individuals with dementia, has led to a surge of interest in the implementation of individualized music (IM) programs. An exploratory study was conducted over a 6-month period using the Promoting Action on Research in Health Systems (PARIHS) framework to examine the implementation of an IM program with 19 residents in a LTC facility. All residents using IM had the device available at the end of the program, and 53% received IM at least two times per week. Qualitative analysis of stakeholder interviews with six staff members and three residents after using the PARIHS framework as an implementation guide revealed two themes: Overcoming Resistance to Innovation and Person-Centered Care Through IM. Identification of barriers and facilitators through the PARIHS elements of evidence, context, and facilitation supported the IM implementation process and should</p>

							enable its replication in other facilities. [Journal of Gerontological Nursing, 44(8), 29-38.].
Hedayati, Masoumeh; Hajializadeh, Kobra; Hedayati, Mehdi; Fathi, Elham	2021	An Investigation of the Effectiveness of Emotionally-Focused Couple's Group Therapy (EFCT) on Relational Aggression of Couples with Breast Cancer in Wives: A Semi-Experimental Study	ijbd (Iranian Quarterly Journal of Breast Diseases)	13	4	40-56	
Heekerens, Hans-Peter	2016	Psychotherapie und Soziale Arbeit. Studien zu einer wechselvollen Beziehungsgeschichte					Soziale Arbeit und Psychotherapie sind gesellschaftlich organisierte und professionell realisierte Hilfen zur Vermeidung, Linderung, Beseitigung oder Bewältigung menschlichen Leidens. Beide haben eine lange Tradition und eine mehr als hundertjährige Geschichte, in deren Verlauf beide Hilfeformen immer wieder Bezug aufeinander nahmen und auch heute noch nehmen. Die Art und Weise dieser Bezugnahme war und ist immer beeinflusst sowohl von professionseigenen Interessen wie durch relevante Kontexte. Eine Geschichte der wechselseitigen Beziehung von Psychotherapie und Sozialer Arbeit muss erst noch geschrieben werden. Die in vorliegendem Buch versammelten sechs Studien können als Puzzleteile für ein noch zu erstellendes Gesamtbild dienen. Ihren Zweck hier und heute erfüllen sie, indem sie Schlaglichter werfen und damit einiges

							<p>erhellen, was fr viele im Dunkel liegt. Die drei ersten Beitrge richten den Blick auf die USA der Vorkriegszeit und damit auf die Anfngte Klinischer Sozialarbeit. Es wird gezeigt, wie unter dem Einfluss psychodynamischen Gedankengutes mit dem "funktionalen Ansatz" der vertieften Einzelfallhilfe ein frhes und bedeutendes Modell von Klinischer Sozialarbeit (zweiter Beitrag) und im Zusammenspiel von Psychiatrie, Sozialarbeit und Psychotherapie eine Frhform der Familientherapie entsteht (dritter Beitrag); beides ist undenkbar ohne den Einfluss des Freud-Schlers und spteren Psychoanalyse-Dissidenten Otto Rank (erster Beitrag). Die drei restlichen Buchteile fassen Deutschland bis zur Gegenwart ins Auge. Der vierte Beitrag nimmt die Aufsuchende Familientherapie und deren Entwicklung in den Blick, der fnfte den Beruf der Kinder- und JugendlichenpsychotherapeutInnen sowie deren Geschichte. Das Buch schliet mit einer bersichtsarbeit zur Evaluation psychosozialer Interventionen. - Inhalt: (1) Otto Rank und sein Einfluss auf Sozialarbeit und humanistisch-experienzielle Therapie. (2) Die Funktionale Schule des Social Case Work - ein Versuch, sie zu verstehen. (3) Soziale Arbeit und Familientherapie - eine lange gemeinsame Geschichte. (4) Die Aufsuchende Familientherapie - oder: wenn Sozialarbeit und Psychotherapie sich zusammentun. (5) Kinder- und JugendlichenpsychotherapeutInnen - ein berufsgeschichtlicher Abriss. (6) Wirksamkeit psychosozialer Handlungsformen fr die Soziale Arbeit - eine methodenkritische bersicht.</p>
Heer, Sara; Stähli, Annabarbara;	2022	How do novice therapists manage the	Journal of Psychotherapy Integration	32	2	225–241	Integration of different psychotherapeutic approaches and interventions has become a crucial aspect in psychotherapy practice. Although different conceptual

Edöcs, Judit; Suppiger, Elvira; grosse Holtforth, Martin; Babl, Anna; Lin, Mu; Berger, Thomas; Caspar, Franz		process of assimilative integration? A qualitative interview study about the application of implicit heuristics				models exist, the experiences of integrative therapists are often ignored. The aim of the present study is to reach a better understanding of therapists' experiences and challenges while integrating new therapy elements. Twenty-six relatively inexperienced therapists took part in the interview study, which was embedded in a randomized control trial. The goal was to carry out 3 psychotherapies while integrating either components of Emotion-Focused Therapy (EFT) or Self-Regulation (SR) into their treatment as usual. Therapists were interviewed during 3 different time points throughout their therapies. In total, 97 interviews were transcribed and analyzed using MAXQDA 12.3 following Mayring's (2000) qualitative content analysis. Results indicate that therapists implicitly followed heuristics to assimilate new therapy elements into their originally trained approach. With the integration of therapy elements from conceptually more foreign therapy orientations (i.e., EFT), therapists seemed to experience a slightly higher challenge, but at the same time, perceived it as a chance to enrich their practice with the result of a more individualized, responsive practice. 62% of all therapists reported a thorough change in their therapeutic style. The results suggest that assimilative integration is a complex, multidimensional process guided by various principles regarding the fit of the new therapy elements to patients and therapist characteristics in a responsive manner considering the therapeutic alliance. The findings stress the importance of therapists' relational flexibility. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Heim, Stefan; Polyak, Stella; Humann, Katja	2022	Mimicking effects of auditory verbal	Frontiers in Psychology, 2022			Schizophrenia is characterised foremost by hallucinations, delusions and disorganised speech. Deficits in the internal speech monitor may contribute to

		hallucinations on language production at the level of words, sentences and stories					the development of auditory-verbal hallucinations. This study investigates potential effects in the opposite direction: could the presence of auditory-verbal hallucinations have an effect on speech production? To this end, a recent mimicking/simulation approach was adopted for 40 healthy participants who perceived either white noise or hallucination-like speech recordings during different language production tasks with increasing demands: picture naming, verbal fluency with and without category switch, sentence production, and discourse. In line with reports about real schizophrenia cases in the literature, mimicking auditory-verbal hallucinations affected verbal fluency (switch condition) and sentence production (duration) in a different way than mere noise. These effects were not correlated, suggesting that hallucinations may even affect different levels of linguistic complexity in different ways. Anyway, in both cases (mimicked), auditory hallucination appear to contribute to the emergence of disordered speech. The mimicking/simulation paradigm may in future help to identify and disentangle the various factors contributing to disorganised speech in schizophrenia. They may also support the development and implementation of new protocols, e.g., in speech and language therapy in persons with schizophrenia in order to improve their communication skills despite the presence of auditory-verbal hallucinations.
Heine, Barbara	2021	Von vagen Ideen zu einem tragfähigen Konzept für eine Doktorarbeit. Ein Fallbeispiel	Gesprächspsychotherapie und Personenzentrierte Beratung	52	1	14-18	Kein Abstract vorhanden.

		aus dem Erlebensbezogenen Concept Coaching (ECC)					
Heinonen, Erkki; Pos, Alberta E.	2020	The role of pre-treatment interpersonal problems for in-session emotional processing and long-term outcome in emotion-focused psychotherapy	Psychotherapy research: journal of the Society for Psychotherapy Research	30	5	635–649	Objective: Interpersonal problems may lead to, uphold, or follow from depression. However, we know little of how depressed patients' different interpersonal problems are associated with patients' emotional processing during psychotherapy and whether distinct processes are helpful for their long-term reduction. Method: 23 adult outpatients who received emotion-focused therapies lasting 16-20 sessions filled the Inventory of Interpersonal Problems at pre- and post-treatment and 18-month follow-up. These problems were related to emotional processing in two mid-therapy sessions, rated by observers with the Classification of Affective-Meaning States. Results: All pre-treatment interpersonal problems were clearly associated with patients' negative evaluations of themselves during therapy. Self-experiences of vindictiveness were most pronouncedly linked to in-session emotional expressions of rejecting anger, and self-experiences of social inhibition to expressions of fear and shame, following a circumplex model. In the long-term reduction of interpersonal problems, especially reaching emotional states of hurt and grief seemed beneficial for patients who experienced themselves as socially inhibited, non-assertive, self-sacrificing, or overly accommodating. Conclusions: For clients suffering from particular interpersonal problems, accessing particularly beneficial emotional processes, such as hurt and grief, may form specific therapeutic process goals. Further studies should verify these

							findings, which link interpersonal theory with research on emotional processing in psychotherapy.
Heinz, A.	2019	German Association for Psychiatry, Psychotherapy and Psychosomatics congress 2019- innovative research for person-centered psychiatry and psychotherapy	Der Nervenarzt	90	11	1091–1092	
Heinz, Andreas	2016	Psychische Gesundheit. Begriffe und Konzepte					Grundlegende Konzepte zur Definition psychischer Gesundheit werden anhand der Therapieziele psychotherapeutischer Schulen diskutiert. Es wird festgestellt, dass Selbstvertrauen, Empathie und die Fähigkeit zur flexiblen Handlungsgestaltung als Therapieziele der Gesprächspsychotherapie, kognitiv-behavioralen Therapie und der Psychoanalyse gelten können. Psychische Gesundheit verweist damit auf die Möglichkeit der gesellschaftlichen Teilhabe, deren Einschränkung im jeweiligen sozialen Kontext thematisiert werden muss und deren Umsetzung nur im solidarischen Handeln gelingen kann. - Inhalt: (1) Der Begriff psychischer Krankheit [Psychische Krankheit als Strang arttypischer Funktionen; Krankheit als wertsetzender Akt; psychische Krankheit als definierter Hirnzustand psychische Krankheit als Leid ohne uere Ursache; psychische Krankheit als Verlust der Willensfreiheit; der Begriff psychischer Krankheit in seiner

							Anwendung auf einzelne Krankheitsbilder; Kombination medizinischer und lebensweltlicher Aspekte]. (2) Psychische Krankheit versus psychische Gesundheit [Psychische Gesundheit als Ziel psychoanalytischer Therapie; psychische Gesundheit als Ziel der Gesprächspsychotherapie; das Krankheitsmodell der Verhaltenspsychologie und ihre Therapieziele; die Stressbewältigung strkenden Verhaltensweisen und ihre Bedeutung fr die seelische Gesundheit]. (3) Kriterien seelischer Gesundheit [Vielfltiges und flexibles Verhalten als Kriterium seelischer Gesundheit; Selbstvertrauen versus Entfremdung; einflndes Verstehen, Nachempfinden, Akzeptanz, Einfhlung versus Mitleid].
Helbich, Maria	2021	Die gesellschaftspolitische Funktion von Psychotherapie am Beispiel des Umgangs mit Trauma in Palstina	Zeitschrift fr Psychodrama und Soziometrie	20	Su ppl 1	187–199	Vor dem Hintergrund der gesellschaftspolitischen Funktion von Psychotherapie befasst sich dieser Artikel der Zeitschrift fr Psychodrama und Soziometrie mit der Frage, welchen Beitrag das Psychodrama dabei leisten kann, sich der Dekontextualisierung und Depolitisierung von Psychotherapie entgegenzustellen. Anhand des Beispiels von Palstina wird dargestellt, wie Solidaritt mit der palstinensischen Bevlkerung gezeigt werden kann, um einer Vereinzelung von Schicksalen und einer Viktimisierung von PalstinserInnen entgegenzutreten. (c) Springer Fachmedien Wiesbaden GmbH
Heled, Eyal	2021	The Trajectory of Adaptation: A Review of Psychoanalytic Conceptualization of the Working Through and	Brit J Psychotherapy (British Journal of Psychotherapy)	37	3	417–438	Disability is a long-term physically or mentally, limiting condition that significantly impacts various life domains. It is associated with a trajectory of emotional adaptation that encompasses diverse internal and external processes. Though rare, psychoanalytic views on adaptation to and acceptance of disability have been proposed, with potential value for rehabilitation. Freud's relatively brief contributions to this field inspired later theorists to elaborate on his concepts and adjust them to

		Acceptance of Disability					<p>address the phenomenology of disability. The majority of these theorists focused on ego and self formulations, while taking external reality into account.</p> <p>Psychopathology in disability was also addressed, as well as acceptance as a primary goal of adaptation. Authors have emphasized the uncertainty of acceptance, highlighting the importance of attunement to individual patient needs and suggesting that psychoanalytic formulation can help psychotherapists to better understand and treat individuals with disability. The meanings and implications of the various conceptualizations are integrated and illustrated through a case example.</p>
Helle, Mark	2022	Gesprchspychotherapie in Deutschland. Vom Hhenflug zum Abstieg?. Erklrungsversuche	Person	26	2	95-101	<p>In diesem Beitrag wird der Frage nachgegangen, wie es dazu kommen konnte, dass die Gesprchspychotherapie in Deutschland so sehr an Bedeutung verloren hat. Zunchst wird in groben Zgen die Entwicklung der Gesprchspychotherapie im Kontext der hochschulpolitischen Vernderungen dargestellt. Anhand von drei Thesen wird dann herausgearbeitet, dass (1) die Gesprchspychotherapie kontrr zu den Professionalisierungsbestrebungen der Psychotherapie im Allgemeinen steht, (2) es ihr nicht gelungen ist, sich konstruktiv mit dem medizinischen Strungsverstndnis auseinanderzusetzen und (3) sie sich zu wenig flexibel zeigte, neuere Entwicklungen zu integrieren. Im Ergebnis zeigt sich, dass der aktuelle Status der Gesprchspychotherapie in Deutschland nicht nur auf fragwrddige Kriterien der wissenschaftlichen Anerkennung und der Beurteilung der Versorgungsrelevanz durch den wissenschaftlichen Beirat bzw. Gemeinsamen Bundesausschuss zurckzufhren ist, sondern auch auf</p>

							Versumnisse der Vertreter*innen der Gesprächspsychotherapie.
Hellwig, Christiane	2021	Kongruenz zwischen dem Hier und Jetzt - und dem Damals und Dort. Eine Falldarstellung	Gesprächspsychotherapie und Personzentrierte Beratung	52	1	10-13	An einem Fallbeispiel werden Herausforderungen bezüglich der Kongruenz des Therapeuten (einem der drei Grundpfeiler der Therapie: Kongruenz, Wertschätzung und empathisches Verstehen) beschrieben. Dargestellt wird, wie ein Coach seine Bereinstimmung von Selbstkonzept und Erfahrung - in einer bestimmten Beziehung, in einem bestimmten Augenblick - dahingehend überprüfen können sollte, inwieweit eigene Emotionen, Gefühle und Bewertungen aktiviert werden und wodurch bzw. durch wen. Wenn der Coach Bedrohung oder Unbehagen im Kontakt empfindet, sich jedoch nur der Wertschätzung und des empathischen Verstehens gegenüber der Klientin bewusst sei, sei er in der Beziehung nicht mehr kongruent. Und gleichwohl müsste das empathische Verstehen und die Wertschätzung auch beim Klienten ankommen - es müsste darauf eine entsprechende Resonanz erfolgen.
Hellwig, Christiane	2022	Andere Lebensentwürfe akzeptieren: Die personzentrierte Haltung in Alltag und Beratung	Gesprächspsychotherapie und Personzentrierte Beratung	53	3	22-24	Die personzentrierte Haltung ist entscheidender Bestandteil ethischer Leitlinien der GwG. Denn wertschätzend-empathisch angenommen und kongruent sein zu wollen, sind zentrale menschliche Grundbedürfnisse. Was macht es häufig schwer, einander auf dieser Basis auch im Alltag zu begegnen? Im Artikel werden triviale Zusammenhänge aufgeklärt und kommentiert, die ein professionelles und alltägliches Miteinander erschweren und erleichtern können.
Helps, Sarah; Le Coyte Grinney, Marianne	2021	Synchronous digital couple and family psychotherapy:	Journal of Family Therapy	43	2	185-214	

		a meta-narrative review					
Hempeler, Christin; Gather, Jakob; Haberstroh, Julia; Trachsel, Manuel	2022	Shared Decision-Making for Patients with Mental Disorders or Cognitive Impairments	Therapeutische Umschau. Revue therapeutique	79	8	393–400	Shared Decision-Making for Patients with Mental Disorders or Cognitive Impairments Abstract. Shared Decision-Making (SDM) describes a model of collaborative decision-making that combines the expert knowledge of health professionals and the experiential knowledge of patients. This allows patients to play a more active role in the decision-making process. SDM is also becoming increasingly important in the treatment of persons with mental disorders or cognitive impairments. However, implementation of SDM for this group of patients may face specific challenges, for example, if their decision-making capacity is impaired or if coercion has to be used to prevent acute danger to themselves or others. On the other hand, SDM offers important opportunities in this area. For example, mental health professionals are often more dependent on the patients' experiential knowledge in clinical decision-making than in somatic care. Furthermore, empowerment and a good therapeutic relationship are central aspects in the treatment of people with mental disorders or cognitive impairments, which can be strengthened by SDM. Against the background of these specific challenges, an overview of opportunities for and experiences with SDM in the care of people with mental disorders or cognitive impairments is given. In addition, different approaches for promoting the implementation of SDM for this patient group will be identified.
Henker, Jana; Keller, Andrea; Reiss, Neele; Siepmann,	2019	Early maladaptive schemas in patients with	Clinical psychology & psychotherapy	26	4	418–429	Abstract Maladaptive schemas are stable relational patterns that develop through harmful childhood experiences with primary caregivers. Schemas within somatoform disorders are rarely explored even though

Martin; Croy, Ilona; Weidner, Kerstin		somatoform disorders and somatization				these disorders are clinically important due to high prevalence, co-morbidity, and cost for the health care system. This study investigates schemas according to Young's schema theory in patients with somatoform disorders in comparison with healthy controls and patients with depressive or anxiety disorders. Further associations between schemas and somatization were explored. We included 134 patients with a somatoform disorder and 39 age-matched healthy controls, 83 patients with a unipolar depression, and 34 patients with an anxiety disorder. The clinical sample consists of day care patients, diagnosed with the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, but without a personality disorder. Primary measures were the Young Schema Questionnaire (YSQ-S2), the Screening for Somatoform Disorders (SOMS-7T), the Beck Depression Inventory, Second Edition, and the Childhood Trauma Questionnaire. Analyses of variance indicated that somatoform patients scored higher on almost all schemas than do healthy controls ($p < 0.001$, $\eta^2 = 0.148$). The highest mean scores were reached for the schemas 'self-sacrifice' and 'unrelenting standards,' with significant higher values in the patient sample. However, when compared with patients with depressive or anxiety disorders, somatoform patients scored equally or even lower. High somatization was associated with generally higher schema activation. This effect was to a great extent mediated by depressive symptoms. Only the schema 'vulnerability to harm or illness' was exclusively related to somatization. These findings suggest that schemas should be systematically assessed within psychotherapy of somatoform patients.
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Hennemann, Severin; Witthöft, Michael; Bethge, Matthias; Spanier, Katja; Beutel, Manfred E.; Zwerenz, Rüdiger	2018	Acceptance and barriers to access of occupational e-mental health: cross-sectional findings from a health-risk population of employees	International archives of occupational and environmental health	91	3	305–316	<p>PURPOSE: Occupational e-mental-health (OEMH) may extend existing instruments for preservation or restoration of health and work ability. As a key precondition to efficient implementation, this study examined acceptance and person-centered barriers to potential uptake of OEMH for work-related distress in employees with an elevated risk of early retirement. METHODS: Within the framework of the "Third German Sociomedical Panel of Employees", 1829 employees with prior sickness absence payments filled out a self-administered questionnaire. Participants had a mean age of 49.93 years (SD = 4.06). 6.2% indicated prior use of eHealth interventions. Potential predictors of acceptance of OEMH were examined based on the "Unified Theory of Acceptance and Use of Technology" (UTAUT) extended by work ability, mental health, eHealth literacy and demographic characteristics. RESULTS: 89.1% (n = 1579) showed low to moderate acceptance (M = 2.20, SD = 1.05, range 1-5). A path analysis revealed significant, positive direct effects of UTAUT predictors on acceptance (performance expectancy: 0.48, SE = 0.02, p < 0.001; effort expectancy: 0.20, SE = 0.02, p < 0.001; social influence: 0.28, SE = 0.02, p < 0.001). Online time and frequency of online health information search were further positive direct predictors of acceptance. Model fit was good [$\chi^2(7) = 12.91$, p = 0.07, RMSEA = 0.02, CFI = 1.00, TLI = 0.99, SRMR = 0.01]. CONCLUSIONS: Attitudes towards OEMH are rather disadvantageous in the studied risk group. Implementation of OEMH, therefore, requires a-priori education including promotion of awareness, favorable attitudes regarding efficacy and usability in a collaborative approach.</p>
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<p>Hente, Elizabeth; Sears, Richard; Cotton, Sian; Pallerla, Harini; Siracusa, Christopher; Filigno, Stephanie Spear; Boat, Thomas</p>	<p>2020</p>	<p>A Pilot Study of Mindfulness-Based Cognitive Therapy to Improve Well-Being for Health Professionals Providing Chronic Disease Care</p>	<p>The Journal of pediatrics</p>	<p>224</p>		<p>87-93.e1</p>	<p>OBJECTIVE: To assess the efficacy of mindfulness-based cognitive therapy delivered onsite during work hours in reducing stress and improving well-being in an interdisciplinary chronic care health care team. STUDY DESIGN: A longitudinal, mixed methods, observational pilot study using a survey created from validated assessment tools to measure effectiveness of training. Surveys were completed before training, and 1 and 15 months after training. Twenty-four professionals in the cystic fibrosis Centers at Cincinnati Children's Hospital and the University of Cincinnati participated in 6 mindfulness-based cognitive therapy training sessions. Sessions incorporated mindfulness, cognitive therapy, and experiential exercises for processing feelings related to stress and burnout. RESULTS: The presurvey and 1-month postsurvey responses revealed statistically significant improvements for empathy, perceived stress, depersonalization, anxiety, perspective taking, resilience, and negative affect. Sustained effects were seen at 15 months for empathy, perspective taking, and depressive symptoms. The 1-month post-training surveys reported a quarter of respondents (25%) practiced skills at least 5 times in between sessions; at 15 months, 35% reported practicing at the same frequency. Participants reported using mindfulness skills for personal stressful events (74%), work-related general stress (65%), patient-related stress (30%), sleep or general relaxation (22%), and wellness (13%). CONCLUSIONS: Group mindfulness-based cognitive therapy training was feasible and effective in decreasing stress for interdisciplinary cystic fibrosis care team members who elected to participate. Further investigation is needed to determine optimal dose of training, durability of perceived benefits, and</p>
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							generalizability to health care professionals working with other chronic disorders.
Hentschel, Gebhard; Winter, Elena	2020	"Der Goldstandard der ambulanten Psychotherapie ist der persönliche Kontakt"	Gesprächspsychotherapie und Personenzentrierte Beratung	51	3	14-15	Welche Auswirkungen könnte die Coronakrise auf die Psychotherapie haben? Und welche Zukunft haben insbesondere psychotherapeutische Angebote per Video? Gebhard Hentschel, Bundesvorsitzender der Deutschen Psychotherapeutenvereinigung (DPtV), gibt im Interview eine erste Einschätzung.
Hereford, McKenna; Wilcox, Melanie M.; Pollard, Elinita	2023	A phenomenological exploration into therapists' multicultural case conceptualizations	Journal of Psychotherapy Integration	33	3		Scholars have long emphasized the importance of cultural responsiveness in therapy; however, the evidence for the multicultural competence (MCC) model is mixed, and most extant research is quantitative in nature. The purpose of this phenomenological study was to gather insight into what therapists focus on during conceptualization without prompting for multicultural information. We conducted a qualitative study to examine therapists' multicultural case conceptualization and diagnosis to better understand therapists' cultural processes. The research questions were: What do therapists attend to in case conceptualization, and how does it influence diagnosis? How do these diagnoses influence intervention? Semistructured interviews were conducted with seven White practicing psychotherapists who were asked to provide a case conceptualization in response to a vignette. Participants' interview data (inclusive of their case conceptualization and answers about their thought processes) was analyzed, and six themes emerged: MCC, systems of support, controlling images, biological factors, multicultural orientation, and focus on cognitive therapies. Implications and future directions are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Hermann, Nina	2021	Das Sprachenportr. Ein Instrumentarium in der Arbeit mit traumatisierten geflüchteten Menschen	Person	25	1	44–53	Sprache nimmt in der psychotherapeutischen Arbeit mit traumatisierten geflüchteten Menschen oft eine zentrale Rolle ein: sei es, dass die Betroffenen keine Worte für das erlebte Grauen finden können - Stichwort "speechless terror" - sei es, dass sie die Sprache des Aufnahmelandes nicht beherrschen, also sprachliche Barrieren im Weg stehen. Besonderheiten wie die Auseinandersetzung mit fremden Kulturen, der oft unverzichtbare Einsatz von Dolmetscher*innen und das Ausmaß der Traumatisierung durch menschen- verursachte Gräueltaten wie Krieg, Verfolgung und Folter müssen Berücksichtigung finden. Der Personenzentrierte Ansatz stellt die tragfähige Beziehung zwischen Klient*in und Therapeut*in in den Mittelpunkt von Therapie und Beratung. Das sogenannte Sprachenporträt, welches in diesem Artikel vorgestellt wird, kann als wertvolles Instrument dienen, betroffene Personen bei der Wiedererlangung von Kontrolle und Selbstbestimmung zu unterstützen und ihre Einzigartigkeit zu würdigen, welche oft durch ihre persönliche Sprachenvielfalt Ausdruck findet.
Hernandez, Morela; Avery, Derek R.; Tonidandel, Scott; Hebl, Mikki R.; Smith, Alexis N.; McKay, Patrick F.	2016	The role of proximal social contexts: Assessing stigma-by-association effects on leader appraisals	Journal of Applied Psychology	101	1	68–85	Prior research suggests that segregation in the U.S. workplace is on the rise (Hellerstein, Neumark, & McInerney, 2008); as such, leaders are more likely to lead groups of followers composed primarily of their own race (Elliot & Smith, 2001; Smith & Elliott, 2002). Drawing from theory on stigma-by-association, the authors posit that such segregated proximal social contexts (i.e., the leader's group of followers) can have detrimental effects on leader appraisals. Specifically, they argue that leaders of mostly Black follower groups experience stigmatization based on race stereotypic beliefs, which affects how they are viewed in the eyes of observers. The results of a large field study show performance evaluations generally tend

						to be lower when the proportion of Black followers is higher. Moreover, 3 experiments demonstrate that the impact of proximal social contexts extends to other outcomes (i.e., perceptions of market value and competency) but appears limited to those who are less internally and externally motivated to control their prejudice. Taken together, these findings explain how workplace segregation systematically can create a particular disadvantage for Black leaders. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Herres, Joanna; James, Kiera M.; Bounoua, Nadia; Krauthamer Ewing, E. Stephanie; Kobak, Roger; Diamond, Guy S.		Anxiety-related difficulties in goal-directed behavior predict worse treatment outcome among adolescents treated for suicidal ideation and depressive symptoms	Psychotherapy	58	4	Although treatments for youth at risk for suicide have been successful, they are not similarly effective for everyone. Anxiety may interfere with adolescents' ability to engage with therapy and explain why some adolescents do not respond as well as others to treatment. The current study tested whether an anxiety diagnosis predicted treatment outcome among a sample of adolescents with suicidal ideation and depressive symptoms participating in either attachment-based family therapy or family-enhanced nondirective supportive therapy (N = 129; M age = 14.87, SD = 1.68; 81.9% female). The data set that the current study used had a high representation of Black/African American adolescents (48.8% of sample), which is valuable, as few studies have included adequate representation of this population. A significant indirect effect (.88; 95% confidence interval [.01, 2.64]) showed that across both treatment conditions, participants who met criteria for an anxiety disorder had greater difficulties engaging in goal-directed behavior midtreatment, and these difficulties, in turn, predicted more posttreatment suicidal ideation. The effect of anxiety on treatment outcome via difficulties with goal-directed behavior was nonspecific to the

							<p>treatment condition. However, attachment-based family therapy was superior to family-enhanced nondirective supportive therapy in improving this aspect of emotion regulation among adolescents who did not have anxiety. In addition, difficulties with goal-directed behavior on treatment outcome were worse for adolescents' who reported greater attachment avoidance to their parents. Future research should test whether targeting goal-directed behavior and attachment avoidance would result in better treatment outcome for adolescents with suicidal ideation and anxiety. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Herrmann, Imke R.; Auszra, Lars	2021	Emotionsfokussierte Therapie					<p>Die Emotionsfokussierte Therapie (EFT) wird vorgestellt. Die EFT ist ein transdiagnostisches Verfahren, das bei einem breiten Spektrum an psychischen Strungen Anwendung finden kann. Wirksamkeitsnachweise liegen insbesondere fr die Behandlung von Depressionen und Traumafolgestrungen vor. Neben der emotionsfokussierten Theorie und Beziehungsgestaltung werden die zentralen emotionsfokussierten Interventionen erlutert. Psychischen Problemen und Symptomen liegen hufig Schwierigkeiten in der emotionalen Verarbeitung zugrunde. Die EFT zielt auf die Vernderung dieser Schwierigkeiten und rckt das emotionale Erleben von Patientinnen und Patienten und ihren Umgang mit diesem Erleben in den Mittelpunkt therapeutischen Handelns. Die EFT zeigt Wege auf, wie Patientinnen und Patienten ihre Emotionen adquat verarbeiten und flexibel zur Lsung aktueller Probleme nutzen knnen. Es geht darum, maladaptive Emotionen nachhaltig zu verndern und einen funktionaleren Umgang mit Emotionen zu frdern. Anhand von zahlreichen Beispielen und Therapiedialogen wird das therapeutische</p>

							<p>Vorgehen, etwa bei der Fallformulierung, der Zwei-Stuhl-Technik und der Arbeit mit dem Leeren Stuhl, praxisorientiert beschrieben. - Inhalt: (1) Beschreibung der Methode. (2) Theorie (dialektischer Konstruktivismus; klinische Emotionstheorie; Entstehung von Psychopathologie; Prinzipien emotionaler Vernderung; Prozess therapeutischer Vernderung). (3) Diagnostik und Indikation (Qualitt der therapeutischen Beziehung; Aktivierung; Emotionstyp; emotionaler Verarbeitungsmodus; Marker fr emotionale Verarbeitungsprobleme; Fallformulierung). (4) Behandlung (Prinzipien der Beziehungsgestaltung und des therapeutischen Handelns; Empathie; Marker und Aufgaben; Stuhl-Interventionen; Varianten der Methode und Kombinationen; Probleme bei der Durchfhrung). (5) Wirksamkeit und Evidenz (Therapieerfolgsmessung; Prozessforschung). (6) Fallbeispiel. (7) Kompetenzziele und Lernkontrollfragen. (8) Anhang (Informationen fr Patientinnen und Patienten; Emotionsliste fr die Selbstbeobachtung; Arbeitsblatt: Fallformulierung fr Therapeuten; Karte: Fallformulierung).</p>
Herrmann, Imke R.; Greenberg, Leslie S.; Auszra, Lars	2016	Emotion categories and patterns of change in experiential therapy for depression	Psychotherapy Research	26	2	178-195	<p>Objective: This investigation examined the relationship between in-session types of emotional experience operationalized by the Emotion Category Coding System and the reduction of depressive symptoms in emotion-focused therapy (EFT). Method: Segments of videotaped sessions were coded and the different emotion categories were related to reduction in depressive symptoms in a sample of 30 clients who received EFT for depression. Results: Both fewer secondary and more primary adaptive emotions, in the working phases of therapy, were found to significantly predict outcome. Moderate levels of primary maladaptive emotion in the</p>

							middle working session were associated with outcome and the frequency with which clients moved from primary maladaptive to primary adaptive emotions in this session-predicted outcome. Conclusions: Results of this study support a transformational model of changing emotion with emotion.
Herrmann, Imke; Greenberg, Leslie; Auszra, Lars	2018	Arbeit mit Emotionen - Emotionsfokussierte Therapie					Emotionen wohnt ein funktionales adaptives Potenzial inne, das uns hilft, zu berleben und erfolgreich zu sein. Fr diese Annahme gibt es mittlerweile eine Flle empirischer Belege. Emotionale Schemata basieren auf angeborenen emotionalen Reaktionen, die sich mit Lernerfahrungen zu komplexeren inneren Organisationseinheiten verbinden. Aus Sicht einer Theorie der Verarbeitung, die auf emotionalen Schemata basiert, sind Menschen stndig im Begriff, eingehende sensorische Reize (aus dem Inneren des Krpers oder aus der Umwelt) auf Basis von Erfahrungen zu interpretieren, zu transformieren und aus ihnen Bedeutung abzuleiten. Diese Sinneswahrnehmungen werden ausgewertet und mit anderen Sinneswahrnehmungen verknüpft, wodurch sich ein bergeordnetes Bedeutungsschema ausbildet. Diese Zusammenhnge sind Thema des Kapitels. (c) Springer-Verlag GmbH Deutschland
Herrmann-Lingen, C.	2018	Chronic heart failure and depression	Der Internist	59	5	445-452	BACKGROUND: Depression is a frequent comorbidity in chronic heart failure. It can be triggered by the experience of suffering from heart disease, but it can also play a causal role in accelerated development and poor prognosis of heart failure. OBJECTIVES: The aim of this study was to investigate the interrelationships between heart failure and depression and the psychophysiological and behavioral mechanisms involved in this association. The effects of comorbid depression on quality of life in patients with heart failure were also examined and

							<p>therapeutic options reviewed. METHODS: A narrative review of the literature was undertaken. RESULTS: Several psychophysiological and behavioral mechanisms have been identified as mediators of the association between depression and heart failure and the adverse prognostic effects of this comorbidity. Comorbid depression leads to substantial reductions in health-related quality of life. These effects are only incompletely antagonized by exercise training and cognitive behavioral therapy. No specific effect of antidepressant medication has been demonstrated as yet in patients with heart failure. DISCUSSION: While current guidelines recommend the identification and treatment of depressive comorbidity in patients with heart failure, the available evidence provides no convincing rationale for specific treatment recommendations beyond the guideline-based treatment of heart failure itself, lifestyle interventions and patient-centered medical care. If available, psychotherapy should be offered, ideally cognitive behavioral therapy. For patients that do not improve sufficiently under outpatient treatment, the German health care system offers dedicated psychocardiological inpatient treatment programs.</p>
Herron, Elizabeth K.; Powers, Kelly; Mullen, Lauren; Burkhart, Brandi	2019	Effect of case study versus video simulation on nursing students' satisfaction, self-confidence, and knowledge: A quasi-	Nurse education today	79		129-134	<p>BACKGROUND Research on simulation in nursing education has demonstrated the positive impact active, experiential learning has on student satisfaction, self-confidence, and knowledge. As a result, simulation laboratories with high-fidelity human patient simulators have become a common adjunct to clinical teaching. It is important to also promote active learning in the classroom setting; however, there is limited evidence on using video simulations in large classrooms.</p>

		<p>experimental study</p>				<p>OBJECTIVES This study sought to determine if using a video simulated unfolding case study as part of the didactic classroom, as compared to a traditional written case study, improved students' satisfaction, self-confidence, and knowledge.</p> <p>DESIGN A two-group, quasi-experimental design was used.</p> <p>SETTINGS The study occurred at a University in the southeastern United States.</p> <p>PARTICIPANTS A total of 165 baccalaureate nursing students participated.</p> <p>METHODS The control group received a written case study, while the intervention group received video simulation of the same case study and student satisfaction, self-confidence, and knowledge were measured upon completion. Data analysis used descriptive statistics and t-tests. Qualitative comments were also provided by students and analyzed for themes.</p> <p>RESULTS There were no statistically significant differences, with both groups reporting a high level of satisfaction and self-confidence. The percent of knowledge questions answered correctly was higher for the video simulation group for all seven questions. Four themes were identified from participant words: A better understanding, Able to apply learning to a patient scenario, Engaged in learning, and Visualizing it helps.</p> <p>CONCLUSIONS Results suggest the use of video simulation in the classroom may deepen students' understanding of</p>
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							classroom content and provide an additional mode for learning to enhance classroom lecture. Use of video simulation to augment classroom teaching is suggested as a strategy for engaging learners.
Hersche, Ruth; Weise, Andrea	2022	Occupational Therapy-Based Energy Management Education in People with Post-COVID-19 Condition- Related Fatigue: Results from a Focus Group Discussion	Occupational therapy international	2022		4590154	Persons with post-COVID-19 conditions have prolonged symptoms and longer-term consequences which can prevent them from returning to previous everyday functioning. Fatigue is the most frequent symptom reported in literature. Occupational therapists (OTs) are specialized in client-centered problem analysis, counseling, and education to recover occupational engagement and performance in everyday life. Since the beginning of the COVID-19 pandemic, OTs have been challenged to respond with services adequate to the needs of this patient group. Energy management education (EME) was initially developed for persons with multiple sclerosis-related fatigue and then made independent of diagnosis suitable to persons living with chronic disease-related fatigue. EME, a structured self-management education, is becoming a part of the new services. This study was aimed at exploring the initial experiences of OTs using the EME protocol and materials with persons with postacute COVID-19 and/or post-COVID-19 condition-related fatigue and gathering their recommendations for improvements and adaptations. One online focus group discussion took place in May 2021 with OTs experienced in using the EME protocol. The topics addressed were the institutional context of the OTs and their experiences during the treatment. A thematic analysis was performed. According to nine OTs working in different settings in Switzerland, the EME protocol is exploitable in both in- and outpatient settings and was judged appropriate by them, even if the EME materials

							can be improved. The main challenges for the OTs were the short period their patients had lived with fatigue; the discrepancy between self-concept, self-perception, and performance; and the insecurity, fear, and anxiety related to recovery. Further research is needed to include the perspective of EME participants and to measure quantitative outcomes such as fatigue impact, self-efficacy, occupational performance, and quality of life. Until the existing EME protocol is improved, it is applicable to persons with post-COVID-19 condition-related fatigue.
Herulf Scholander, Lisa; Boström, Anne-Marie; Josephsson, Staffan; Vikström, Sofia	2023	Engaging in narrative relations in everyday work on a geriatric ward: A qualitative study with healthcare professionals	Journal of clinical nursing	32	13-14	3954–3966	AIMS AND OBJECTIVES: To explore healthcare professionals' experiences and reflections about narration in their everyday work. BACKGROUND: The need for integrated and people-centred healthcare for older adults has highlighted the relevance of narration in healthcare practice. Although theoretical foundations vary, different frameworks building on narration have been proposed for translating person-centredness philosophies into practice. However, to understand how theoretical knowledge on narration can be adopted into clinical work, we need to learn how healthcare staff understand narration from their experiential knowledge and practice. DESIGN: The research process followed guidelines from Constructivist Grounded Theory as described by Charmaz. The study adheres to the COREQ guidelines. METHODS: Data collection entailed interprofessional focus groups discussions with healthcare staff (n = 31). Vignettes depicting realistic scenarios were used to encourage participants to reflect on clinical practice. Data were analysed via a constant comparative method. RESULTS: One core theme arose from the analysis. The core theme showed how narration

							<p>was a relational process that people engaged in to pursue and uphold several foundational qualities in healthcare practice presented in the following subthemes: preventing simplistic understandings of people and situations; supporting trustful relations; supporting continuity and coherence; and learning from coworkers. However, a minor theme raised awareness of narrative relations as a double-edged sword. CONCLUSIONS: By acknowledging the mutual and multifaceted nature of narration in everyday practice, this study shows how healthcare professionals' engagement in narrative relations may contribute to upholding several foundational qualities which resonate with philosophies of person-centredness in everyday healthcare practice. RELEVANCE TO CLINICAL PRACTICE: Recognition of both the advantages and possible risks embedded in narrative relations in healthcare practice emphasises the obligation to collectively reflect on the repercussions of narrative relations in any local context. PATIENT OR PUBLIC CONTRIBUTION: Healthcare professionals contributed by sharing their experiential knowledge and reflections on narration in practice.</p>
Herzog, Philipp; Kube, Tobias; Rubel, Julian	2023	Why some psychotherapists benefit from feedback on treatment progress more than others: A belief updating perspective	Clinical Psychology: Science and Practice	30	4	468–479	<p>Monitoring of patient-reported outcomes and providing therapists with progress feedback has been shown to be beneficial for treatment outcomes (e.g., by preventing therapy failures). Despite recent advances in monitoring and feedback research, little is known about why some therapists benefit from feedback more than others. Addressing this issue, the present article uses the basic science literature on belief updating to propose a theoretical model for these between-therapist differences. In doing so, we provide a novel framework that allows testable hypotheses about when and how</p>

							feedback on therapy progress is likely to improve treatment outcomes. In particular, we argue that the integration of feedback and its effect on therapists' behavior depends on the weight therapists assign to their prior beliefs regarding treatment progress relative to the weight of the feedback received. We conclude by outlining some directions for future research on the underpinnings of this model, and point to some implications for the training of therapists and provision of feedback. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Herzog, Thomas	2017	Humanistisch-existenzielle Perspektiven der Zwangsstrung. Existenzanalyse , Psychodrama und Personzentrierte Psychotherapie im Dialog	Existenzanalyse	34	1	54–61	Psychotherapeutische Konzepte verschiedener humanistisch-existenzieller Anstze werden miteinander in einen Dialog gebracht. Ausgehend vom konkreten Erscheinungsbild der Zwangserkrankung werden aus dem Blickwinkel der Existenzanalyse, des Psychodramas sowie der Personzentrierten Psychotherapie das jeweils spezifische Strungsverstndnis und therapeutische Vorgehen dargestellt und schlielich in einer Zusammenschau diskutiert. Ziel dabei ist es, die den drei Anstzen innewohnenden Gemeinsamkeiten und Unterschiedlichkeiten im Sinne der wechselseitigen Befruchtung sichtbar und damit einem weiterfhrenden Diskurs zugnglich zu machen.
Heshmati, Rasoul; Azmoodeh, Shahin; Caltabiano, Marie L.	2021	Pathway Linking Different Types of Childhood Trauma to Somatic Symptoms in a Subclinical Sample of Female College	The Journal of nervous and mental disease	209	7	497–504	Research has shown that women are more prone to childhood trauma and this state is associated with somatic symptoms. Also, people who have been exposed to traumatic experiences use experiential avoidance to reduce negative emotions. However, the mediating role of experiential avoidance in the relationship between childhood trauma and somatic symptoms is not clear, so, the present study investigated whether the relationships among different types of childhood trauma and somatic

		Students: The Mediating Role of Experiential Avoidance					<p>symptoms could be explained by experiential avoidance in female college students. In a cross-sectional study, 251 Iranian female college students with somatic symptoms were recruited from the University of Tabriz. Participants completed self-report scales, including the Persian version of Child Abuse Self-Reported Scale, Acceptance and Action Questionnaire-II (AAQ-II), and the Patient-health questionnaire (PHQ-15). A path analysis was used to empirically explore the relationships. Structural equation modeling analyses confirmed a partial mediation model. Study participants who had a higher level of emotional trauma reported higher levels of somatic symptoms. Emotional and neglect trauma showed significant positive relations with experiential avoidance. Bootstrapping results showed that experiential avoidance partially mediated the relationship between emotional trauma and somatic symptoms. Moreover, the association between neglect and somatic symptoms was fully mediated by experiential avoidance. These findings suggest that experiential avoidance might be one mechanism explaining how adverse emotional and neglect experiences influence somatic symptoms. Interventions addressing experiential avoidance through methods such as emotion-focused therapy and mindfulness are discussed as potential future directions for treating somatic symptoms in females who experienced emotional and neglect trauma.</p>
Heshmati, Rasoul; Wienicke, Frederik J.; Driessen, Ellen		The effects of intensive short-term dynamic psychotherapy on depressive symptoms,	Psychotherapy	60	4		<p>Intensive short-term dynamic psychotherapy (ISTDP) is theorized to reduce negative affect by challenging patients' defense mechanisms so that they can experience and work through attachment-trauma-related emotions. While ISTDP has been shown to decrease depressive symptoms in single treatment-resistant</p>

		negative affect, and emotional repression in single treatment-resistant depression: A randomized controlled trial					depression (TRD), it has not been established whether negative affect and emotional repression are reduced, as theorized. Next to depressive symptoms, this retrospectively registered (https://osf.io/v46gy) randomized controlled trial, therefore, examined the effects of ISTDP on emotional repression and negative affect in adults with TRD. Eighty-six adults with major depressive disorder, who had not responded to at least one trial of antidepressants were randomized to 20 sessions of ISTDP (N = 43) or a waitlist control condition (N = 43). Mixed-effect models on the intention-to-treat sample showed that compared to the control condition, ISTDP resulted in significantly lower posttreatment levels of depressive symptoms (d = -1.73), emotional repression (d = -1.91), and negative affect (d = -1.45). Similarly, ISTDP resulted in significantly lower levels of depressive symptoms (d = -2.67), emotional repression (d = -2.69), and negative affect (d = -1.85) at the 3-month follow-up. These results support the evidence base of ISTDP by showing that it can decrease depressive symptoms, emotional repression, and negative affect in TRD. Future studies should assess whether these effects are specific to ISTDP. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hesser, Hugo	2022	Identifying causal mechanisms in psychotherapy: What can we learn from causal mediation analysis?	Clinical psychology & psychotherapy	29	3	1050–1058	Despite widespread interest in the development of process-based psychotherapies, little is still known about the underlying processes that underpin our most effective therapies. Statistical mediation analysis is a commonly used analytical method to evaluate how, or by which processes, a therapy causes change in an outcome. Causal mediation analysis (CMA) represents a new advancement in mediation analysis that employs causally defined direct and indirect effects based on

							<p>potential outcomes. These novel ideas and analytical techniques have been characterized as revolutionary in epidemiology and biostatistics, although they are not (yet) widely known among researchers in clinical psychology. In this paper, I outline the fundamental concepts underlying CMA, clarify the differences between the CMA approach and the traditional approach to mediation, and identify two important data analytical aspects that have been emphasized as a result of these recent advancements. To illustrate the key ideas, assumptions, and mathematical definitions intuitively, an applied clinical example from a previously published randomized controlled trial is used. CMA's main contributions are discussed, as well as some of the key challenges. Finally, it is argued that the most significant contribution of CMA is the formalization of mediation in a unified causal framework with clear assumptions.</p>
<p>Hesser, Hugo; Axelsson, Sandra; Bäcke, Victoria; Engstrand, Jonna; Gustafsson, Tina; Holmgren, Elin; Jeppsson, Ulrika; Pollack, Maria; Nordén, Kjell; Rosenqvist, Dan; Andersson, Gerhard</p>	2017	<p>Preventing intimate partner violence via the Internet: A randomized controlled trial of emotion-regulation and conflict-management training for individuals with aggression problems</p>	<p>Clinical psychology & psychotherapy</p>	24	5	1163–1177	<p>OBJECTIVE The aim of this randomized controlled trial was to investigate the effect of an Internet-delivered cognitive behaviour therapy (iCBT), which incorporated emotion-regulation and conflict-resolution techniques, on intimate partner violence (IPV). Another aim was to test the theoretical underpinnings of the treatment model using mediation analysis.</p> <p>METHOD Sixty-five participants with aggression problems in intimate adult relationships were recruited from the community and were randomly assigned to iCBT or to a monitored waitlist control. Participants were assessed with standardized self-report measures of IPV or aggression (Multidimensional Measure of Emotional Abuse, Revised Conflict Tactics Scale, and Aggression</p>

						<p>Questionnaire), relationship quality (Dyadic Adjustment Scale), anxiety or depression symptomatology (Patient Health Questionnaire; Generalized Anxiety Disorder Screener), at pretreatment, posttreatment (8 weeks), and 1-year follow-up. Process variables (subscales of Dysfunctional and Emotional Regulation Scale and Anger Rumination Scale) were assessed weekly over the active treatment phase.</p> <p>RESULTS</p> <p>Robust linear regression analysis of all randomized participants showed significant treatment effects on emotional abuse relative to control at postassessment. Mediation analysis using growth curve modeling revealed that the treatment effect was partially mediated by changes in emotion-regulation ability. Controlled effects on secondary outcomes were also observed. Analyses of uncontrolled effects indicted that gains on IPV were maintained at 1-year follow-up.</p> <p>CONCLUSIONS</p> <p>iCBT focusing on enhancing conflict-resolution skills and emotion-regulation ability has the potential to reduce IPV among self-recruited individuals with mild forms of abusive behaviour in intimate relationships. Emotion-regulation ability is potentially a key therapeutic process of change.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>Internet-delivered clinician-guided cognitive behaviour therapy is a viable treatment option for reducing intimate partner violence among self-recruited individuals with mild forms of abusive behaviour. For persons who display patterns of frequent and severe violence, other treatments are most likely needed. Emotion-regulation</p>
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							training is potentially a key therapeutic component that ought to be incorporated in interventions targeting IPV.
Hessinger, Jonathan D.; Etingen, Bella; Larsen, Sadie E.; Hunley, Holly A.; Goldstein, Daniel A.; Day, Anne M.; Mayberry, Megan; Weber, Dana J.; Dolgin, Ron; Beyer, Jonathan A.; Maieritsch, Kelly P.	2023	Improving engagement and retention to treatment within VHA PTSD specialty care: Evolution of an outpatient program design	Psychological Services		19-148X(15-1559(Print)	241-247	The Veteran's Health Administration (VA) and Department of Defense (DoD) posttraumatic stress disorder (PTSD) clinical practice guidelines (2017) recommend individual, trauma-focused therapy as the gold standard of treatment for PTSD (i.e., evidence-based practices [EBP]). Moreover, these guidelines encourage the use of individual shared decision-making (SDM) to increase engagement and completion of EBPs for PTSD in line with current literature. This study retrospectively evaluated three models of program design of a VA PTSD specialty clinic over the past 8 years. In line with previous literature, the study hypothesized that leveraging individualized SDM in the clinic design would lead to increased completion of EBPs for PTSD. Analyses indicated an impact as the models shifted from a group-based model to an individualized model. Specifically, as compared to veterans who completed a group-based design, a greater proportion of those enrolled in the clinic were more likely to complete an EBP. These results may suggest that individualized, patient-centered treatment planning may be related to patient engagement in EBPs for PTSD in contrast with group-based models. Other programmatic changes, such as changes in treatment options presented to patients, a movement to focus on EBPs for PTSD, and expanded clinic hours and telehealth options, possibly impacted veteran engagement and completion in EBPs. The study highlights the potential impacts of a changing patient population within the clinic over a relatively short period. The observations are discussed, and limitations are highlighted. The study shares the hope for additional randomized prospective studies of program

							designs. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hesterlee, Sharon; Amur, Shashi; Bain, Lisa J.; Carulli, John; Clarke, Sarah; Day, John W.; Gagnon, Cynthia; Hagerman, Katharine; Heatwole, Chad; Johnson, Nicholas E.; Moxley, Richard 3rd; Patel, Nikunj; Thornton, Charles; Kessel, Woodie; White, Molly	2017	Patient-Centered Therapy Development for Myotonic Dystrophy: Report of the Myotonic Dystrophy Foundation-Sponsored Workshop	Therapeutic innovation & regulatory science	51	4	516–522	Myotonic dystrophy (DM) is an autosomal dominant, repeat expansion, progressive disorder with no drug therapies. Consequently, to better define a regulatory pathway in anticipation of new treatment strategies under investigation, the Myotonic Dystrophy Foundation convened a workshop entitled "Patient-Centered Therapy Development for Myotonic Dystrophy" in September 2015. Participants included representatives from academia, industry, the patient community, the National Institutes of Health (NIH) and the Food and Drug Administration (FDA). Presenters described the symptom burden of the disease, and existing data on DM biomarkers, endpoints, natural history, and benefit-risk considerations. FDA participants helped clarify the regulatory requirements for new drug treatment approvals and DM-specific issues such as variability, slow progression, and low prevalence. Workshop attendees gained a better understanding of DM and the current status of existing data and tools to support therapeutic drug research and development.
Hetrick, Sarah E.; Cox, Georgina R.; Witt, Katrina G.; Bir, Juliet J.; Merry, Sally N.	2016	Cognitive behavioural therapy (CBT), third-wave CBT and interpersonal therapy (IPT) based interventions for preventing depression in	The Cochrane database of systematic reviews	2016	8	CD003380	BACKGROUND Depression is common in young people. It has a marked negative impact and is associated with self-harm and suicide. Preventing its onset would be an important advance in public health. This is an update of a Cochrane review that was last updated in 2011. OBJECTIVES To determine whether evidence-based psychological interventions (including cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and third wave CBT)) are effective in preventing the onset of depressive disorder in

		<p>children and adolescents</p>				<p>children and adolescents.</p> <p>SEARCH METHODS We searched the specialised register of the Cochrane Common Mental Disorders Group (CCMDCTR to 11 September 2015), which includes relevant randomised controlled trials from the following bibliographic databases: The Cochrane Library (all years), EMBASE (1974 to date), MEDLINE (1950 to date) and PsycINFO (1967 to date). We searched conference abstracts and reference lists of included trials and reviews, and contacted experts in the field.</p> <p>SELECTION CRITERIA We included randomised controlled trials of an evidence-based psychological prevention programme compared with any comparison control for young people aged 5 to 19 years, who did not currently meet diagnostic criteria for depression.</p> <p>DATA COLLECTION AND ANALYSIS Two authors independently assessed trials for inclusion and rated their risk of bias. We adjusted sample sizes to take account of cluster designs and multiple comparisons. We contacted trial authors for additional information where needed. We assessed the quality of evidence for the primary outcomes using GRADE.</p> <p>MAIN RESULTS We included 83 trials in this review. The majority of trials (67) were carried out in school settings with eight in colleges or universities, four in clinical settings, three in the community and four in mixed settings. Twenty-nine trials were carried out in unselected populations and 53 in targeted populations. For the primary outcome of depression diagnosis at medium-term follow-up (up to 12 months), there were 32 trials with 5965 participants and</p>
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						<p>the risk of having a diagnosis of depression was reduced for participants receiving an intervention compared to those receiving no intervention (risk difference (RD) -0.03, 95% confidence interval (CI) -0.05 to -0.01; P value = 0.01). We rated this evidence as moderate quality according to the GRADE criteria. There were 70 trials (73 trial arms) with 13,829 participants that contributed to the analysis for the primary outcome of depression symptoms (self-rated) at the post-intervention time point, with results showing a small but statistically significant effect (standardised mean difference (SMD) -0.21, 95% CI -0.27 to -0.15; P value < 0.0001). This effect persisted to the short-term assessment point (up to three months) (SMD -0.31, 95% CI -0.45 to -0.17; P value < 0.0001; 16 studies; 1558 participants) and medium-term (4 to 12 months) assessment point (SMD -0.12, 95% CI -0.18 to -0.05; P value = 0.0002; 53 studies; 11,913 participants); however, the effect was no longer evident at the long-term follow-up. We rated this evidence as low to moderate quality according to the GRADE criteria. The evidence from this review is unclear with regard to whether the type of population modified the overall effects; there was statistically significant moderation of the overall effect for depression symptoms (P value = 0.0002), but not for depressive disorder (P value = 0.08). For trials implemented in universal populations there was no effect for depression diagnosis (RD -0.01, 95% CI -0.03 to 0.01) and a small effect for depression symptoms (SMD -0.11, 95% CI -0.17 to -0.05). For trials implemented in targeted populations there was a statistically significantly beneficial effect of intervention (depression diagnosis RD -0.04, 95% CI -0.07 to -0.01; depression symptoms SMD -0.32, 95% CI -0.42 to -0.23). Of note were the lack of</p>
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						<p>attention placebo-controlled trials in targeted populations (none for depression diagnosis and four for depression symptoms). Among trials implemented in universal populations a number used an attention placebo comparison in which the intervention consistently showed no effect.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Overall the results show small positive benefits of depression prevention, for both the primary outcomes of self-rated depressive symptoms post-intervention and depression diagnosis up to 12 months (but not beyond). Estimates of numbers needed to treat to benefit (NNTB = 11) compare well with other public health interventions. However, the evidence was of moderate to low quality using the GRADE framework and the results were heterogeneous. Prevention programmes delivered to universal populations showed a sobering lack of effect when compared with an attention placebo control. Interventions delivered to targeted populations, particularly those selected on the basis of depression symptoms, had larger effect sizes, but these seldom used an attention placebo comparison and there are practical difficulties inherent in the implementation of targeted programmes. We conclude that there is still not enough evidence to support the implementation of depression prevention programmes. Future research should focus on current gaps in our knowledge. Given the relative lack of evidence for universal interventions compared with attention placebo controls and the poor results from well-conducted effectiveness trials of universal interventions, in our opinion any future such trials should test a depression prevention programme in an indicated targeted population using a credible attention placebo</p>
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							comparison group. Depressive disorder as the primary outcome should be measured over the longer term, as well as clinician-rated depression. Such a trial should consider scalability as well as the potential for the intervention to do harm.
Heusser, Peter; Weinzirl, Johannes; Ebersbach, Rene; Berger, Bettina; Weger, Ulrich; Bssing, Arndt; Schwiegershausen, Martina	2017	A humanistic understanding of persons as a prerequisite for person-centeredness. (with 4 contributions)	Complementary Medicine Research	24	suppl 1	3-9	Contents: - (1) P. Heusser, J. Weinzirl, R. Ebersbach, and B. Berger: Medical anthropology as the basis of integrative and personalized/person-centered health care (pp. 3-4). (2) U. Weger: Body, soul and spirit in psychological research: An enquiry into human individuality (pp.5-6). (3) A. Bssing: Addressing patients' spiritual needs in health care (pp. 6-7). (4) M. Schwiegershausen, B. Berger, and P. Heusser: The concepts of 'individualized' or 'personalized' medicine among German experts of the health care system: A sociological discourse analysis (pp. 8-9).
Hewitt, Paul L.; Mikail, Samuel F.; Dang, Silvain S.; Kealy, David; Flett, Gordon L.	2020	Dynamic-relational treatment of perfectionism: An illustrative case study	Journal of clinical psychology	76	11	2028-2040	<p>OBJECTIVE Perfectionism has been described as a multidimensional core vulnerability factor in various forms of dysfunction and disorders. Recently, we described our empirically supported-dynamic-relational treatment for perfectionism. This treatment integrates psychodynamic and interpersonal principles to reduce perfectionism and symptoms and enhance relationships with others and self by focusing on underlying relational patterns.</p> <p>METHOD We discuss this approach and present Azure, a 27-year-old woman who completed our group treatment and subsequent individual therapy as a follow-up.</p> <p>RESULTS Azure underwent a comprehensive psychological pretreatment assessment, the results of which were used to develop a working formulation that guided the group and individual psychotherapy. A description of the</p>

							<p>formulation and her experience in therapy are discussed and pre- and post-treatment data illustrate changes in Azure's perfectionism and symptoms.</p> <p>CONCLUSIONS</p> <p>We discuss changes that occurred over the course of treatment.</p>
Hewitt, Paul L.; Qiu, Tianyou; Flynn, Carol A.; Flett, Gordon L.; Wiebe, Stephanie A.; Tasca, Giorgio A.; Mikail, Samuel F.	2020	Dynamic-relational group treatment for perfectionism: Informant ratings of patient change	Psychotherapy	57	2	197–205	<p>Although now there is accumulating research on the effectiveness of psychotherapy for perfectionism, this research has been based almost exclusively on self-report data. In this article, we describe analyses from the University of British Columbia Perfectionism Treatment Study assessing close other informant ratings of change in perfectionism traits and perfectionistic self-presentation. A total of 61 close other informants of patients who participated in a 10-week dynamic-relational treatment for perfectionism completed measures of patient trait and self-presentational facets of perfectionism at pretreatment, at posttreatment, and at a 4-month follow-up. In support of the effectiveness of the treatment, we found that close other measures of patients' self-oriented perfectionism, other-oriented perfectionism, and all three facets of perfectionistic self-presentation were significantly reduced at posttreatment and follow-up. Close other measures of patients' socially prescribed perfectionism did not show change over the course of treatment and follow-up. The findings are discussed in terms of the effectiveness of the dynamic-relational treatment of perfectionism and the utility of extending research by including close other measures of change in treatment-outcome research. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Heyer, Martin; Staudigl, Lena	2020	Austausch und Begleitung in	Gesprchpsych oherapie und	51	2	22	<p>Vorgestellt wird die Online-Plattform "#VerbundenBleiben", die zum Zeitpunkt der Corona-</p>

		Zeiten von Corona: die Plattform #VerbundenBleiben	Personzentrierte Beratung				Pandemie Menschen die Möglichkeit bieten soll, Angebote zur Förderung der seelischen Gesundheit bereitzustellen bzw. diese anzunehmen. Hierzu wird ein geschützter Raum angeboten, der sich in drei Bereiche unterteilt: Ehrenamtliche Angebote (z.B. Yoga am Morgen), professionelle Angebote (etwa zum Treffen von Gesprächsgruppen einer Tagesklinik) sowie kommerzielle professionelle Angebote (buchbar etwa von Unternehmen für ihre MitarbeiterInnen).
Hibbs, Rebecca; Pugh, Mathew; Fox, John R. E.	2021	Applying emotion-focused therapy to work with the "anorexic voice" within anorexia nervosa: A brief intervention	Journal of Psychotherapy Integration		15 73- 36 96(Ele ctr oni c), 10 53- 04 79(Pri nt)	327-347	Existent treatments for anorexia nervosa (AN) have produced dissatisfactory outcomes. Research suggests that many people with AN experience an internal "voice" that is related to eating disorder symptoms and relapse. This study was designed to consider the feasibility and acceptability of a new emotion-focused therapy (EFT) of AN, which is designed to work directly with the anorexic voice (AV; EFT-AV). Six adult clients diagnosed with AN who were experiencing an AV and awaiting psychological treatment were recruited from an adult outpatient service. Informed by EFT and previous AV research, the intervention involved six weekly individual sessions that focused on transforming AV experiences and promoting self-compassion. Participants completed standardized measures of eating disorder symptoms, relating to the AV, illness beliefs, motivation to change, and hope of recovery. Participants were also interviewed at the conclusion of the intervention to ascertain their views of on its acceptability. Findings suggested good recruitment, retention, and treatment adherence, which supported the feasibility of the EFT-AV intervention. Thematic analysis of participant interviews indicated the intervention was acceptable and tolerable. Future directions for the treatment of AN, including the potential value of EFT-AV

							as an adjunct to existing therapies, are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hidding, Christian	2016	Mediation und Gewaltfreie Kommunikation: Aus Konflikten Begegnungen schaffen	Gesprächspsychotherapie und Personzentrierte Beratung	47	2	79–83	Elemente der Gewaltfreien Kommunikation (GFK) im Rahmen von Mediation werden beleuchtet. Nach einem Einblick in Geschichte und Wesen der Mediation werden ihre Phasen errtert und Grnde fr ihren Einsatz reflektiert. Anschließend werden Grundlagen der GFK und ihrer Anwendung in der Mediation erlutert. Vor diesem Hintergrund werden Parallelen zwischen dem personzentrierten Ansatz und der GFK verdeutlicht und hinsichtlich ihrer Bedeutung fr die Mediation diskutiert.
Hides, Leanne; Quinn, Catherine; Stoyanov, Stoyan; Kavanagh, David; Baker, Amanda	2019	Psychological interventions for co-occurring depression and substance use disorders	The Cochrane database of systematic reviews	2019	11		<p>BACKGROUND Comorbid depression and substance use disorders are common and have poorer outcomes than either disorder alone. While effective psychological treatments for depression or substance use disorders are available, relatively few randomised controlled trials (RCTs) have examined the efficacy of these treatments in people with these comorbid disorders.</p> <p>OBJECTIVES To assess the efficacy of psychological interventions delivered alone or in combination with pharmacotherapy for people diagnosed with comorbid depression and substance use disorders.</p> <p>SEARCH METHODS We searched the following databases up to February 2019: Cochrane Central Register of Controlled Trials, PubMed, Embase, CINAHL, Google Scholar and clinical trials registers. All systematic reviews identified, were handsearched for relevant articles.</p> <p>SELECTION CRITERIA The review includes data from RCTs of psychological</p>

						<p>treatments for people diagnosed with comorbid depression and substance use disorders, using structured clinical interviews. Studies were included if some of the sample were experiencing another mental health disorder (e.g. anxiety); however, studies which required a third disorder as part of their inclusion criteria were not included. Studies were included if psychological interventions (with or without pharmacotherapy) were compared with no treatment, delayed treatment, treatment as usual or other psychological treatments.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>We used standard methodological procedures expected by Cochrane.</p> <p>MAIN RESULTS</p> <p>Seven RCTs of psychological treatments with a total of 608 participants met inclusion criteria. All studies were published in the USA and predominately consisted of Caucasian samples. All studies compared different types of psychological treatments. Two studies compared Integrated Cognitive Behavioural Therapy (ICBT) with Twelve Step Facilitation (TSF), another two studies compared Interpersonal Psychotherapy for Depression (IPT-D) with other treatment (Brief Supportive Therapy (BST) or Psychoeducation). The other three studies compared different types or combinations of psychological treatments. No studies compared psychological interventions with no treatment or treatment as usual control conditions. The studies included a diverse range of participants (e.g. veterans, prisoners, community adults and adolescents). All studies were at high risk of performance bias, other main sources were selection, outcome detection and attrition bias. Due to heterogeneity between studies only two</p>
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						<p>meta-analyses were conducted. The first meta-analysis focused on two studies (296 participants) comparing ICBT to TSF. Very low-quality evidence revealed that while the TSF group had lower depression scores than the ICBT group at post-treatment (mean difference (MD) 4.05, 95% confidence interval (CI) 1.43 to 6.66; 212 participants), there was no difference between groups in depression symptoms (MD 1.53, 95% CI -1.73 to 4.79; 181 participants) at six- to 12-month follow-up. At post-treatment there was no difference between groups in proportion of days abstinent (MD -2.84, 95% CI -8.04 to 2.35; 220 participants), however, the ICBT group had a greater proportion of days abstinent than the TSF group at the six- to 12-month follow-up (MD 10.76, 95% CI 3.10 to 18.42; 189 participants). There were no differences between the groups in treatment attendance (MD -1.27, 95% CI -6.10 to 3.56; 270 participants) or treatment retention (RR 0.95, 95% CI 0.72 to 1.25; 296 participants). The second meta-analysis was conducted with two studies (64 participants) comparing IPT-D with other treatment (Brief Supportive Psychotherapy/Psychoeducation). Very low-quality evidence indicated IPT-D resulted in significantly lower depressive symptoms at post-treatment (MD -0.54, 95% CI -1.04 to -0.04; 64 participants), but this effect was not maintained at three-month follow-up (MD 3.80, 95% CI -3.83 to 11.43) in the one study reporting follow-up outcomes (38 participants; IPT-D versus Psychoeducation). Substance use was examined separately in each study, due to heterogeneity in outcomes. Both studies found very low-quality evidence of no significant differences in substance use outcomes at post-treatment (percentage of days abstinent, IPD</p>
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							<p>versus Brief Supportive Psychotherapy; MD -2.70, 95% CI -28.74 to 23.34; 26 participants) or at three-month follow-up (relative risk of relapse, IPT-D versus Psychoeducation; RR 0.67, 95% CI 0.30 to 1.50; 38 participants). There was also very low-quality evidence for no significant differences between groups in treatment retention (RR 1.00, 95% CI 0.81 to 1.23; 64 participants). No adverse events were reported in any study.</p> <p>AUTHORS' CONCLUSIONS</p> <p>The conclusions of this review are limited due to the low number and very poor quality of included studies. No conclusions can be made about the efficacy of psychological interventions (delivered alone or in combination with pharmacotherapy) for the treatment of comorbid depression and substance use disorders, as they are yet to be compared with no treatment or treatment as usual in this population. In terms of differences between psychotherapies, although some significant effects were found, the effects were too inconsistent and small, and the evidence of too poor quality, to be of relevance to practice.</p>
Hiebler-Ragger, M.; Perchtold-Stefan, C. M.; Unterrainer, H. F.; Fuchshuber, J.; Koschutnig, K.; Nausner, L.; Kapfhammer, H. P.; Papousek, I.; Weiss, E. M.; Fink, A.	2021	Lower cognitive reappraisal capacity is related to impairments in attachment and personality structure in poly-drug use: an fMRI study	Brain imaging and behavior	15	4	2187–2198	<p>Insecure attachment, impaired personality structure and impaired emotion regulation figure prominently in substance use disorders. While negative emotions can trigger drug-use and relapse, cognitive reappraisal may reduce emotional strain by promoting changes in perspective. In the present study, we explored behavioral and neural correlates of cognitive reappraisal in poly-drug use disorder by testing individuals' capability to generate cognitive reappraisals for aversive events (Reappraisal Inventiveness Test). 18 inpatients with poly-drug use disorder and 16 controls completed the Adult Attachment Scale, the Emotion Regulation Questionnaire, the Brief</p>

							<p>Symptom Inventory, the Wonderlic Personnel Test, and the Operationalized Psychodynamic Diagnosis Structure Questionnaire, as well as two versions of the Reappraisal Inventiveness Test (during fMRI and outside the lab). Compared to controls, polydrug inpatients reported impaired personality structure, attachment and emotion regulation abilities. In the Reappraisal Inventiveness Test, poly-drug inpatients were less flexible and fluent in generating reappraisals for anger-eliciting situations. Corresponding to previous brain imaging evidence, cognitive reappraisal efforts of both groups were reflected in activation of left frontal regions, particularly left superior and middle frontal gyri and left supplemental motor areas. However, no group differences in neural activation patterns emerged. This suggests that despite cognitive reappraisal impairments on a behavioral level, neural reflections of these deficits in poly-drug use disorder might be more complex.</p>
Hildebrandt, Ursula C.; Graham, J. Christopher; Grant, Therese M.	2020	Predictors and moderators of improved social-emotional functioning in mothers with substance use disorders and their young children enrolled in a relationship-based case	Infant mental health journal	41	5	677–696	<p>Mothers with substance use disorders (SUDs) typically have trauma histories and psychosocial difficulties that lead to poor social-emotional functioning and disrupted mother-child relationships. This 12-month study explored associations of family adverse circumstances and services (case management, therapeutic, and community-based) received by 57-mothers with SUDs and their infants (less than 24-months-old) with changes in social-emotional functioning. All mothers were enrolled in a relationship-based case management program (Parent-Child Assistance Program [PCAP]) that emphasized connecting mothers to appropriate community services. A subset of mothers was additionally provided a trauma-focused psychotherapeutic intervention (infant-parent</p>

		management program				<p>psychotherapy [IPP]). Dyads in both treatment groups improved in overall social-emotional functioning as assessed by the Functional Emotional Assessment Scale (FEAS). A combined-sample regression analysis revealed that improved FEAS scores were significantly predicted by the number of community services received but not by PCAP case management hours (IPP was not included in this analysis). More adverse circumstances were associated with less improvement in social-emotional functioning in the children; but among the mothers trauma level did not predict FEAS scores. We also found a moderating effect of trauma: Dyads with relatively more adversity showed a significantly greater association of community services received with improvement in FEAS scores than did those with relatively less adversity.</p> <p>Las madres con trastornos por abuso de sustancias (SUDs) típicamente tienen historias de trauma y dificultades sicosociales que conducen al débil funcionamiento socio-emocional y relaciones madre-niño trastornadas. Este estudio de 12 meses exploró asociaciones entre circunstancias adversas de familia y servicios (de dirección de caso, terapéuticos, basados en la comunidad) que recibieron 57 madres con SUDs y sus infantes (menos de 24 meses de edad) con cambios en el funcionamiento socio-emocional. Todas las madres fueron inscritas en un programa de dirección de caso con base en la relación (Programa de Asistencia al Progenitor y Niño - PCAP) que enfatizaba la conexión de las madres con adecuados servicios comunitarios. Un subgrupo de madres recibió además una intervención sicoterapéutica con enfoque en el trauma (Sicoterapia de Infante-Progenitor - IPP). Las díadas en ambos grupos de tratamiento mejoraron en el funcionamiento socio-</p>
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						<p>emocional en términos generales tal como se les evaluó por medio de la Escala Funcional de Evaluación Emocional (FEAS). Un análisis de regresión que combinó los grupos muestras reveló que los mejorados puntajes en FEAS habían sido pronosticados significativamente por el número de servicios comunitarios recibidos, pero no por las horas del programa de dirección de caso PCAP (no se incluyó la IPP en este análisis). Se asociaron las circunstancias más adversas con un menor mejoramiento en el funcionamiento socio-emocional en los niños; pero entre las madres, el nivel del trauma no predijo los puntajes FEAS. También encontramos un efecto moderador del trauma: las díadas con más adversidad relativamente mostraron significativamente mayor asociación de servicios comunitarios recibidos con mejoras en los puntajes FEAS que aquellas con menor adversidad relativamente. Palabras claves: Salud mental infantil, trastornos maternos por abuso de sustancias, trauma, servicios comunitarios, Sicoterapia de Infante-Progenitor.</p> <p>Les mères ayant des troubles liés à la toxicomanie (TLT) ont typiquement des passés de trauma et des difficultés psychosociales qui mènent à un mauvais fonctionnement socio-émotionnel et à des relations mère-enfant perturbées. Cette étude de 12 mois a exploré les liens de circonstances familiales adverses et les services (gestion des cas, services thérapeutiques, et services au niveau de la communauté) reçus par 57 mères ayant des TLT et leurs bébés (moins de 24 mois) avec des changements dans le fonctionnement socio-émotionnel. Toutes les mères ont été inscrites dans un programme de gestion de cas basé sur la relation (Programme d'Assistance Parent-Enfant) mettant l'accent</p>
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						<p>sur la référence des mères aux services communautaires appropriés. Un sous-groupe de mères a en plus reçu une intervention psychothérapeutique centrée sur le trauma (Psychothérapie Bébé-Parent). Les dyades des deux groupes de traitement se sont améliorées dans le fonctionnement socio-émotionnel général, évalué par l'Echelle d'Evaluation Emotionnelle Fonctionnelle (Functional Emotional Assessment Scale, soit FEAS). Une analyse de régression d'échantillons combinés a révélé que les scores FEAS améliorés étaient fortement prédits par le nombre de services communautaires reçus mais pas par les heures de gestion de cas FCAP (l'IPP n'a pas été incluse dans cette analyse). Plus de circonstances adverses était lié à moins d'amélioration dans le fonctionnement socio-émotionnel chez les enfants. Mais chez les mères le niveau de trauma ne prédisait pas les scores FEAS. Nous avons aussi découvert un effet modérateur du trauma: les dyades avec relativement plus d'adversité faisaient preuve d'une association bien plus élevée avec les services communautaires reçus avec une amélioration dans les scores FEAS que les dyades avec relativement moins d'adversité. Mots clés: Santé Mentale du Nourrisson, Troubles Liés à la Toxicomanie Maternelle, Trauma, Service Communautaires, Psychothérapie Bébé-Parent.</p> <p>Prädiktoren und Moderatoren einer verbesserten sozial-emotionalen Funktionsfähigkeit bei Müttern mit Substanzstörungen und ihren kleinen Kindern im Kontext eines beziehungsbasierten Fallmanagementprogramms Bei Müttern mit Substanzstörungen (substance use disorders; SUDs) gibt es oft traumatische Erlebnisse in der Vergangenheit und psychosoziale Schwierigkeiten, die zu einer schlechten sozial-emotionalen</p>
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						<p>Funktionsfähigkeit und gestörten Mutter-Kind-Beziehungen führen können. Diese 12 Monate lange Studie untersuchte Assoziationen zwischen widrigen familiären Umständen und Leistungen (Fallmanagement, therapeutisch Leistungen und gemeindebasierte Leistungen), die 57 Mütter mit SUDs und ihre Säuglinge (unter 24 Monaten) mit veränderter sozial-emotionaler Funktionsfähigkeit erhalten haben. Alle Mütter nahmen an einem beziehungsbasierten Fallmanagementprogramm (Parent-Child Assistance Program; PCAP) teil, bei dem der Schwerpunkt auf der Vermittlung der Mütter an geeignete gemeindebasierte Leistungen lag. Ein Teil der Mütter erhielt zusätzlich eine traumafokussierte psychotherapeutische Intervention (Infant-Parent Psychotherapy; IPP). In beiden Behandlungsgruppen verbesserte sich die sozial-emotionale Gesamtfunktionsfähigkeit, was anhand der Functional Emotional Assessment Scale (FEAS) festgestellt werden konnte. Eine Regressionsanalyse ergab, dass verbesserte FEAS-Scores signifikant durch die Anzahl der erhaltenen gemeindebasierten Leistungen, jedoch nicht durch die PCAP-Fallmanagementstunden vorhergesagt wurden (IPP wurde in dieser Analyse nicht berücksichtigt). Ein größeres Ausmaß an widrigen Umständen war mit einer geringeren Verbesserung der sozial-emotionalen Funktionsfähigkeit bei den Kindern assoziiert. Bei den Müttern konnten die FEAS-Werte jedoch nicht von den traumabezogenen Daten vorhergesagt werden. Außerdem wurde einen moderierenden Effekt von Trauma gefunden: Mutter-Kind Dyaden mit verhältnismäßig widrigeren Umständen zeigten eine signifikant größere Assoziation zwischen erhaltenen gemeindebasierten Leistungen und</p>
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						<p>verbesserten FEAS-Werten, als solche mit weniger widrigen Umständen. Stichwörter: Psychische Gesundheit von Säuglingen, Substanzkonsumstörungen bei Müttern, Trauma, gemeindebasierte Leistungen, Eltern-Kind Psychotherapie.</p> <p>関係性を基盤としたケース・マネージメント・プログラムに参加している物質使用障害の母親とその乳幼児における社会性と情動の機能の改善に関わる予測因子と緩和因子 物質使用障害(SUDs)の母親は、一般的に貧弱な社会性と情動の機能と混乱した母子関係につながるトラウマの過去と心理社会的困難性を抱えている。</p> <p>12か月にわたる本研究では、57組のSUDsの母親とその乳幼児(生後24か月未満)の社会性と情動の機能における変化が、家族の逆境と受けたサービス(ケース・マネージメント、治療的、地域社会を基盤にした)とどのように関連しているかについて研究した。すべての母親は、母親たちが適切な地域社会のサービスと繋がることに重点を置いたケース・マネージメント・プログラム(親子支援プログラムPCAP)に在籍していた。母親たちの一つの集団は、トラウマに焦点を当てた精神療法的介入(乳児-親精神療法IPP)を追加で提供されていた。</p> <p>両治療グループの母子は機能的情動評価尺度(FEAS)の評価において、総体的に社会性と情動の機能に改善が見られた。複合標本回帰分析は改善したFEAS値が、PCAPのケース・マネージメントの時間数ではなく、受けている地域社会のサービス数に有意に予測された(IPPは、この分析には含まれなかった)。より深刻な逆境が、子どもにおける社会性情動機能のより少ない改善と関連していた。しかし、母親においては、トラウマレベルが、FEAS値を予測することはなかった。我々はまた、トラウマの緩和効果を発見した。つまり、より深刻な逆境にいる母子は、比較的逆境が少ない母子に比</p>
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					<p>べて受けた地域社会のサービスとFEAS値の改善とに有意に大きな関連が見られた。キーワード: 乳幼児精神保健、母親の物質使用障害、トラウマ、地域社会のサービス。</p> <p>患有物质使用障碍 (SUDs) 的母亲通常有创伤史和社会心理障碍, 这会导致其不良的社交情感技能并破坏母子关系。这项为期12个月的研究探讨了57名患有SUDs的母亲及其婴儿 (不超过24个月大) 接受到的家庭不利环境和服务 (病例管理、治疗和社区化服务) 与社交情感技能变化之间的关系。所有母亲都参加了一个基于良好关系的病例管理计划 (亲子援助计划, PCAP), 该方案强调将母亲与适当的社区服务联系起来。此外, 还为一部分母亲提供了针对创伤的心理治疗干预措施 (母婴心理治疗, IPP)。通过功能性情绪评估量表 (FEAS) 评估, 两个治疗组的母婴在整体社交情感技能上均有改善。组合样本回归分析显示, 母婴接受到的社区服务数量能够显著预测FEAS分数的改善, 但PCAP的病例管理时长不能预测 (该分析不包括IPP)。不利的环境越多, 儿童社交情感技能的改善就越少;但是, 母亲的创伤水平并不能预测FEAS分数。我们还发现了创伤的调节作用:与遭受逆境较少的母婴相比, 遭受逆境较多的母婴, 其接受到的社区服务与FEAS分数改善之间的关联度显著提高。关键词: 婴儿心理健康, 母体物质使用障碍, 创伤, 社区服务, 母婴心理治疗。</p> <p>عوامل التنبؤ والمتغيرات الوسيطة في تحسين الأداء الاجتماعي والعاطفي عند الأمهات المصابات باضطرابات تعاطي المخدرات وأطفالهن الصغار المسجلين</p>
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							<p>في برنامج لإدارة الحالات قائم على العلاقات ملخص عادة ما تعاني الأمهات المصابات باضطرابات تعاطي المخدرات من صدمات وصعوبات نفسية اجتماعية تؤدي إلى ضعف الأداء الاجتماعي والعاطفي وإلى اضطراب العلاقات بين الأم والطفل. استكشفت هذه الدراسة التي استمرت 12 شهرًا الارتباطات بين الظروف الأسرية الصعبة والخدمات (إدارة الحالات والخدمات المجتمعية والعلاجية) التي تلقتها 57 من الأمهات (نوي اضطرابات تعاطي المخدرات) وأطفالهن الرضع (أقل من 24 شهرًا) الذين يواجهون تغييرات في الأداء الاجتماعي العاطفي. والتحققت جميع الأمهات ببرنامج لإدارة الحالات قائم على العلاقات (برنامج مساعدة الوالدين والأطفال) الذي شدد على ربط الأمهات بالخدمات المجتمعية المناسبة. بالإضافة إلى ذلك، تم توفير مجموعة فرعية من الأمهات لتدخلات نفسية تركز على الصدمات النفسية (العلاج النفسي للرضع والوالدين). تحسن</p>
Hill, Clara E.; Knox, Sarah; Duan, Changming	2023	Psychotherapist advice, suggestions, recommendations: A research review	Psychotherapy	60	3	295-305	<p>Psychotherapists provide at least some advice, suggestions, and recommendations (ASR) in most treatment approaches. We define ASR, offer clinical examples, and review the research evidence for the immediate in-session, immediate delayed, and intermediate effects of ASR, as well as for the moderators of these effects in individual psychotherapy. In seven studies with 327 clients and 131 therapists, we found evidence of neutral immediate in-session outcomes (e.g., client experiencing levels), neutral immediate delayed outcomes (e.g., client-rated helpfulness during postsession videotape reviews), and positive intermediate outcomes (e.g., implementation of recommendations as rated in subsequent sessions) for ASR. These differences may be related to methodological variations in studies in addition to the different timing of the outcome measurement. In terms of moderators, there is some evidence that the working alliance, client collaboration prior to the ASR, content of the ASR, and therapist and client attachment styles moderate the effects of immediate in-session outcomes, and that type, difficulty, and therapist influence moderate the effects of</p>

							intermediate outcomes of ASR. We conclude with research limitations, training implications, and therapeutic practices related to ASR. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hill, Clara E.; Norcross, John C.	2023	Skills and methods that work in psychotherapy: Observations and conclusions from the special issue	Psychotherapy	60	3	407-416	We draw recommendations and conclusions from the articles presented in this special issue and the companion special section in Psychotherapy Research on evidence-based therapist skills and methods. For distal (end-of-treatment) outcome, 10 skills/methods were judged to be demonstrably effective (affirmation/validation, paradoxical interventions, homework, routine outcome monitoring, strength-based methods, emotional regulation, imagery rehearsal therapy and exposure relaxation and rescripting therapy for nightmares, meditation/mindfulness/acceptance, behavioral activation, cognitive restructuring) and four were probably effective (rupture repair, role induction, collaborative assessment methods, chairwork). For intermediate (postsession or midtreatment) outcome, one method was judged to be demonstrably effective (cognitive-experiential dreamwork) and two methods probably effective (paradoxical interventions, homework). For immediate (in-session) outcomes, five skills/methods were judged to be probably effective (in-dialog silences, extended silences, role induction, strength-based methods, and emotion regulation). For the rest of the immediate, intermediate, or distal outcomes for skills/methods, there was either no or insufficient research available upon which to base judgments. Possible harmful effects, diversity considerations, and research limitations are summarized. The article ends with training implications, therapeutic practices, and the formal conclusions of the interorganizational Task Force

							on Psychotherapy Skills and Methods that Work. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hill, N.; Geoghegan, M.; Shawe-Taylor, M.	2016	Evaluating the outcomes of the STEPPS programme in a UK community-based population; implications for the multidisciplinary treatment of borderline personality disorder	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	23	6-7	347-356	<p>Accessible summary What is known on the subject? Individuals with a diagnosis of Borderline Personality Disorder (BPD) now constitute a substantial portion of the caseload for community teams. Specialized treatments for BPD often consume a large portion of available psychology resources and also involve lengthy waiting lists. The STEPPS programme is a treatment approach which is growing in evidence, particularly in the US. However, further evidence for the effectiveness of this programme within the UK healthcare system is needed.</p> <p>What this study adds to existing knowledge The results of this study support the preliminary evidence for the effectiveness of STEPPS in a UK community-based population. A reduction in symptom severity was in evidence. Novel measures were used to build on previous evaluations of the STEPPS programme. These measures show a significant reduction in patients' affinity for unhelpful schemas, as well as an increase in patients' self-reported quality of life; an important perspective for a recovery focused approach to treatment. What are the implications for practice? The STEPPS programme has shown its merit as an effective and more accessible treatment option for the community-based treatment of BPD, though some methodological limitations are noted. Furthermore, the results of this study demonstrate that STEPPS can be delivered effectively by teams of facilitators from different professional backgrounds who do not necessarily have extensive training in psychotherapeutic interventions. The result is a well-rounded and diverse skill set possessed by the team of facilitators, adding to the richness of the patient's</p>

							<p>recovery journey and leading to a more favourable spread of teams? resources. Abstract Aims & Background Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a group treatment for individuals with a diagnosis of Borderline Personality Disorder (BPD) which has a growing evidence base, particularly in the US. Evidence is sparse for its use with UK populations, and this study seeks to assess the reliability of this evidence, whilst adding to existing knowledge through the use of additional measures. Method Thirty patients completed one of four STEPPS groups. Data regarding symptom severity, quality of life and affinity for maladaptive schemas were collected at the start and end of the group to allow pairwise analysis. Results Significant reductions in symptom severity and affinity for maladaptive schemas were in evidence, as well as highly significant increases in patients' self-reported quality of life. Implications The results provide further evidence for the efficacy of STEPPS with a UK sample of patients with a diagnosis of BPD, though limitations with the design of this study warrant caution. They also show that the programme achieves this level of efficacy when delivered by facilitators who are not intensively trained in psychological treatment models. As such, the STEPPS programme provides a resourceful approach to the treatment of BPD in a UK community-based setting.</p>
Hiller, Regina; Hensel, Thomas	2019	ResonaT - Ressourcenorientierte narrative Traumatherapie. Kindern und Jugendlichen mit komplexen					<p>Mit der "Ressourcenorientierten narrativen Traumatherapie mit Kindern und Jugendlichen mit komplexen Traumafolgestörungen" (ResonaT) wird eine neue, klinisch erprobte Methode zur Psychotherapie von Kindern und Jugendlichen mit komplexen Traumafolgestörungen vorgestellt. ResonaT beruht auf der Traumaverarbeitung mit Hilfe von Tiergeschichten, und</p>

		Traumafolgestru- ngen helfen					<p>bezieht sich in ihrem Therapieverständnis auf das Wirkfaktorenmodell von K. Grawe und den neurobiologischen Selbstheilungsprozess der Gedächtnisrekonsolidierung. Existierende narrative Ansätze werden in kompakter Form präsentiert, die ResonaT-Methode wird theoretisch fundiert, und eine Sammlung von insgesamt 90 Beispielnarrativen für unterschiedliche Themen und Situationen wird vorgelegt. Diese Auswahl an vorformulierten Tiergeschichten ermöglicht es dem Therapeuten, ohne großen zusätzlichen Schreibaufwand mit dem Ansatz in der täglichen Praxis zu arbeiten. - Inhalt: (1) Ausgewählte narrative Ansätze in der modernen (Trauma-)Psychotherapie (Konstruktivismus; Emotionsfokussierte Therapie (EFT); Narrativ-konstruktive Traumatherapie; Schonende Traumatherapie; Imagery Rescripting & Reprocessing Therapy (IRRT); Szenisch-narrative Ansätze (Traumabezogene Spieltherapie; Pesso Boyden System Psychomotor - PBSP); Linguistische Analysen von Trauma-Narrativen; Ansätze von Narrativarbeit in der traumafokussierten Kinder- und Jugendlichenpsychotherapie). (2) ResonaT - Ressourcenorientierte narrative Traumatherapie bei Kindern und Jugendlichen mit komplexen Traumafolgestörungen. (3) Beispielgeschichten nach der ResonaT-Methode zu zentralen Themen komplexer Traumatisierung im Kindesalter. - - über die Homepage des Verlags werden unterschiedliche Tierbilder zum Download zur Verfügung gestellt, die die Grundemotionen Angst, Wut und Trauer ausdrücken. Dieser visuelle Input soll den Verarbeitungsprozess unterstützen und kann den Kindern beim Vorlesen der Narrative vorgelegt werden. - Das Buch wurde für die vorliegende zweite Auflage erweitert.</p>
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<p>Hillman, Justin W.; Gerstenblith, Judith A.; Jankauskaite, Greta; Mohr, Jonathan J.; Hill, Clara E.</p>	<p>2023</p>	<p>Development and validation of the Barriers to Using Immediacy Scale (BUIS)</p>	<p>Journal of Counseling Psychology</p>	<p>70</p>	<p>5</p>	<p>571–583</p>	<p>Immediacy is a skill therapists use to process the therapeutic relationship in the here and now. Although immediacy has been shown to enhance the therapeutic process, therapists are often reluctant to use it (Hill et al., 2018). In three studies, we developed and tested a measure to assess reasons that therapists avoid using this skill: the Barriers to Using Immediacy Scale (BUIS). In Study 1, 185 North American therapist trainees completed the 45-item pilot measure. Exploratory factor analysis supported a four-factor structure (Concerns About Client Reactions, Concerns About Therapist Reactions, Negative Beliefs About Immediacy, Lack of Skills for Using Immediacy). In Study 2, with an international sample of 352 therapist trainees and professionals, confirmatory factor analyses supported the original four correlated factors model, as well as alternative models. In Study 3, 89 undergraduate students in a helping skills class completed the BUIS at three points during the semester. Students' total barriers and barriers due to a lack of skills decreased, but other perceived barriers did not decrease after training. Across all three studies, predicted correlations of BUIS scores were found with measures of self-efficacy for using immediacy, adherence to different theoretical orientations, communication style, and attachment style. Incremental validity was supported by the association of BUIS scores with measures of open communication and attachment style, after accounting for self-efficacy for immediacy. Limitations and future directions are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Hintermeier, Sonja</p>	<p>2016</p>	<p>Psychodrama-Psychotherapie</p>					<p>Symptomatik, Entwicklung und Behandlung von Persönlichkeitsstrungen werden aus psychodramatischer</p>

		bei Persnlichkeitsst rungen					<p>Sicht beleuchtet und ein Modell einer strungsspezifischen, strukturbezogenen Psychodramatherapie bei Persnlichkeitsstrungen wird vorgestellt. Psychodrama wird als erlebnisorientiertes, humanistisches Therapieverfahren erkennbar, welches das Wiedererlangen von (blockierter) Spontaneitt und Kreativitt zum Ziel hat. Anhand von Falldarstellungen wird deutlich gemacht, wie die Gestaltung der therapeutischen Beziehung und der flexible Einsatz der umfangreichen Methoden in der Psychodramatherapie eine Verbesserung der Symptomatik frdern knnen. - Inhalt: (1) Persnlichkeitsstrungen - was ist das? (Persnlichkeitsbegriff; Persnlichkeitsstrungen; Persnlichkeitsstrungen in den Klassifikationssystemen; Klassifikation einzelner Typen von Persnlichkeitsstrungen; Einteilung der Persnlichkeitsstrungen; Zahlen und Fakten zu Persnlichkeitsstrungen; Diagnostik von Persnlichkeitsstrungen). (2) Psychodrama - was ist das? (theoretische Grundlagen; Morenos Persnlichkeitstheorie; Persnlichkeitsentwicklung aus der Sicht des Psychodramas; Gesundheit und Krankheit aus psychodramatischer Sicht). (3) Psychodramatherapie - Theoretische und praktische Grundlagen (Merkmale und Ziele; Struktur und Ablauf; Instrumente; psychodramatischer Methodenkoffer; Modifikationen fr die psychodramatische Einzeltherapie (Monodrama); Psychodramatherapie als spontan-kreativer Prozess). (4) Entstehungsmodelle und Behandlungsansatze fr Persnlichkeitsstrungen (allgemeine tiologische Modelle und Befunde; tiologische Annahmen und Befunde zu den einzelnen Typen von Persnlichkeitsstrungen; Behandlungskonzepte fr Persnlichkeitsstrungen; Geschichte der theoretischen Beschftigung mit</p>
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							<p>Persnlichkeitsstrungen im Psychodrama). (5) Persnlichkeitsstrungen aus der Sicht der Psychodramatheorien (Symptomatik von Persnlichkeitsstrungen; Entwicklung von Persnlichkeitsstrungen aus psychodramatischer Sicht; Strungsdynamik von Persnlichkeitsstrungen). (6) Psychodramatherapie bei Persnlichkeitsstrungen (Beziehungsaufnahme und Behandlungsvereinbarung; therapeutische Beziehungsgestaltung; Verlauf des therapeutischen Vernderungsprozesses bei Persnlichkeitsstrungen; strukturbezogenes Vorgehen). (7) Persnlichkeitsstrungen der Gruppe "Nhestrungen" (narzisstischer Persnlichkeitsstil; histrionischer Persnlichkeitsstil; vermeidend-selbstunsicherer Persnlichkeitsstil; dependenter Persnlichkeitsstil). (8) Persnlichkeitsstrungen der Gruppe "Distanzstrungen" (zwanghafter Persnlichkeitsstil; passiv-aggressiver Persnlichkeitsstil; schizoider Persnlichkeitsstil; paranoide Persnlichkeitsstrung). (9) Die Borderlinestrung und andere besonders schwere Persnlichkeitsstrungen (Besonderheiten der Behandlung besonders schwerer Persnlichkeitsstrungen; Therapie beim Vorliegen mehrerer Persnlichkeitsstrungen; Borderline-Persnlichkeitsstrung). (10) Psychodrama-Gruppentherapie mit Menschen mit schweren und kombinierten Persnlichkeitsstrungen.</p>
Hirsch, Oliver; Chavanon, Mira Lynn; Christiansen, Hanna	2019	Emotional dysregulation subgroups in patients with adult Attention-Deficit/Hyperactivity Disorder (ADHD): a	Scientific reports	9	1	5639	<p>Emotion regulation deficits (ERD) are evident in about 34-70% of the adults with ADHD. In contrast to this, they are not considered in the diagnostic criteria of the disorder. In a recent study of our research group using confirmatory factor analysis, we modeled positive and negative emotion as well as emotion regulation skills along with the classical ADHD-core symptoms. We showed that negative affect and the failure to apply adaptive emotion</p>

		cluster analytic approach					regulation skills were distinct and indicative dimensions in adult ADHD. In this study, we used a person-centered approach based on cluster analysis to subtype patients on the presence or relative absence of ERD. This results in important information to individualize treatment decisions. We found two clusters, with cluster 2 showing high ERD that were associated with higher impairments indicated by depressive mood, negative affect and elevated psychological distress. There were also higher rates of comorbidity in cluster 2 such as somatoform disorders which were associated with ERD. Women were overrepresented in this cluster 2. Neuropsychological variables did not contribute significantly to cluster formation. In conclusion, ADHD in adults is a heterogeneous disorder with specific subgroups that need differential treatment approaches.
Hirschberg, Rainer; Strecker, Viktoria-Katharina	2018	Contract Focused Group Therapy - Results of a Second Evaluation	Praxis der Kinderpsychologie und Kinderpsychiatrie	67	8	736-752	Contract Focused Group Therapy - Results of a Second Evaluation Contract focused group therapy (AFoG) can be understood as a successful transformation of systemic solution focused mindsets into a group therapy concept for children and adolescents. The current evaluation study intends to investigate the effectiveness of AFoG. The sample size includes 72 children who attended AFoG and their parents. A pre-post-design was used to measure the perceived exposure of the child's problem behavior via caregiver report (CBCL 4-18) and self-report (YSR 11-18) at the beginning and three months after group therapy. Based on t-tests, the hypothesis that children and parents report significantly lower symptoms after finishing AFoG than at the beginning of the group therapy can be confirmed. Especially children and adolescents who were assessed as highly displaying several behavioral problems (t-values between 71-80), show a

							clear decrease in the perceived symptom load in both the self-report and the caregiver report. Moreover, the clinical significance of the decrease were examined by using the Reliable Change Index. In this sense, a positive effect is recorded. Further research inclusive a control group is needed to support the effectiveness of AFoG.
Hirth, Ruth	2017	Psychoonkologische Belastungen bei gastrointestinalen Tumorpatienten					Gastrointestinale Tumorpatienten leiden bei ihrer Akutaufnahme im Krankenhaus und in der sich anschließenden Chemotherapie unter somatischen, psychischen und sozialen Belastungen, die sie psychoonkologisch behandlungsbedürftig erscheinen lassen. Bei 60 % dieser Patienten wurde ein solcher Behandlungsbedarf festgestellt. Das Anliegen der Arbeit war es, neben der Ermittlung des psychoonkologischen Betreuungsbedarfs, die Teilnahmebereitschaft dieser Patienten an einer psychoonkologischen Intervention festzustellen und zwei unterschiedliche Therapieverfahren (kognitiv-verhaltenstherapeutisch ausgerichtete Gesprächstherapie und Entspannungstherapie in Form einer progressiven Muskelrelaxation) mit einer Kontrollgruppe (Darreichung von Informationsmaterial über das Krankheitsbild) zu vergleichen. Es konnte ein positiver Effekt der Intervention, besonders der Gesprächstherapie, auf die Reduktion der Angst und Depression bei hoch belasteten Tumorpatienten nachgewiesen werden. Der Betreuungsbedarf derjenigen Patienten, die nur Informationsmaterial über die besagte Krankheit erhielten, veränderte sich dagegen in der Zeit ihrer Chemotherapie nicht. Verlaufsbahngig konnte gezeigt werden, dass die Veränderung des psychoonkologischen Betreuungsbedarfs bereits kurz nach der Intervention einsetzt. Es gab aber auch Patienten, die erst im Verlauf der Intervention

						<p>whrend der Chemotherapie einen psychoonkologischen Betreuungsbedarf entwickelten, den sie zu Beginn der Untersuchung nicht hatten. Auch diese Patienten konnten durch die psychotherapeutischen Interventionsmanahmen erfolgreich behandelt werden. Wider Erwarten verbesserte sich die Lebensqualitt der Patienten trotz Abnahme ihrer Angst- und Depressionswerte durch die psychoonkologische Betreuung nicht. Der psychoonkologische Betreuungsbedarf gastrointestinaler Patienten und seine Vernderung hngen von ihrem Geschlecht und ihrem Alter ab. Tumorpatientinnen haben einen hheren psychoonkologischen Betreuungsbedarf und verbessern sich in ihren psychischen Strungen schneller als mnliche Patienten. ltere Tumor-patienten (> 70 Jahre) haben einen hheren psychoonkologischen Betreuungsbedarf als jngere Patienten. Bei jngeren Tumorpatienten vermindern sich jedoch die somatischen, psychischen und sozialen Belastungen durch die Intervention. Der Krankheitsstatus (Erst- oder Zweiterkrankung, Rezidiv, Grad der Metastasierung), das Behandlungsziel (kurativ, palliativ), der Funktionszustand des Patienten (normale krperliche Aktivitt, Einschrnkung durch Bettruhe) und Begleiterkrankungen haben keinen entscheidenden Einfluss auf den psychoonkologischen Betreuungsbedarf der Patienten und auf seine Vernderung durch die Intervention. Der Einfluss von Copingstrategien auf die Verarbeitung des Krankheitserlebens wurde untersucht. Die Neubewertung emotional belastender Ereignisse im Sinne von Gross (2010) hat einen prognostisch positiven Einfluss auf die Vernderung des psychoonkologischen Betreuungsbedarfs und der Depressivitt der Tumorpatienten. Durch einen</p>
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							<p>Copingstil in Form der Unterdrückung emotional belastender Ereignisse, konnten Veränderungen der Angst der Patienten durch die Intervention erzielt werden. Es konnte in der Untersuchung nicht gezeigt werden, dass bei der Verarbeitung emotional belastender Ereignisse während einer Therapiesitzung in der Entspannungsgruppe eine Pulsfrequenzreduktion eintritt. Neben den eingesetzten Interventionsverfahren (kognitiv ausgerichtete Gesprächstherapie und Entspannungstherapie) hängt der psychotherapeutische Interventionserfolg während der Chemotherapie der Patienten mit gastrointestinalen Tumoren stark von der deren Motiviertheit ab (im Hinblick auf Behandlungsmotiv und ihre aktive Mitarbeit) und sollte bereits vor Beginn der psychoonkologischen Intervention gefördert werden.</p>
Hochgerner, Markus	2022	Diagnostische Perspektiven in der humanistischen Psychotherapie					<p>Das vorrangig vom subjektiven Erleben und interaktioneller Dynamik in wechselseitiger Bezogenheit geprägte Menschenbild der humanistischen Psychotherapie steht als eine der vier Grundströmung der Psychotherapie einerseits in Abgrenzung zu defizit- bzw. konfliktorientierten Grundannahmen der behavioralen und psychodynamischen Verfahren und vertritt andererseits einen grundstzlich am menschlichen Entwicklungspotenzial ausgerichteten Zugang zum Erleben und Verhalten mit der Leitidee, die noch unvollständige oder leidvoll eingeschränkte Selbstentwicklung des Individuums zu unterstützen. Humanistische Diagnostik berücksichtigt wesentlich die diagnostische Expertise der leidenden Person im gemeinsamen dialogisch-therapeutischen Prozess, der weniger zuschreibend-festlegend, sondern vorrangig als gemeinsame hermeneutische Suchbewegung in einer diagnostisch gestützten, und begegnungsorientierten</p>

						Arbeitssituation verstanden wird. (c) Springer-Verlag GmbH Deutschland
Hochgerner, Markus; Schwarzmann, Melitta	2018	Psychosomatik in der Integrativen Gestalttherapie				Die Rolle der Psychosomatik in der Gestalttherapie wird dargestellt. Dabei werden zuerst die Grundannahmen einer psychosomatischen Sicht des Menschen und ein psychosomatisches Entwicklungs- und Strungsmodell dargelegt. Hierbei werden auch die Möglichkeiten und Grenzen psychosomatischer Strungs- und Behandlungskonzepte in der Integrativen Gestalttherapie aufgezeigt. Die zentralen Leidenszustände der Seinsangst und mangelnder Selbstgewissheit werden mit Hilfe der Ergebnisse einer qualitativen Untersuchung näher betrachtet. Dabei wird erlutert, wie diese Leidenszustände psychodiagnostisch und psychodynamisch zu erkennen sind, welche wirksamen Heilfaktoren sich identifizieren lassen, welche psychotherapeutische Kultur wichtig ist und welche psychotherapeutischen Konsequenzen diese Krankheitsbilder fordern, wobei die Phnomene der Regression und der Progression besonders beachtet und wesentliche psychotherapeutische Arbeitsebenen (Arbeit am Körper, kreative Medien, verbale Arbeit) benannt werden. Schlielich wird auf die psychotherapeutische Haltung in der Behandlung psychosomatisch Erkrankter eingegangen.
Hochstger, Nikolas; Svegjarto, Olivia	2018	Personenzentrierte Pdagogik als Pdagogik der Beziehung - theoretische und praktische berlegungen der Arbeitsgemeinschaft				In der "Arbeitsgemeinschaft fr Personenzentrierte Pdagogik" in Wien arbeitet derzeit eine Gruppe von Personenzentrierten Psychotherapeutinnen und Psychotherapeuten an der Applikation personenzentrierten Wissens in verschiedenen Bereichen der Pdagogik. Vor diesem Hintergrund erfolgt eine Aufarbeitung des personenzentrierten Verhltnisses zum Arbeitsfeld der Pdagogik. Die Bedeutung des Begriffes "Personenzentriertes Lernen" im heutigen Kontext wird

		"Personenzentrierte Pädagogik"					diskutiert, der Begriff des "Facilitators" wird erläutert, und Pädagogik und Therapeutik werden in Beziehung gesetzt. Des Weiteren wird das eigene Konzept formuliert, in dem speziell auf konstruktive Beziehungsgestaltungen innerhalb des pädagogischen Settings Bezug genommen wird. Dabei fokussieren wir die besondere Bedeutung der Beziehungsgestaltung der Pädagogin bzw. des Pädagogen und gehen im weiteren Weg von einer schlerzentrierten hin zu einer personenzentrierten Perspektive unter Einbezug einer resonanztheoretischen Perspektive.
Hodiamont, Farina; Hock, Helena; Ellis-Smith, Clare; Evans, Catherine; Wolf-Linder, Susanne de; Jünger, Saskia; Diehl-Schmid, Janine; Burner-Fritsch, Isabel; Bausewein, Claudia	2021	Culture in the spotlight-cultural adaptation and content validity of the integrated palliative care outcome scale for dementia: A cognitive interview study	Palliative medicine	35	5	962–971	BACKGROUND: Dementia is a life-limiting disease with high symptom burden. The Integrated Palliative Care Outcome Scale for Dementia (IPOS-Dem) is the first comprehensive person-centered measure to identify and measure palliative care needs of people with dementia. However, such a measure is missing in the German health care system. AIM: To develop a culturally adapted German version of the IPOS-Dem and determine its content validity as a foundation for comprehensive psychometric testing. DESIGN: Cognitive interview study with intermittent analysis and questionnaire adaptation. Interview guide and coding frame followed thematic analysis according to Willis complemented by Tourangeau's model of cognitive aspects of survey methodology: comprehension, retrieval, judgment, response. PARTICIPANTS: Purposive sample with professionals (n = 29) and family carers (n = 6) of people with advanced dementia in seven nursing homes and person's own home care in four interview rounds (n = 11; 10; 7; 7). RESULTS: IPOS-Dem was regarded as comprehensive and accessible. Cultural adaptation pertained to issues of comprehension and judgment. Comprehension challenges referred to the person-

						centered concept of "being affected by" used in the POS-measures. Judgment problems related to persons with limited communication causing challenges in assessment. CONCLUSION: Most issues of cultural adaptation could be addressed by questionnaire modifications. However, interviews unveiled fundamental challenges for using proxy reported person-centered assessments. Continuous training on how to use the instrument is imperative to integrate the person-centered approach of palliative care into nursing homes as a key provider of generalist palliative care for people with dementia. The refined version is ready for psychometric testing.
Hoehne, Katja; Vrtička, Pascal; Engert, Veronika; Singer, Tania	2022	Plasma oxytocin is modulated by mental training, but does not mediate its stress-buffering effect	Psychoneuroendocrinology	141		105734 Based on its role in social processing and stress, oxytocin has been suggested to mediate stress reduction of socio-affective, compassion-based mental training. We tested this hypothesis in the ReSource Project, a 9-month longitudinal mental training study. Participants practiced three different types of mental training, targeting either attentional abilities (Presence Module), socio-affective or socio-cognitive abilities (Affect and Perspective Modules). We investigated plasma oxytocin levels, and their link to cortisol and subjective reactivity to acute psychosocial stress as a function of previous mental training (n = 313). In a subsample (n = 113), to better understand oxytocin's involvement in the effects of socio-affective training, we explored oxytocin, cortisol and subjective experiential responses to a single Loving-kindness Meditation (LKM) conducted after three months of Affect training (versus rest without prior training). We found that, independent of mental training, stress triggered acute oxytocin release. Following a single LKM, however, acute oxytocin release was unaffected. Training

							<p>effects were only found in overall oxytocin release during both, stress and LKM. Compared to no training, 3-month compassion-based Affect training decreased overall oxytocin levels in the context of psychosocial stress, but increased overall oxytocin levels during LKM. Training-induced changes in overall oxytocin were unrelated to cortisol and subjective stress reactivity. Based on Quintana and Guastella's (2020) theory of oxytocin as an allostatic hormone with anticipatory properties, we interpret training-induced changes in overall oxytocin levels as alterations in the anticipated emotional relevance of specific events. After training socio-affective skills for three months, the stressful situation may have lost its emotional saliency, whereas the meditation technique itself gained emotional relevance. We conclude that changes in peripheral oxytocin release do not mediate stress reduction after mental training, and encourage the investigation of an allostatic concept of oxytocin in future research.</p>
Hoemberg, Brigitte	2016	Mit dem Differenziellen Inkongruenzmodell Organisationen personenzentriert entwickeln	Gesprächspsychotherapie und Personenzentrierte Beratung	47	4	217–222	<p>Der Einsatz des differentiellen Inkongruenzmodells (DIM) als Instrument für die personenzentrierte Organisationsentwicklung wird erlutert. Zunächst wird eine personenzentrierte Definition des Begriffs Organisation entwickelt und es werden Annahmen über das Selbst einer Organisation sowie ihre Selbstaktualisierung hin zum Idealbild einer "Fully functioning organization" gemacht. Krisen und Konflikte von Unternehmen werden dabei als organisationale Inkongruenzen interpretiert, die nach ihren Quellen, Formen und Ebenen differenziert werden. Anschließend wird verdeutlicht, wie diese Inkongruenzen mithilfe eines für die Einheit Organisation modifizierten DIMs differenziert werden können. Die Durchführung einer differentiellen Inkongruenzdiagnostik in der Praxis und die</p>

							Ableitung von Manahmen zur Konfliktlsung werden beschrieben.
Hoffart, Asle	2016	Cognitive models for panic disorder with agoraphobia: A study of disaggregated within-person effects	Journal of consulting and clinical psychology	84	9	839–844	Objective: The purpose of this study was to test 2 cognitive models of panic disorder with agoraphobia (PDA)—a catastrophic cognitions model and a low self-efficacy model—by examining the within-person effects of model-derived cognitive variables on subsequent anxiety symptoms. Method: Participants were 46 PDA patients with agoraphobic avoidance of moderate to severe degree who were randomly allocated to 6 weeks of either cognitive therapy, based on the catastrophic cognitions model of PDA, or guided mastery (guided exposure) therapy, based on the self-efficacy model of PDA. Cognitions and anxiety were measured weekly over the course of treatment. The data were analyzed with mixed models, using person-mean centering to disaggregate within- and between-person effects. Results: All of the studied variables changed in the expected way over the course of therapy. There was a within-person effect of physical fears, loss of control fears, social fears, and self-efficacy when alone on subsequent state anxiety. On the other hand, within-person changes in anxiety did not predict subsequent cognitions. Loss of control and social fears both predicted subsequent self-efficacy, whereas self-efficacy did not predict catastrophic cognitions. In a multipredictor analysis, within-person catastrophic cognitions still predicted subsequent anxiety, but self-efficacy when alone did not. Conclusions: Overall, the findings indicate that anxiety in PDA, at least in severe and long-standing cases, is driven by catastrophic cognitions. Thus, these cognitions seem to be useful

							therapeutic targets. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hoffmann, Birte	2016	Der Personzentrierte Ansatz in der Arbeit mit komplex traumatisierten Menschen - ein Fallbeispiel aus der Kinder-, Jugend- und Familienhilfe	Gesprächspsychotherapie und Personzentrierte Beratung	47	1	18–22	Die personzentrierte Unterstützung komplex traumatisierter Menschen in der Kinder-, Jugend- und Familienhilfe wird verdeutlicht. Anhand der traumazentrierten Fachberatung einer 16-jährigen Jugendlichen wird aufgezeigt, inwieweit die personzentrierte Haltung der Berater hilfreich sein kann, traumatisierte Menschen mit negativen frühkindlichen Bindungserfahrungen zu unterstützen. Mit Hilfe eines Einblicks in den Beziehungsaufbau und den Beratungsverlauf werden Grundlagen eines personzentrierten und traumaspezifischen Vorgehens illustriert.
Hoffmann-Widhalm, Herta	2018	Traumafolgentherapie in der Integrativen Gestalttherapie					Die Traumafolgentherapie in der Integrativen Gestalttherapie wird im Überblick dargestellt. Nach Ausführungen zu den anthropologischen Grundlagen integrativ-gestalttherapeutisch orientierter Traumafolgentherapie, zu Trauma und Traumafolgen sowie Diagnostik wird auf folgende Aspekte und Ansätze der Traumafolgentherapie in der integrativen Gestalttherapie eingegangen: (1) die therapeutische Beziehung, (2) mehrphasige integrative Traumatherapie nach Butollo und Mitarbeitern, (3) gestalttherapeutische Grundprinzipien und Techniken in der Traumafolgentherapie, (4) Arbeit mit Selbstanteilen, (5) Eye Movement Desensitization and Reprocessing (EMDR), (6) Brainspotting, (7) Kombination von Techniken aus EMDR und Brainspotting.
Hofmann, Tony	2023	Freiräume statt Lösungen!. Ein focusingorientiertes	Person	27	1	36–48	In klar beschreibbaren Problemsituationen, für die bereits konventionelle Lösungsschemata existieren, können wir diese kreativ auf die neue Situation anwenden. Sobald sich jedoch ein Standardschema nicht mehr anwenden

		Kaskadenmodell für den professionellen Umgang mit Ungewissheit					lsst, können wir drei Stufen von Absichtslosigkeit unterscheiden: Wenn die Situation unüberschaubar wird, kann die personenzentriert-experienzielle Einzelarbeit sinnvoll sein; wenn Schemata oder einzelne Lösungsdetails in Gruppen gemeinsam neu entwickelt werden müssen, weil die Randbedingungen der Situation ins Offene diffundieren, kann experienzielle Kommunikation hilfreich sein. Und wenn in einer unüberschaubaren Situation auch Regeln und Themen fluide werden, weil nicht-kompensierbare Risiken auftauchen, kann es hilfreich sein, das Schaffen von Freiraum als Kulturtechnik zu etablieren. Die Vielschichtigkeit der Situation bestimmt also darüber, welchen Grad von Absichtslosigkeit wir wählen sollten. Das Ausmaß an Ungewissheit in einer Situation ist geschichtet und das Ausmaß an Lösungsabsicht, das wir wählen können, um dieser Situation entsprechend bewusst zu begegnen, sollte es ebenfalls sein.
Hofmeister, Beate	2020	Nachruf auf Leopold Verhelst - 30.12.1937 - 23.04.2020	Gesprächspsychotherapie und Personenzentrierte Beratung	51	2	28	Formuliert wird ein Nachruf auf Leopold Verhelst, der am 23.04.2020 verstorben ist.
Hofmeister, Beate; Hollick, Ulrike	2019	Achtsamkeitsbasierte Gesprächsführung im Gesundheitswesen	Gesprächspsychotherapie und Personenzentrierte Beratung	50	2	6-10	Grundprinzipien der Achtsamkeitsbasierten Gesprächsführung und ihr Einsatz im Gesundheitswesen werden vorgestellt. Die Wurzeln der Achtsamkeitsbasierten Gesprächsführung werden zum einen im Personenzentrierten Ansatz nach Carl Rogers und zum anderen in der buddhistischen Lehre verortet. Es wird argumentiert, dass durch diese Form der Gesprächsführung in verschiedenen Anwendungsfeldern des Gesundheitswesens einen wesentlichen Beitrag zu mehr Patientenorientierung und Resilienz im

							<p>multiprofessionellen Team geleistet werden knne. Es wird aufgezeigt und durch konkrete Beispiele illustriert, welche inneren Haltungen und kommunikativen Fertigkeiten zu entwickeln sind, um als achtsames Gegenber wirksam werden zu knnen. Zuletzt werden Fortbildungsmglichkeiten angesprochen.</p>
Holland, Jimmie C.	2018	Psycho-oncology: Overview, obstacles and opportunities	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	27	5	1364–1376	<p>Abstract Worldwide, psychological and social issues in cancer were not the subject of scientific inquiry until the past two decades. Since then, a new subspecialty of oncology has evolved, psycho-oncology. It addresses two dimensions of cancer: the emotional responses of patients at all stages of disease, as well as their families and caretakers (psychosocial); and the psychological, social and behavioral factors that may influence cancer morbidity and mortality (psychobiological). Obstacles to development have been the facts of small numbers of clinicians and investigators worldwide and the few valid assessment instruments and research methods available to the biomedical community. These obstacles are increasingly giving way to the louder demand of the public for maximal quality of life in cancer care. Psycho-oncology is attaining subspecialty status by presently bringing a set of clinical skills in counseling, behavioral and social interventions to oncology, by providing training curricula which teach basic knowledge and skills in the area, and through creating a body of research and scholarly information about clinically relevant issues in the care of patients with cancer. Since it is increasingly recognized that psychological, social and behavioral variables influence treatment outcome, attention will likely to continue to increase. The field must meet the challenges of the 1990's in psychosocial care and availability of services, support for training clinicians and</p>

							investigators in psycho-oncology, and implementation of an exciting research agenda. The focus of new research will encourage collaborative investigations combining biological and psychosocial variables, quality of life research in clinical trials, controlled studies of psychotherapeutic, behavioral and psychopharmacologic research, and crosscultural studies that will examine differences in prevention and detection, health care systems, alternative therapies and meta analyses.
Hollick, Ulrike	2017	Zum Konzept der Familienaktualisierungstendenz	Gesprchpsych ootherapie und Personzentrierte Beratung	48	3	151-153	Der Begriff der Familienaktualisierungstendenz in der personzentrierten Psychotherapie wird vorgestellt und beleuchtet. Nach einem Einblick in die Aktualisierungstendenz bei Kurt Goldstein und Carl Rogers wird das Konzept auf Familien bertragen. Die Familienaktualisierungstendenz wird als die einer jeden Familie innewohnende Kraft und Tendenz zur Entwicklung hin zu einem gelingenden, offenen und sozialen Miteinander beschrieben.
Hollick, Ulrike	2019	Ein Pldoyer fr die Qualitt personzentrierte r Ausbildungssup ervation	Gesprchpsych ootherapie und Personzentrierte Beratung	50	2	11-17	Reflektiert wird ber die personzentrierte Ausbildungssupervision innerhalb der verschiedenen Weiterbildungsngge der Gesellschaft fr Personzentrierte Psychotherapie und Beratung e.V. (GwG). Vor dem Hintergrund persnlicher Erfahrungen wird aus Sicht einer Supervisorin der Stellenwert der Ausbildungssupervision gewrdigt. berdies werden Herausforderungen in Bezug auf Qualittskriterien, Gestaltung und Ziele von Ausbildungssupervision sowie Rolle und Qualifikation des Supervisors errtert. Es wird dafr pldiert, die genannten Aspekte auf die aktuellen Bedarfe und Gegebenheiten in den personzentrierten Weiterbildungen anzupassen und entsprechend zu verankern.
Hollick, Ulrike	2019	Zusammenarbei t mit Eltern in	Gesprchpsych ootherapie und	50	1	14-19	Beschrieben werden zu bercksichtigende Aspekte in der Zusammenarbeit mit Eltern im Rahmen einer

		der personzentrierte Psychotherapie mit Kindern und Jugendlichen	Personzentrierte Beratung				personzentrierten Psychotherapie mit Kindern und Jugendlichen. Eine eigene kleine Befragung von Eltern sowie erfahrenen und weniger erfahrenen TherapeutInnen habe ergeben, dass eine enge Zusammenarbeit mit den Eltern insgesamt als sehr zentraler Bestandteil der Therapie angesehen werde. Es sei wichtig, den Eltern Wertschätzung zu vermitteln, sie in einer Rolle als "Co-Therapeuten" zu begreifen und gemeinsam mit den Kindern und Jugendlichen Wege zu erarbeiten, wie etwa innerhalb des Familiensystems mit der Symptomatik und besonderen Belastungen umgegangen werden kann. Eine wichtige Schlussfolgerung sei, dass eine tragende Beziehung und enge Zusammenarbeit mit den Eltern letztlich dem Kind als Patienten/in helfe.
Hollick, Ulrike	2020	Bindungsorientierte Supervision	Gesprächspsychotherapie und Personzentrierte Beratung	51	3	27–36	Menschen entwickeln im Laufe der frühen Kindheit durch die Erfahrungen, die sie mit ihren primären Bezugspersonen machen, spezifische Bindungsrepräsentationen und -muster. Diese prägen auch im späteren Leben die Art, wie sie auf andere Menschen zugehen, wie sie in Belastungssituationen reagieren, Konflikte lösen und sich in Gruppen einbringen und erleben, ihre eigenen Bedürfnisse wahrnehmen und etwa mit Arbeitskollegen und Vorgesetzten bzw. Mitarbeitern umgehen. In den letzten Jahren wurde in vielen sozialen Arbeitsfeldern mehr und mehr die Bedeutung der Bindungsforschung anerkannt. Es zeigt sich, dass eine korrigierende emotionale Beziehungserfahrung dazu beitragen kann, dass Menschen mit unsicheren Bindungsmustern eine größere Bindungssicherheit entwickeln bzw. zumindest neu erworbene sichere Bindungserfahrungen neben den unsicheren bestehen können, sodass ein größeres Repertoire an Verhaltensstrategien zur Verfügung steht, um mit

							<p>herausfordernden Situationen umzugehen. Im vorliegenden Artikel sollen zunächst die Grundlagen der Bindungsforschung unter Berücksichtigung der Konzepte Feinfühligkeit und Mentalisierung dargestellt und auf die Bedeutung für unterschiedliche Settings der Supervision sowie ihre Implikationen für die Rolle des Supervisors untersucht werden. Es wird ein Supervisionskonzept entwickelt, welches unter dem Aspekt der Bindungsorientierung dazu beitragen kann, dass Supervisanden, Gruppen und Teams in ihrem beruflichen Kontext darin unterstützt werden, bei sich selbst zu reflektieren, Lösungen für ihre Anliegen zu finden und in einem gelingenden Miteinander (wieder) kreativ und explorativ tätig zu werden.</p>
Hollick, Ulrike	2023	Eigenschaften und Kompetenzen Personzentrierter Kinder- und Jugendlichenpsychotherapeuten und -berater	Gesprächspsychotherapie und Personzentrierte Beratung	54	1	20–24	<p>Die personzentrierte Beratung und Psychotherapie mit Kindern und Jugendlichen und deren Bezugspersonen stellt an den Berater und Therapeuten besondere Anforderungen. Im Folgenden wird dargestellt, welche dies sind und inwiefern sie sich auch von denen bei der Beratung und Therapie mit Erwachsenen unterscheiden. Es werden zum einen Kompetenzen beschrieben, die erforderlich sind, um den Kindern und Jugendlichen aber auch deren Eltern hilfreich und entwicklungsförderlich zu begegnen. Zum anderen werden Aspekte aufgegriffen, die für die eigene Psychohygiene bedeutsam sind. Welche Persönlichkeitsmerkmale sollte ein Weiterbildungskandidat bereits mitbringen? Welche kann und muss er entwickeln? Wie kann er darin in der Weiterbildung Unterstützung und Entwicklungsraum erfahren? Wie gelingt es, diese Kompetenzen als lebenslangen Entwicklungsprozess zu begreifen und zu begleiten? Im Artikel werden Schwerpunkte dargestellt, die im Kontext der Weiterbildung in Personenzentrierter</p>

							Beratung und Psychotherapie mit Kindern und Jugendlichen und deren Bezugspersonen sowohl aus Sicht der TeilnehmerInnen als auch aus der der Kursleitung relevant erscheinen. Der Text möchte Impulse geben und zur Diskussion anregen, was daraus für die Weiterbildung in Personenzentrierter Beratung und Psychotherapie mit Kindern und Jugendlichen und deren Bezugspersonen folgt und wie die Qualität therapeutischer Kompetenz gewährleistet und auch in der Zeit nach abgeschlossener Weiterbildung aufrechterhalten werden kann.
Holmes, Hannah J.; Thakur, Elyse R.; Carty, Jennifer N.; Ziadni, Maisa S.; Doherty, Heather K.; Lockhart, Nancy A.; Schubiner, Howard; Lumley, Mark A.	2018	Ambivalence over emotional expression and perceived social constraints as moderators of relaxation training and emotional awareness and expression training for irritable bowel syndrome	General hospital psychiatry	53		38–43	<p>OBJECTIVE Psychological treatments are generally beneficial for patients with irritable bowel syndrome (IBS), but patients' responses vary. A prior randomized controlled trial found that both relaxation training (RT) and emotional awareness and expression training (EAET) were superior to a waitlist control condition for IBS symptoms, quality of life, depression, and anxiety among IBS patients (Thakur et al., 2017).</p> <p>METHOD We conducted secondary analyses on these data to examine potential moderators of treatment outcomes. Baseline measures of patients' ambivalence over emotional expression and perceived social constraints, which have been hypothesized to influence some treatments, were tested as possible moderators of the effects of RT and EAET, compared to the control condition.</p> <p>RESULTS Results indicated that these variables moderated the effects of RT but not EAET. The benefits of RT occurred for patients who reported higher ambivalence over emotional</p>

							<p>expression or perceived social constraints, whereas the benefits of EAET were not influenced by these factors.</p> <p>CONCLUSION</p> <p>These findings suggest that RT might be particularly helpful for people who tend to avoid emotional disclosure and expression, supporting the possible benefit of targeting treatments to patient characteristics and preferences, whereas EAET might be helpful for a broader range of patients with IBS.</p>
Holmes, Jeremy	2021	A Clinical Guide to Psychodynamic Psychotherapy by Deborah Abrahams and Poul Rohleder. Published by Routledge, Abingdon, 2021, 340 pp, £29.99 paperback	Brit J Psychotherapy (British Journal of Psychotherapy)	37	4	732–735	
Holt, Elizabeth	2023	Student counsellors' experiences of mindfulness as a component of their person-centred counselling training: An interpretative phenomenological analysis	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	2	540–550	

Holt, Nicola J.	2019	The expression of schizotypy in the daily lives of artists	Psychology of Aesthetics, Creativity, and the Arts	13	3		<p>A considerable amount of research suggests that positive schizotypy (cognitive and perceptual aberrations, such as pseudohallucinations) is associated with creativity in the arts. In order to better understand how positive schizotypy might be expressed in the creative process, the experience sampling method was used to explore the experiential correlates of schizotypy in a sample of artists. Artists (N = 41) were sampled over a week-long period, answering questions at random intervals that related to mood, cognition, state of consciousness and behavior, resulting in reports on 2495 experiences. The sample scored significantly higher than normative samples on positive, but not negative, schizotypy, supporting previous research on the role of “healthy schizotypy” in creativity. Multilevel modeling demonstrated that positive schizotypy predicted a particular experiential profile in daily life, characterized by more frequent reports of the flow state, altered experience, internal dialogue, vivid imagery, distractibility, introspection, and high self-esteem. Positive schizotypy (but not other dimensions of schizotypy) was also a significant predictor of art-making and inspiration in daily life. Random intercept and slope models suggested that positive schizotypy was associated with greater increases in positive affect and self-esteem during or following art-making, supporting an “affective hypothesis” for the relationship between schizotypy and artistic involvement. This study supports previous research linking positive schizotypy with artistic creativity, and suggests that, in this context, positive schizotypy can be associated with adaptive experiences, including inspiration, flow, and self-esteem. Further, art-making may serve a therapeutic</p>
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							function for artists high in positive schizotypy. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Holthoff-Detto, Vjera; Nienaber, Andr; Btel, Nora; Rapp, Michael	2021	Komplexbehandlung bei schweren psychischen Erkrankungen im Alter - Eine Positionsbestimmung	Der Nervenarzt	92	9	948-954	<p>Hintergrund. Der Hilfe-, Unterstützungs- und Pflegebedarf alter Menschen mit schweren psychischen Erkrankungen (SMI) ist sehr hoch und mit zusätzlichen altersassoziierten, somatischen Erkrankungen und Beeinträchtigungen verbunden. Alte Menschen verfolgen den Wunsch zu Hause zu bleiben und dort gepflegt werden zu können. Eine Umsiedlung in eine stationäre Pflege wird jedoch häufig wegen mangelnder Alternativen notwendig.</p> <p>Fragestellung. Wie stellt sich die gegenwärtige Behandlungsrealität in Deutschland bei alten Menschen mit SMI in der eigenen Häuslichkeit und in der stationären Pflege dar? Wie können freiheitsbeschränkende Maßnahmen in diesem Kontext vermieden werden. Material und Methode. Ausgewählte Ergebnisse der wissenschaftlichen Literatur zur psychiatrischen Versorgung alter Menschen mit SMI werden zusammengefasst und diskutiert.</p> <p>Ergebnisse. Eine aufsuchende und schweregradgestufte Komplexbehandlung steht in Deutschland in der Regelversorgung nicht zur Verfügung, da es an einer multiprofessionellen, sektorübergreifenden Vernetzungsstruktur fehlt. In den stationären Pflegeeinrichtungen in Deutschland erfahren etwa 30 % der 730.000 Bewohner freiheitsentziehenden Maßnahmen, während personenzentrierte Pflegekonzepte sowie die leitlinienkonforme und individualisierte Umsetzung nichtmedikamentöser Behandlungsstrategien und milieutherapeutischer Konzepte nicht ausreichend häufig gelingt.</p> <p>Schlussfolgerung. Es ist notwendig, in Deutschland ein nach Schweregraden gestuftes, ambulantes und aufsuchendes multiprofessionelles Versorgungs- und Behandlungsmodell für alte Menschen</p>

							mit SMI vorzuhalten, das symptombasierte und funktionsorientierte Ziele gleichzeitig verfolgen kann. Die geschützte geschlossene stationäre Pflege sollte die Funktion haben, das Leben alter Menschen in offenen Bereichen wieder zu ermöglichen. (c) Springer Medizin Verlag GmbH
Holtmaat, Karen; van der Spek, Nadia; Lissenberg-Witte, Birgit; Breitbart, William; Cuijpers, Pim; Verdonck-de Leeuw, Irma	2020	Long-term efficacy of meaning-centered group psychotherapy for cancer survivors: 2-Year follow-up results of a randomized controlled trial	Psycho-oncology	29	4	711–718	<p>OBJECTIVE Meaning-centered group psychotherapy for cancer survivors (MCGP-CS) is an effective intervention to improve personal meaning, psychological well-being, and depressive symptoms until 6 months after the intervention. In this study, the long-term effects of MCGP-CS (i.e., at 1- and 2-year follow-up) on meaning, psychological well-being and posttraumatic growth were assessed, in comparison to supportive group psychotherapy (SGP) and care as usual (CAU).</p> <p>METHODS Cancer survivors (n = 170) were randomized into MCGP-CS, SGP, or CAU. Assessments were scheduled at baseline, 1 week, 3 months, 6 months, 1 year, and 2 years postintervention. Outcome measures were the Personal Meaning Profile, Ryff's Scales of Psychological Well-Being (SPWB), the Posttraumatic Growth Inventory, and their subscales. Linear mixed models (LMM) were used and results were both reported on an intention-to-treat (ITT) basis, as well as for intervention completers only.</p> <p>RESULTS LMM and post hoc analyses with Bonferroni correction revealed that MCGP-CS participants reported more improvement on positive relations (subscale of SPWB) than CAU participants of 2-year postintervention (ITT analysis, Cohen's d = .82). Completers also reported more personal growth (subscale of SPWB) after MCGP-CS</p>

							<p>than after SGP 1-year postintervention (Cohen's $d = .94$). No long-term effects were found on the other outcome measures.</p> <p>CONCLUSIONS</p> <p>In the 2 years after MCGP-CS, the short-term significant effects on personal meaning and most positive effects related to psychological well-being faded. However, MCGP-CS had a long-term positive effect on positive relations with others and on survivors' sense of personal growth.</p> <p>TRIAL REGISTRATION</p> <p>Netherlands Trial Register: NTR3571.</p>
Holyoak, Derek; McPhee, Douglas; Hall, Greg; Fife, Stephen	2021	Microlevel Advocacy: A Common Process in Couple and Family Therapy	Family process	60	2	654–669	<p>Advocacy is an essential element to mental health practitioners' professional identity. Some scholars contend that many couple and family therapists lack the skill set needed to effectively advocate. However, these researchers often discuss advocacy solely on the macrolevel, which makes advocacy appear unidimensional and may feel out of reach for many practitioners. In this article, we argue that advocacy is not unidimensional, but consists of two levels: macro- and microlevel advocacy. Microlevel advocacy is client-centered and is effectively performed by couple and family therapists on a regular basis. By broadening the definition of advocacy to include the microlevel, we argue that advocacy is a common process of couple and family therapy that cuts across therapy models and is interwoven into the very being of a couple and family therapist. We present in this article a comprehensive case vignette to illustrate how microlevel advocacy may be performed by CFTs. Clinical and training implications are offered to help clinicians begin to bridge the gap between micro- and macrolevel advocacies.</p>

Holzberg, Oskar; Seiferth, Andrea	2018	Emotionsfokussierte Paartherapie (EFT)				Mit der Emotionsfokussierten Paartherapie (EFT) wird eine integrative Therapieform präsentiert, die die Paarbeziehung konsequent als eine Bindungsbeziehung betrachtet, in der die emotionalen Reaktionen durch die befriedigten, bedrohten oder nicht erfüllten Bindungsbedürfnisse bestimmt werden. Darüber geht das Paar in eskalierende Konflikte aus zirkulären Kommunikationsakten. Die EFT analysiert bindungstheoretisch, versteht systemisch und interveniert mit Methoden der humanistischen Psychotherapie. Im Einzelnen werden folgende Aspekte besprochen: (1) Hintergrund. (2) Indikationen, Kontraindikationen und Nebenwirkungen. (3) Klinische Praxis. (4) Empirische Befunde und kritische Einordnung.
Holzhauer, Cathryn Glanton; Gamble, Stephanie A.		Depressive symptoms mediate the relationship between changes in emotion regulation during treatment and abstinence among women with alcohol use disorders	Psychology of Addictive Behaviors	31	3	Women with alcohol use disorders (AUD) experience high rates of co-occurring conditions, such as depression and posttraumatic stress disorder (PTSD), which can complicate treatment engagement and response. Therefore, identifying factors that underlie alcohol use, depression, and PTSD symptoms in women with AUD has important treatment implications. The current study investigated emotion regulation as one such underlying factor. We tested a model that examined the extent to which changes in emotion regulation during treatment predicted women's depression and PTSD symptom severity at treatment completion and subsequent alcohol use following treatment. The study included 48 participants enrolled in a randomized controlled trial of interpersonal psychotherapy versus usual care for women with co-occurring alcohol dependence and major depression. Assessments were conducted at baseline, posttreatment (16 weeks), and follow-up (24 weeks). Descriptive statistics of baseline data revealed heightened levels of emotion dysregulation in this

							sample, which were related to fewer days abstinent from alcohol, more negative consequences from alcohol, and greater PTSD symptom severity. Women's lower depressive symptoms at the end of treatment were found to mediate the relationship between improved emotion regulation during the treatment period and greater abstinence following treatment. Posttreatment PTSD symptoms, however, were not found to mediate that relationship. These results suggest that improvements in depressive symptoms during treatment are associated with emotion regulation at the end of treatment, which may contribute to greater abstinence from alcohol following treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Hong, Natalie; Del Busto, Cristina T.	2020	Collaboration, scaffolding, and successive approximations: A developmental science approach to training in clinical psychology	Training and Education in Professional Psychology	14	3	228–234	As clinical psychology trainees, we have been encouraged to approach clinical work from a scientist perspective and research through the lens of what would be relevant and useful for applied clinicians. We have also been guided to assume a developmental approach, whereby both typical trajectories and individual differences in development are considered, in case conceptualization for patients, as well as our own training as developing clinical psychologists. Here, we highlight how our training model and supervisors' actions have helped to shape our clinical training through use of a junior colleague and peer-group mentoring model (Moss, Teshima, & Leszcz, 2008), as well as an adaptation of the teach-model-coach-review approach (Roberts, Kaiser, Wolfe, Bryant, & Spidalieri, 2014). Throughout our training, our supervisors have used scaffolding to encourage us to become more involved in leading therapy sessions and supervision meetings as we demonstrate competence and confidence in doing so (i.e., successive

							<p>approximations; Agras, Leitenberg, & Barlow, 1968). Working with a team of supervisors and trainees at various levels has lent itself to supporting individual differences, such that trainees are met in the space between what they can competently do independently and what they cannot do without help (e.g., “zone of proximal development;” Vygotsky, 1978). Incorporating these practices in the training of clinicians across a wide variety of settings may lead to greater positive experiences for psychology trainees and patients alike. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
<p>Hooper, Nicholas; Johnson, Tessa; Sachs, Michael; Silverio, Alexis; Zhu, Lin; Bhimla, Aisha; Teal, Logan; Roth, Stephanie; Lagrotte, Caitlin; Stravrakis, Joyce; Arcangelo, Frank</p>	2022	<p>Comparative Efficacy of Exercise Training and Conventional Psychotherapies for Adult Depression: A Network Meta-Analysis</p>	<p>Commonhealth (Philadelphia, Pa.)</p>	3	2	47–64	<p>OBJECTIVE: An estimated 3.8% of the global population experiences depression, according to the [2019] WHO report. Evidence supports the efficacy of exercise training (EX) for depression; however, its comparative efficacy to conventional, evidence-supported psychotherapies remains understudied. Therefore, we conducted a network meta-analysis to compare the efficacy of exercise training (EX), behavioral activation therapy (BA), cognitive-behavioral therapy (CBT), and non-directive supportive therapy (NDST). METHODS: Our search was performed in seven relevant databases (inception to March 10, 2020) and targeted randomized trials comparing psychological interventions head-to-head and/or to a treatment as usual (TAU) or waitlist (WL) control for the treatment of adults (18 years or older) with depression. Included trials assessed depression using a validated psychometric tool. RESULTS: From 28,716 studies, 133 trials with 14,493 patients (mean age of 45.8 years; 71.9% female) were included. All treatment arms significantly outperformed TAU (standard mean difference [SMD] range, -0.49 to -0.95) and WL (SMD</p>

							range, -0.80 to -1.26) controls. According to surface under the cumulative ranking (SUCRA) probabilities, BA was mostly likely to have the highest efficacy (1.6), followed by CBT (1.9), EX (2.8), and NDST (3.8). Effect size estimates between BA and CBT (SMD = -0.09, 95% CI [-0.50 to 0.31]), BA and EX (-0.22, [-0.68 to 0.24]), and CBT and EX (-0.12, [-0.42 to 0.17]) were very small, suggesting comparable treatment effects of BA, CBT, and EX. With individual comparisons of EX, BA, and CBT to NDST, we found small to moderate effect sizes (0.09 to 0.46), suggesting EX, BA, and CBT may equally outperform NDST. CONCLUSIONS: Findings provide preliminary yet cautionary support for the clinical use of exercise training for adult depression. High study heterogeneity and lack of sound investigations of exercise must be considered. Continued research is needed to position exercise training as an evidence-based therapy.
Hoover, Elizabeth; McFee, Alexandra; DeDe, Gayle	2020	Efficacy of Group Conversation Intervention in Individuals with Severe Profiles of Aphasia	Seminars in speech and language	41	1	71-82	An estimated 390,000 to 520,000 individuals with severe aphasia (IWSA) currently live in the United States. IWSA experience profound social isolation, which is associated with a wide range of negative health outcomes, including mortality. Treatments for severe aphasia frequently focus on compensatory communication approaches or a discrete communication act rather than on participation-based treatment. The purpose of this study was to determine whether IWSA demonstrated improved performance on standardized language measures, patient-reported outcome measures, and connected speech samples as a result of client-centered conversation group treatment. Results of assessments conducted at pretreatment, posttreatment, and maintenance intervals were variable across participants. All participants demonstrated improvement in at least

							one of the outcome measures considered. Importantly, none of these measures fully captured how IWSA were able to convey their thoughts in supported conversation. The results lend support for the use of conversation treatment for, and for further study in, this subpopulation of individuals with aphasia.
Horton, David M.; Morrison, Blaise; Schmidt, Judy	2021	Systematized Review of Psychotherapeutic Components of Psilocybin-Assisted Psychotherapy	American journal of psychotherapy	74	4	140–149	OBJECTIVE: This systematized review sought to fill a gap in psilocybin research by investigating the structure and format of psilocybin-assisted psychotherapy (PAP), with a focus on the counseling components of the treatment. METHODS: A systematized review of PAP was conducted by using the PubMed and PsycInfo databases to search for peer-reviewed studies of human clinical trials, published within the past 25 years, in which psilocybin was administered with psychological support in a clinical setting. RESULTS: Eleven articles matched the criteria necessary for inclusion in this review. PAP was found to consist of three stages: pretreatment sessions to prepare participants for psilocybin, treatment sessions in which psilocybin was administered, and posttreatment sessions to integrate the experience with daily life. Conventional psychotherapy was primarily seen in the pre- and posttreatment sessions. Psychotherapies included in PAP differed among studies, but most often included music therapy and a nondirective supportive approach to treatment. CONCLUSIONS: This systematized review found important commonalities among clinical trials of PAP published within the past 25 years and revealed key differences among studies in psychotherapy's incorporation into PAP. Additional research is needed to identify the unique effect of psychotherapy in PAP.
Hosey, Megan M.; Ali, Mana K.;	2019	Psychology consultation	Rehabilitation Psychology		19 39-	360–365	Purpose/Objective: Intensive care unit (ICU) survivors frequently experience long-lasting mental health,

<p>Manthey, Earl C.; Albert, Kelsey; Wegener, Stephen T.; Needham, Dale M.</p>		<p>patterns in a medical intensive care unit: A brief report</p>		<p>1544(Electronic), 0090-5550(Print)</p>	<p>cognitive, and physiologic challenges. Psychologists have a role in providing interventions to reduce patient distress during critical illness and improve outcomes. There is limited data regarding psychology consultations in the ICU. This brief report characterizes psychology consultations in a medical intensive care unit (MICU) in an academic medical center. Method: Psychology consultations were prospectively tracked, with patient-related data retrospectively collected and analyzed. Results: A total of 79 consecutive psychology consultations occurred at mean of 8 ± 6 days after MICU admission. Reasons for consultation were patient emotional distress (56%), rehabilitation therapy engagement (24%), family engagement (13%), cognitive disturbance (4%), and pain (4%). Patient characteristics were: mean age 56 ± 15 years, 54% women, 53% White, and 34% with psychiatric comorbidity at MICU admission. Patients referred for consultation had a longer MICU length of stay than the total MICU population (12 ± 9 days vs. 4 ± 6 days, $p < .01$). For consultations for emotional distress compared with limited rehabilitation therapy engagement, patient demographic characteristics were similar, with the exception of women (vs. men) being more commonly consulted for emotional distress (64 vs. 26%, $p = .01$). Conclusions: Patients with a longer MICU stay more commonly had a rehabilitation psychology consultation request, typically to provide support for emotional distress or engagement in rehabilitation therapy. Future research should evaluate the effectiveness of psychology interventions in the ICU. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
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Hou, Jian-Ming; Skovholt, Thomas M.	2020	Characteristics of highly resilient therapists	Journal of Counseling Psychology	67	3	386–400	This qualitative study aimed to explore characteristics that sustain therapists' resilience over years of practice. Ten highly resilient therapists were recruited during two phases of sample screening: peer nomination and the use of quantitative scales. Data were collected through in-person interviews and analyzed using grounded theory. Results as characteristics showed that highly resilient therapists are (a) drawn to strong interpersonal relationships, (b) actively engage with self, (c) possess a core values and beliefs framework, and (d) desire to learn and grow. The authors identified a central characteristic that interlinks with each characteristic: have a strong web of vibrant connectedness. Implications for counselor resilience development, training, and supervision are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Hoyt, Michael A.; Wang, Ashley Wei-Ting; Ryan, Sean J.; Breen, Elizabeth C.; Cheavens, Jennifer S.; Nelson, Christian J.	2020	Goal-Focused Emotion-Regulation Therapy (GET) for young adult survivors of testicular cancer: a pilot randomized controlled trial of a biobehavioral intervention protocol	Trials	21	1	325	BACKGROUND Testicular cancer diagnosis and treatment, especially given its threat to sexuality and reproductive health, can be distressing in the formative period of young adulthood and the majority of young survivors experience impairing, distressing, and modifiable adverse outcomes that can persist long after medical treatment. These include psychological distress, impairment in pursuit of life goals, persistent physical side effects, elevated risk of secondary malignancies and chronic illness, and biobehavioral burden (e.g., enhanced inflammation, dysregulated diurnal stress hormones). However, few targeted interventions exist to assist young survivors in renegotiating life goals and regulating cancer-related emotions, and none focus on reducing the burden of morbidity via biobehavioral mechanisms. This paper describes the methodology of a randomized controlled

							<p>biobehavioral trial designed to investigate the feasibility and preliminary impact of a novel intervention, Goal-focused Emotion-Regulation Therapy (GET), aimed at improving distress symptoms, emotion regulation, goal navigation skills, and stress-sensitive biomarkers in young adult testicular cancer patients.</p> <p>METHODS</p> <p>Participants will be randomized to receive six sessions of GET or Individual Supportive Therapy (ISP) delivered over 8 weeks. In addition to indicators of intervention feasibility, we will measure primary (depressive and anxiety symptoms) and secondary (emotion regulation and goal navigation skills, career confusion) psychological outcomes prior to (T0), immediately after (T1), and 12 weeks after (T2) intervention. Additionally, identified biomarkers will be measured at baseline and at T2.</p> <p>DISCUSSION</p> <p>GET may have the potential to improve self-regulation across biobehavioral domains, improve overall cancer adjustment, and address the need for targeted supportive care interventions for young adult cancer survivors.</p> <p>TRIAL REGISTRATION</p> <p>Clinicaltrials.gov, NCT04150848. Registered on 28 October 2019.</p>
Hsson, D.; Behr, M.	2017	IRS - Interaktionsresonanz Skala (Interaktionsresonanzskala; Interaktionsresonanz-Skala).					

		(PSYNDEX Tests Info)					
Hsson, Dorothea	2016	Ein Erfahrungsbericht aus der Praxis: Sina - ein traumatisiertes Kind erhält Spieltherapie	Gesprächspsychotherapie und Personenzentrierte Beratung	47	1	13-17	Anhand eines Fallbeispiel wird das personenzentrierte Vorgehen bei der Therapie von Traumatisierung geschildert. Beschrieben wird eine Spieltherapie mit einem achtjährigen Mädchen, das im Alter von vier bis sieben Jahren sexuell missbraucht und anschließend in Obhut von Verwandten gegeben wurde. Neben Belastungsfaktoren und Traumacharakteristika werden Ressourcen des Kindes sowie seine Probleme mit Grenzen, Affektkontrolle und Dissoziation dargestellt. Anschließend wird anhand von Beispielsequenzen der Therapie die Traumabewältigung im Spiel verdeutlicht. Vor diesem Hintergrund werden Grundlagen der Personenzentrierung in der Arbeit mit traumatisierten Menschen erlutert.
Hsson, Dorothea	2022	Personenzentriertes Handeln im pädagogischen Feld	Gesprächspsychotherapie und Personenzentrierte Beratung	53	3	13-17	Carl Rogers wird in erster Linie mit der Personenzentrierten Gesprächspsychotherapie und Beratung in Verbindung gebracht. Dorothea Hsson veranschaulicht in ihrem Beitrag, welche Bedeutung der Personenzentrierte Ansatz aber darüber hinaus auch in der Pädagogik hat. So findet er sich als konzeptionelle Forderung in den unterschiedlichen pädagogischen Handlungsfeldern wieder, auch wenn er dort nicht explizit erwähnt wird. Die Autorin plädiert dafür, die personenzentrierten Kernvariablen in unterschiedlichen pädagogischen Situationen anzuwenden. Dabei erhält die Authentizität der Fachkraft ein besonderes Gewicht. Besonders in Konfliktsituationen zeigt sich der Personenzentrierte Ansatz als effektive Handlungsoption, die eingebracht werden muss, damit eine Umsetzung im Sinne der personenzentrierten Haltung stattfinden kann.

Huang, Teresa Chen-Chieh; Hill, Clara E.; Strauss, Nicole; Heyman, Michelle; Hussain, Mahum	2016	Corrective relational experiences in psychodynamic -interpersonal psychotherapy: Antecedents, types, and consequences	Journal of Counseling Psychology	63	2	183-197	In posttherapy interviews with 31 clients who had recently terminated from individual open-ended psychodynamic-interpersonal psychotherapy, 18 reported having had at least 1 corrective relational experience (CRE) during psychotherapy, whereas 13 did not report any CREs. CREs typically occurred in the context of therapeutic relationships that were primarily positive but also had minor difficulties. Therapists typically facilitated CREs by identifying or questioning client behavior patterns and conveying trustworthiness. Corrective shifts for clients typically involved a new understanding of the therapy experience and variably involved gaining a new understanding of behavior patterns. Consequences generally included improvements in the therapy relationship and intrapersonal well-being. Qualitatively, the 13 non-CRE clients more frequently reported wishing the therapist's theoretical orientation was a better match than did the 18 CRE clients. Quantitatively, the CRE clients rated themselves as having more interpersonal problems at intake on the Inventory of Interpersonal Problems-32 (Barkham, Hardy, & Startup, 1996), had marginally significant improvements in interpersonal functioning over time, rated their therapy alliances higher on the Working Alliance Inventory-Short Revised (Hatcher & Gillaspay, 2006) midtherapy, and rated their therapy alliances higher over time compared with the non-CRE clients. Implications for practice and research are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Huang, Xiaying; Wu, Haihua	2022	Effect of Predictive Nursing Combined with	Applied bionics and biomechanics	2022		4159085	To explore the influence of predictive nursing combined with emotional therapy on the rehabilitation effect and psychological state of patients with brain injury after the operation and to analyze its application value to patients

		Emotional Therapy on Rehabilitation Effect and Psychological State of Patients with Brain Injury after the Operation					<p>with brain injury after the operation. Methods. 70 postoperative patients with brain injury who went to our hospital for diagnosis and treatment were selected as the key figures of this experiment, including 31 female patients and 39 male patients. In order to ensure the uniformity of data, medical staff need to divide patients into an experimental group and a control group through the double-blind method, with 35 cases in each group. The patients in the two groups need to take the relevant diagnosis and surgical treatment measures after admission. The patients in the control group take routine nursing, providing patients with a clean and tidy ward is convenient for patients to manage nursing, and for patients to bring comfortable treatment relief. The patients in the experimental group take predictive nursing combined with emotional therapy, which is to master the basic situation of patients, according to the quality of patients, and develop comprehensive nursing measures for patients. The psychological status, complication incidence rate, treatment effectiveness, and nursing satisfaction of the two groups were compared and analyzed. Results. The psychological status, complication incidence rate, nursing efficiency, and nursing satisfaction of patients in the experimental group were significantly better than those in the control group ($P < 0.05$). Conclusion. Predictive nursing combined with emotional therapy for patients with brain injury after the operation can effectively alleviate bad mood of patients, reduce the incidence rate of complications, improve the nursing satisfaction of patients, as well as provide patients with high-quality treatment and nursing services. It has a certain clinical application value and is worth popularizing.</p>
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<p>Huber, Julia; Born, Ann-Kathrin; Claab, Christine; Ehrental, Johannes C.; Nikendei, Christoph; Schauenburg, Henning; Dinger, Ulrike</p>	<p>2019</p>	<p>Therapeutic agency, in-session behavior, and patient-therapist interaction</p>	<p>Journal of clinical psychology</p>	<p>75</p>	<p>1</p>	<p>66–78</p>	<p>OBJECTIVE The aim of this study was to investigate associations between patients' subjective agency, their observable in-session behavior, and the patient-therapist interaction during the early phase of psychotherapy.</p> <p>METHODS The sample included 52 depressed patients in psychodynamic psychotherapy. After Session 5, the patients' agency and the quality of the therapeutic alliance were assessed. Based on session recordings, two independent observers rated the patients' involvement, their interpersonal behavior, and the therapists' directiveness.</p> <p>RESULTS Higher agency was associated with stronger therapeutic alliances. Patients who indicated higher agency in their therapy participated more actively in the session and showed less hostile impact messages. Patients' agency was not related to therapists' directiveness.</p> <p>CONCLUSIONS Patients' sense of agency in psychotherapy was associated with more active involvement and affiliative interaction. The findings support the idea that patients need to feel capable of acting within and having an influence on their therapy to benefit from it.</p>
<p>Huggett, Charlotte; Gooding, Patricia; Haddock, Gillian; Quigley, Jody; Pratt, Daniel</p>	<p>2022</p>	<p>The relationship between the therapeutic alliance in psychotherapy and suicidal experiences: A</p>	<p>Clinical psychology & psychotherapy</p>	<p>29</p>	<p>4</p>	<p>1203–1235</p>	<p>Abstract It is well established that there is a fundamental need to develop a robust therapeutic alliance to achieve positive outcomes in psychotherapy. However, little is known as to how this applies to psychotherapies which reduce suicidal experiences. The current narrative review summarizes the literature which investigates the relationship between the therapeutic alliance in psychotherapy and a range of suicidal experiences prior</p>

		systematic review					to, during and following psychotherapy. Systematic searches of MEDLINE, PsycINFO, Web of Science, EMBASE and British Nursing Index were conducted. The search returned 6472 studies, of which 19 studies were eligible for the present review. Findings failed to demonstrate a clear link between suicidal experiences prior to or during psychotherapy and the subsequent development and maintenance of the therapeutic alliance during psychotherapy. However, a robust therapeutic alliance reported early on in psychotherapy was related to a subsequent reduction in suicidal ideation and attempts. Study heterogeneity, varied sample sizes and inconsistent reporting may limit the generalizability of review findings. Several recommendations are made for future psychotherapy research studies. Training and supervision of therapists should not only highlight the importance of developing and maintaining the therapeutic alliance in psychotherapy when working with people with suicidal experiences but also attune to client perceptions of relationships and concerns about discussing suicidal experiences during therapy.
Hughes, Daniel	2017	Dyadic Developmental Psychotherapy (DDP): An Attachment-focused Family Treatment for Developmental Trauma	ANZ J of Family Therapy (Australian and New Zealand Journal of Family Therapy)	38	4	595–605	
Hughes, Elizabeth K.; Sawyer, Susan	2019	Predictors of early response in conjoint and	European eating disorders review : the journal of	27	3	283–294	OBJECTIVE Early response, as indicated by early weight gain, in family-based treatment (FBT) for adolescent anorexia

M.; Accurso, Erin C.; Singh, Simar; Le Grange, Daniel		separated models of family-based treatment for adolescent anorexia nervosa	the Eating Disorders Association				<p>nervosa (AN) predicts remission at end of treatment. However, little is known about what factors contribute to early response. Further, no previous studies have examined early response to separated forms of FBT.</p> <p>METHOD</p> <p>Data from a randomised clinical trial of conjoint FBT and separated FBT (parent-focused treatment, PFT) were analysed to examine the timing and amount of early weight gain that predicted remission and identify factors associated with early response.</p> <p>RESULTS</p> <p>Weight gain of at least 2.80 kg in FBT (N = 55) and 2.28 kg in PFT (N = 51), by Session 5, were the best predictors of remission at end of treatment. Early response in FBT was predicted by greater paternal therapeutic alliance and lower paternal criticism. Early response in PFT was predicted by less severe eating-disorder symptoms and negative affect at baseline, lower maternal criticism, and greater adolescent therapeutic alliance.</p> <p>CONCLUSIONS</p> <p>The results confirm that early weight gain is an important prognostic indicator in both conjoint FBT and PFT and suggest that addressing negative emotion, parental criticism, and therapeutic alliance early in treatment could improve remission rates.</p>
Hull, Alastair M.; Corrigan, Frank M.	2019	The Comprehensive Resource Model®: Overview of basic affects in adversity & effective	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	19	2	130-137	<p>Abstract Much of the theoretical focus in post-traumatic stress disorder has been on the role of the amygdala, the hippocampus and the prefrontal cortex. Crucially, in unresolved traumatic experiences that underlie clinical presentations, this focus misses the brain areas key to the defence responses of fight, flight and freeze?and the associated affects of anger, fear and grief. The periaqueductal gray in the midbrain, with the</p>

		treatment for complex reactions to trauma					<p>hypothalamus, is essential for these somatic and emotional responses to traumatic experiences. We argue that when treatment approaches thought to work at the higher brain levels have been ineffective, it is because they have failed to engage the midbrain and hypothalamic sources of the affective responses to the trauma and to the memory of it. Basic affects have been so overwhelming that dissociation, or a similarly protective neurochemical capping mechanism, has prevented full resolution of the affective content of the adversity. Treatment with the Comprehensive Resource Model? (CRM) aims to clear the clinically relevant residues of adverse experiences by resolving the emotional responses accessed through the body memories. When the trauma has led to overwhelming distress, and/or dissociation, there is a necessity for robust resourcing to be in place before the emotional intensity of that distress is accessed. Resourcing needs to be as proximal to the re-experience as possible to promote complete resolution and in some psychotherapy modalities, the supports provided are somewhat remote from the crucial moments of processing. Therefore, we describe how the CRM seeks to have robustly resourced states present concurrently with traumatised states to avoid overwhelming emotional distress. This allows safe entry into the deepest pain residual from the traumatic event so that it is not overwhelming during processing of the memory, and does not lead to further dissociation, allowing the individual to remain fully present throughout. This ?stepping into the affect? can then be so rapidly effective that we also argue that CRM is not an exposure treatment; re-orientation to the deepest content of the experience resolves the residual distress quickly and</p>
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							permanently through memory reconsolidation. Re-learning at upper brain levels will then follow from the revoking of the affective power, which has previously driven stimulus/context and response learning in the amygdala, hippocampus and prefrontal cortex.
Hume, Romy	2022	Show Me the Real You: Enhanced Expression of Rogerian Conditions in Therapeutic Relationship Building with Autistic Adults	Autism in adulthood : challenges and management	4	2	151-163	BACKGROUND: Research in psychotherapy and counseling theory has shown the importance of a strong therapeutic relationship. However, in the context of working with autistic adults, the relationship appears to be de-emphasized, or "different approaches" are recommended without specifying these. Neglect of relationship building may contribute to autistic adults' negative experiences with health care professionals identified in previous studies. METHODS: I interviewed 17 autistic adults about their relationship building experiences with a wide range of professionals primarily from mental and medical health backgrounds. I also interviewed two mental health counselors and one psychologist who had experience working with this client group and had been recommended by autistic participants. I elicited best practice recommendations from all participants. I analyzed the data in an interpretive-interactionist framework and present them through creative analytic practice. FINDINGS: I address one major theme in this article: the importance of Rogerian/person-centered relationship conditions. All had to be practiced in an enhanced way: (1) Enhanced congruence could be demonstrated through therapist self-disclosure and refraining from phony relationship building "techniques" such as vocal adjustments. (2) Enhanced empathy could be demonstrated through genuine listening and accurate interpretation; however, interpretation needed to be phrased tentatively. (3)

							Enhanced unconditional positive regard could be demonstrated through explicit verbal expression, practical demonstration, and remembering. CONCLUSIONS: Results largely mirrored research with non-autistic populations: different approaches were not needed for relationship building. Participants emphasized the importance of Rogers' person-centered conditions and described pivotal relationship building moments associated with enhanced expression of these conditions.
Hundt, Natalie E.; Helm, Ashley; Smith, Tracey L.; Lamkin, Joanna; Cully, Jeffrey A.; Stanley, Melinda A.	2018	Failure to engage: A qualitative study of veterans who decline evidence-based psychotherapies for PTSD	Psychological Services	15	4	536–542	Low engagement in posttraumatic stress disorder (PTSD) psychotherapy is a common problem in the U.S. Department of Veteran Affairs (VA), with up to half of veterans who are referred to an evidence-based psychotherapy failing to engage in that treatment. Prior research has focused on identifying general barriers to mental health treatment rather than barriers specific to evidence-based treatments for PTSD. The purpose of the current study was to identify barriers for veterans who referred specifically for evidence-based psychotherapy (i.e., cognitive processing therapy or prolonged exposure) but who did not attend any sessions of those psychotherapies. Qualitative interviews (N = 24) were used to gain a better understanding of the experiences and attitudes of these veterans. Most veterans reported multiple barriers to treatment engagement (M = 4.2 barriers), suggesting that an accumulation of barriers contributes to poor engagement. Barriers fell into 5 categories: practical, knowledge, emotional, therapy-related, and VA-system-related. The most-endorsed category, mentioned by two thirds of the sample, was VA-system-related barriers, including inefficiencies and delays, negative experiences with VA staff and providers,

							discomfort with the VA environment, and difficulty navigating the VA system. Veterans' experienced barriers to beginning PE and CPT were diverse but, overall, highlighted the need to transform the VA to a more patient-centered model of care. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Hundt, Natalie E.; Smith, Tracey L.; Fortney, John C.; Cully, Jeffrey A.; Stanley, Melinda A.	2019	A qualitative study of veterans' mixed emotional reactions to receiving a PTSD diagnosis	Psychological Services		19 39- 14 8X(Ele ctr oni c), 15 41- 15 59(Pri nt)	687-692	Many veterans do not engage in needed mental health care. To address this problem, we need to understand these patients' experiences from the very start of their care, which includes the assessment and diagnosis process and the communication of that diagnosis to the patient. The patient's reaction to this process can set the tone for the patient's relationship with the mental health system and his or her therapist, yet therapists often receive little training in how to most effectively provide a diagnosis to patients. Prior research has examined emotional reactions to receiving a psychotic spectrum diagnosis, which sometimes included both positive and negative reactions, but to the authors' knowledge, no work has examined reactions to receiving a posttraumatic stress disorder (PTSD) diagnosis. This qualitative study expands upon that work by examining common reactions to receipt of a PTSD diagnosis among low treatment-engaging veterans, changes in that reaction over the first few weeks postdiagnosis, and differences among reactions across veterans who initiate versus refuse evidence-based psychotherapy. Among 50 participants, self-reported reactions were categorized as positive, neutral, and negative. Positive reactions included validation, hope, and proactivity; neutral reactions included confusion, uncertainty, and acceptance; and negative reactions included shock, denial, and fear of stigma. We discuss recommendations for therapists in

						providing diagnoses in a patient-centered, cognitive-behavioral therapy-consistent way, to maximize the chances of engaging patients into mental health care. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hunt, G. E.; Siegfried, N.; Morley, K.; Brooke-Sumner, C.; Cleary, M.	2019	Psychosocial interventions for people with both severe mental illness and substance misuse	Cochrane Database of Systematic Reviews	12(12):CD010888. doi:10.1002/14651858.cd010888.pub4	12	Abstract - Background Even low levels of substance misuse by people with a severe mental illness can have detrimental effects. Objectives To assess the effects of psychosocial interventions for reduction in substance use in people with a serious mental illness compared with standard care. Search methods The Information Specialist of the Cochrane Schizophrenia Group (CSG) searched the CSG Trials Register (2 May 2018), which is based on regular searches of major medical and scientific databases. Selection criteria We included all randomised controlled trials (RCTs) comparing psychosocial interventions for substance misuse with standard care in people with serious mental illness. Data collection and analysis Review authors independently selected studies, extracted data and appraised study quality. For binary outcomes, we calculated standard estimates of risk ratio (RR) and their 95% confidence intervals (CIs) on an intention-to-treat basis. For continuous outcomes, we calculated the mean difference (MD) between groups. Where meta-analyses were possible, we pooled data using a random-effects model. Using the GRADE approach, we identified seven patient-centred outcomes and assessed the quality of evidence for these within each comparison. Main results Our review now includes 41 trials with a total of 4024 participants. We have identified nine comparisons within the included trials and present a summary of our main findings for seven of these below. We were unable to summarise many findings due

						<p>to skewed data or because trials did not measure the outcome of interest. In general, evidence was rated as low- or very-low quality due to high or unclear risks of bias because of poor trial methods, or inadequately reported methods, and imprecision due to small sample sizes, low event rates and wide confidence intervals. 1. Integrated models of care versus standard care (36 months) No clear differences were found between treatment groups for loss to treatment (RR 1.09, 95% CI 0.82 to 1.45; participants = 603; studies = 3; low-quality evidence), death (RR 1.18, 95% CI 0.39 to 3.57; participants = 421; studies = 2; low-quality evidence), alcohol use (RR 1.15, 95% CI 0.84 to 1.56; participants = 143; studies = 1; low-quality evidence), substance use (drug) (RR 0.89, 95% CI 0.63 to 1.25; participants = 85; studies = 1; low-quality evidence), global assessment of functioning (GAF) scores (MD 0.40, 95% CI -2.47 to 3.27; participants = 170; studies = 1; low-quality evidence), or general life satisfaction (QOLI) scores (MD 0.10, 95% CI -0.18 to 0.38; participants = 373; studies = 2; moderate-quality evidence). 2. Non-integrated models of care versus standard care There was no clear difference between treatment groups for numbers lost to treatment at 12 months (RR 1.21, 95% CI 0.73 to 1.99; participants = 134; studies = 3; very low-quality evidence). 3. Cognitive behavioural therapy (CBT) versus standard care There was no clear difference between treatment groups for numbers lost to treatment at three months (RR 1.12, 95% CI 0.44 to 2.86; participants = 152; studies = 2; low-quality evidence), cannabis use at six months (RR 1.30, 95% CI 0.79 to 2.15; participants = 47; studies = 1; very low-quality evidence) or mental state insight (IS) scores by three months (MD 0.52, 95% CI -0.78 to 1.82;</p>
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						<p>participants = 105; studies = 1; low-quality evidence). 4. Contingency management versus standard care We found no clear differences between treatment groups for numbers lost to treatment at three months (RR 1.55, 95% CI 1.13 to 2.11; participants = 255; studies = 2; moderate-quality evidence), number of stimulant positive urine tests at six months (RR 0.83, 95% CI 0.65 to 1.06; participants = 176; studies = 1) or hospitalisations (RR 0.21, 95% CI 0.05 to 0.93; participants = 176; studies = 1); both low-quality evidence . 5. Motivational interviewing (MI) versus standard care We found no clear differences between treatment groups for numbers lost to treatment at six months (RR 1.71, 95% CI 0.63 to 4.64; participants = 62; studies = 1). A clear difference, favouring MI, was observed for abstaining from alcohol (RR 0.36, 95% CI 0.17 to 0.75; participants = 28; studies = 1) but not other substances (MD -0.07, 95% CI -0.56 to 0.42; participants = 89; studies = 1), and no differences were observed in mental state general severity (SCL-90-R) scores (MD -0.19, 95% CI -0.59 to 0.21; participants = 30; studies = 1). All very low-quality evidence. 6. Skills training versus standard care At 12 months, there were no clear differences between treatment groups for numbers lost to treatment (RR 1.42, 95% CI 0.20 to 10.10; participants = 122; studies = 3) or death (RR 0.15, 95% CI 0.02 to 1.42; participants = 121; studies = 1) . Very low-quality, and low-quality evidence, respectively. 7. CBT + MI versus standard care At 12 months, there was no clear difference between treatment groups for numbers lost to treatment (RR 0.99, 95% CI 0.62 to 1.59; participants = 327; studies = 1; low-quality evidence), number of deaths (RR 0.60, 95% CI 0.20 to 1.76; participants = 603; studies = 4; low-quality evidence), relapse (RR 0.50, 95% CI 0.24 to 1.04;</p>
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						<p>participants = 36; studies = 1; very low-quality evidence), or GAF scores (MD 1.24, 95% CI -1.86 to 4.34; participants = 445; studies = 4; very low-quality evidence). There was also no clear difference in reduction of drug use by six months (MD 0.19, 95% CI -0.22 to 0.60; participants = 119; studies = 1; low-quality evidence). Authors' conclusions We included 41 RCTs but were unable to use much data for analyses. There is currently no high-quality evidence to support any one psychosocial treatment over standard care for important outcomes such as remaining in treatment, reduction in substance use or improving mental or global state in people with serious mental illnesses and substance misuse. Furthermore, methodological difficulties exist which hinder pooling and interpreting results. Further high-quality trials are required which address these concerns and improve the evidence in this important area. Plain language summary Psychosocial interventions for people with both severe mental illness and substance misuse. What is the aim of this review? The aim of this Cochrane Review is to find out if psychosocial interventions aimed at reducing substance abuse in people with a serious mental illness improve patient outcomes compared to standard care. Researchers in the Cochrane collected and analysed all relevant studies that randomly allocated people with severe mental illness and substance misuse to a psychosocial treatment or standard care to answer this question and found 41 relevant studies. Key message From these 41 studies we did not find any high-quality evidence to support any one psychosocial intervention over standard care. However, the differences in study designs made comparisons between studies problematic. What was studied in the review? “Dual”</p>
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						<p>diagnosis is the term used to describe people who have a mental health problem and also have problems with drugs or alcohol. In some areas, over 50% of all those with a serious mental illness (these include schizophrenia, bipolar disorders and major depression) will have problems with drugs or alcohol that have negative and damaging effects on the illness symptoms and the way their medication works. People who have substance misuse problems can be treated via a variety of psychosocial interventions. These include motivational interviewing, or MI, that looks at people's motivation for change; cognitive behavioural therapy, or CBT, which helps people adapt their behaviour by improving coping strategies; contingency management which rewards patients to abstain from taking substances, psycho-education for patients and their carers or family, group and individual skills training. Other interventions include provider-oriented long-term interventions unifying services to provide integrated treatment so patients do not have to negotiate separate mental health and substance abuse treatment programmes. Integrated care is often linked to assertive community treatment (ACT) for patients with a dual diagnosis. There are a variety of psychosocial interventions that can be added to routine care and these can be provided individually or in various combinations. Currently, we do not know if any psychosocial treatment is better or worse than standard care or if they work better given in combination or individually. What are the main results of the review? The review found 41 relevant studies with a total of 4024 people. These studies looked at a variety of different psychosocial interventions (including CBT, MI, skills training, integrated models of care and contingency</p>
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							management) and compared them to standard care (the care a participant in the trial would normally receive). Main results showed there was: 1. no real difference in terms of numbers lost to treatment (low-quality evidence); 2. no real difference in terms of death (low-quality evidence); 3. no real difference in alcohol or substance used (low-quality evidence); 4. no real difference in global functioning or general life satisfaction (low- to moderate-quality evidence). In addition, studies had high numbers of people leaving early, differences in outcomes measured, and differing ways in which psychosocial interventions were delivered. More large-scale, high-quality and better reported studies are required to address these shortcomings. This will better address whether psychosocial interventions are effective for people with serious mental illness and substance misuse problems. How up-to-date is this review? The review authors searched for studies that had been published up to October 2018.
Hunter, Leah J.; DiPerna, James C.; Hart, Susan Crandall; Crowley, Max	2018	At what cost? Examining the cost effectiveness of a universal social-emotional learning program	School Psychology Quarterly	33	1	147-154	Although implementation of universal social-emotional learning programs is becoming more common in schools, few studies have examined the cost-effectiveness of such programs. As such, the purpose of this article is two fold. First, we provide an overview of cost-effectiveness methods for school-based programs, and second, we share results of a cost-effectiveness analysis (CEA) of a universal social-emotional learning (SEL) program, the Social Skills Improvement System—Classwide Intervention Program (SSIS-CIP; Elliott & Gresham, 2007). Specifically, we compared the cost-effectiveness of SSIS-CIP implementation across first- and second-grade classrooms, and results indicated that second grade is the more cost-effective option for implementing the SSIS-

							CIP. Several considerations are discussed regarding cost-effectiveness analysis of universal SEL programs as well as the importance of using CEA results to inform programming decisions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hurley, John; Lakeman, Richard; Linsley, Paul; Ramsay, Mike; Mckenna-Lawson, Stephen	2022	Utilizing the mental health nursing workforce: A scoping review of mental health nursing clinical roles and identities	Int J Mental Health Nurs (International Journal of Mental Health Nursing)	31	4	796-822	Abstract Despite rising international needs for mental health practitioners, the mental health nursing workforce is underutilized. This is in part due to limited understandings of their roles, identities, and capabilities. This paper aimed to collate and synthesize published research on the clinical roles of mental health nurses in order to systematically clarify their professional identity and potential. We searched for eligible studies, published between 2001 and 2021, in five electronic databases. Abstracts of retrieved studies were independently screened against exclusion and inclusion criteria (primarily that studies reported on the outcomes associated with mental health nursing roles). Decisions of whether to include studies were through researcher consensus guided by the criteria. The search yielded 324 records, of which 47 were included. Retained papers primarily focused on three themes related to mental health nursing clinical roles and capabilities. Technical roles included those associated with psychotherapy, consumer safety, and diagnosis. Non-technical roles and capabilities were also described. These included emotional intelligence, advanced communication, and reduction of power differentials. Thirdly, the retained papers reported the generative contexts that influenced clinical roles. These included prolonged proximity with consumers with tensions between therapeutic and custodial roles. The results of this scoping review suggest the mental health nurses (MHNs) have a wide scope of

							technical skills which they employ in clinical practice. These roles are informed by a distinctive cluster of non-technical capabilities to promote the well-being of service users. They are an adaptable and underutilized component of the mental health workforce in a context of escalating unmet needs for expert mental health care.
Huston, Jonathan; Meier, Scott; Faith, Myles; Reynolds, Amy	2019	Exploratory study of automated linguistic analysis for progress monitoring and outcome assessment	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	3	321–328	Abstract Objective The most successful approach to dealing with treatment failure employs progress monitoring and outcome assessment (PMOA) measures that enable clinicians to identify clients who are failing to progress. On the basis of previous research indicating that word use relates to individuals' psychological characteristics as well as clinical outcomes, we investigated automated linguistic analysis of client speech as an alternative PMOA approach. Methods We employed the Linguistic Inquiry and Word Count (LIWC) program to study the language of a subset of 12 clients from the York I Depression Study. Automated analyses examined transcripts of 24 individual psychotherapy sessions, one early in treatment (T1) and one late in treatment (T2), split between six good and six poor outcome cases. Results Good outcomes were associated with more positive emotion words and fewer past focus words and negation words at T1. Logistic regression models predicted good versus poor treatment outcome for 70%–82% of transcripts. However, analyses failed to support the hypothesis that language use patterns changed from T1 to T2 during the course of therapy. Conclusions Clinicians have been slow to adopt PMOA measures as part of routine practice, partially as a result of additional paperwork and time burdens. Automated analysis of client language provides one alternative method for decreasing client and therapist workload. This

							study's results, while mixed, provide evidence that additional research should be conducted to investigate the potential for LIWC and other automated measures to provide PMOA data for clinical feedback.
Hutchby, Ian; Dart, Alison	2019	The interactional workings of laughter in group supervision for psychotherapeutic counsellors	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	2	167-175	
Hutterer-Krisch, Renate	2018	Frustrationen als Chance - Paardynamische Beitrge der Integrativen Gestalttherapie					Paardynamische Beitrge der Integrativen Gestalttherapie werden unter besonderer Bercksichtigung von Frustrationen der Paardynamik dargestellt. Zentrale Aspekte sind paardynamische Risikofaktoren wie Angst und Ohnmacht. Beschrieben werden zunchst Konzepte und Interventionen nach J. Zinker, insbesondere Gestaltzyklus und interaktiver Zyklus. Eingegangen wird dabei auf die Phase der Bewusstheit und Strungen in der Bewusstheitsphase, auf die Phase der Energie/Aktion und Strungen in der Energie-/Aktionsphase, auf die Phase des Kontakts und Strungen in der Kontaktphase, auf die Phase der Resolution/Abschluss, auf die Phase des Rckzugs und Strungen in der Rckzugsphase sowie auf die spezifischen Indikationen in den genannten Phasen. Anschlieend werden verinnerlichte Paarbeziehungsmuster nach A. Teachworth und die Selbstorganisation und Paardynamik nach H. Beaumont besprochen.
Huxley, Elizabeth; Lewis, Kate L.; Coates, Adam	2019	Evaluation of a brief intervention within a stepped	BMC psychiatry	19	1	341	BACKGROUND: Although there is growing evidence that stepped models of care are useful for providing appropriate, person centered care, there are very few studies applied to personality disorders. A brief, four

<p>D.; Borg, Wayne M.; Miller, Caitlin E.; Townsend, Michelle L.; Grenyer, Brin F. S.</p>		<p>care whole of service model for personality disorder</p>				<p>session, psychological treatment intervention for personality disorder within a whole of service stepped care model was evaluated. The intervention stepped between acute emergency crisis mental health services and longer-term outpatient treatments. METHODS: Study 1 used service utilization data from 191 individuals referred to the brief intervention at a single community health site in a metropolitan health service. Proportions of individuals retained across the intervention and the referral pathways accessed following the intervention were examined. Study 2 examined 67 individuals referred to the brief intervention across 4 different sites in metropolitan health services. A range of measures of symptoms and quality of life were administered at the first and last session of the intervention. Effect sizes were calculated to examine mean changes across the course of the intervention. RESULTS: Study 1 found that 84.29% of individuals referred to the intervention attended at least 1 session, 60.21% attended 2 sessions or more and 41.89% attended 3 or more sessions. 13.61% of the sample required their care to be "stepped up" within the service, whereas 29.31% were referred to other treatment providers following referral to the intervention. Study 2 found a significant reduction in borderline personality disorder symptom severity and distress following the intervention, and an increase in quality of life. The largest reduction was found for suicidal ideation (d = 1.01). CONCLUSIONS: Brief psychological intervention was a useful step between acute services and longer-term treatments in this stepped model of care for personality disorder. Suicide risk and symptom severity reduced and quality of life improved, with only a small proportion of</p>
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							individuals requiring ongoing support from the health service following the intervention.
Hwang, Youngsub; Kwon, Jeong-Yi; Cho, Joongbum; Choi, Jaeyoung	2023	Individualized Goal Setting for Pediatric Intensive Care Unit-Based Rehabilitation Using the Canadian Occupational Performance Measure	Children (Basel, Switzerland)	10	6		The Canadian Occupational Performance Measure (COPM) is a client-centered outcome measure that facilitates the prioritization of individualized interventions. Given the rising emphasis on individualized intervention in pediatric intensive care units (PICUs), this cross-sectional study aimed to explore caregivers' perspectives on their children's functional goals within PICUs. From 1 September 2020 to 26 June 2022, caregivers of 41 children aged 1-18 years completed the COPM within 48 h of PICU admission. The study also explored the clinical variables predicting a high number of occupational performance goals ($\geq 4/5$). Out of 190 goals proposed by caregivers, 87 (45.8%) pertained to occupational performance, while 103 (54.2%) were related to personal factors. Among the occupational performance goals, the majority were associated with functional mobility (55; 28.9%), followed by personal care (29; 15.2%) and quiet recreation (3; 1.6%). Among personal goals, physiological factors (68; 35.8%) were most common, followed by physical factors (35; 18.4%). We found caregiver anxiety, measured by the State-Trait Anxiety Inventory-State, to be a significant predictor of the number of occupational performance goals. These findings underscore the importance of caregiver psychological assessment in the PICU to facilitate personalized goal setting and improve rehabilitation outcomes.
Hynie, Michaela; Jaimes, Annie; Oda, Anna;	2022	Assessing Virtual Mental Health Access for Refugees	International journal of environmental	19	9		During the COVID-19 pandemic, mental health services rapidly transitioned to virtual care. Although such services can improve access for underserved populations, they may also present unique challenges,

Rivest-Beauregard, Marjolaine; Perez Gonzalez, Laura; Ives, Nicole; Ahmad, Farah; Kuo, Ben C. H.; Arya, Neil; Bokore, Nimo; McKenzie, Kwame		during the COVID-19 Pandemic Using the Levesque Client-Centered Framework: What Have We Learned and How Will We Plan for the Future?	research and public health				especially for refugee newcomers. This study examined the multidimensional nature of access to virtual mental health (VMH) care for refugee newcomers during the COVID-19 pandemic, using Levesque et al.'s Client-Centered Framework for Assessing Access to Health Care. One hundred and eight structured and semi structured interviews were conducted in four Canadian provinces (8 community leaders, 37 newcomer clients, 63 mental health or service providers or managers). Deductive qualitative analysis, based on the Client-Centered Framework, identified several overarching themes: challenges due to the cost and complexity of using technology; comfort for VMH outside clinical settings; sustainability post-COVID-19; and communication and the therapeutic alliance. Mental health organizations, community organizations, and service providers can improve access to (virtual) mental health care for refugee newcomers by addressing cultural and structural barriers, tailoring services, and offering choice and flexibility to newcomers.
Ibrahim, Maliha; Levy, Suzanne; Gallop, Bob; Krauthamer Ewing, Stephanie; Hogue, Aaron; Chou, Jessica; Diamond, Guy	2022	Therapist Adherence to Two Treatments for Adolescent Suicide Risk: Association to Outcomes and Role of Therapeutic Alliance	Family process	61	1	183-197	In psychotherapy research, adherence refers to the extent to which therapists deliver a treatment as intended. This study examined whether therapist adherence to two different manualized treatments was associated with improved client outcomes and whether the association was moderated by therapeutic alliance. The study sample included 320 video recordings of therapy sessions from 118 cases in a randomized controlled trial (RCT) comparing attachment-based family therapy (ABFT) with family-enhanced nondirective supportive therapy (FE-NST). Recordings were selected from early, middle, and late stages of treatment. The adherence measure consisted of 24 items representing essential therapist

							<p>interventions from both treatments. Trained raters coded tapes from both therapies. Adolescent self-report of alliance was measured at session 4. Adherence to ABFT was associated with a significant increase in family cohesion at mid-treatment but not at posttreatment. Adherence to FE-NST was significantly associated with an increase in suicide ideation posttreatment. Using therapeutic alliance as a moderator, adherence to ABFT was significantly associated with a reduction in suicide ideation, family conflict, and higher client satisfaction posttreatment. Alliance did not positively affect the association of FE-NST adherence to outcomes. Findings suggest that adherence to ABFT interventions may be better linked to treatment outcomes when adolescents feel a strong alliance with their therapist. Implications for future research and therapist training are explored.</p>
Ihara, Emily S.; Tompkins, Catherine J.; Inoue, Megumi; Sonneman, Sonya	2019	Results from a person-centered music intervention for individuals living with dementia	Geriatrics & gerontology international	19	1	30–34	<p>AIM: Dementia is a chronic, costly disease affecting millions of people worldwide. Effective, affordable person-centered interventions are required to improve the lived experiences of individuals with dementia and their caregivers in various care settings. The present study examined the effects of a person-centered music listening intervention on mood, agitation and social engagement for individuals living with dementia.</p> <p>METHODS: This quasi-experimental study was carried out with participants at five community-based adult day health centers (n = 51). Standardized instruments were used to measure mood and agitation, and in-person and video-recorded observations of participant behavior were used to analyze changes before, during and after the intervention across four domains: mood, agitation, connecting to music and engaging socially. Within-person differences were examined using the Wilcoxon signed</p>

							rank test, and between-group differences were examined using the Mann-Whitney U-test. RESULTS: Although standardized instruments did not yield statistically significant results, the behavioral observations showed a positive change in mood and a decrease in agitation. From pre- to post-intervention, there were statistically significant increases in joy, eye contact, eye movement, being engaged and talkativeness, and a decrease in sleeping and moving or dancing. CONCLUSIONS: Behavioral observations show the positive impact a person-centered music listening intervention might have on individuals living with dementia and attending adult day health centers. This affordable intervention provides a useful tool for caregivers that might improve the day-to-day experience of individuals living with dementia. Geriatr Gerontol Int 2019; 19: 30-34.
Ikemi, Akira	2019	A Portrait of the Person Seen Through the Four Dimensions of Focusing	The Journal of Humanistic Counseling (The Journal of Humanistic Counseling)	58	3	233–248	Abstract In this article, the author examines how a person may be viewed through 4 dimensions of focusing: experiencing, reexperiencing, space, and the body. Elaborating on the theory and relevance to psychotherapy of each dimension, the author portrays a mindful, experiencing, sensing person who stands in the openness of not knowing; taps into the body as a resource to navigate life; creates new, fluid understandings of self and life; cocreates meaning with others; and lives forward with these novel meanings.
Indumathi, Mylanayakanah osahalli Chandrashekar; Swetha, Kamatam; Abhilasha,	2023	Selenium Ameliorates Acetaminophen-Induced Oxidative Stress via MAPK and	Biological trace element research				Overdose of acetaminophen (paracetamol), a widely used non-prescriptive analgesic and antipyretic medication, is one of the main causes of drug-induced acute liver failure around the world. Oxidative stress contributes to this hepatotoxicity. Antioxidants are known to protect the liver from oxidative stress. Selenium, a potent antioxidant, is a commonly used micronutrient.

<p>Kandahalli Venkatarangana yaka; Siddappa, Shiva; Kumar, Shivamadhaiah Manjula; Prasad, Govinda Keerthi; Chen, Chu-Huang; Marathe, Gopal Kedihithlu</p>		<p>Nrf2 Pathways in Mice</p>					<p>Here, we evaluated the protective effect of selenium on acetaminophen-induced hepatotoxicity. Treating Wistar albino mice with sodium selenite (1 mg/kg) before or after inducing hepatotoxicity with acetaminophen (150 mg/kg) significantly reduced the levels of liver injury biomarkers such as serum glutamate oxaloacetate transaminase and serum glutamate pyruvate transaminase. In addition, selenium-treated mice showed decreased levels of oxidative stress markers such as protein carbonyls and myeloperoxidase. Acetaminophen treatment stimulated all three mitogen-activated protein kinases (MAPKs) and Keap1 and decreased the expression of nuclear factor erythroid 2-related factor 2 (Nrf2) and heme oxygenase-1 in liver and in isolated mouse peritoneal macrophages, which was reversed by selenium treatment. Our findings suggest that the reactive oxygen species-mediated Nrf2 and MAPK pathways are critical players in acetaminophen-induced hepatotoxicity. These key findings offer an alternative therapeutic target for addressing acetaminophen-induced hepatotoxicity.</p>
<p>Isaac, Mathew S.</p>	<p>2023</p>	<p>The cure effect: Individuals demand universal access for health treatments that claim to eliminate disease symptoms</p>	<p>Journal of Experimental Psychology: Applied</p>	<p>29</p>	<p>3</p>	<p>544–556</p>	<p>The present research documents a cure effect, whereby individuals are more likely to demand affordable prices when health treatments (e.g., drugs, medications, therapies) claim to eliminate (vs. reduce) disease symptoms. This preference for low-priced “cures” contradicts the fundamental premise of value-based pricing, which would expect individuals to tolerate higher prices for cures because they are putatively more effective and therefore more valuable. Five studies with over 2,500 participants provide robust evidence for the cure effect and show that it occurs because individuals judge a health treatment’s acceptable price by focusing predominantly on its communal value rather than its</p>

							market value. Given that cures are associated with maximal effectiveness, they are disproportionately endowed with communal value and more likely to yield price judgments that reflect concerns about universal access. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Isele, Gabriele	2020	Gendergerechte Sprache und Schreibweise - Problem und Herausforderung	Gesprchspsych otherapie und Personzentrierte Beratung	51	2	27	Reflektiert wird die Notwendigkeit, der Nutzen und mgliche Probleme des Verwendens einer mglichst gender-sensiblen Sprache und Schreibweise.
Isele, Gabriele	2020	Moral und Recht	Gesprchspsych otherapie und Personzentrierte Beratung	51	1	38	Diskutiert wird das Verhltnis von Moral und Recht in der heutigen Gesellschaft. Dabei werden beide Begriffe kurz umschrieben und in ihren jeweiligen Geltungsbereichen gegenber gestellt. Recht und Moral mssten in einem freiheitlich-demokratischen Staatswesen getrennt sein. Das Recht msse verschiedene Meinungen und Lebensweisen schtzen, die Brgerinnen und Brger mssten innerhalb dieses rechtlich gltigen Rahmens moralische Regeln aufstellen und aushandeln knnen.
Isele, Gabriele	2023	Knstliche Intelligenz, maschinelles Lernen und menschliche Arbeit	Gesprchspsych otherapie und Personzentrierte Beratung	54	2	32	Kein Abstract verfgrbar.
IsHak, Waguih W.	2022	Personalized Treatments for Depressive Symptoms in Patients with	Journal of the Academy of Consultation-Liaison Psychiatry	63		S226-S227	

		Advanced Heart Failure					
IsHak, Waguih William; Korouri, Samuel; Darwish, Tarneem; Vanle, Brigitte; Dang, Jonathan; Edwards, Gabriel; Black, Jeanne T.; Aronow, Harriet; Kimchi, Asher; Spiegel, Brennan; Hedrick, Rebecca; Chernoff, Robert; Diniz, Marcio A.; Mirocha, James; Manoukian, Vicki; Harold, John; Ong, Michael K.; Wells, Kenneth; Hamilton, Michele; Danovitch, Itai	2021	Personalized treatments for depressive symptoms in patients with advanced heart failure: A pragmatic randomized controlled trial	PloS one	16	1	e0244453	<p>OBJECTIVES Heart Failure is a chronic syndrome affecting over 5.7 million in the US and 26 million adults worldwide with nearly 50% experiencing depressive symptoms. The objective of the study is to compare the effects of two evidence-based treatment options for adult patients with depression and advanced heart failure, on depressive symptom severity, physical and mental health related quality of life (HRQoL), heart-failure specific quality of life, caregiver burden, morbidity, and mortality at 3, 6 and 12-months.</p> <p>METHODS Trial design. Pragmatic, randomized, comparative effectiveness trial. Interventions. The treatment interventions are: (1) Behavioral Activation (BA), a patient-centered psychotherapy which emphasizes engagement in enjoyable and valued personalized activities as selected by the patient; or (2) Antidepressant Medication Management administered using the collaborative care model (MEDS). Participants. Adults aged 18 and over with advanced heart failure (defined as New York Heart Association (NYHA) Class II, III, and IV) and depression (defined as a score of 10 or above on the PHQ-9 and confirmed by the MINI International Neuropsychiatric Interview for the DSM-5) selected from all patients at Cedars-Sinai Medical Center who are admitted with heart failure and all patients presenting to the outpatient programs of the Smidt Heart Institute at Cedars-Sinai Medical Center. We plan to randomize 416 patients to BA or MEDS, with an estimated 28% loss to follow-up/inability to collect follow-up data. Thus, we plan to</p>

							<p>include 150 in each group for a total of 300 participants from which data after randomization will be collected and analyzed.</p> <p>CONCLUSIONS</p> <p>The current trial is the first to compare the impact of BA and MEDS on depressive symptoms, quality of life, caregiver burden, morbidity, and mortality in patients with depression and advanced heart failure. The trial will provide novel results that will be disseminated and implemented into a wide range of current practice settings.</p> <p>REGISTRATION</p> <p>ClinicalTrials.Gov Identifier: NCT03688100.</p>
Iwakabe, Shigeru; Conceicao, Nuno	2016	Metatherapeutic processing as a change-based therapeutic immediacy task: Building an initial process model using a task-analytic research strategy	Journal of Psychotherapy Integration	26	3	230-247	<p>The present study examined one particular class of therapeutic immediacy events called metatherapeutic processing in accelerated experiential dynamic psychotherapy (AEDP), in which a piece of successful therapeutic work just completed is reviewed and processed by both therapist and client. A task-analytic research strategy was used to analyze 4 clear and exemplary instances of metatherapeutic processing in videotaped sessions conducted by the developer of the approach. A process model was generated in which the therapist's interventions were represented at the level of change principles, and clients' change processes were represented along both affective and reflective tracks. Therapist interventions followed 4 principles of change: affirmation, attunement, somatic and experiential focusing, and restructuring. The affective track in the client change processes had 4 components: relief, enlivenment, grief, and peacefulness, while the reflective track had 3 components: self-affirmation, becoming aware of self-limiting beliefs and behavior, and engaging</p>

							in new emotional coping. Central to metatherapeutic processing events was the change process associated with tracking and processing the experience of positive emotions that organically emerged from successful work with painful emotional experiences. The implications of actively working with clients' spontaneously emergent positive emotional experiences during metatherapeutic processing will be addressed in relation to therapeutic immediacy, the broaden-and-build theory of positive emotions, and psychotherapy training and practice. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Iwakabe, Shigeru; Edlin, Jenn; Thoma, Nathan	2022	A phenomenological case study of accelerated experiential dynamic psychotherapy: The experience of change in the initial session from a client perspective	Journal of Psychotherapy Integration	32	4	363–376	We present a single case phenomenological study of a client's subjective experience of the initial session of accelerated experiential dynamic psychotherapy (AEDP; Fosha, 2021). It investigates the AEDP phenomenon of healing from the get-go, therapeutic experiences that can begin in the very first session, by examining an example in which the client felt particularly impacted by the very first session. The client was an adult male in his 40s experiencing emotional "deadness." The therapist was the originator of AEDP. The client was interviewed for 2 hr about his subjective experience in the initial session of therapy. The data were analyzed using the interpretative phenomenological approach. Eight themes were found in three domains. Three themes were found in the domain of the therapist and therapeutic relationship: extraordinary empathy, unequivocal affirmation, and profound connection. Two themes were found in the domain of significant in-session experiences: integrating the emotional self and welcoming change and accompanying positive emotions. Finally, three themes were found in the domain of general change: practicing emotional

							competence, deep transformation, and energy aliveness and positivity. Therapeutic relational conditions set a stage for the dyad to access the client's core issues or the source of suffering as well as his internal resources and strengths from the beginning of therapy and to produce positive emotions such as a sense of achievement in doing so. These themes will be discussed in relation to the in-session exchanges between the therapist and the client. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Iwakabe, Shigeru; Edlin, Jennifer; Fosha, Diana; Gretton, Heather; Joseph, Andrew J.; Nunnink, Sarah E.; Nakamura, Kaori; Thoma, Nathan C.	2020	The effectiveness of accelerated experiential dynamic psychotherapy (AEDP) in private practice settings: A transdiagnostic study conducted within the context of a practice-research network	Psychotherapy	57	4	548–561	Accelerated experiential dynamic psychotherapy (AEDP) is an integrative model of psychotherapy that brings together relational and experiential work, with the aim of not only alleviating suffering but also bringing about flourishing. The present study took place within a developing AEDP practice research network and examined outcomes for 62 self-referred adults treated using a 16-session format of AEDP treatment. Participants completed self-report measures before and following treatment. Measures assessed a variety of psychological problems, subjective distress, as well as aspects of positive psychological functioning. Treatment occurred in naturalistic independent practice outpatient settings in the United States, Canada, Israel, Japan, and Sweden. Large effect sizes ($d > 0.80$) were obtained for clinical problems and subjective distress. The majority of patients evidenced clinically reliable change according to Jacobson, Roberts, Berns, and McGlinchey's (1999) criteria. Effectiveness was further examined by dividing the sample into a clinical group with pervasive and severe problems and a subclinical group with fewer problems and mild severity. Within the clinical group, total and global scores on all measures improved significantly

						following treatment. Effect sizes were $d > 1.00$ for all scales. The subclinical group also demonstrated significant improvements, with effect sizes ranging from $d = 0.46$ to $d = 2.07$. These results provide initial empirical support for the effectiveness of AEDP as a model of therapy that can effect meaningful and significant improvements across a range of psychological symptoms. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Iwakabe, Shigeru; Edlin, Jennifer; Fosha, Diana; Thoma, Nathan C.; Gretton, Heather; Joseph, Andrew J.; Nakamura, Kaori		The long-term outcome of accelerated experiential dynamic psychotherapy: 6- and 12-month follow-up results	Psychotherapy	59	3	Accelerated experiential dynamic psychotherapy (AEDP; Fosha, 2000, 2021b) is an integrative, healing-oriented, mind-body, affect-focused therapy. A posttreatment outcome study demonstrated AEDP's effectiveness (Iwakabe et al., 2020) on a variety of measures of psychological functioning. This study sought to address AEDP's long-term effectiveness. As previously reported, 63 adult patients completed a 16-session AEDP treatment with qualified therapists in private practice in the United States, Canada, Israel, Japan, and Sweden. Forty patients responded to 6-month follow-up and 52 responded to 12-month follow-up. Results indicate that patients maintained their posttreatment therapeutic gains, both 6 and 12 months later. Large effect sizes ($d = 0.74$ to $d = 1.60$) both for reductions on measures of psychopathology (e.g., depression, negative automatic thoughts, experiential avoidance) and improvements on measures of positive mental health (e.g., well-being, self-compassion) were obtained. Patients with more pervasive and severe problems tended to have larger effect sizes (all $ds > 1.0$) and a larger proportion of them achieved clinically significant change over 6 and 12 months than patients with subclinical symptomatology. Piecewise growth modeling was used to confirm these results, with

							attrition over the follow-up period taken into account. Consistent with the above findings, piecewise growth modeling similarly showed that patients significantly improved from pre- to posttreatment and maintained gains from posttreatment through the 6- and 12-month follow-up. These results provide empirical support for the long-term effectiveness of AEDP for alleviating a variety of psychological problems and enhancing positive functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Iwakabe, Shigeru; Nakamura, Kaori; Thoma, Nathan C.	2023	Enhancing emotion regulation	Psychotherapy research : journal of the Society for Psychotherapy Research	33	7	918–945	Background: Emotion regulation (ER) refers to the process of modulating an affective experience or response. Objectives: This is a systematic review of the research on therapist methods to facilitate patient ER, including affect-focused, experiential methods that aim to enhance immediate patient emotion regulation, and structured psychoeducation, skills training in ER. Method: A total of 10 studies of immediate and intermediate outcomes of emotion regulation methods were examined. A total of 38 studies were included in the meta-analysis of distal treatment effects on emotion regulation. Results: In eight studies with 84 clients and 33 therapists, we found evidence of positive intermediate outcomes for affect-focused therapist methods and interpretations. A meta-analysis of 26 studies showed that the average effect size of ER methods from pre- to post-treatment was large ($g = 0.82$). Conclusions: Both affect-focused and structured skill training are associated with distal improvements in emotion regulation. When working with ER in psychotherapy, therapists must consider how patients' cultural backgrounds inform display rules, as well as what might be considered adaptive or maladaptive. The article

							concludes with training implications and therapeutic practices based on the research evidence.
Jacob, Gitta	2021	Auf der Gefühlsebene. Emotionsfokussierte Techniken effektiv und zielorientiert einsetzen					Der effektive und zielorientierte Einsatz emotionsfokussierter Techniken in der Psychotherapie wird beschrieben. Mittels einer Heuristik und anhand von Fallbeispielen wird vorgestellt, in welchen Situationen und mit welchen Zielen emotionsfokussierende Interventionen gut in die Sitzung eingebettet, durchgeführt und abgeschlossen werden können. Werden emotionsfokussierte Methoden richtig eingesetzt, helfen sie Patientinnen und Patienten, Emotionen zu erleben, die sie zuvor vermieden oder unterdrückt haben. So können Emotionen endlich ihre adaptive Funktion erfüllen - die Aufmerksamkeit auf grundlegende Bedürfnisse lenken und darauf, was bedeutsam ist. - Inhalt: (A) Einführung in die Arbeit mit emotionsfokussierten Techniken. (1) Was sind emotionsfokussierte Techniken? (2) Der Gegenstand emotionsfokussierter Techniken: Konflikte und Widerstand. (3) Was wird mit emotionsfokussierten Techniken angestrebt? (4) Steuerung emotionaler Prozesse. - (B) Emotionsfokussierte Techniken anwenden. (5) Der therapeutische Entscheidungsbaum. (6) Was will die Patientin, was sie nicht hat? (7) Ist das, was die Patientin will, realistisch erreichbar? (8) Wenn die Patientin unerreichbare Ziele verfolgt: Können Sie als Therapeutin damit klar, dass sie das nicht erreichen kann? (9) Wenn die Patientin erreichbare Ziele verfolgt: Warum erreicht sie sie nicht? (10) Wenn die Patientin unerreichbare Ziele verfolgt: Warum verfolgt sie sie trotzdem?
Jacobs, Selby C.	2018	The Healing Relationships in	Psychiatric services	69	7	836-837	

		Public-Sector Psychiatry	(Washington, D.C.)				
Jahn, Judith	2017	Partnerschaftliches Focusing als Selbsthilfemethode zur Bewältigung chronischer körperlicher Krankheit	Person	21	2	98–109	In einer qualitativen Studie wurde der Frage nachgegangen, ob die von E. T. Gendlin entwickelte Selbsthilfemethode "Partnerschaftliches Focusing" Menschen bei der Bewältigung einer chronischen körperlichen Krankheit unterstützt. Ferner wurde untersucht, auf welche Weise Effekte zustande kommen. Es wurden acht chronisch körperlich kranke Menschen, die regelmäßig partnerschaftlich fokussieren, entsprechend dem narrativen Interview von F. Schtze befragt. Im Ergebnis zeigten sich Anzeichen von Krankheitsbewältigung in Form von Stressreduktion, veränderter subjektiver Wahrnehmung der chronischen körperlichen Krankheit sowie Besserung oder Heilung von chronischen körperlichen Krankheitssymptomen. Dabei spielten das Erleben von Eigenständigkeit und Selbstbestimmung im Focusing-Prozess sowie die individuelle Nutzungsstrategie eine wesentliche Rolle. Eine datenbegründete Theorie zur Nutzung des Partnerschaftlichen Focusing wird zur Diskussion gestellt.
Jankowski, Peter J.; Captari, Laura E.; Sandage, Steven J.	2021	Exploring virtue ethics in psychodynamic psychotherapy: latent changes in humility, affect regulation, symptoms and well-being	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	4	983–991	

Jankowski, Peter J.; Sandage, Steven J.; Bell, Chance A.; Rupert, David; Bronstein, Miriam; Stavros, George S.	2019	Latent trajectories of change for clients at a psychodynamic training clinic	Journal of clinical psychology	75	7	1147–1168	OBJECTIVE: Employing practice-based research methods, we addressed the need to examine the effectiveness of psychodynamic treatment as a supplement to the efficacy evidence offered by randomized clinical trials. METHOD: We used person-centered analyses to generate latent subgroups of clients (N = 118; M (age) = 40.92; 53.4% female; 81.4% Caucasian; 80.5% heterosexual) receiving contemporary relational psychotherapy (CRP) at a psychodynamic community mental health training clinic. RESULTS: Subgroups of clients reported a change in depression, social conflict, and anxiety symptomatology, and overall life satisfaction, depicted by significant quadratic growth curves. Findings also offered exploratory support for a theoretical proposition from CRP that improved relational functioning would correspond to improved affect dysregulation and overall life satisfaction. CONCLUSION: Clinical and training implications highlight the need to distinguish subgroups of "responders" and "nonresponders" to inform treatment.
Jankowski, Peter J.; Sandage, Steven J.; Crabtree, Sarah A.; Owen, Jesse; Stavros, George	2023	A constructive replication of client change during psychodynamic treatment in an outpatient setting	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Jansen Estermann, Colette	2018	Auf der Suche nach Kontakt - Erfahrungen einer Gestalttherapeu					Persnliche Erfahrungen einer Gestalttherapeutin in der Arbeit mit traumatisierten Geflchteten werden prsentiert. Dabei stehen folgenden Aspekte im Mittelpunkt: die gesellschaftlichen Hintergrnde der Situation von Flchtlingen in der Schweiz; die Dynamik im Dreieck von

		tin mit traumatisierten Geflchteten					Flchtling, Dolmetschern und Gestalttherapeuten; Gestalttherapie mit Geflchteten; Kontaktsuche in der Arbeit mit Geflchteten (dargestellt anhand von vier Fallbeispielen). Abschlieend werden die Begriffe "Kontaktzyklus", "Kontaktunterbrechung" und "Kontaktgrenze" eingefhrt und erlutert.
Jauk, Emanuel; Blum, Charlotte; Hildebrandt, Malin; Lehmann, Konrad; Maliske, Lara; Kanske, Philipp	2023	Psychological and neural correlates of social affect and cognition in narcissism: A multimethod study of self-reported traits, experiential states, and behavioral and brain indicators	Personality Disorders: Theory, Research, and Treatment		19-27(23)	No Paginat n Specified -No Paginat n Specified	“Lack of empathy” is a diagnostic criterion of narcissism, but the nature of interpersonal functioning in narcissism is still being debated. Both, empathy and narcissism, are multidimensional constructs, and their relation might depend upon contextual factors. We investigated social affect and cognition in narcissism spanning self-reported traits and experiential states (Ecological Momentary Assessment) as well as behavioral and brain indicators (task-related functional magnetic resonance imaging). N = 140 individuals were selected to cover the full dimensional range of grandiose and vulnerable narcissism, including their constituent self-regulatory dimensions of agentic, antagonistic, and neurotic narcissism. Grandiose narcissism was associated with lower social affect at almost all analysis levels. The associations can be attributed to antagonistic self-regulatory dynamics, and are associated with lower brain activation during subjective experiencing of social affect in regions of the salience network. Social cognition was habitually lowered but not impaired in antagonistic narcissism. Our findings do not support a general “lack of empathy.” (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Jeanpierre, Pauline; Parant, Aymeric;	2023	Animal mediation and social bond: a	Geriatric et psychologie neuropsychiatri	21	3	384–394	Ehpad are French establishments intended to elderly people in a situation of physical and/or psychological loss of autonomy. Institutionalization in Ehpad is often synonymous with the disruption of social ties. In this

Laguetto, Vanessa		psychosocial study in Ehpad	e du vieillissement				<p>context, different group activities are likely to favour the residents' relationships. Among these activities, animal mediation is an emerging approach that is gradually being introduced in these establishments. The aim of this research is to study the benefits of animal mediation on the social bond of Ehpad residents, according to animal mediation practitioners and professionals working in these establishments. Semi-directive interviews were carried out with nine professionals working in Ehpad in daily contact with the residents and who had attended collective sessions. These professionals were invited to give their views on the interactions between residents and on the benefits of the sessions. At the same time, fifty animal mediation practitioners responded to a questionnaire aimed at determining the place given to the development of social links in their practices. The professionals working in Ehpad described animal mediation as a practice that facilitates interactions during the sessions but also outside. For residents for whom verbalization is difficult or even impossible, animal mediation is presented as facilitating non-verbal communication. These comments converge with the discourse of animal mediation practitioners who place the creation of social links and the development of social skills at the heart of their practices. They highlight the central role of the animal which facilitates interactions and provides an emotional exchange.</p>
Jecht, Gudrun; Kauka, Elke	2017	Spielerisch arbeiten. Transaktionsana lytische Therapie mit					<p>Die transaktionsanalytische Therapie mit Kindern und Jugendlichen wird beschrieben. An Fallbeispielen werden transaktionsanalytische Arbeitsweisen bei der Diagnostik und Behandlung veranschaulicht. Dabei werden unterschiedliche methodische Anstze, persnliche therapeutische Stile und Herangehensweisen sichtbar.</p>

		Kindern und Jugendlichen				<p>Gemeinsam ist allen Anstzen und Vorgehensweisen die Bedeutung des Spiels fr eine gesunde Entwicklung. - Inhalt: (A) Lebens- und Kommunikationsmuster von Kindern und Jugendlichen. (1) Elke Kauka: Ichzustnde und Kommunikation. (2) Elke Kauka: Psychologische Spiele. (3) Elke Kauka: Grundbedrfnisse - Lebensmotivation. (4) Gudrun Jecht: Gefhlswelt - Gefhle, Maschen und Maschenverhalten. (5) Gudrun Jecht: Lebensplan und der Bezugsrahmen. (6) Elke Kauka: Die Eltern-Kind-Beziehung. (7) Eva Bruning: Bindung erfordert Feinfhligkeit. (8) Gudrun Jecht: Vertrge. - (B) Die Physis - Quelle fr Wachstum und Entwicklung. - (C) Die Befreiung der Physis - Ziel des therapeutischen Handelns. (9) Gudrun Jecht und Elke Kauka: Rechilding und Childing. (10) Gudrun Jecht: Beeltern. (11) Angie Zipprich: Selbstbehauptungstraining fr Mdchen und Frauen mit kognitiver Beeintrchtigung. (12) Gudrun Jecht: Spielen, ein zentrales Element im Diagnose- und Therapieprozess. (13) Ulrike Thiersch-Jung: Beispiel einer Sandspielsequenz. (14) Dolores Munari Poda und Stefano Morena: Bilder malen - Geschichten erzhlen. berlegungen zur transaktionsanalytischen Psychotherapie von Kindern. (15) Stefano Morena: Die Geschichte steht im Mittelpunkt: Geschichten und Bilder als Therapieinstrumente bei Kindern. (16) Cetta Berardo: Matteo, der schreibende Bulle. Beratungsinterventionen in der Schule: Das Schreiben als Begleitungs- und Arbeitsinstrument. (17) Elke Kauka: Nonverbal kommunizieren. - (D) Lebens- und berlebensgeschichten von Kindern und Jugendlichen. (18) Gudrun Jecht: Depression bei Kindern und Jugendlichen. (19) Eva Bruning: Bindungsstrungen. (20) Ulrike Tiersch-Jung: "Das bin Ich!" (21) Elke Kauka: Die Kunst zu leben. - (E)</p>
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							Begleitende Elternarbeit. (22) Gudrun Jecht: Was ist in Elterngesprächen wichtig? (23) Cristina Capoferri: Neue Formen elterlicher Fürsorge: Veränderungen und Interventionsperspektiven.
Jeffrey, Christina E.; Ridley, Charles R.	2017	A Case Conceptualization Using Thematic Mapping	Journal of clinical psychology	73	4	410–424	This article, the last in a series of 5, presents a detailed case summary in which thematic mapping, a novel method of case conceptualization, was used to conceptualize an adult struggling with chronic depression. The case illustrates the process and therapeutic outcomes that resulted from the therapist's use of the 3-stage thematic mapping model: theme identification, theme interpretation, and theme intervention. The article also demonstrates how the case formulation guided the therapist in selecting therapeutic techniques that matched to the client's goals, needs, and interpersonal style. Overall, this article aims to demonstrate how thematic mapping utilizes transtheoretical and transdiagnostic approaches to create a case formulation that is client-centered, process-oriented, and useful across a broad spectrum of training.
Jenks, Amanda; Adams, Gwen; Young, Bonnie; Seedall, Ryan	2023	Addressing power in couples therapy: Integrating socio-emotional relationship therapy and emotionally focused therapy	Family process				Romantic relationships are more satisfying and fulfilling when power is balanced relatively equally between partners (Leonhardt et al., Journal of Family Psychology, 34, 2020, and 1). Yet, few couples therapy models explicitly outline how to confront relational power issues (Knudson-Martin & Huenergardt, 2015, Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction, Springer). Emotionally Focused Therapy (EFT; Johnson, 2020, The practice of emotionally focused couple therapy, Routledge) is a well-established, evidence-based therapy modality that many therapists use with couple clients, yet despite its effectiveness, it

							does not provide direction for explicitly addressing and treating power differentials in couple relationships. In this paper, we explore the integration of EFT with Socio-emotional Relationship Therapy (SERT), a model overlay that acknowledges the impact of social discourse on enactments of power in intimate couple relationships. We first address the importance of understanding power in couple relationships, addressing power in couples therapy, and provide a brief overview of SERT and EFT. We then introduce an integration of the models intended to help therapists balance power, increase connection, and secure attachment bonds between romantic partners.
Jensen, Katherine C.; Rostosky, Sharon S.	2021	Sexual assault survivors' experiences and perceptions of equine facilitated therapeutic activities	Practice Innovations	6	4	251-262	Current literature suggests equine-facilitated psychotherapy (EFP) may be an effective intervention in reducing trauma-related symptoms. Little is known, however, about clients' perceptions of the benefits of working with a horse as a dynamic member of the therapeutic team. We gathered focus group data for the purpose of systematically exploring the perceived benefits experienced by 12 women who participated in the Equine Assisted Survivors of Trauma (EAST) group for sexual assault survivors. Findings from a thematic analysis of data (Braun & Clarke, 2006) indicated that participants experienced the equine therapeutic environment as restorative. They also described benefits of working with the horses that included positive emotional experiences, increased insight and awareness, and improved relationship skills. These findings suggest specific elements of EFP that may be particularly useful and impactful for trauma survivors and deserving of further research. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Jericho, Brooke; Luo, Aileen; Berle, David	2022	Trauma-focused psychotherapies for post-traumatic stress disorder: A systematic review and network meta-analysis	Acta psychiatrica Scandinavica	145	2	132-155	<p>INTRODUCTION Meta-analytic reviews suggest similar outcomes across trauma-focused psychotherapies for adults with post-traumatic stress disorder (PTSD). However, this conclusion may be premature due to suboptimal statistical-review methodologies. Network meta-analysis (NMA) allows a detailed rank-ordering of the efficacy of established psychotherapy interventions derived from indirect evidence as well as results from direct head-to-head comparisons.</p> <p>OBJECTIVE We sought to determine the efficacy and attrition rates of psychotherapy interventions for PTSD by applying NMA.</p> <p>METHODS We searched EMBASE, PsychINFO, PTSDPubs and PubMed for randomised controlled trials that compared psychotherapies either head-to-head or against controls for adults with PTSD. A frequentist NMA was used to compare direct and indirect effects to determine the efficacy and attrition rates of psychotherapy interventions.</p> <p>RESULTS Of the 5649 papers identified, 82 trials comprising of 5838 patients were included. The network comprised 17 psychotherapies and four control conditions. Network estimates indicated superior efficacy of meta-cognitive therapy and cognitive processing therapy over other psychotherapies (ESs between = 0.26 and 2.32). Written exposure therapy and narrative exposure therapy were associated with lower risk of drop out when considered alongside other psychotherapies. Confidence in the network meta-analytic estimates was considered moderate for both outcomes.</p>
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							<p>CONCLUSIONS</p> <p>In broad terms, therapeutic commensurability was evident. Nevertheless, with additional studies and larger sample sizes, meta-cognitive and written exposure therapies could indeed differentiate themselves from other approaches as having favourable efficacy and acceptability respectively. These findings may inform clinical decision-making, as well as guide future research for PTSD.</p>
Jessell, Lauren; Stanhope, Victoria	2022	“How do you try to have anyone comply or at least be pliable with you if that person’s not even medicated?”: Perspectives on the use of psychiatric medication within recovery-oriented practice	Psychiatric Rehabilitation Journal		15 59- 31 26(Ele ctr oni c), 10 95- 15 8X(Pri nt)	153-159	<p>Objective: Medication is particularly important to advocates within the mental health recovery movement and this movement is founded upon a resistance to coercive treatment. Given this history, we explored the perspectives of providers and service users engaged in the recovery-oriented practice Person-Centered Care Planning (PCCP) to understand (a). How providers trained in PCCP understand the role of psychiatric medication and (b). How service users receiving services from providers trained in PCCP understand and experience the role of psychiatric medication in treatment. Method: This study comprises data from the qualitative phase of an NIMH-funded randomized trial of PCCP, an evidence-based recovery-oriented practice. Data were collected from 22 focus groups of providers and service users across seven community mental health centers. Interviews were analyzed using thematic analysis. Results: Qualitative themes from the provider focus groups included “promoting adherence” and “medication as a precondition.” Providers expressed that service users need to be adherent to medication and their symptoms managed before recovery-oriented practices could be pursued. Service user themes included “we were cattle” and medication as “my saving grace.” While many</p>

							experienced medication as helpful, they found providers' focus on adherence to be inflexible and, at times, coercive. Conclusion and Implications for Practice: These results suggest that even within agencies actively implementing recovery-oriented practices, there are aspects of treatment, namely medication management, that are more impervious to recovery principles. Agency level trainings in PCCP and other recovery-oriented practices would benefit from the inclusion of all staff, including psychiatrists and other prescribers. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Jiang, Jiangling; Zhang, Caidi; Li, Chunbo; Chen, Zhimin; Cao, Xinyi; Wang, Hongyan; Li, Wei; Wang, Jijun	2021	Magnetic seizure therapy for treatment-resistant depression	The Cochrane database of systematic reviews	6	6	CD013528	<p>BACKGROUND Magnetic seizure therapy (MST) is a potential alternative to electroconvulsive therapy (ECT). Reports to date on use of MST for patients with treatment-resistant depression (TRD) are limited.</p> <p>OBJECTIVES To evaluate the effects of MST in comparison with sham-MST, antidepressant, and other forms of electric or magnetic treatment for adults with TRD.</p> <p>SEARCH METHODS In March 2020, we searched a wide range of international electronic sources for published, unpublished, and ongoing studies. We handsearched the reference lists of all included studies and relevant systematic reviews and conference proceedings of the Annual Meeting of the American College of Neuropsychopharmacology (ACNP), the Annual Scientific Convention and Meeting, and the Annual Meeting of the European College of Neuropsychopharmacology (ECNP) to identify additional studies.</p> <p>SELECTION CRITERIA All randomised clinical trials (RCTs) focused on MST for</p>

						<p>adults with TRD.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>Two review authors extracted data independently. For binary outcomes, we calculated risk ratios (RRs) and 95% confidence intervals (CIs). For continuous data, we estimated mean differences (MDs) between groups and 95% CIs. We employed a random-effects model for analyses. We assessed risk of bias for included studies and created a 'Summary of findings' table using the GRADE approach. Our main outcomes of interest were symptom severity, cognitive function, suicide, quality of life, social functioning, dropout for any reason, serious adverse events, and adverse events that led to discontinuation of treatment.</p> <p>MAIN RESULTS</p> <p>We included three studies (65 participants) comparing MST with ECT. Two studies reported depressive symptoms with the Hamilton Rating Scale for Depression (HAM-D). However, in one study, the data were skewed and there was an imbalance in baseline characteristics. Analysis of these two studies showed no clear differences in depressive symptoms between treatment groups (MD 0.71, 95% CI -2.23 to 3.65; 2 studies, 40 participants; very low-certainty evidence). Two studies investigated multiple domains of cognitive function. However most of the outcomes were not measured by validated neuropsychological tests, and many of the data suffered from unbalanced baseline and skewed distribution. Analysis of immediate memory performance measured by the Wechsler Memory Scale showed no clear differences between treatment groups (MD 0.40, 95% CI -4.16 to 4.96; 1 study, 20 participants; very low-certainty evidence). Analysis of delayed memory performance</p>
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						<p>measured by the Wechsler Memory Scale also showed no clear differences between treatment groups (MD 2.57, 95% CI -2.39 to 7.53; 1 study, 20 participants; very low-certainty evidence). Only one study reported quality of life, but the data were skewed and baseline data were unbalanced across groups. Analysis of quality of life showed no clear differences between treatment groups (MD 14.86, 95% CI -42.26 to 71.98; 1 study, 20 participants; very low-certainty evidence). Only one study reported dropout and adverse events that led to discontinuation of treatment. Analysis of reported data showed no clear differences between treatment groups for this outcome (RR 1.38, 95% CI 0.28 to 6.91; 1 study, 25 participants; very low-certainty evidence). Adverse events occurred in only two participants who received ECT (worsening of preexisting coronary heart disease and a cognitive adverse effect). None of the included studies reported outcomes on suicide and social functioning. No RCTs comparing MST with other treatments were identified.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Evidence regarding effects of MST on patients with TRD is currently insufficient. Our analyses of available data did not reveal clearly different effects between MST and ECT. We are uncertain about these findings because of risk of bias and imprecision of estimates. Large, long, well-designed, and well-reported trials are needed to further examine the effects of MST.</p>	
Jofen-Miller, Sarah; Fiori, Katherine L.	2017	The impact of psychotherapist training and experience on	Psychotherapy	54	1	114-122	<p>This study sought to enhance our understanding of posttermination contact, with a particular focus on the role of training and experience in shaping attitudes and behaviors with respect to the posttermination period. We collected anonymous online survey data related to</p>

		posttermination contact					attitudes, policies, and experience of posttermination contact from 144 licensed clinicians. Our sample was composed of an experienced group of clinicians, with 20.7 years in practice on average. Clinicians had a range of clinical orientations and ~25% of respondents were from outside of the United States. Over 90% of the participants (130) endorsed having had some form of posttermination contact, and 25% (36) reported initiating posttermination contact with a past patient. Only 62 participants (43.4%) reported receiving graduate training related to posttermination contact, and those with graduate training were more likely to have an established posttermination policy that they reviewed with patients. In addition, recent graduates were more likely to report having had training on this topic than older graduates. In terms of attitudes, therapists were more likely to anticipate positive rather than negative consequences of posttermination contact for both patients and themselves, and the longer a therapist had been in practice the less likely they were to anticipate negative consequences of posttermination contact. Additionally, a clinician's contact with their own therapist made them more likely to anticipate positive consequences for both themselves and their patients. Given the ubiquity of posttermination contact, the posttermination period should be given more attention in training programs and research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Jofer, Steffi	2021	"Weit du, Corona ist ein Riesenarschloch": Wenn Kinder	Gesprchpsych otherapie und Personzentrierte Beratung	52	4	12-15	Seit Dezember 2019 leben wir mit dem Virus SARS-CoV-2. Laut WHO befinden wir uns seit dem 30. Januar 2020 in einer internationalen Gesundheitsnotlage. Am 11. Mrz 2020 wurde die Pandemie ausgerufen. Die Kinder, die in meine spieltherapeutische Praxis kommen, haben neue

		"Pandemie spielen"					Begrifflichkeiten in ihren Wortschatz übernommen. Die 5-Jährigen sprechen vom Lockdown, vom Shutdown, kennen die verschiedenen Formen der Mund-Nase-Masken und wissen, dass ein Biergarten auch eine Außengastronomie ist. Die Fachsprache der Pandemie aus der Erwachsenenwelt hat sich in die Sprache der Kinder eingefügt. Dieser Text beschäftigt sich mit der Frage, ob sich die gesellschaftlichen Phänomene, welche durch die Covid-19-Pandemie entstanden sind, in der Kinderwelt und damit in der Sprache des Kindes, dem Spiel, abbilden.
Jofer-Ernstberger, Steffi	2023	Die Bedeutung der Babyflasche: Sinnliches Nach- und Selbstnähren in der Personzentrierten Kindertherapie	Gesprächspsychotherapie und Personzentrierte Beratung	54	1	25–31	Die Baby- bzw. Nuckelflasche geht für die Pionierinnen und Pioniere der Personzentrierten Kindertherapie zur Grundausstattung eines Spielzimmers (Axline1, 1947/1972, S. 56; Behr, 2012, S. 112; Goetze2, 2002, S. 152; Hockel, 2004; Tausch & Tausch, 1956, S. 29; Weinberger, 2015, S. 131). In meiner Praxis steht sie - gemeinsam mit verschiedenen Schnullern - in der Kochecke, neben einem Kindersofa, und ergänzt durch das Bilderbuch "Wer weiß, was unser Baby will" (Root & Barton, 1999). Die Babyflasche dient im Spielzimmer kaum dem Zweck, die jungen Gäste satt zu bekommen bzw. ihren Durst zu stillen - begleite ich doch Kinder, die in der Regel mindestens vier Jahre alt sind und schon die Fähigkeit besitzen aus einem Glas zu trinken. Folge ich dem Hinweis von Goetze (2002, S. 21), dass Spielmittel im Spielzimmer die Funktion von Wörtern einnehmen, stellt sich die Frage, welche symbolischen Mitteilungen ich "höre" und was im Nuckeln mit der Babyflasche verstanden werden soll. Diesem Verstehensversuch widme ich mich im folgenden Artikel und richte meinen Blick auf die Bedeutung des Saugens und Nuckelns aus unterschiedlichen Perspektiven.

Johannsen, Maja; Schlander, Christina; Farver-Vestergaard, Ingeborg; Lundorff, Marie; Wellnitz, Kaare Bro; Komischke-Konnerup, Katrine B.; O'Connor, Maja	2022	Group-based compassion-focused therapy for prolonged grief symptoms in adults - Results from a randomized controlled trial	Psychiatry research	314		114683	Prolonged grief disorder is a debilitating condition, which affects approximately one out of ten who lose a loved one. While existing meta-analyses have synthesized evidence regarding the overall effect of psychological interventions for pathological grief across different types of psychotherapy, it remains clinically relevant to explore whether specific types of psychological interventions are efficacious in the treatment of grief. The present study investigated the efficacy of group-based Compassion-Focused Therapy (CFT) for adults who had lost a spouse or a parent, and who reported clinically relevant levels of prolonged grief symptoms (PGS) at 11 months post-loss. A total of 82 participants were randomized to the CFT group (n = 42) or the waitlist control (n = 40). Time × group interactions showed no statistically significant effects of the intervention on the primary outcome PGS at post-intervention or 6-month follow-up. Likewise, no statistically significant effects were found for any of the secondary outcomes or process variables, with the exception of posttraumatic stress symptoms and self-reassurance. Taken together, in the present study group-based CFT did not emerge as an efficacious treatment for PGS. Possible explanations include that CFT may not target core maintaining processes in PGS and that the group-based, 8-week operationalization of CFT may be less than optimal.
Johnson, Austin H.; Yu, Rondy; Bains, Bhawandeep K.; Alba, Laura A.; Womack, Tyler A.	2023	Understanding preferences of general educators for supporting classwide behavior	School Psychology	38	2	100–109	Innovations, such as novel evidence-based practices, are not likely to diffuse to practice without explicit effort and design (Rogers, 2003). In an effort to understand how interventions should be designed to meet teacher preferences, the present study utilized a full-profile two-alternative forced-choice experiment to examine teacher preferences when selecting a classwide intervention to

							address student disruptive behavior. Attributes and levels for the experiment were derived in response to four characteristics from Rogers' diffusion of innovations theory. Results from 266 general education teachers of Grades K-5 indicated that nearly all theorized characteristics influenced teacher preference, with the exception of the observability of the intervention (i.e., receiving feedback from others). Specific findings of levels within attributes suggest that, for instance, short online video trainings are preferable to full-day workshops and specific details on adaptations for inclusivity are highly preferred. Given school psychologists' roles in consultation and behavior support, knowledge of teacher preferences may be utilized to support intervention uptake and more general dissemination efforts. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Johnson, Christine C.; Loeffler, Bryan J.; Gaston, R. Glenn	2021	Targeted Muscle Reinnervation: A Paradigm Shift for Neuroma Management and Improved Prosthesis Control in Major Limb Amputees	The Journal of the American Academy of Orthopaedic Surgeons	29	7	288-296	Targeted muscle reinnervation (TMR) is a procedure that redirects nerves severed by amputation to new muscle targets. In tandem with advances in myoelectric prosthetics, TMR surgery provides amputees with improved control of myoelectric prostheses and simultaneously prevents or treats painful neuromas. TMR also has an emerging role in the management of neuromas in a nonamputation setting, and it seems to be a powerful strategy to treat a wide variety of neuromas. Because the pattern of nerve transfers varies based on the availability of donor nerves and muscle targets, TMR is inherently nonprescriptive, and thus, an understanding of the principles of TMR is essential for its successful application. This review describes the rationale for and principles of TMR, and outlines techniques for TMR, which can be used at various amputation levels and for the management of neuromas in nonamputees.

Johnson, E.; Bwititi, P. B.; Nwose, E. U.	2020	Barriers to management of diabetes foot ulcer: Experiential note from a setting with free medical services	Foot (Edinburgh, Scotland)	44		101658	The imperative need for behavioral agreement to overcome barriers of self-management of diabetes foot complication was recently articulated. A few journals have done parallel publications, which thereby stresses the significance of the issue. This article is to add to the "Overcoming barriers to self-management: the person-centred diabetes foot behavioural agreement". It presents experiential note with four tabulated cases of clients who have access to free state-of-the-art medical service; and non-adherence as a barrier to self-management is not due to affordances. It is to draw attention to the deliberately non-adherent patients where behavioral agreement process should be really driven by the client as in the real context of person-centered therapy.
Johnson, Emily M.; Possemato, Kyle	2021	Problem recognition and treatment beliefs relate to mental health utilization among veteran primary care patients		18	1		Mental health concerns are prevalent among primary care patients, but many do not utilize services for these conditions. This study aims to conduct a comprehensive assessment of barriers and facilitators to mental health care utilization among veteran primary care patients with common mental health concerns. We hypothesized that beliefs and knowledge about mental illness and mental health care would be more strongly associated with recent mental health care utilization than stigma, help-seeking behaviors, or logistical barriers. Veterans (n = 116) enrolled in primary care with current symptoms of depression (58%), posttraumatic stress disorder (37%), and/or hazardous alcohol use (50%) who either recently used mental health services (47%) or had no recent mental health treatment utilization (53%) completed a telephone-based screening, medical records review, and mail survey of 10 measures of barriers and facilitators to mental health treatment utilization. Recognition of problems as a cause for concern, odds ratio = 5.95, 95%

							confidence interval [2.36, 15.01], and beliefs about psychotherapy, odds ratio = 2.53, 95% confidence interval [1.39, 4.60], emerged as stronger correlates of recent mental health care utilization than stigma, self-efficacy, and external barriers to treatment. Results suggest the use of specific theories, measures, and interventions that focus on patient recognition of problems and beliefs about treatment over those that focus on other treatment barriers and facilitators. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Johnson, Shannon K.; Sternberg, Kirk von; Velasquez, Mary M.	2017	A Comparison of Profiles of Transtheoretical Model Constructs of Change among Depressed and Nondepressed Women at Risk for an Alcohol-Exposed Pregnancy	Women's health issues : official publication of the Jacobs Institute of Women's Health	27	1	100-107	INTRODUCTION: The efficacy of a series of interventions to reduce risk of alcohol-exposed pregnancies is well-established, yet some subsets of women remain at risk. For instance, in CHOICES, a randomized clinical trial of an intervention to prevent alcohol-exposed pregnancy, nondepressed women reduced risk drinking at roughly twice the rate of women with depression (49% vs. 24%). This secondary analysis of CHOICES data examines constructs that can explicate differences between nondepressed and depressed women in the process of changing alcohol behavior. METHODS: Profile analysis was used to compare the current status on transtheoretical model constructs of change between groups of depressed (n = 41) and nondepressed (n = 171) women in CHOICES at baseline and at the 9-month follow-up (end of the study). Participants were women aged 18 to 44 years who were at risk for an alcohol-exposed pregnancy at baseline. Measures included the Timeline Followback, Brief Symptom Inventory, and the transtheoretical model measures of decisional balance, self-efficacy, and experiential and behavioral processes of change. RESULTS: Differences in profiles of the transtheoretical model constructs between groups were

						found at baseline and 9 months ($p < .001$). Women with depression had a profile that has historically predicted failure to change. Profiles among depressed women were distinguished by high scores on cons for changing alcohol use and temptation to drink. CONCLUSIONS: Prevention interventions should assess for depression and target interventions to improve success. Results of this study can help practitioners to better tailor interventions to the needs of individuals with depression by strategically targeting decisional balance and self-efficacy.
Johnson, Sue	2020	Bindungstheorie in der Praxis. Emotionsfokussierte Therapie mit Einzelnen, Paaren und Familien				Die praktische Anwendung der Bindungstheorie in der Emotionsfokussierten Therapie mit Einzelnen, Paaren und Familien wird erlutert. Das grundlegende Bedrfnis in zwischenmenschlichen Beziehungen ist die sichere emotionale Verbindung. Es verwundert daher nicht, dass Bowlbys Bindungstheorie und die Emotionsfokussierte Therapie (EFT) sich schon lange gegenseitig befruchten, um das soziale Gefge von Klienten zu frdern. Beide Konzepte werden hier erstmals explizit als sich ergnzende Anstze vorgestellt. Die integrierte Umsetzung in verschiedenen Settings wird zudem anhand von Beispielen veranschaulicht. Indem die Resultate der Bindungsforschung in die EFT einbezogen werden, knnen Praktizierende besser verstehen, was in Menschen und ihren Beziehungen tatschlich geschieht - und somit ihren Klienten zielgenauer helfen. - Inhalt: (1) Bindung: ein unentbehrlicher Leitfaden fr eine wissenschaftsgesttzte Praxis. (2) Bindungstheorie und -wissenschaft als Modell therapeutischer Vernderung. (3) Intervention: mit Emotionen arbeiten, um korrigierende Erfahrungen und Interaktionen zu konstruieren. (4) Emotionsfokussierte Einzeltherapie im Bindungsrahmen: Erweiterung des Selbstgefhlts. (5) Emotionsfokussierte Einzeltherapie in

							der Praxis. (6) In der Emotionsfokussierten Paartherapie heilen und gesund werden. (7) Emotionsfokussierte Paartherapie in der Praxis. (8) Wiederherstellung der Familienbande in der Emotionsfokussierten Familientherapie. (9) Emotionsfokussierte Familientherapie in der Praxis. (10) Postskript: das Versprechen der Bindungswissenschaft. (11) Anhang (Bindung messen; allgemeine Faktoren und Prinzipien der Therapie; Emotionsfokussierte Einzeltherapie und andere empirisch getestete Verfahren, die mit der Bindungsperspektive arbeiten).
Johnson, Sue M.	2021	Praxis der Emotionsfokussierten Paartherapie. Verbindungen herstellen					Die Praxis der emotionsfokussierten Paartherapie wird beschrieben. In die dritte, bearbeitete Auflage wurden aktuelle Entwicklungen in der Paartherapie einbezogen und neuere Forschungsergebnisse zu klinischen Interventionen aufgenommen. Berücksichtigt wurden außerdem ein erweitertes Verständnis von Emotionsregulation, Erkenntnisse aus den Neurowissenschaften und zum Bindungsverhalten Erwachsener sowie dynamische Anwendungen emotionsfokussierter Therapie für Probleme wie Depressionen, Angstzustände, sexuelle Störungen und posttraumatische Belastungsstörungen. Als einer der plausibelsten, am besten dokumentierten und erforschten paartherapeutischen Ansätze ist die Emotionsfokussierte Paartherapie (EFPT) eine der wirksamsten Beziehungstherapien. Das Buch bietet einen Werkzeugkasten von Interventionen und einen Leitfaden für den Prozess der Veränderung. - Inhalt: https://d-nb.info/1222293544/04
Johnson, Sue M.; Campbell, T.	2023	Emotionsfokussierte					

Leanne; Campisi, Claudia		Einzeltherapie (EFIT)					
Johnson, Susan	2019	Attachment in action-changing the face of 21st century couple therapy	Current opinion in psychology	25		101-104	The field of couple therapy-one of the most widely sought and practiced modality of therapy-has been revolutionized by the emergence of attachment science in the 21st century. We now understand not only the centrality of close relationships for human health and wellbeing, but also that the key to a healthy happy relationship is a secure attachment bond. Emotionally Focused Therapy is an attachment-based approach that aims to help couples create a secure attachment bond. Several outcome studies have shown that EFT helps to not only alleviate relationship distress but individual co-morbidities as well, with positive follow-up effects. EFT appears to help couples not only improve their relationships but also access the optimal resilience and wellbeing secure attachment allows. Copyright 2018 Elsevier Ltd. All rights reserved.
Jones, Faith; Hamilton, Jenny; Kargas, Niko	2024	Accessibility and affirmation in counselling: An exploration into neurodivergent clients' experiences	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Jones, Kimberley A.; Freijah, Isabella; Brennan, Sue E.; McKenzie, Joanne E.;	2023	Interventions from pregnancy to two years after birth for parents experiencing	The Cochrane database of systematic reviews	5	5	CD01487 4	BACKGROUND Acceptable, effective and feasible support strategies (interventions) for parents experiencing complex post-traumatic stress disorder (CPTSD) symptoms or with a history of childhood maltreatment may offer an opportunity to support parental recovery, reduce the risk

<p>Bright, Tess M.; Fiolet, Renee; Kamitsis, Ilias; Reid, Carol; Davis, Elise; Andrews, Shawana; Muzik, Maria; Segal, Leonie; Herrman, Helen; Chamberlain, Catherine</p>		<p>complex post-traumatic stress disorder and/or with childhood experience of maltreatment</p>				<p>of intergenerational transmission of trauma and improve life-course trajectories for children and future generations. However, evidence relating to the effect of interventions has not been synthesised to provide a comprehensive review of available support strategies. This evidence synthesis is critical to inform further research, practice and policy approaches in this emerging area.</p> <p>OBJECTIVES To assess the effects of interventions provided to support parents who were experiencing CPTSD symptoms or who had experienced childhood maltreatment (or both), on parenting capacity and parental psychological or socio-emotional wellbeing.</p> <p>SEARCH METHODS In October 2021 we searched CENTRAL, MEDLINE, Embase, six other databases and two trials registers, together with checking references and contacting experts to identify additional studies.</p> <p>SELECTION CRITERIA All variants of randomised controlled trials (RCTs) comparing any intervention delivered in the perinatal period designed to support parents experiencing CPTSD symptoms or with a history of childhood maltreatment (or both), to any active or inactive control. Primary outcomes were parental psychological or socio-emotional wellbeing and parenting capacity between pregnancy and up to two years postpartum.</p> <p>DATA COLLECTION AND ANALYSIS Two review authors independently assessed the eligibility of trials for inclusion, extracted data using a pre-designed data extraction form, and assessed risk of bias and certainty of evidence. We contacted study authors for</p>
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						<p>additional information as required. We analysed continuous data using mean difference (MD) for outcomes using a single measure, and standardised mean difference (SMD) for outcomes using multiple measures, and risk ratios (RR) for dichotomous data. All data are presented with 95% confidence intervals (CIs). We undertook meta-analyses using random-effects models.</p> <p>MAIN RESULTS</p> <p>We included evidence from 1925 participants in 15 RCTs that investigated the effect of 17 interventions. All included studies were published after 2005. Interventions included seven parenting interventions, eight psychological interventions and two service system approaches. The studies were funded by major research councils, government departments and philanthropic/charitable organisations. All evidence was of low or very low certainty. Parenting interventions</p> <p>Evidence was very uncertain from a study (33 participants) assessing the effects of a parenting intervention compared to attention control on trauma-related symptoms, and psychological wellbeing symptoms (postpartum depression), in mothers who had experienced childhood maltreatment and were experiencing current parenting risk factors. Evidence suggested that parenting interventions may improve parent-child relationships slightly compared to usual service provision (SMD 0.45, 95% CI -0.06 to 0.96; I2 = 60%; 2 studies, 153 participants; low-certainty evidence). There may be little or no difference between parenting interventions and usual perinatal service in parenting skills including nurturance, supportive presence and reciprocity (SMD 0.25, 95% CI -0.07 to 0.58; I2 = 0%; 4</p>
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						<p>studies, 149 participants; low-certainty evidence). No studies assessed the effects of parenting interventions on parents' substance use, relationship quality or self-harm.</p> <p>Psychological interventions Psychological interventions may result in little or no difference in trauma-related symptoms compared to usual care (SMD -0.05, 95% CI -0.40 to 0.31; I2 = 39%; 4 studies, 247 participants; low-certainty evidence). Psychological interventions may make little or no difference compared to usual care to depression symptom severity (8 studies, 507 participants, low-certainty evidence, SMD -0.34, 95% CI -0.66 to -0.03; I2 = 63%). An interpersonally focused cognitive behavioural analysis system of psychotherapy may slightly increase the number of pregnant women who quit smoking compared to usual smoking cessation therapy and prenatal care (189 participants, low-certainty evidence). A psychological intervention may slightly improve parents' relationship quality compared to usual care (1 study, 67 participants, low-certainty evidence). Benefits for parent-child relationships were very uncertain (26 participants, very low-certainty evidence), while there may be a slight improvement in parenting skills compared to usual care (66 participants, low-certainty evidence). No studies assessed the effects of psychological interventions on parents' self-harm.</p> <p>Service system approaches One service system approach assessed the effect of a financial empowerment education programme, with and without trauma-informed peer support, compared to usual care for parents with low incomes. The interventions increased depression slightly (52 participants, low-certainty evidence). No studies assessed the effects of service system interventions on parents' trauma-related</p>
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							<p>symptoms, substance use, relationship quality, self-harm, parent-child relationships or parenting skills.</p> <p>AUTHORS' CONCLUSIONS</p> <p>There is currently a lack of high-quality evidence regarding the effectiveness of interventions to improve parenting capacity or parental psychological or socio-emotional wellbeing in parents experiencing CPTSD symptoms or who have experienced childhood maltreatment (or both). This lack of methodological rigour and high risk of bias made it difficult to interpret the findings of this review. Overall, results suggest that parenting interventions may slightly improve parent-child relationships but have a small, unimportant effect on parenting skills. Psychological interventions may help some women stop smoking in pregnancy, and may have small benefits on parents' relationships and parenting skills. A financial empowerment programme may slightly worsen depression symptoms. While potential beneficial effects were small, the importance of a positive effect in a small number of parents must be considered when making treatment and care decisions. There is a need for further high-quality research into effective strategies for this population.</p>
Jones, Melanie G.; Rice, Simon M.; Cotton, Susan M.	2019	Incorporating animal-assisted therapy in mental health treatments for adolescents: A systematic review of canine assisted psychotherapy	PloS one	14	1	e021076 1	<p>INTRODUCTION: As interest in Animal-Assisted Interventions (AAI) grows, there is increasing need to differentiate informal activities from formal and professionally directed therapies, including mental health focussed Canine-Assisted Psychotherapy (CAP). There have been no reviews focusing exclusively on CAP and the distinct developmental period of adolescence. The aims of this study were to identify the characteristics of CAP interventions, their impacts and their acceptability, tolerability and feasibility for adolescents with mental</p>

						<p>health disorders. METHOD: A systematic review identified studies incorporating canines into mental health treatments for adolescents aged 10-19 years. Studies reporting qualitative or quantitative psychological or psychosocial outcomes were included. RESULTS: Seven studies were scrutinised. Intervention characteristics varied, including a range of formats, settings, locations, doses, and facilitators. Information on the role of the canines in sessions was sparse. CAP had a positive impact on primary diagnoses and symptomatology, conferring additional benefits to standard treatments for internalising disorders, post-traumatic stress disorder, and equivalent effects for anxiety, anger and externalising disorders. CAP was associated with positive impacts on secondary factors including increased engagement and socialisation behaviours, and reductions in disruptive behaviours within treatment sessions. Global functioning also improved. There was insufficient evidence that CAP improved factors associated with self-esteem, subjective wellbeing, or coping. Good attendance and retention rates indicated high levels of acceptability. Moderate to high tolerability was also indicated. Feasibility may be limited by additional training and logistical requirements. RECOMMENDATIONS: We recommend the development of theoretically informed, standardised (manualised) intervention protocols that may subsequently form the basis of efficacy and effectiveness testing. Such protocols should clearly describe canine-participant-facilitator interactions via a formalised nomenclature; spontaneous (animal-led), adjunctive (facilitator-led), and experiential (participant-led). CONCLUSIONS: There is emerging evidence to suggest that CAP improves the efficacy of mental health treatments in self-selected</p>
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							adolescent populations via reductions in primary symptomatology, and via secondary factors that improve therapeutic processes and quality, such as engagement and retention.
Jones, Tracy L.; Garzon, Fernando L.; Ford, Kristy M.		Christian accommodative mindfulness in the clinical treatment of shame, depression, and anxiety: Results of an N-of-1 time-series study	Spirituality in Clinical Practice	10	2		Mindfulness-based treatments have shown efficacy for a variety of conditions; however, some religious populations may have concerns with the strategies due to the Buddhist roots of the interventions. Some Christians suffering with mental health conditions can be reluctant to seek professional services for fear of being given treatments that will contradict or disregard their cultural and spiritual belief systems. Therefore, adaptations to evidence-based mindfulness interventions are needed for therapists to use with such clients. The current study incorporated explicitly religious constructs to create a Christian accommodative mindfulness (CAM) protocol that was used with a small group of Christian psychotherapy clients seeking treatment for symptoms of depression or anxiety. Shame, which is often at the root of many psychological and spiritual health conditions, was also measured as were a variety of resiliency factors to determine the effectiveness of the CAM protocol in a real-world, clinical setting. Results from this N-of-1 time-series study using five subjects revealed significant effect sizes (more than half of the total individual effect sizes measured were found to be “very effective”) that associate CAM with decreased depression, anxiety, and shame and increased resiliency measures in the sample. These results are discussed, limitations acknowledged, and recommendations for further research are given. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Jongsma, Karin; Perry, Julia; Schickanz, Silke; Radenbach, Katrin	2020	Motivations for people with cognitive impairment to complete an advance research directive - a qualitative interview study	BMC psychiatry	20	1	360	<p>BACKGROUND: Research with persons with dementia is important to better understand the causes of dementia and to develop more effective diagnostics, therapies, and preventive measures. Advance Research Directives (ARDs) have been suggested as a possible solution to include persons with dementia in research in an ethically sound way. Little is known about how people, especially those affected by cognitive impairment, understand and regard the use of ARDs, as empirical studies are mainly conducted with healthy, non-cognitively impaired, participants. METHODS: This qualitative study, a sub-study of a larger study on the evaluation of ARDs in the context of dementia research in Germany, consists of semi-structured in-depth interviews with 24 persons with cognitive impairment. RESULTS: Our results indicate that most participants consider ARDs a valuable tool for allowing them to make their own decisions. Many would prefer to draft an ARD when they are still healthy or soon after the diagnosis of cognitive impairment. Participants suggested that the completion of ARDs can be advanced with the provision of practical support and increased dissemination of information on ARDs in society. CONCLUSION: Persons with subjective or mild cognitive impairment (SCI/MCI) suggested several motivating factors and concerns for completing an ARD. Clinicians need to be trained to accommodate patients' needs for sufficient and adequate information. Furthermore, a standardised, partly pre-formulated template could be helpful for drafting an ARD. As such tested templates are currently not yet available, this addresses the urgent need for more translational and implementation research for the use of ARDs.</p>
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Joos, Wilhelm	2017	Wie die Seele im Krper schwingt! - Autonomes Nervensystem und Herzratenvariabilität als somatischer Marker					Die Bedeutung der Ganzheitlichkeit der Systemkonzeption Mensch (Krper, Seele, Geist) in modernen Konzepten der Psychosomatik und deren Relevanz in einer individuellen erfahrungsorientierten Therapiegestaltung wird herausgearbeitet. Dabei wird deutlich gemacht, dass auch die Schwingungen des Herzens - also die Herzfrequenzvariabilität (HRV) - durch das neuronale Netzwerk des autonomen Nervensystems verursacht werden. Sie ist die Energieform des Lebendigen. Durch die neuronalen Schwingungsmuster des peripheren und zentralen autonomen Nervensystems sind Krper, Seele und Geist aufs Engste miteinander verbunden. Sie bilden eine untrennbare Einheit.
Josek, Anna Katharina; Schaich, Anja; Braakmann, Diana; Assmann, Nele; Jauch-Chara, Kamila; Arntz, Arnoud; Schweiger, Ulrich; Fassbinder, Eva	2023	Chairwork in schema therapy for patients with borderline personality disorder-A qualitative study of patients' perceptions	Frontiers in psychiatry	14		1180839	OBJECTIVE: Chairwork is one of the core experiential techniques of Schema Therapy (ST) which is used in the treatment of patients with borderline personality disorder (BPD). However, little is known about how people with BPD experience chairwork. The aim of this study was to explore the experiences of patients with BPD with chairwork in ST. METHOD: Qualitative data were collected through semi-structured interviews with 29 participants with a primary diagnosis of BPD who experienced chairwork as part of their ST treatment. The interview data were analyzed using qualitative content analysis. FINDINGS: Many participants reported initial skepticism, and difficulties with engaging in chairwork. Specific therapist behaviors as well as some external (e.g., restricted facilities, noise) and internal factors (especially feeling ashamed or ridiculous) were named as hindering factors. Participants described several therapist behaviors facilitating chairwork such as providing safety, clear guidance through the process as well as flexible application of the technique according to their needs,

							and sufficient time for debriefing. Participants experienced emotional pain and exhaustion as short-term effects of the technique. All participants reported positive long-term effects including an improved understanding of their mode model as well as positive mode changes (e.g., less Punitive Parent and more Healthy Adult Mode), greater self-acceptance, improvements in coping with emotions and needs as well as improvements in interpersonal relationships. CONCLUSIONS: Chairwork is experienced as an emotionally demanding but valuable technique. Based on the participants' statements, the delivery of chairwork can be optimized which can help to improve treatment outcome.
Josiah, Nia; Shoola, Hakeem; Rodney, Tamar; Arscott, Joyell; Ndzi, Maureen; Bush, Ashley D.; Wilson, Patty R.; Jacques, Keilah; Baptiste, Diana-Lyn; Starks, Shaquita	2023	Addressing systemic racism and intergenerational transmission of anxiety using Bowenian family therapy with African American populations: A Discursive paper	Journal of advanced nursing	79	5	1714–1723	AIM: To examine the intergenerational impact of systemic racism on mental health, depicting the evolution and patterns of anxiety symptoms and the application of the Bowenian family therapy to understand the interrelatedness and long-standing impact of intergenerational trauma in African American families. This article highlights interventions that increase awareness of and promotes physical and mental health for African American populations. DESIGN: Discursive Paper. METHOD: Searching literature published between 2012 and 2022 in PubMed, SCOPUS, EBSCO Host and Google Scholar, we explored factors associated with systemic racism and generational anxiety. DISCUSSION: Evidence-based literature supports the application of the Bowenian family therapy theoretical framework to understand the intergenerational impact of systemic racism and to address the transmission of anxiety symptoms in African American populations. CONCLUSION: Culturally appropriate interventions are

							<p>needed to decrease anxiety symptoms in an attempt to heal intergenerational trauma and to improve family dynamics in African American populations. IMPACT TO NURSING PRACTICE: Nurses play an integral role in providing holistic quality patient-centred care for African American populations who have experienced racial trauma. It is critical for nurses to implement culturally responsive and racially informed care with patients that focuses on self-awareness, health promotion, prevention and healing in efforts to address racial trauma. Application of Bowenian family therapy can aid in the reduction of both intergenerational transmission of racial trauma and generational anxiety. NO PATIENT OR PUBLIC CONTRIBUTION: There was no patient or public involvement in the design or drafting of this discursive paper. The authors reviewed the literature to develop a discussion.</p>
Joyce, Emmeline; Tai, Sara; Gebbia, Piersanti; Mansell, Warren	2017	What are People's Experiences of a Novel Cognitive Behavioural Therapy for Bipolar Disorders? A Qualitative Investigation with Participants on the TEAMS Trial	Clinical psychology & psychotherapy	24	3	712-726	<p>UNLABELLED Background Psychological interventions for bipolar disorders typically produce mixed outcomes and modest effects. The need for a more effective intervention prompted the development of a new cognitive behavioural therapy, based on an integrative cognitive model ('Think Effectively About Mood Swings' [TEAMS] therapy). Unlike previous interventions, TEAMS addresses current symptoms and comorbidities, and helps clients achieve long-term goals. A pilot randomized controlled trial (the TEAMS trial) of the therapy has recently concluded. This study explored participants' experiences of TEAMS, recommendations for improvement and experiences of useful changes post-therapy. Methods Fourteen TEAMS therapy participants took part in semi-structured interviews. Their accounts were analysed</p>

						<p>using interpretative thematic analysis. Two researchers coded the dataset independently. Member checks were conducted of the preliminary themes. Results Two overarching themes; 'useful elements of therapy' and 'changes from therapy' encompassed 12 emerging subthemes. Participants appreciated having opportunities to talk and described the therapy as person-centred and delivered by caring, approachable and skilled therapists. Some recommended more sessions than the 16 provided. Helpful therapeutic techniques were reported to be, normalization about moods, methods to increase understanding of moods, relapse-prevention, reappraisal techniques and metaphors. However, some did not find therapeutic techniques helpful. Post-therapy, many reported changes in managing mood swings more effectively and in their thinking (although some participants reported changes in neither). Many described increased acceptance of themselves and of having bipolar disorder, increased productivity and reduced anxiety in social situations.</p> <p>Conclusions The present study evaluates participants' therapy experiences in detail, including aspects of therapy viewed as helpful, and meaningful post-therapy outcomes. Copyright © 2016 John Wiley & Sons, Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>This is the first paper to qualitatively explore people's experiences of individual psychotherapy for bipolar disorders. It highlights elements of psychotherapy described as particularly helpful or unhelpful and the clinical changes viewed as most impactful. Participants reported benefitting in a number of ways from TEAMS therapy. They valued learning to reappraise and problem-solve situations and manage moods. Participants</p>
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							identified TEAMS techniques as helpful, such as exploring advantages and disadvantages of moods, and building healthy self-states.
Joyce, Heidi; Dring, Greg	2019	Addressing Emotional Communication in Family Relationships in the Treatment of Young People with Anorexia: A Case Study	ANZ J of Family Therapy (Australian and New Zealand Journal of Family Therapy)	40	2	203–214	
Juarascio, Adrienne S.; Manasse, Stephanie M.; Espel, Hallie M.; Schumacher, Leah M.; Kerrigan, Stephanie; Forman, Evan M.	2017	A Pilot Study of an Acceptance-based Behavioral Treatment for Binge Eating Disorder	Journal of contextual behavioral science	6	1	1–7	While existing treatments produce remission in a relatively large percentage of individuals with binge eating disorder (BED), room for improvement remains. Interventions designed to increase emotion regulation skills and clarify one's chosen values may be well-suited to address factors known to maintain BED. The current study examined the preliminary efficacy of a group-based treatment, Acceptance-based Behavioral Therapy (ABBT), in a small open trial (n=19), as well as the relationship between changes in hypothesized mechanisms of action and outcomes. ABBT includes the behavioral components of cognitive behavioral treatment for BED and emotion-focused strategies from acceptance and commitment therapy and dialectical behavioral therapy. Results from generalized linear multilevel modeling revealed significant fixed linear effects of time on depression, quality of life, global eating pathology, and binge frequency (all ps < .05). Global eating disorder symptoms appeared to improve rapidly from pre- to mid-treatment, and continued to improve toward post-treatment and follow-up, but at a slower rate. Binge

							frequency decreased rapidly from pre- to mid-treatment, followed by a slight increase at post-treatment and a reduction again by follow-up. Improvements in experiential acceptance were strongly and consistently related to decreases in overall eating pathology across several measures ($r_s = .35-.54$). Additionally, greater access to emotion regulation strategies was strongly related to decreases in overall eating pathology ($r = .67$). Preliminary results support the efficacy of this novel treatment approach and indicate that additional research on ABBT for BED is warranted.
Jull, Janet; Köpke, Sascha; Smith, Maureen; Carley, Meg; FINDERUP, Jeanette; Rahn, Anne C.; Boland, Laura; Dunn, Sandra; Dwyer, Andrew A.; Kasper, Jürgen; Kienlin, Simone Maria; Légaré, France; Lewis, Krystina B.; Lyddiatt, Anne; Rutherford, Claudia; Zhao, Junqiang; Rader, Tamara;	2021	Decision coaching for people making healthcare decisions	The Cochrane database of systematic reviews	11	11	CD013385	BACKGROUND: Decision coaching is non-directive support delivered by a healthcare provider to help patients prepare to actively participate in making a health decision. 'Healthcare providers' are considered to be all people who are engaged in actions whose primary intent is to protect and improve health (e.g. nurses, doctors, pharmacists, social workers, health support workers such as peer health workers). Little is known about the effectiveness of decision coaching. OBJECTIVES: To determine the effects of decision coaching (I) for people facing healthcare decisions for themselves or a family member (P) compared to (C) usual care or evidence-based intervention only, on outcomes (O) related to preparation for decision making, decisional needs and potential adverse effects. SEARCH METHODS: We searched the Cochrane Library (Wiley), Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (Ovid), Embase (Ovid), PsycINFO (Ovid), CINAHL (Ebsco), Nursing and Allied Health Source (ProQuest), and Web of Science from database inception to June 2021. SELECTION CRITERIA: We included randomised controlled trials (RCTs) where the intervention was

Graham, Ian D.;
Stacey, Dawn

provided to adults or children preparing to make a treatment or screening healthcare decision for themselves or a family member. Decision coaching was defined as: a) delivered individually by a healthcare provider who is trained or using a protocol; and b) providing non-directive support and preparing an adult or child to participate in a healthcare decision. Comparisons included usual care or an alternate intervention. There were no language restrictions. DATA COLLECTION AND ANALYSIS: Two authors independently screened citations, assessed risk of bias, and extracted data on characteristics of the intervention(s) and outcomes. Any disagreements were resolved by discussion to reach consensus. We used the standardised mean difference (SMD) with 95% confidence intervals (CI) as the measures of treatment effect and, where possible, synthesised results using a random-effects model. If more than one study measured the same outcome using different tools, we used a random-effects model to calculate the standardised mean difference (SMD) and 95% CI. We presented outcomes in summary of findings tables and applied GRADE methods to rate the certainty of the evidence. MAIN RESULTS: Out of 12,984 citations screened, we included 28 studies of decision coaching interventions alone or in combination with evidence-based information, involving 5509 adult participants (aged 18 to 85 years; 64% female, 52% white, 33% African-American/Black; 68% post-secondary education). The studies evaluated decision coaching used for a range of healthcare decisions (e.g. treatment decisions for cancer, menopause, mental illness, advancing kidney disease; screening decisions for cancer, genetic testing). Four of

						<p>the 28 studies included three comparator arms. For decision coaching compared with usual care (n = 4 studies), we are uncertain if decision coaching compared with usual care improves any outcomes (i.e. preparation for decision making, decision self-confidence, knowledge, decision regret, anxiety) as the certainty of the evidence was very low. For decision coaching compared with evidence-based information only (n = 4 studies), there is low certainty-evidence that participants exposed to decision coaching may have little or no change in knowledge (SMD -0.23, 95% CI: -0.50 to 0.04; 3 studies, 406 participants). There is low certainty-evidence that participants exposed to decision coaching may have little or no change in anxiety, compared with evidence-based information. We are uncertain if decision coaching compared with evidence-based information improves other outcomes (i.e. decision self-confidence, feeling uninformed) as the certainty of the evidence was very low. For decision coaching plus evidence-based information compared with usual care (n = 17 studies), there is low certainty-evidence that participants may have improved knowledge (SMD 9.3, 95% CI: 6.6 to 12.1; 5 studies, 1073 participants). We are uncertain if decision coaching plus evidence-based information compared with usual care improves other outcomes (i.e. preparation for decision making, decision self-confidence, feeling uninformed, unclear values, feeling unsupported, decision regret, anxiety) as the certainty of the evidence was very low. For decision coaching plus evidence-based information compared with evidence-based information only (n = 7 studies), we are uncertain if decision coaching plus evidence-based information compared with evidence-based information only improves any outcomes (i.e.</p>
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							feeling uninformed, unclear values, feeling unsupported, knowledge, anxiety) as the certainty of the evidence was very low. AUTHORS' CONCLUSIONS: Decision coaching may improve participants' knowledge when used with evidence-based information. Our findings do not indicate any significant adverse effects (e.g. decision regret, anxiety) with the use of decision coaching. It is not possible to establish strong conclusions for other outcomes. It is unclear if decision coaching always needs to be paired with evidence-informed information. Further research is needed to establish the effectiveness of decision coaching for a broader range of outcomes.
Jun, Won Hee; Choi, Eun Joung	2020	The relationship between community integration and mental health recovery in people with mental health issues living in the community: A quantitative study	Journal of psychiatric and mental health nursing	27	3	296–307	WHAT IS KNOWN ON THE SUBJECT?: Mental health treatments have become patient-centred. Evaluating recovery in people with mental health difficulties living in the community can help to develop better client-centred services. Community integration is critical to recovery in patients with mental health difficulties. WHAT DOES THIS PAPER ADD TO EXISTING KNOWLEDGE?: This is the first study to use a single integrated measure of mental health recovery to evaluate the effect of community integration. Physical community integration was the easiest goal for most to reach. Developing independence/self-actualization was harder. In mental health recovery, most people were able to overcome stuckness. Developing abilities for basic functioning was harder. Participating in mental health centre day programmes promoted mental health recovery in people with mental health difficulties living in the community. Independence/self-actualization, psychological integration and social support improved mental health recovery in people with mental health difficulties living in the community. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: There is a need to

						<p>develop and actively promote programmes that attract people with mental health difficulties living in the community so that they will actively use mental health centre services. Offering systematic social skills training and occupational rehabilitation therapy to people with mental health difficulties living in the community may help them function independently. Mental health service programmes should provide volunteer opportunities for people with mental health difficulties living in the community to facilitate a sense of belonging. Mental health nurses should serve as a social support resource for people with mental health difficulties living in the community by providing education to family and friends on how to support patients' recovery, and invigorating integration projects such as "making healthy friends."</p> <p>Abstract Introduction Although community integration of people with mental health difficulties and a consumer-centred recovery paradigm are of global importance, little research has been conducted on community integration factors that directly affect mental health recovery. Aim This study investigated the relationship between community integration and mental health recovery in people with mental health difficulties living in the community in South Korea. Method Data were collected from 155 people with mental health difficulties living in the community, using the Self-Reporting Scale of Community Integration and the Mental Health Recovery Measure (Korean version), and analysed using hierarchical regression analysis. Results Among the community integration subscales, independence/self-actualization, psychological integration and social support were significant factors in mental health recovery, explaining 47.3% of the variance. Discussion An</p>
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							<p>effective intervention strategy for mental health recovery of people with mental health difficulties living in the community may reinforce community integration by carefully considering independence/self-actualization, psychological integration and social support.</p> <p>Implications for practice Mental health nurses should provide intervention to people with mental health difficulties living in the community to help them develop strategies for functioning independently, experiencing a sense of achievement and developing a sense belonging in the community.</p>
<p>Junne, Florian; Wild, Beate; Resmark, Gaby; Giel, Katrin E.; Teufel, Martin; Martus, Peter; Ziser, Katrin; Friederich, Hans- Christoph; Zwaan, Martina de; Löwe, Bernd; Dinkel, Andreas; Herpertz, Stephan; Burgmer, Markus; Tagay, Sefik; Rothermund, Eva; Zeeck, Almut; Herzog,</p>	2019	<p>The importance of body image disturbances for the outcome of outpatient psychotherapy in patients with anorexia nervosa: Results of the ANTOP-study</p>	<p>European eating disorders review : the journal of the Eating Disorders Association</p>	27	1	49–58	<p>This study investigates the role of body image self-appraisal in predicting the outcomes of outpatient psychotherapy in patients with anorexia nervosa (AN). Multiple linear regression analyses and a path-analysis model were applied to test the study hypotheses that body image at baseline predicts treatment outcomes of outpatient psychotherapy in patients with AN at follow-up measurement. The analyses were conducted as secondary analyses in a subgroup (n = 148) of the anorexia nervosa treatment of outpatient-cohort (ANTOP-study) (N = 242) of patients with AN. The results show that Negative Evaluation of the Body at baseline predicts perceived stress during psychotherapy, which in turn predicts depressive symptoms at the end of therapy which in turn predicts the outcomes body mass index and EDI-2 sum score at 12 months follow-up. The results underline the importance of body image disturbance in the course of AN and call for body image as a central target of psychotherapeutic interventions in patients with AN.</p>

Wolfgang; Zipfel, Stephan							
Juszczyk-Kalina, A.; Holas, P.; Farchione, T. J.	2023	Effectiveness and mediators of change of an online CBT intervention for students with adjustment disorder-study protocol for a randomized controlled trial	Trials	24	1	777	<p>BACKGROUND: Adjustment problems and disorders are highly prevalent among university students worldwide. These problems can cause significant interference in academic and social functioning and increase vulnerability to other mental health disorders. Unfortunately, only half of students in need receive psychological help. Furthermore, few studies have evaluated psychological interventions for adjustment disorders in students. New, more scalable forms of treatment for students with an adjustment disorder need to be developed, evaluated, and implemented. The study aims to determine the effectiveness of an online transdiagnostic cognitive behavioural intervention for students experiencing adjustment disorder and to assess mediators of change. METHOD/DESIGN: In this three-arm randomized controlled trial, we plan to recruit 214 Polish students diagnosed with an adjustment disorder. Participants who meet initial eligibility criteria will be randomly assigned to one of three 6-week conditions: (1) online cognitive behavioural therapy intervention based on an existing, empirically supported transdiagnostic protocol, the unified protocol; (2) online progressive muscle relaxation training as an active control group; or (3) waiting-list control group. Both interventions are asynchronous, interactive, and include minimal amount of therapist support. Assessments will consist of self-report questionnaires, daily diary measures, and neurocognitive tasks for evaluating cognitive functioning. These will be conducted at baseline, post-treatment, and 1-month follow-up. Daily diary measures will be taken during the first and last week of treatment (or waitlist</p>

						<p>period). Primary outcome measures will include adjustment disorder severity; secondary outcome measures will consist of other negative (psychopathology: depression, anxiety, and stress) and positive (life satisfaction) indexes of mental health as well as process measures (e.g. mindfulness, experiential avoidance, cognitive fusion). DISCUSSION: To our knowledge, the current study is the first to evaluate the effectiveness of a psychological intervention for students with adjustment disorder. Therefore, it may have important practical implications for students with this disorder. It can potentially guide the development of a scalable, validated treatment option. TRIAL REGISTRATION: Clinical Trials, NCT05768308, registered 14 March 2023, https://www.clinicaltrials.gov/ct2/show/NCT05768308.</p>	
<p>Kaczurkin, Antonia N.; Asnaani, Anu; Zhong, Jody; Foa, Edna B.</p>	<p>2016</p>	<p>The Moderating Effect of State Anger on Treatment Outcome in Female Adolescents With PTSD</p>	<p>J. Traum. Stress (Journal of Traumatic Stress)</p>	<p>29</p>	<p>4</p>	<p>325–331</p>	<p>Trauma experienced in childhood and adolescence negatively affects the development of adaptive regulation of emotions and is associated with greater symptoms of anger. Prior research has suggested that high levels of anger may impede the outcome of treatment in adults with posttraumatic stress disorder (PTSD). The current study investigated whether high levels of anger resulted in poorer treatment outcomes in adolescent girls with PTSD. Participants included 61 female adolescent survivors of sexual abuse or assault who were randomized to either prolonged exposure for adolescents (PE-A) or client-centered therapy (CCT) for traumatized children for 8-14 weekly sessions. Participants were followed for 12 months posttreatment. High levels of state anger at baseline were associated with less improvement in PTSD symptoms in the CCT group than the PE-A group ($d = 0.62$). The moderating effects of state anger on</p>

						improvement in PTSD symptoms was significant with emotion regulation difficulties, which may underlie anger symptoms ($d = 0.58$) in the model. The results of this study suggested that high state anger was less of an impediment to treatment of PTSD for those receiving PE-A than those receiving less differentiated approaches such as CCT.	
Kahn, Michal; Ronen, Alon; Apter, Alan; Sadeh, Avi	2017	Cognitive-behavioral versus non-directive therapy for preschoolers with severe nighttime fears and sleep-related problems	Sleep medicine	32		40–47	<p>OBJECTIVE: To compare the efficacy of a developmentally appropriate cognitive-behavioral therapy protocol for preschoolers with severe nighttime fears and sleep-related problems, with an active control treatment.</p> <p>METHODS: Ninety children aged four to six years (63% boys) with severe nighttime fears and their parents were randomized to either cognitive-behavioral therapy including parent involved play (CBT-PIP) or to a structurally equivalent non-directive treatment (TEPT; triadic expressive play therapy). Treatment conditions were also equivalent in parent- and child-rated credibility and expectancy, and in therapist-rated compliance. Children and parents were assessed at baseline, during the first intervention week and four weeks after treatment. Measures included actigraphy, daily sleep logs, structured diagnostic interviews and parent questionnaires.</p> <p>RESULTS: Significant reductions were observed in nighttime fears and objectively and subjectively measured sleep disruptions in both intervention groups following treatment. Parent reports indicated more advantageous outcomes for CBT-PIP compared to TEPT, with greater reductions in sleep problems and co-sleeping as well as higher customer satisfaction in the former group.</p> <p>CONCLUSIONS: While CBT-PIP showed no significant advantage compared to the active control in reducing fears or in improving</p>

							objectively measured sleep, it was significantly more beneficial in reducing the adverse behavioral features of nighttime fears.
Kailanko, Sari; Wiebe, Stephanie A.; Tasca, Giorgio A.; Laitila, Aarno A.	2022	Impact of repeating somatic cues on the depth of experiencing for withdrawers and pursuers in emotionally focused couple therapy	Journal of marital and family therapy	48	3	693–708	Emotionally Focused Couple Therapy, an experiential modality, views emotion central to therapeutic change. In this exploratory study, we examined therapists' repetition of somatically focused interventions (therapist verbalizing somatic cues, such as facial expressions) and their impact on clients' emotional experiencing in-session. We also assessed difference for withdrawing versus pursuing partners. The sample included 13 EFT therapists who worked with one couple each for a single session. From transcripts we coded therapists' repetition of somatically focused interventions and clients' depth of experiencing pre-and post-intervention. Multilevel modeling demonstrated that a higher number of repetitions of somatically focused interventions predicted greater increase in depth of experiencing, unlike length of time spent repeating interventions. Somatically focused interventions resulted in greater increase in depth of experiencing for withdrawing as compared to pursuing partners. The results of this exploratory study suggest that such interventions may be a specific technique of EFT therapists that enhances emotional experiencing especially among withdrawing partners.
Kailanko, Sari; Wiebe, Stephanie A.; Tasca, Giorgio A.; Laitila, Aarno A.; Allan, Robert	2022	Somatic experience of emotion in emotionally focused couple therapy: Experienced trainer	Journal of marital and family therapy	48	3	677–692	In general, arousal of emotions is often felt and expressed as a somatic experience in the body. In Emotionally Focused Couple Therapy (EFT), the deepening of emotional experiencing enables therapeutic change. This research explores the experiences of eight experienced EFT trainer therapists regarding their somatic experiences in their work with couples. Using interpretative phenomenological analysis of transcribed in-depth

		therapists' views and experiences				interviews, this research data yielded three core themes that captured therapists' experiences of using their own and couples' somatic experiences in therapy: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) working with clients' somatic experiences. The findings suggest that therapists do focus on their own and couples' somatic experiences in their work with couples, and that EFT therapists could benefit from a map to guide therapists how to focus on felt, somatic experiences as a way of maintaining an emphasis on emotional experience.
Kaimal, Girija; Walker, Melissa S.; Herres, Joanna; Berberian, Marygrace; DeGraba, Thomas J.		Examining associations between montage painting imagery and symptoms of depression and posttraumatic stress among active-duty military service members	Psychology of Aesthetics, Creativity, and the Arts	16	1	Art therapy has traditionally been used as a treatment approach but it can also be applied successfully as a clinical behavioral health assessment tool in the care of military service members suffering from the effects of traumatic brain injury (TBI) and operational stressors. This observational study examined patterns of associations between visual imagery (mask and montage paintings) and clinical symptoms among 240 active-duty military service members with TBI, and associated psychological health conditions to include posttraumatic stress disorder (PTSD). The service members had participated in a 4-week intensive outpatient assessment and treatment program at the Walter Reed National Military Medical Center in the United States. Themes seen in the visual imagery were examined in correlation with standardized measures of PTSD (Posttraumatic Stress Disorder Checklist: Military Version) and depressive symptoms (Patient Health Questionnaire-9). The analysis showed that certain themes, like the use of color symbolism to depict psychological states, were associated with greater PTSD and depressive symptoms at the beginning of the

							<p>program. In addition, patients who depicted themes like physical injury, psychological injury, and memories of deployment in Week 1 of the program were more likely to continue to represent them in Week 4. Depiction of themes like color metaphors and duality was associated with lower depressive symptoms at the end of the program. The findings indicate the potential clinical and prognostic value of tracking the content of visual imagery created by military service members with TBI and associated psychological health conditions. Clinical applications include the recognition that certain visual themes could indicate higher or lower levels of distress and may help guide targeted care. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Kaiser, Maleen; Adami, Sandra; Lucius-Hoene, Gabriele; Muller- Nordhorn, Jacqueline; Goerling, Ute; Breuning, Martina; Holmberg, Christine</p>	2021	<p>Learning-by- doing: the importance of experiential knowledge sharing for meeting the information needs of people with colorectal cancer in Germany-a qualitative study</p>	BMJ open	11	2	e038460	<p>OBJECTIVE: The aim of this article is to understand how, when and why the topics of information and information needs arise when people diagnosed with colorectal cancer (CRC) narrate their illness experiences. METHODS: Guided by principles of grounded theory, a qualitative interview study was conducted that collected a wide variety of illness experiences with CRC in Germany using maximum variation sampling. Sampling criteria included place of residence, age at interview, age at diagnosis, treatment, disease course and sociodemographic factors such as varying family backgrounds and professions. SETTING AND PARTICIPANTS: Men and women diagnosed with CRC in different parts of Germany were sought via physicians, social workers and psychologists in hospital settings, organisations offering psychosocial support for patients with cancer, self-help groups, rehabilitation centres, newspapers and personal contacts. The interviewees in the final sample (n=41) had been diagnosed with CRC</p>

						<p>between 4 weeks and 36 years prior to the interview. RESULTS: Three inter-related categories of information needs emerged from the analysis: the need for non-medical information for daily life; the challenge of integrating the bodily changes that accompany CRC in everyday life; and sources of non-medical information concerning handling daily life. Learning to live with the bodily changes of CRC in everyday life was described as a long process of learning-by-doing. While sources for medical information were clear, finding practical information was often a challenge. The best source of such information was often seen to be other people living with the disease, who shared their experiential knowledge, as well as stoma and nutritional therapists. CONCLUSION: Information needs are part of the process and struggle to normalise everyday life after a disruptive diagnosis and treatment. Providing access to practical knowledge and information from others with CRC experience may be an important resource for patient support.</p>
<p>Kaisler, Raphaela E.; Fede, Manfred; Diltsch, Ulla; Probst, Thomas; Schaffler, Yvonne</p>	2023	<p>Common mental disorders in Gestalt therapy treatment: a multiple case study comparing patients with moderate and low integrated personality structures</p>	<p>Frontiers in psychology</p>	14	1304726	<p>INTRODUCTION: Empowerment is central to self-development and growth in Gestalt therapy. The self evolves through interactions with others, forming self- and object-relations, and ego-functions. Underlying structural functions build the ability to regulate, differentiate, and integrate experiences, leading to self-, and emotion-regulation. Our study examined the self-development of seven clients with prevalent mental health issues and structural challenges, all of whom underwent 30 sessions of Gestalt therapy in a real-world individual therapy context. METHODS: Using a multiple case study approach, we contrasted two client groups: those with moderately integrated and those with low-</p>

						<p>integrated personality structures, as defined by the operationalised psychodynamic diagnostic manual. Our exploration centered on specific factors of empowerment, therapy processes, and interventions. The study's mixed-method design encompassed quantitative outcome measures (empowerment, wellbeing, psychosocial health, and severity of personality functioning), therapy diaries from both clients and therapists, and semi-structured client interviews about empowering factors in therapy. RESULTS: Both groups showed positive therapy outcomes on wellbeing, psychosocial health, and empowerment. Specific empowerment-related factors included promoting experiences, relationships, and self-efficacy in the low-integrated group. Support of self-regulation was reported to be essential for successful outcomes in the moderately integrated group. While the therapy processes proceeded similarly in both groups, we observed a strong focus on body awareness-oriented interventions and promotion of verbalisation in the low-integrated group and a relationship-oriented emphasis in the moderately integrated group. Emotional experience linked to positive experience was limited in the low-integrated group, suggesting an impairment of emotional processing, including bodily felt feelings. No change was reported in the level of personality functioning after 30 sessions in both groups. DISCUSSION: These results underscore the need for tailored therapeutic approaches based on the client's level of personality integration. Future research should probe the long-term effects of therapy and delve deeper into shifts in personality functioning, especially concerning emotional and bodily experiences. In practical terms, therapists should prioritize linking bodily</p>
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							sensations with emotions for clients with low-integrated personalities. For those with moderate integration, the emphasis should be on fostering exploration, awareness, and bolstering self-regulation.
Kalantar-Zadeh, Kamyar; Forfang, Derek; Bakris, George; Martin, Kevin J.; Moe, Sharon M.; Sprague, Stuart M.	2023	Managing Phosphate Burden in Patients Receiving Dialysis: Beyond Phosphate Binders and Diet	Kidney360	4	11	1650–1656	Most patients receiving dialysis rely on dietary restriction and phosphate binders to minimize the risk of hyperphosphatemia, which is associated with increased mortality. However, dietary restriction is difficult because of hidden phosphate additives in processed foods and medications. Restriction of dietary phosphate sources such as protein may increase the risk of malnutrition. Phosphate binders, the only pharmacologic option for phosphate management since aluminum salts were introduced several decades ago, are often insufficient for binding the 1400-2500 mg of phosphate potentially consumed daily. Over the last decade, serum phosphate levels in the United States have risen, and >69% of patients receiving dialysis exhibited a most recent phosphate level >4.5 mg/dl (above the normal range), indicating an urgent need for new, more effective therapies to manage phosphate burden. Novel, nonbinder therapies such as transcellular and paracellular phosphate absorption inhibitors may be used for phosphate management, and future studies should examine whether they allow fewer dietary restrictions for patients receiving dialysis, potentially improving patient quality of life and nutritional status. It is imperative that we collaborate to move beyond the restrictive approaches available today and provide patients and clinicians with an array of strategies so that they may choose the most appropriate patient-centered therapy.
Kallos-Lilly, Veronica;	2016	Wir beide. Das Arbeitsbuch zur					Vorgestellt wird die Emotionsfokussierte Therapie (EFT) in der Arbeit mit Paaren. Sie setzt beim kleinsten

Fitzgerald, Jennifer		Emotionsfokussierten Paartherapie					gemeinsamen Nenner in Paarbeziehungen an: dem grundlegenden Bedürfnis nach Liebe und Akzeptanz. In der Emotionsfokussierten Paartherapie geht es darum, die eigenen Gefühle und Bedürfnisse zu erkennen und dem Partner angemessen zu vermitteln. So können Paare ihre Beziehung auf einer tiefen emotionalen Ebene festigen. bungen und Praxisbeispiele ermöglichen die Übertragung der Interventionen in den gemeinsamen Alltag als Paar. - Inhalt: (1) Für wen haben wir dieses Buch geschrieben. (2) Drei typische problematische Interaktionsmuster. (3) Die Bindung in Paarbeziehungen: die beste Überlebenschance. (4) Du und ich: Was gibt vor, wer und wie wir in Paarbeziehungen sind. (5) Emotionen: Wie wir lernen, unsere Gefühle zu verstehen. (6) Mehr über Emotionen: Welche Gefühle empfinden wir. (7) Schwierigere Emotionen: Verachtung, Verletzung, Scham, Schuldgefühle, Eifersucht. (8) Sicherheit in der Paarbeziehung setzt gute Absichten voraus. (9) Die Bindung wiederherstellen. (10) Verletzungen in der Beziehung: Wie können wir den Schaden wiedergutmachen. (11) Geschichten über Veränderungen. (12) Die Intimität schützen und die Sexualität wiederbeleben. (13) Nach vorne blicken: sich auf Bergangsphasen vorbereiten.
Kaluzeviciute, Greta	2020	Social Media and its Impact on Therapeutic Relationships	Brit J Psychotherapy (British Journal of Psychotherapy)	36	2	303–320	
Kamozawa, Akane; Oshima, Sumiko;	2021	Narrative of “Here-and-Now”: Cancer Survivors in a	Jpn Psychol Res (Japanese Psychological Research)	63	4	449–465	

Mizukawa, Yoshifumi		Group Psychotherapy Using SCT® (Systems-Centered Therapy) 1,2				
Kamphausen, Anne; Roese, Hanna; Oechsle, Karin; Issleib, Malte; Zöllner, Christian; Bokemeyer, Carsten; Ullrich, Anneke	2019	Challenges Faced by Prehospital Emergency Physicians Providing Emergency Care to Patients with Advanced Incurable Diseases	Emergency medicine international	2019	3456471	INTRODUCTION: The aim of our study was to investigate challenges faced by emergency physicians (EPs) who provide prehospital emergency care to patients with advanced incurable diseases and family caregivers in their familiar home environment. METHODS: Qualitative study using semistructured interviews with open-ended questions to collect data from 24 EPs. Data were analyzed using qualitative content analysis. RESULTS: We identified nine categories of challenges: structural conditions of prehospital emergency care, medical documentation and orders, finding optimal patient-centered therapy, uncertainty about legal consequences, challenges at the individual (EP) level, challenges at the emergency team level, family caregiver's emotions, coping and understanding of patient's illness, patient's wishes, coping and understanding of patient's illness, and social, cultural, and religious background of patients and families. EPs strengthened that the integrations of specialized prehospital palliative care services improved emergency care by providing resources to patients and family caregivers, enhancing the quality and availability of medical documentation and accessibility of aftercare in emergencies. Areas of improvement that were identified were to promote emergency physicians' knowledge and skills in palliative care, communication, and family caregiver support by education and training. Furthermore, structures for better care on-site, thorough medical

						documentation, and specialized palliative care emergency facilities in hospital and prehospital care were requested. CONCLUSION: Prehospital emergency care in patients with advanced incurable diseases in their familiar home environment may be improved by training EPs in palliative care, communication, and caregiver support competences. Results underline the importance of collaborative specialized palliative care and prehospital emergency care.
Kandale, Miki; Rugenstein, Kai	2017	Das Repetitorium. Lehr- und Lernbuch für die schriftlichen Abschlussprüfungen zum Psychologischen Psychotherapeuten und zum Kinder- und Jugendlichenpsychotherapeuten				Im vorliegenden Repetitorium für die Abschlussprüfungen zum Psychologischen Psychotherapeuten und zum Kinder- und Jugendlichenpsychotherapeuten wird nicht nur eine systematische Wiederholung von Wissen präsentiert, um die Approbationsprüfung effizient zu bestehen. Darüber hinaus werden eine methodische Anleitung zur Prüfungsvorbereitung und konkrete Strategien für den Umgang mit Klausurfragen in der Prüfungssituation geboten. Das Repetitorium orientiert sich dabei an den Gegenstandskatalogen des Instituts für medizinische und pharmazeutische Prüfungsfragen (IMPP) und den Anforderungen der aktuellen Klausuren, wobei es das Ziel verfolgt, die mangleblichen Examensinhalte in einem Kompromiss aus notwendiger Ausführlichkeit und möglicher Prägnanz darzustellen. Besonders relevante Inhalte sind als solche hervorgehoben und werden in ausführlichen Beispielen aus der Praxis veranschaulicht. Damit fungiert das Repetitorium zugleich als hilfreiches Lernwerkzeug und als praxisorientiertes Kompendium, das auch nach der erfolgreichen Approbation dem Psychologischen Psychotherapeuten und dem Kinder- und Jugendlichenpsychotherapeuten hilfreich sein kann. - Die vorliegende dritte, aktualisierte Auflage des Repetitoriums bietet neben bearbeiteten Inhalten vor

						<p> allem eine ausführliche Erläuterung der seit dem 01. April 2017 Anwendung findenden Psychotherapierichtlinie, um damit in bewährter Weise zuverlässige Orientierung und Sicherheit auf dem Weg zur Approbation und darüber hinaus zu geben. - Inhalt: (A) Anleitung zur Prüfungsvorbereitung und zum Umgang mit diesem Buch. (1) 96 Prozent Vertrauen. (2) Was ist wichtig? (3) Wie bereite ich mich effektiv vor? (4) Wie verhalte ich mich erfolgreich in der Prüfungssituation? - (B) Psychologische Grundlagen. (5) Methodische Grundlagen. (6) Allgemein-, sozial- und persönlichkeitspsychologische Grundlagen. (7) Diagnostische Grundlagen. (8) Prävention und Rehabilitation. - (C) Rahmenbedingungen. (9) Medizinethik, Berufsrecht und psychosoziale Versorgungssysteme. (10) Dokumentation und Evaluation psychotherapeutischer Behandlungsverläufe. - (D) Medizinische Grundlagen. (11) Aufbau und Funktion des Nervensystems. (12) Neuro- und Sinnesphysiologie. (13) Ausgewählte Organsysteme und deren Erkrankungen. - (E) Pharmakologische Grundlagen. (14) Psychopharmakologie. (15) Psychotrope Substanzen. - (F) Systematischer Lernkommentar zur ICD-10. (16) Vorbemerkung. (17) Kommentar. - (G) Verhaltenstherapie. (18) Grundbegriffe. (19) Psychische Entwicklung. (20) Modelle der Symptomentstehung. (21) Diagnostik und Indikation. (22) Behandlungstheorie und Technik. (23) Strukturspezifische Modelle und Interventionen. - (H) Psychoanalytisch begründete Verfahren. (24) Grundbegriffe. (25) Psychische Entwicklung. (26) Modelle der Symptomentstehung. (27) Diagnostik und Indikation. (28) Behandlungstheorie und Technik. (29) Strukturspezifische Modelle und Interventionen. (I) Weitere Verfahren. (30) Gruppentherapie. (31) Paar- und </p>
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							Familientherapie. (32) Gesprächspsychotherapie. (33) Besondere Problemfelder. - (J) Kinder- und Jugendlichenpsychotherapie. (34) Entwicklungspsychologie. (35) Entwicklungspsychopathologie. (36) Diagnostik und Indikation. (37) Behandlungstheorie und Technik. (38) Strungsspezifische Modelle und Interventionen.
Kanesaki, Hiromi; Watanabe, Kiwamu; Osugi, Kazuha; Ohara, Hiroya; Takada, Kozue; Kinoshita, Masako	2023	Utility of scratch art therapy in adult epilepsy patients with difficulties in social adaptation	Couns and Psychother Res (Counselling and Psychotherapy Research)	25	5	702-711	Abstract Objective Adult patients with epilepsy are confronted with significant psychological and psychosocial burdens. However, the role of psychological intervention to improve quality of life has not been fully established yet. The basis of art therapy is symbolic representations of inner experiences but patients may have difficulty expressing themselves. Here, we investigated utilities of scratch art therapy in Japanese adult patients with epilepsy who feel difficulties in social adaptation. Methods Seven adult epilepsy patients (four males, age: 32.1±9.9, mean±SD) treated in epilepsy clinic of our hospital, who complained of psychosocial problems and underwent psychotherapy sessions combined with art therapy, were included. Six patients had focal epilepsy and two of them were sequelae of encephalitis. They were comorbid with depression, mood disorders, anxiety, memory disturbance, and insomnia. Psychotherapy sessions were scheduled at the same day of their clinic visit, every 4-12 weeks, 60 min per day, and art therapy was performed as a part (up to 30 min, in accord with the condition of the patient) of each session. Scratch art therapy was performed by using ready-made publications. Each patient selected favorite motives of figure out of several options suggested by the therapist. Results All patients quickly adapted themselves to scratch art therapy and verbally expressed their hidden

							emotions during drawing. One female patient with emotional lability appealed that she could stab herself by pointed end of the pen. Three patients added self-motivated lines to the designed draft. Two patients realized problems to be solved and moved to other suitable therapeutic procedures. Significance The current case series study demonstrated utilities of scratch art therapy in Japanese adult patients with epilepsy who feel difficulties in social adaptation. Scratch art therapy is easy to introduce in adult epilepsy patients who have trouble expressing themselves or have uncontrollable emotions.
Karlhuber, Kerstin	2021	Pathologisches Horten vor dem Hintergrund der psychodramatischen Entwicklungstheorie. Warum genug nie gengen kann	Zeitschrift fr Psychodrama und Soziometrie	20	2	357–369	In diesem Beitrag der Zeitschrift fr Psychodrama und Soziometrie (ZPS) wird die Strung des Pathologischen Hortens unter dem Blickwinkel der psychodramatischen Entwicklungstheorie skizziert. Weiters werden die perfekten Ziele von Menschen mit Messie-Symptomatik dargestellt. Die Erfahrungen, die als Leiterin einer psychodramatischen Gruppe fr Messies gemacht wurden, werden dargestellt. (c) Springer Fachmedien Wiesbaden GmbH
Karlin, Bradley E.; Brenner, Lisa A.	2020	Improving engagement in evidence-based psychological treatments among Veterans: Direct-to-consumer outreach and pretreatment shared	Clinical Psychology: Science and Practice		14	68-28	Despite growing empirical support over the past half-century, evidence-based psychotherapies (EBPs) remain infrequently delivered. Organized efforts within large public and private systems, including the Veterans Health Administration, have brought significant optimism to closing the research-to-practice gap. Notwithstanding robust improvements, few Veterans and non-Veterans receive EBPs. The current article expands implementation knowledge and practice by extending focus of EBP implementation from provider, system, and policy-level requirements to key patient-level barriers and associated “pull strategies” for promoting interest, demand, and

		decision-making			Print)		engagement. Specifically, the article presents a public health and clinical engagement strategy and innovations developed by the authors leveraging strategic actions for increasing EBP uptake and engagement in two key areas: (a) direct-to-consumer outreach and education, and (b) pretreatment shared decision-making. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Karyotaki, Eirini; Smit, Yolba; Beurs, Derek P. de; Henningsen, Kirsten Holdt; Robays, Jo; Huibers, Marcus J. H.; Weitz, Erica; Cuijpers, Pim	2016	THE LONG-TERM EFFICACY OF ACUTE-PHASE PSYCHOTHERAPY FOR DEPRESSION: A META-ANALYSIS OF RANDOMIZED TRIALS	Depression and anxiety	33	5	370–383	<p>BACKGROUND Understanding the effectiveness of treatment for depression in both the short term and long term is essential for clinical decision making. The present meta-analysis examined treatment effects on depression and quality of life in acute-phase psychotherapeutic interventions compared to no treatment control groups for adult depression at 6 months or longer postrandomization.</p> <p>METHODS A systematic literature search resulted in 44 randomized controlled trials with 6,096 participants. Acute-phase psychotherapy was compared to control groups at 6-month or longer postrandomization. Odds ratios of a positive outcome were calculated.</p> <p>RESULTS Psychotherapy outperformed control groups at 6 months or longer postrandomization (OR = 1.92, 95% CI: 1.60-2.31, P < .001). Heterogeneity was moderate (I^2: 65, 95% CI: 53-74, P < .001). However, effects significantly decreased with longer follow-up periods. Additionally, a small positive effect of psychotherapy was observed for quality of life, while similar effects were obtained in separate analyses of each type of psychotherapy, with the exception of nondirective supportive therapy. Studies that provided booster sessions had better treatment results</p>

							<p>compared with studies that did not provide any further sessions. Finally, we found that trials on psychotherapy aimed at major depressive disorder (MDD) had better outcomes than those that were aimed at elevated depressive symptoms.</p> <p>CONCLUSIONS</p> <p>There is substantial evidence that acute-phase psychotherapy results in a better treatment effects on depression and quality of life in the long term for adult patients with depression.</p>
<p>Kass, Andrea E.; Balantekin, Katherine N.; Fitzsimmons-Craft, Ellen E.; Jacobi, Corinna; Wilfley, Denise E.; Taylor, C. Barr</p>	2017	<p>The economic case for digital interventions for eating disorders among United States college students</p>	<p>The International journal of eating disorders</p>	50	3	250–258	<p>OBJECTIVE</p> <p>Eating disorders (EDs) are serious health problems affecting college students. This article aimed to estimate the costs, in United States (US) dollars, of a stepped care model for online prevention and treatment among US college students to inform meaningful decisions regarding resource allocation and adoption of efficient care delivery models for EDs on college campuses.</p> <p>METHODS</p> <p>Using a payer perspective, we estimated the costs of (1) delivering an online guided self-help (GSH) intervention to individuals with EDs, including the costs of "stepping up" the proportion expected to "fail"; (2) delivering an online preventive intervention compared to a "wait and treat" approach to individuals at ED risk; and (3) applying the stepped care model across a population of 1,000 students, compared to standard care.</p> <p>RESULTS</p> <p>Combining results for online GSH and preventive interventions, we estimated a stepped care model would cost less and result in fewer individuals needing in-person psychotherapy (after receiving less-intensive intervention) compared to standard care, assuming everyone in need</p>

							<p>received intervention.</p> <p>CONCLUSIONS</p> <p>A stepped care model was estimated to achieve modest cost savings compared to standard care, but these estimates need to be tested with sensitivity analyses. Model assumptions highlight the complexities of cost calculations to inform resource allocation, and considerations for a disseminable delivery model are presented. Efforts are needed to systematically measure the costs and benefits of a stepped care model for EDs on college campuses, improve the precision and efficacy of ED interventions, and apply these calculations to non-US care systems with different cost structures.</p>
Kaster, Simone D.	2018	Grenz-Erfahrungen. Existenzanalytische Psychotherapie mit Geflüchteten	Existenzanalyse	35	2	87–91	<p>Im vorliegenden Artikel wird anhand eines Fallbeispiels aus der Praxis der Autorin die existenzanalytische Psychotherapie mit einem geflüchteten, traumatisierten 38-jährigen Mann aus Kamerun ausgeführt, der in seinem Heimatland aufgrund seiner politischen Aktivitäten inhaftiert worden und über einen Zeitraum von fünf Jahren physischer und psychischer Folter ausgesetzt gewesen war. Der Klient stellte sich mit den Symptomen einer posttraumatischen Belastungsstörung (PTBS) vor und dem Gefühl, "verrückt" zu werden. Zudem verstärkten der Bruch in seiner Biographie und das Gefühl des Verlustes seiner Identität als Flüchtling in einem fremden Land seine Symptome. Es wird dargestellt, wie im Therapieprozess mithilfe der Verortung der Symptome und Leiden des Klienten in den vier Grundmotivationen der Existenzanalyse und der entsprechenden Behandlung eine deutliche Veränderung und Verbesserung der Symptome beobachtet werden konnten.</p>

Katz, Michael; Hilsenroth, Mark J.	2018	Psychodynamic technique early in treatment related to outcome for depressed patients	Clinical psychology & psychotherapy	25	2	348–358	We examined the relationship between psychodynamic techniques early in treatment with reliable change in depressive symptomatology. Forty-six patients admitted for individual psychodynamic psychotherapy who received a diagnosis representative of a depressive spectrum disorder were assessed pretreatment and posttreatment through self-report of depressive symptoms. Videotapes from two early treatment sessions (3rd and 9th) were independently rated on the Comparative Psychotherapy Process Scale for use of psychodynamic-interpersonal and cognitive-behavioural techniques, with excellent interrater reliability (intraclass correlation coefficient > .75). We found a significant relationship between overall use of psychodynamic technique across early treatment ($r = .31, p = .036$), as well as specific psychodynamic techniques delivered across early treatment, with change in patient-reported depressive symptoms. Our findings suggest that focusing on affective experiencing and expression, as well as providing interpretations are particularly helpful early in psychodynamic treatment for depression. Clinical implications and future directions are discussed.
Katzmann, Josepha; Hautmann, Christopher; Greimel, Lisa; Imort, Stephanie; Pinior, Julia; Scholz, Kristin; Döpfner, Manfred	2017	Behavioral and Nondirective Guided Self-Help for Parents of Children with Externalizing Behavior: Mediating Mechanisms in a Head-To-Head Comparison	Journal of abnormal child psychology	45	4	719–730	Parent training (PT) delivered as a guided self-help intervention may be a cost- and time-effective intervention in the treatment of children with externalizing disorders. In face-to-face PT, parenting strategies have repeatedly been identified as mediating mechanisms for the decrease of children's problem behavior. Few studies have examined possible mediating effects in guided self-help interventions for parents. The present study aimed to investigate possible mediating variables of a behaviorally oriented guided self-help program for parents of children with externalizing problems compared to a nondirective

							<p>intervention in a clinical sample. A sample of 110 parents of children with externalizing disorders (80 % boys) were randomized to either a behaviorally oriented or a nondirective guided self-help program. Four putative mediating variables were examined simultaneously in a multiple mediation model using structural equation modelling. The outcomes were child symptoms of ADHD and ODD as well as child externalizing problems, assessed at posttreatment. Analyses showed a significant indirect effect for dysfunctional parental attributions in favor of the group receiving the behavioral program, and significant effects of the behavioral program on positive and negative parenting and parental self-efficacy, compared to the nondirective intervention. Our results indicate that a decrease of dysfunctional parental attributions leads to a decrease of child externalizing problems when parents take part in a behaviorally oriented guided self-help program. However, none of the putative mediating variables could explain the decrease in child externalizing behavior problems in the nondirective group. A change in dysfunctional parental attributions should be considered as a possible mediator in the context of PT.</p>
<p>Katznelson, Hannah; Falkenström, Fredrik; Daniel, Sarah I. F.; Lunn, Susanne; Folke, Sofie; Pedersen, Signe Holm; Poulsen, Stig</p>	2020	<p>Reflective functioning, psychotherapeutic alliance, and outcome in two psychotherapies for bulimia nervosa</p>	Psychotherapy	57	2	129-140	<p>Mentalization is a developmental achievement defined as the capacity to understand behavior in terms of mental states. This study investigated mentalization in psychoanalytic psychotherapy (PPT) and cognitive behavior therapy (CBT) through a secondary data analysis of findings from a randomized controlled trial for bulimia nervosa. It was hypothesized that mentalization would predict alliance and outcome in both treatments, whereas increase in mentalization was only expected after PPT. Furthermore, it was investigated whether</p>

							<p>change in mentalization predicted symptom change. A total of 70 participants with bulimia nervosa were randomized to PPT or CBT. Participants were assessed at 3 time points with the Eating Disorder Examination and the Adult Attachment Interview (rated for reflective functioning [RF]). Therapy sessions were rated with the Vanderbilt Therapeutic Alliance Scale. Higher intake RF significantly predicted better alliance, whereas no association was observed between RF and outcome. A significant interaction between time, therapy type, and RF found RF improving more in PPT than in CBT. There was a significant association between RF change and symptom change in the PPT group. The study suggests a relation between RF and psychotherapy process, whereas the relation between RF and outcome is more complex. Furthermore, PPT seems to enhance mentalization, which seems related to symptomatic improvement, suggesting that mentalization might serve as a specific mechanism of change in PPT. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
<p>Kawashita, Takumi; Dunnsiri, Teevit; Shu, Sara; Tran, Patrick; Agustines, Davin</p>	2019	<p>Losing Legs to Losing Everything: How Neglecting Holistic Health Devastated a Lower-limb Amputee</p>	Cureus	11	12	e6275	<p>Holistic care means addressing the patient as a person; providing high-quality care by focusing on individual needs. Our goal is to implement a survey that quantifies the patients' physical, mental, and spiritual health to enable improvements in client-centered therapy in lower-limb amputees. For this, we worked with a 43-year-old Hispanic male with a medical history of insulin-dependent diabetes complicated by sequential lower limb amputations. The second amputation cost him his job and left him homeless. The patient was hospitalized after developing severe depression, to the point that he had command auditory hallucinations to kill himself. He was discharged back into the community after a three-</p>

						<p>week hospitalization. However, he was readmitted to the hospital a week later due to a resurgence of suicidal ideation. Our team engaged the patient using the "Holistic Health and Wellness Survey" of Raymond W. Smith, which we used to assess and address various domains of his mental, spiritual, and physical health. We were able to create obtainable goals for the patient for each category on which he scored low in the health and wellness survey. The patient's overall health and attitude improved substantially through his client-centered therapy, which addressed his quantified health needs; and he began to take an active role in developing short- and long-term goals that he found attainable as he adjusted to life as a double-amputee. This case illustrates the potential for improving client-centered therapy in lower-limb amputees. We believe that providers may benefit from implementing this health and wellness survey to better assess how to provide client-centered care for their patients.</p>
Kealy, David; Seidler, Zac E.; Rice, Simon M.; Oliffe, John L.; Ogrodniczuk, John S.; Kim, Dan	2021	Challenging assumptions about what men want: Examining preferences for psychotherapy among men attending outpatient mental health clinics	Professional Psychology: Research and Practice	19-23(Electronic), 07-35-70	28-33	<p>Understanding men's preferences for outpatient mental health treatment is important in better providing responsive services that engage this population in effectual care. In psychotherapy, responding to client preferences is associated with reduced attrition and improved outcomes. Knowledge regarding men's therapy preferences, however, is limited and equivocal, particularly among men attending outpatient mental health services. The present study examined treatment preferences—with a focus on psychotherapy—in a sample of Canadian men (N = 92) attending public-funded outpatient clinics. The majority of men (45.7%) endorsed a strong preference for individual psychotherapy. This preference was associated with</p>

							higher levels of work and social impairment. Men tended to prefer therapists to teach coping strategies, explore feelings and patterns of experiences, and assist men in working with emotions. Only 20.9% of men preferred brief treatment, and 31.4% perceived a need for long-term therapy (> 1 year). Contrary to popular discourse, findings indicated respondents' preference for therapies that focus on vulnerable emotions, and many men—particularly those with greater functional impairment—reported interest in longer term, emotion-oriented psychotherapy. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Kealy, David; Spidel, Alicia; Ogrodniczuk, John S.	2017	Self-conscious emotions and suicidal ideation among women with and without history of childhood sexual abuse	Couns and Psychother Res (Counselling and Psychotherapy Research)	17	4	269–275	
Kearns, Nathan T.; Contractor, Ateka A.; Weiss, Nicole H.; Blumenthal, Heidemarie	2021	Coping strategy utilization among posttraumatic stress disorder symptom severity and substance use co-occurrence typologies: A latent class analysis	Psychological Trauma: Theory, Research, Practice, and Policy	13	8	929–939	Objective: There is a lack of research on primary prevention of posttraumatic stress disorder (PTSD) symptoms and substance use among trauma-exposed populations. To guide the development of more effective prevention efforts, the current study sought to identify underlying coping mechanisms that impact PTSD–substance use co-occurrence. Method: A person-centered analytic approach (latent class analysis) examined PTSD–substance use co-occurrence typologies (classes) and identified theoretically adaptive (e.g., active coping) and maladaptive (e.g., denial) coping strategies that differentiated between classes among a sample of 1,270 trauma-exposed participants (Mage = 20.71, 73.5%

						female, 45.7% White). Results: Latent class analysis identified five distinct typologies, reflective of extant epidemiological and etiological work. Generally, behavioral disengagement and self-blame coping increased the likelihood of being in more severe PTSD–illicit substance use (e.g., cocaine) comorbidity classes. Positive reframing and planning differentiated between low and moderate illicit substance typologies with moderate PTSD severity. Venting, acceptance, and self-distraction differentiated between asymptomatic and moderate PTSD severity typologies with low illicit substance use. Conclusions: Findings identify general coping strategies associated with increased likelihood of being in more severe comorbidity typologies, as well as several unique coping strategies associated with risk of transitioning between low/moderate PTSD and illicit substance use classes. Relevant interventions (e.g., trauma psychoeducation, guilt-reduction therapy, psychological first aid) that may be targets for future prevention-oriented work are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Kearns, Nathan T.; Jackson, Warren T.; Elliott, Timothy R.; Ryan, Tiffany; Armstrong, Trey W.		Differences in level of upper limb loss on functional impairment, psychological well-being, and substance use	Rehabilitation Psychology	63	1	Purpose/Objective: The present study examines associations between levels of limb loss (partial hand vs. higher levels of limb loss) and eight clinically relevant measures of functional impairment, psychological well-being, and substance use. Research Method/Design: A cross-sectional, multisite study conducted at seven prosthetic rehabilitation centers across the United States. A total of 305 participants with upper limb loss (Mage = 44.28, SD = 15.45; 68.5% male; 70.5% white) completed orally administered self-assessments of pain interference, perceived activity restrictions, posttraumatic stress disorder (PTSD), depression,

							emotional reaction to their physical condition, problematic alcohol use, prescription medication overuse, and illicit drug use. Results: Results showed individuals with partial hand loss were at significantly greater odds of endorsing pain interference and screening positive for PTSD. Results also showed level of limb loss was significantly associated with emotional reaction to their physical condition, such that participants with partial hand loss scored significantly above those with higher level limb loss. Conclusions/Implication: The current study highlights level of limb loss as an important correlate of several functional impairments and psychological measures among individuals with upper limb loss. These findings may inform clinicians and occupational therapists in their development of treatment and rehabilitation. In particular, practitioners should be cognizant of their patient's level of limb loss, as individuals with partial hand loss may be more susceptible to greater emotional reactions to their physical condition and increased psychological distress due to pain interfering with their work and elevated posttraumatic stress symptoms. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Keating, Frank; Cole, Laura; Grant, Robert	2020	An evaluation of group reminiscence arts sessions for people with dementia living in care homes	Dementia (London, England)	19	3	805–821	
Keefe, John R.; Huque, Zeeshan M.; DeRubeis,	2019	In-session emotional expression	Psychotherapy	56	4	514–525	In panic-focused psychodynamic psychotherapy (PFPP), exploration and interpretation of avoided and conflicted emotions and fantasies surrounding anxiety are thought

<p>Robert J.; Barber, Jacques P.; Milrod, Barbara L.; Chambless, Dianne L.</p>		<p>predicts symptomatic and panic-specific reflective functioning improvements in panic-focused psychodynamic psychotherapy</p>				<p>to promote panic-specific reflective functioning (PSRF), which drives panic disorder improvements. Patient emotional expression within a session may be a marker of engaged processing and experiencing of affectively charged material. Degree of in-session expressed emotion, indicating both verbal and nonverbal emotions, was examined across three early therapy sessions for prediction of subsequent outcomes. We further investigated whether personality disorder traits, theorized to relate to constricted (obsessive-compulsive) or heightened (borderline) emotions, moderated this relationship. Emotional expression in Sessions 2, 5, and 10 of a 24-session PFPP protocol was assessed by blinded observers in 44 patients randomized to PFPP in a two-site randomized controlled trial of psychotherapies for panic disorder. Robust regressions were conducted to examine the relationship between average emotional expression across the measured sessions and symptom and PSRF changes subsequent to the sampled sessions, as well as moderation by personality disorder criteria, controlling for early outcomes. Higher levels of emotional expression across the early sessions predicted greater subsequent symptom and PSRF improvement. Elevations in expression of grief/sadness drove the symptomatic finding. Patients meeting more borderline criteria experienced a smaller and potentially negative relationship between emotional expression and symptom improvement. Emotional expression in PFPP may be an indicator of positive therapy process for patients without comorbid borderline personality traits, predicting prospective improvements in both a key mediator (PSRF) and symptoms. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
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Keefe, John R.; Milrod, Barbara L.; Gallop, Robert; Barber, Jacques P.; Chambless, Dianne L.	2018	What is the effect on comorbid personality disorder of brief panic-focused psychotherapy in patients with panic disorder?	Depression and anxiety	35	3	239–247	<p>BACKGROUND No studies of psychotherapies for panic disorder (PD) have examined effects on comorbid personality disorders (PersD), yet half such patients have a PersD.</p> <p>METHODS In a randomized trial for PD with and without agoraphobia comparing Cognitive-Behavioral Therapy (CBT) and Panic-Focused Psychodynamic Psychotherapy (PFPP), PersD was assessed pre-to-post treatment with the Structured Clinical Interview for the Diagnosis of Axis-II Disorders (SCID-II). For patients completing therapy (n = 118, 54 with PersD), covariance between panic and SCID-II criteria improvements was analyzed. SCID-II diagnostic remission and recovery were evaluated. Comparative efficacy of PFPP versus CBT for improving PersD was analyzed both for the average patient, and as a function of PersD severity.</p> <p>RESULTS 37 and 17% of PersD patients experienced diagnostic PersD remission and recovery, respectively. Larger reductions in PersD were related to more panic improvement, with a modest effect size (r = 0.28). Although there was no difference between treatments in their ability to improve PersD for the average patient (d = 0.01), patients meeting more PersD criteria did better in PFPP compared to CBT (P = .007), with PFPP being significantly superior at 11 criteria and above (d = 0.66; 3 more criteria lost).</p> <p>CONCLUSIONS PersD presenting in the context of primary PD rarely resolves during psychotherapies focused on PD, and change in PersD only moderately tracks panic improvements, indicating non-overlap of the constructs.</p>
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							Patients receiving panic-focused psychotherapies may require additional treatment for their PersD. PFPP may be superior at improving severe PersD, but replication of this finding is required.
Kehle-Forbes, Shannon M.; Ackland, Princess E.; Spont, Michele R.; Meis, Laura A.; Orazem, Robert J.; Lyon, Alexandra; Valenstein-Mah, Helen R.; Schnurr, Paula P.; Zickmund, Susan L.; Foa, Edna B.; Chard, Kathleen M.; Alpert, Elizabeth; Polusny, Melissa A.	2022	Divergent experiences of U.S. veterans who did and did not complete trauma-focused therapies for PTSD: A national qualitative study of treatment dropout	Behaviour research and therapy	154		104123	Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are first-line treatments for posttraumatic stress disorder (PTSD) and have been disseminated throughout the U.S. Veterans Health Administration. Treatment non-completion is common and lessens clinical effectiveness; however, prior work has failed to identify factors consistently associated with non-completion. Semi-structured interviews were conducted with a national sample of veterans who recently completed (n = 60) or did not complete (n = 66) PE or CPT. Non-completer interviews focused on factors that contributed to veterans' decisions to drop out and efforts undertaken to complete PE/CPT. Completer interviews focused on challenges faced in completing treatment and facilitators of completion. Transcripts were coded using a mixed deductive/inductive approach; constant comparison was used to identify differences between completers and non-completers. Completers and non-completers differed in the extent of treatment-specific therapist support received, therapists' flexibility in treatment delivery, the type of encouragement offered by the care team and social supports, their interpretation of symptom worsening, the perceived impact of treatment on functioning, and the impact of stressors on their treatment engagement. Treatment-specific therapist support, more patient-centered and flexible treatment delivery, leveraging the full care team, and addressing functional concerns are potential targets for PE and CPT engagement interventions.

<p>Kehoe, Christiane E.; Havighurst, Sophie S.; Harley, Ann E.</p>	<p>2020</p>	<p>Tuning in to Teens: Investigating moderators of program effects and mechanisms of change of an emotion focused group parenting program</p>	<p>Developmental Psychology</p>	<p>56</p>	<p>3</p>	<p>623–637</p>	<p>In recent years emotion socialization theory (Eisenberg, Cumberland, & Spinrad, 1998) has begun to be used in parenting interventions, allowing an important and effective method for testing the theory. The current study is one such example, and examined moderators of program effects and mechanisms of change in an emotion-focused group parenting program, Tuning in to Teens (TINT), to determine whether an intervention with this theoretical approach would be effective in improving adolescent internalizing difficulties. Schools were randomized into intervention and control conditions. Data was collected from 225 parents and 224 youth during the young person's final year of elementary school (6th grade) and again, 10 months later in their first year of secondary school (7th grade). Those in the intervention condition received a 6-session program targeting parent emotion awareness/regulation, parental beliefs about emotion and parents' emotion coaching skills. Multilevel analyses were conducted to examine moderators of the intervention and regression analyses were conducted to examine mediators of program effects. Results showed greater benefits for intervention subgroups with high preintervention scores on youth anxiety. Parental internalizing difficulties and parental difficulties in emotion awareness/regulation did not moderate program effects. Mediation analyses supported emotion socialization theory and showed parents' who participated in the TINT parenting program reported improvements in their own awareness/regulation and emotion socialization, which were, in turn, related to reductions in youth internalizing difficulties. (PsycINFO Database Record (c) 2020 APA, all rights reserved).</p>
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Keil, Sylvia	2019	Das personenzentrierte Verständnis von Psychotrauma . Zur Integration psychotraumatologischer Erkenntnisse in das Personenzentrierte Konzept	Person	23	2	110-121	Dieser Artikel beschäftigt sich mit der Frage, wie psychotraumatologische Erkenntnisse in das Personenzentrierte Therapiekonzept integriert werden können. Es wird vorgeschlagen, traumatische und posttraumatische Erfahrungen nicht als Inkongruenz, sondern als extrem strukturgebundene somato-psychische Symptome zu begreifen, die erst in der Folge organismisch erlebt werden können. In diesem Zusammenhang wird die These vertreten, dass Traumabewältigung nicht etwa bedeutet, traumatische Erfahrungen ins Selbstkonzept aufzunehmen. Die Reorganisation der Selbststruktur bzw. die Verringerung der Inkongruenz geschieht vielmehr durch die bessere Bewältigung der posttraumatischen Folgestörungen mithilfe der vorhandenen Selbststruktur. Menschen mit Entwicklungs-trauma haben in der therapeutischen Beziehung die Chance, überhaupt erst adäquate Selbststrukturen aufzubauen. Es werden die therapietheoretischen Implikationen als Konsequenz dieser persönlichkeits-theoretischen Positionen diskutiert.
Keil, Sylvia; Korunka, Christian; Topaloglou, Helena M.; Kurl, Neena; Kfer- Schmid, Gerald	2021	Forschung in der Personenzentrierten und Experienziellen Psychotherapie 2008-2019 . Ein narrativer Review - 1. Teil	Person	25	1	76-90	File, Hutterer, Keil, Korunka und Macke-Bruck beschäftigten sich in einem 2008 veröffentlichten Artikel vorrangig mit publizierten Wirksamkeitsstudien bei Klienten-/Personenzentrierte und Experienzielle Psychotherapien aus den Jahren 1991 bis 2008. Aktuell wurde systematisch der Frage nachgegangen, welche Entwicklungen es in den elf Folgejahren gegeben hat. Der entstandene narrative Review setzt sich mit der Forschung von am personenzentrierten Ansatz orientierten Psychotherapien breiter auseinander. Im Zentrum stehen 343 in fach einschlägigen Zeitschriften publizierte Forschungsarbeiten der Jahre 2008 bis 2019. Im 1. Teil werden die zugeordneten Ergebnisse aus Metaanalysen,

							Fallstudien und empirisch beforschten Aspekten des Psychotherapieprozesses prsentiert.
Keil, Wolfgang W.; Stumm, Gerhard	2018	Arbeit mit dem Experiencing					Vernderung kommt demnach zustande, wenn eine Person im Rahmen einer bedeutungsvollen persnlichen Beziehung sich intensiv mit ihrem eigenen inneren Erleben ("experiencing") beschftigt. Beim Experiencing handelt es sich um einen zentralen Bereich menschlichen Erlebens, den Bereich des gesamten gefhlten impliziten Wissens. Gendlin definiert es als prkonzeptuelles und im Krperlichen (in der eigenen Mitte) sprbares, noch undifferenziertes, aber implizites und vieldimensionales Erleben, aus dem in der Folge (persnliche) Bedeutungen, Gefhle und Kognitionen expliziert werden knnen. (c) Springer-Verlag GmbH Deutschland
Keller, Sabine; Page, Dominique; Roten, Yves de; Despland, Jean- Nicolas; Caspar, Franz; Kramer, Ueli	2017	Adaptation of the Motive- Oriented Therapeutic Relationship Scale to group setting in dialectical- behaviour therapy for borderline personality disorder	Journal of Psychotherapy Integration	27	1	47-58	The therapeutic relationship as a process is usually studied in individual therapy, and less in group therapy. One reason for this paucity of research may be the complex methodology necessary to do process research on group therapy. One of the therapeutic approaches using the group as part of the therapy is dialectical behavior therapy (DBT) for borderline personality disorder (BPD). The purpose of the present study is to develop a group version of a process measure that has been successfully used in individual therapy, the Motive-Oriented Therapeutic Relationship (MOTR) scale, based on individualized case conceptualizations using the Plan Analysis approach. To do this, 10 sessions of a DBT skills group therapy were analyzed from a comprehensive dataset within a randomized controlled trial. Included were therapy completers: 3 patients and 2 therapists. The therapists were unaware of MOTR. The results revealed that the adaptation of the MOTR to DBT skills group was feasible. Its adaptation showed differences of the

							therapists in their use of MOTR when comparing the different patients: Therapist presented with higher degrees of MOTR toward 1 patient, compared to another. Overall results suggest that effective therapists in DBT skills training intervene with rather low mean levels of MOTR, and great intrasession variability of MOTR. We conclude that the adaptation of the MOTR-instrument to group therapy is feasible and yields meaningful results. Therefore, this scale may be used in process research in group therapy, in particular when 1 wishes to have an individualized measure of the therapeutic relationship. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Keller, Stephanie M.; Tuerk, Peter W.	2016	Evidence-based psychotherapy (EBP) non-initiation among veterans offered an EBP for posttraumatic stress disorder	Psychological Services	13	1	42–48	Current efforts to disseminate evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) in Veterans Affairs Medical Centers (VAMCs) have made effective treatment options more available throughout the system. Yet many veterans identified as likely to benefit from such services choose not to utilize them. The evidence base regarding factors that contribute to treatment initiation among those offered EBPs is still in its early stages. The present study investigated clinical presentation, patient demographics, and environment of care factors as potential predictors of EBP treatment initiation among veterans offered such care. The sample consisted of 324 veterans (62% Operation Enduring Freedom [OEF]/Operation Iraqi Freedom [OIF]; 77% male; age M = 42.95, SD = 12.57 years), who attended an intake evaluation at a VAMC outpatient PTSD Clinical Team, were diagnosed with PTSD, and offered a course of EBP. Overall, 72% of veterans (n = 232) who were offered an EBP initiated such treatment, and 28% of veterans (n = 92) did not initiate treatment. Veterans who initiated

							<p>treatment were significantly older. Treatment initiation did not significantly differ by ethnicity, gender, or baseline PTSD severity. Significantly more veterans referred from mental health clinics initiated treatment than did veterans referred from primary care. This study examined treatment initiation among veterans who were offered EBP for PTSD. Rates of initiation differed across subgroups of veterans. Clinically, this suggests the need to tailor outreach efforts to younger veterans, OEF/OIF veterans, and veterans referred from primary care, and potentially including programming and education aimed at primary care referrers, to increase help-seeking. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
<p>Kellett, Stephen; Oxborough, Pippa; Gaskell, Chris</p>	<p>2021</p>	<p>Treatment of compulsive buying disorder: comparing the effectiveness of cognitive behavioural therapy with person-centred experiential counselling</p>	<p>Behavioural and cognitive psychotherapy</p>	<p>49</p>	<p>3</p>	<p>370–384</p>	<p>BACKGROUND: Outcome studies of the treatment of compulsive buying disorder (CBD) have rarely compared the effectiveness of differing active treatments. AIMS: This study sought to compare the effectiveness of cognitive behavioural therapy (CBT) and person-centred experiential therapy (PCE) in a cross-over design. METHOD: This was an ABC single case experimental design with extended follow-up with a female patient meeting diagnostic criteria for CBD. Ideographic CBD outcomes were intensively measured over a continuous 350-day time series. Following a 1-month baseline assessment phase (A; 28 days; three sessions), CBT was delivered via 13 out-patient sessions (B: 160 days) and then PCE was delivered via six out-patient sessions (C: 63 days). There was a 99-day follow-up period. RESULTS: Frequency and duration of compulsive buying episodes decreased during active treatment. CBT and PCE were both highly effective compared with baseline for reducing shopping obsessions, excitement about shopping,</p>

						<p>compulsion to shop and improving self-esteem. When the PCE and CBT treatment phases were compared against each other, few differences were apparent in terms of outcome. There was no evidence of any relapse over the follow-up period. A reliable and clinically significant change on the primary nomothetic measure (i.e. Compulsive Buying Scale) was retained over time. CONCLUSIONS: The study suggests that both CBT and PCE can be effective for CBD. Methodological limitations and suggestions for future CBD outcome research are discussed.</p>
<p>Kelly, Megan M.; Reilly, Erin D.; Ameral, Victoria; Richter, Stephanie; Fukuda, Seiya</p>	<p>2022</p>	<p>A Randomized Pilot Study of Acceptance and Commitment Therapy to Improve Social Support for Veterans with PTSD</p>	<p>Journal of clinical medicine</p>	<p>11</p>	<p>12</p>	<p>Veterans with PTSD often have substantial interpersonal difficulties and low levels of social support, which puts them at increased risk of mortality, but few treatments address global social impairment for veterans with PTSD. This study is a pilot randomized trial of Acceptance and Commitment Therapy to Improve Social Support for Veterans with PTSD (ACT-SS), a psychotherapy that targets social avoidance and eroded social relationships, compared to Person-Centered Therapy (PCT), a non-directive psychotherapy. Participants were randomized to twelve sessions of either ACT-SS (n = 21) or PCT (n = 19). The results showed that veterans with PTSD had high ratings of satisfaction for both treatments. Contrary to the PCT group, participants in the ACT-SS group showed a significant improvement in the quality of social relationships, engagement in social and leisure activities, and PTSD symptoms from the baseline assessment to the end of treatment and a three-month follow-up. Veterans in the ACT-SS group, but not the PCT group, also showed significant improvements in mindfulness and valued living and a reduction in experiential avoidance from baseline to the end of treatment, with sustained</p>

							improvements in valued living at the three-month follow-up. Overall, the present study demonstrated the feasibility, acceptability, and positive preliminary outcomes of ACT-SS for veterans with PTSD.
Kemper, Johannes	2016	Geschichte der Selbsterfahrung aus der Sicht eines Zeitgenossen					berlegungen zum Thema "Geschichte der Selbsterfahrung" werden angestellt. Nach einleitenden Hinweisen zu den Begriffen Selbst und Selbstbild wird unter anderem eingegangen auf die Ursprünge der psychoanalytischen Kur, die Anfänge der Erweiterung der Erkenntnisse der Einzeltherapie auf die Gruppensituation, auf die Einführung der Bedeutung des Beziehungsaspekts zwischen Arzt und Patient durch M. Balint und dessen Konzept der patientenbezogenen Selbsterfahrung des Arztes, auf die Encounter-Gruppen, die im Kontext der Studentenbewegung in den USA entstanden sind, auf gesprächstherapeutische Interventionen im Selbsterfahrungsbereich als Therapie für Gesunde (C. Rogers), auf die Entstehung körperbezogener Selbsterfahrungsgruppen, auf den Einzug der Selbsterfahrungsgruppen in die Hochschulen, auf die Anfänge verhaltenstherapeutischer Gruppen in den 1970-er Jahren, auf psychodynamische Selbsterfahrungsgruppen und deren Wirksamkeit. Es wird für wahrscheinlich gehalten, dass sich die Systemtheorie als hilfreich dabei erweisen könnte, verstärkt den Gedanken der Gruppenfähigkeit und der Beziehungsfähigkeit der Menschen der unendlichen Aufgabe der Selbstverwirklichung zur Seite zu stellen.
Keogh, Daragh; Timulak, Ladislav	2023	"It's wrong to relax, you have to be on the go, go, go, all the time":	Couns and Psychother Res (Counselling and	23	4	1015–1027	

		Emotional transformation in a case of emotion-focused therapy for generalised anxiety disorder	Psychotherapy Research)				
Kern, Ernst	2023	Personzentrierte Körperpsychotherapie bei Trauma	Gesprächspsychotherapie und Personzentrierte Beratung			7-12	Traumatische Erfahrungen können zu existenziellen Erschütterungen führen. Als Folge verliert die Person oft den positiven Bezug zu sich selbst und zu ihrer Umgebung. Sie flüchtet sich in eine Gefühlsvermeidung, die Gefahr, dass die erlebens- und Schutzmechanismen chronifizieren und zu eigenen Problemfeldern führen, ist groß. Personzentrierte Zugänge haben ein besonderes Potenzial, der Person in diesen tiefgehenden Verunsicherungen zu begegnen und blockierte Entwicklungsprozesse wieder anzustoßen. Die Orientierung auf den Körper und sein ganzheitlicher Einbezug sind dabei ganz besonders hilfreich, um das Erleben wieder zu öffnen und die Wiederaneignung von Lebendigkeit zu unterstützen.
Kern, Ernst	2018	Körperbezug					Die Personzentrierte Psychotherapie hatte schon immer den Menschen als Ganzes zum Gegenstand, zu dem selbstverständlich auch der Körper gehört. Aufgrund der philosophischen Wurzeln, insbesondere in der Phänomenologie und Anthropologie, werden dabei der erlebende und der erlebte Körper als zentraler Ausgangspunkt genommen. (c) Springer-Verlag GmbH Deutschland
Kernberg, Otto F.	2016	New developments in transference focused psychotherapy	The International journal of psycho-analysis	97	2	385-407	This paper will summarize recent clinical developments in the treatment of borderline patients at the Personality Disorders Institute at Cornell. The experiences under review will include the careful, ongoing monitoring of developments in the patient's life outside the sessions,

							and their consideration in diagnosing affective dominance during the hours. Other issues include the discussion of a 'second chance' approach to contract violations; the assessment and concern with the patient's assumption of responsibility for himself; the contradictions between actual behavior patterns and life goals, and between personality potentials and present functioning; the technical implications of particular constellations of regressive narcissistic features; drug dependence and antisocial behavior; and life goals and treatment goals.
Kerr, Anna M.; Biechler, Merri; Kachmar, Ulyana; Palocko, Bradley; Shaub, Tracy	2020	Confessions of a Reluctant Caregiver Palliative Educational Program: Using Readers' Theater to Teach End-of-Life Communication in Undergraduate Medical Education	Health communication	35	2	192-200	End-of-life care can be stressful for patients, caregivers, and providers. Caregivers often experience high levels of burden from caregiving duties such as performing medical tasks, communicating with providers, and making decisions. Similarly, many physicians feel unprepared to provide end-of-life care or communicate with patients and families about sensitive issues associated with death and dying. Physicians often attribute their lack of preparation to inadequate training in medical school. Previous research suggests that drama-based learning opportunities are valuable supplements to existing end-of-life curricula. The current study evaluates the success of the Confessions of a Reluctant Caregiver Palliative Educational Program - a drama-based educational program that depicts patient and caregiver experiences. A total of 477 osteopathic medical students participated in the program, which includes viewing a play, engaging in a facilitated post-performance talkback session, and completing an evaluation survey. The results suggest the program is a valuable learning experience that is positively associated with important facets of experiential learning using narratives such as perceived

							realism, increased reflection, strong emotions, and increased comfort with difficult behaviors. The program offers a safe environment for medical students to identify, understand, and process the sensitive and complex issues associated with end-of-life care. Moreover, the play offers insight into the often-overlooked experiences of family caregivers who are at risk of experiencing high caregiver burden while managing health-related communication and decision-making.
Kershaw, Helen; Farrell, Lara J.; Donovan, Caroline; Ollendick, Thomas	2017	Cognitive Behavioral Therapy in a One-Session Treatment for a Preschooler With Specific Phobias	Journal of cognitive psychotherapy	31	1	7-22	Anxiety disorders among preschool-aged children are as prevalent as in older children, yet younger children are even less likely to receive treatment for these frequently impairing childhood disorders (Egger & Angold, 2006). Specific phobias (SPs) are often the earliest form of anxiety to onset, affect 2.3% of preschoolers (Egger & Angold, 2006), and tend to be stable from 3 years of age to at least 6 years of age (Bufferd, Dougherty, Carlson, Rose, & Klein, 2012). Recently, our group developed and piloted a modified intensive one-session treatment (OST) incorporating play therapy for preschoolers with SP (Farrell, Kershaw, & Ollendick, in press). Given that highly fearful young children may find concentrated, rapid exposure therapy highly confronting, we integrated play therapy into the commencement of this treatment to (a) assist with rapid rapport building with the therapist and (b) enhance the child's motivation through engaging them with play. An initial, controlled, baseline case series (N = 4) provided preliminary evidence of the feasibility, acceptability, and effectiveness of this innovative one-session (3 hours) therapy-POP! Pre-schoolers Overcoming Phobias (POP; Farrell et al., in press). The approach combines child-centered, nondirective play therapy (during Hour 1) and empirically supported OST

							(during Hours 2 and 3), with 4-year-old preschool children with clinical SPs of dogs. This article presents a case description of POP, describing the assessment approach, cognitive-behavioral case formulation, and intensive treatment of a 4-year-old girl who presented with a severe SP of dogs, along with various other comorbid SPs.
Keshen, Aaron; Bartel, Sara; Frank, Guido K. W.; Svedlund, Nils Erik; Nunes, Abraham; Dixon, Laura; Ali, Sarrah I.; Kaplan, Allan S.; Hay, Phillipa; Touyz, Stephan; Romo-Nava, Francisco; McElroy, Susan L.	2022	The potential role of stimulants in treating eating disorders	The International journal of eating disorders	55	3	318–331	<p>BACKGROUND Many individuals with eating disorders remain symptomatic after a course of psychotherapy and pharmacotherapy; therefore, the development of innovative treatments is essential.</p> <p>METHOD To learn more about the current evidence for treating eating disorders with stimulants, we searched for original articles and reviews published up to April 29, 2021 in PubMed and MEDLINE using the following search terms: eating disorders, anorexia, bulimia, binge eating, stimulants, amphetamine, lisdexamfetamine, methylphenidate, and phentermine.</p> <p>RESULTS We propose that stimulant medications represent a novel avenue for future research based on the following: (a) the relationship between eating disorders and attention deficit/hyperactivity disorder (ADHD); (b) a neurobiological rationale; and (c) the current (but limited) evidence for stimulants as treatments for some eating disorders. Despite the possible benefits of such medications, there are also risks to consider such as medication misuse, adverse cardiovascular events, and reduction of appetite and pathological weight loss. With those risks in mind, we propose several directions for future research including: (a) randomized controlled trials to study stimulant treatment in those with bulimia</p>

							<p>nervosa (with guidance on strategies to mitigate risk); (b) examining stimulant treatment in conjunction with psychotherapy; (c) investigating the impact of stimulants on "loss of control" eating in youth with ADHD; and (d) exploring relevant neurobiological mechanisms. We also propose specific directions for exploring mediators and moderators in future clinical trials.</p> <p>DISCUSSION</p> <p>Although this line of investigation may be viewed as controversial by some in the field, we believe that the topic warrants careful consideration for future research.</p>
Kessler, Dorothy; Walker, Ian; Sauvé-Schenk, Katrine; Egan, Mary	2019	Goal setting dynamics that facilitate or impede a client-centered approach	Scandinavian journal of occupational therapy	26	5	315–324	<p>BACKGROUND: Client-centred goal setting is central to the process of enabling occupation. Yet, there are multiple barriers to incorporating client-centred goal setting in practice. We sought to determine what might facilitate or impede the formation of client-centred goals in a context highly supportive of client-centred goal setting</p> <p>Methods: We used conversational analysis to examine goal-setting conversations that took place during a pilot trial of Occupational Performance Coaching for stroke survivors. Twelve goal-setting sessions were purposively selected, transcribed, and analyzed according to conventions for conversation analysis.</p> <p>RESULTS: Two main types of interactions were observed: introductory actions and goal selection actions. Introductory actions set the context for goal setting and involved sharing information and seeking clarification related to goal requirements and clients' occupational performance competencies. Goal selection actions were a series of interactions whereby the goals were explored, endorsed or dropped.</p> <p>CONCLUSION: Client-centred occupational performance goals may be facilitated through placing goal-setting in the context of life changes</p>

							and lifelong development of goals, and through listening to clients' stories. Therapists may improve consistency in adoption of client-suggested goals through clarifying meaning attached to goals and being attuned to power dynamics and underlying values and beliefs around risk and goal attainability.
Kfer-Schmid, Gerald; Kurl, Neena; Keil, Sylvia; Korunka, Christian; Topaloglou, Helga M.	2022	Forschung in der Personzentrierte n und Experienziellen Psychotherapie 2008-2019. Ein narrativer Review - Teil 2	Person	26	1	5–20	File, Hutterer, Keil, Korunka und Macke-Bruck beschäftigten sich in einem 2008 verffentlichten Artikel vorrangig mit publizierten Wirksamkeitsstudien ber Klienten-/Personzentrierte und Experienzielle Psychotherapien aus den Jahren 1991 bis 2008. Aktuell wurde systematisch der Frage nachgegangen, welche Entwicklungen es in den elf Folgejahren gegeben hat. 343 in facheinschlgigen Zeitschriften publizierte Forschungsarbeiten wurden ausgewertet. Der erste narrative Review setzte sich mit der Forschung von am personzentrierten Ansatz orientierten Psychotherapien breiter auseinander. Dieser zweite Teil befasst sich mit der Ausbildungsforschung, den Strungsbildern in der personzentrierten Forschung und mit dem Bereich der Kinder-, Spiel- und Jugendlichenpsychotherapie.
Khan, Fahad; Keshavarzi, Hooman; Ahmad, Mahnoor; Ashai, Shereen; Sanders, Peter	2023	Application of Traditional Islamically Integrated Psychotherapy (TIIP) and its clinical outcome on psychological distress among American Muslims in	Spirituality in Clinical Practice		23 26- 45 19(Ele ctr oni c), 23 26- 45 00(No Paginatio n Specified -No Paginatio n Specified		Although individuals frequently turn to religion and spirituality in times of crises and other mental health concerns (Vieten & Lukoff, 2022; Yamada et al., 2020), limited research explores its utility when purposefully integrated into mental health treatment, especially in Muslim populations. While there is evidence for the clinical efficacy of Islamic adaptations of cognitive and rational therapies for Muslim patients, there are very few clinical outcome studies on inherently Islamic models of psychotherapy (Hook et al., 2010; Smith et al., 2007; Worthington & Sandage, 2001). The present study explored the clinical efficacy of an Islamic model of

		outpatient therapy			Print)	<p>psychotherapy, known as Traditional Islamically Integrated Psychotherapy (TIIP; Keshavarzi et al., 2020) through a practice-based evidence approach. Five clinicians, trained in the TIIP model, offered services to 107 patients for 420 sessions at an outpatient mental health center tailored to address Muslim mental health concerns. The therapist session checklist indicated that TIIP practitioners not only utilized Islamic spiritual interventions but also integrated cognitive and emotion-focused interventions into the TIIP model of care. The outcomes of the study demonstrated a reduction in clinical distress as measured by Clinically Adaptive Multidimensional Outcome Survey and a reduction in functional distress through clinical outcomes in routine evaluation over time, indicating preliminary evidence for the efficacy of TIIP in application to Muslim patients. Process variables such as session intentions, counseling topics, as well as specific interventions from the TIIP model are presented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Khan, Kaleem; Pelletier, Guy		Identity processing styles and quality of life in head and neck cancer	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement	53	3	<p>A cancer diagnosis produces important disruptions in a person's life that can lead to a reconsideration of one's roles, values, purposes, and goals. This may threaten one's identity, which can be defined as an implicit self-theory construed using different identity processing styles (IPSs), categorised as informational, normative, and diffuse-avoidant. This study examined IPSs, commitment to identity, and their relationship to psychosocial outcomes in head and neck cancer (HNC) survivors. Sixty patients (age: M = 57.4, SD = 9.9) were recruited from an HNC outpatient clinic. Participants were at least 1 year posttreatment, on medical follow up, and free of recurrence. All participants completed</p>

							<p>questionnaires assessing IPS, quality of life (QoL), anxiety and depression, positive and negative perceptions of illness impact, and body image concerns. Correlational analyses showed that commitment to identity was significantly related to higher QoL, illness impact, and anxiety. A normative IPS was related to higher QoL. A diffuse-avoidant IPS was related to a negative perception of illness impact. A bootstrapped multiple regression analysis showed that only the normative IPS was a significant predictor of overall QoL. For this sample of HNC patients, a stronger commitment to normative goals, values, and beliefs contributed to the preservation of identity and to a greater sense of well-being during survivorship. Many forms of psychotherapy include a focus on various aspects of identity, some more directly than others. We discuss how such therapies may be applied to improve psychosocial outcomes in HNC patients. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Khayyat-Abuaita, Ula; Paivio, Sandra; Pascual-Leone, Antonio; Harrington, Shawn</p>	2019	<p>Emotional processing of trauma narratives is a predictor of outcome in emotion-focused therapy for complex trauma</p>	<p>Psychotherapy (Chicago, Ill.)</p>	56	4	526–536	<p>This study tested a model of emotional processes over the course of emotion-focused therapy for trauma. The model of emotional processing (Pascual-Leone & Greenberg, 2007) proposes a sequential order of shifting from "early expressions of distress" to "primary adaptive emotion" that aid in adaptive functioning. Thirty-eight participants were taken from a randomized clinical trial to examine in-session process from video recordings of treatment. The sample had an average age (M = 44.3 years) and the majority was female (55.3%) and of European descent (89.5%). The Classification of Affective Meaning States was used to examine changes in emotional processes during trauma narratives in both early and late sessions. Processes were related to</p>

							<p>treatment outcome as measured by the Impact of Event Scale and the Resolution Scale. Sessions later in treatment showed a higher frequency of primary adaptive emotions compared with early sessions ($p < .001$, $r = .76$). Primary adaptive emotions were also more frequent in good-outcome cases ($p = .017$). Using emotional processes as predictors correctly classified 67% of poor-outcome cases and 80% of good-outcome cases. Increases in primary adaptive emotions from early to late treatment sessions more than doubled the odds (2.2) of having a good treatment outcome. The order of emotion was concordant with the sequential model in early sessions and partially concordant in late sessions. Findings have implications for guiding therapeutic process in a productive manner that leads to trauma recovery. Changes in discrete emotions were related to good treatment outcome. (PsycINFO Database Record (c) 2019 APA, all rights reserved).</p>
Kiely, Laura; Touyz, Stephen; Conti, Janet; Hay, Phillipa	2022	Conceptualising specialist supportive clinical management (SSCM): current evidence and future directions	Journal of eating disorders	10	1	32	<p>BACKGROUND: Current evidence-based treatments for adult anorexia nervosa (AN) have limitations, with high attrition, very poor outcomes for 20% of people, and no clearly superior manualised therapy for adults with AN. Specialist Supportive Clinical Management (SSCM) was designed as a control treatment but has evolved as a valid first line treatment. The present paper aims to provide an overview of the evidence base for SSCM and a pedagogical reconceptualization with expansion by theoretical integration (TI). BODY: A secondary meta-analysis endorses SSCM as a promising treatment. This paper positions SSCM as a manualised therapy for adult AN with six unique features, namely (1) a philosophy which is person-centred, non-prescriptive, and informed by the person's strengths and values, (2) a focus on the</p>

						<p>person through inclusion of supportive psychotherapy and problem (clinical management), within target symptoms as defined in relation to AN, (3) a flexible and responsive therapy that could be delivered by a variety of clinicians with experience treating AN (4) a commitment to reversing starvation through a directional approach and a defined yet flexible stance on dietetic intervention (5) a commitment to the therapeutic relationship within all three phases of treatment, and (6) a therapy 'uncluttered' by specific mandates. In addition, this paper positions SSCM as a treatment that may be strengthened by other modalities and may also be adapted to the treatment of other eating disorders (ED), not just AN. The level of therapist sophistication to deliver upon the supportive psychotherapy component is explored and future directions are offered. CONCLUSION: SSCM is a unique and valid first line treatment for AN and would benefit from further expansion in line with emerging understandings of AN to strengthen it as a treatment. Speculation on aspects of potency would benefit from further testing. The proposed re-conceptualisation of SSCM in the context of its evidence may strengthen it as a treatment overall, position it as adaptable for treatment of other eating disorders and make it more accessible to clinicians.</p>
<p>Kılınç, Stephanie; Campbell, Carol; Guy, Alison; van Wersch, Anna</p>	<p>2020</p>	<p>Negotiating the boundaries of the medical model: Experiences of people with epilepsy</p>	<p>Epilepsy & behavior : E&B</p>	<p>102</p>	<p>106674</p>	<p>People with epilepsy (PWE) continually report dissatisfaction with the support they receive, particularly in regard to their psychological wellbeing. With its focus on optimal seizure control, epilepsy treatment is entrenched in the medical model of illness, despite growing evidence of the broader psychosocial impact of the condition. This study aimed to explore how PWE experience healthcare in the context of their lives.</p>

							<p>Semistructured interviews were conducted with thirty-nine adults with epilepsy from across the UK. An adapted version of interpretative phenomenological analysis (IPA) was conducted, and three superordinate themes were identified. Firstly, "negotiating the space between health and illness" identified how participants rejected the illness identity and struggled with a treatment regime, which reminded them of the longevity of their condition. Secondly, "tensions in adopting a biomedical perspective" considered how medical professionals overlooked the negative side effects medication had on participants' lives, in favor of optimal seizure control. Thirdly, "the need for broader support" highlighted the additional psychosocial support PWE require. The findings indicate the need to incorporate person-centered, psychological services within the care pathway for PWE, as well as training for health professionals to recognize the broader impact of epilepsy beyond seizure management.</p>
<p>Kilmer, Elizabeth D.; Villarreal, Cesar; Janis, Beth M.; Callahan, Jennifer L.; Ruggero, Camilo J.; Kilmer, Jared N.; Love, Patrick K.; Cox, Randall J.</p>	2019	Differential early termination is tied to client race/ethnicity status	Practice Innovations	4	2		<p>A significant innovation in the training of doctoral level professional psychologists, attention to diversity, was implemented nearly 3 decades ago and swept across all accredited programs. Regardless of training model, degree type, or theoretical orientation, attention to diversity became a requirement for program accreditation with the intention of fostering important competencies in the emerging workforce who would be serving an increasingly diverse population during their professional careers. However, to date, whether that is what occurred has not been examined. The current study used archival data to examine the association between client racial/ethnic minority (REM) status and early termination from adult individual psychotherapy (N = 638). Multilevel</p>

						<p>modeling analyses (MLM) revealed that REM clients were more likely to terminate treatment after 1 session than non-REM clients. However, REM status did not account for the total number of sessions attended, nor was it a significant predictor of symptom change during treatment. The findings suggest that training focused specifically on first session competencies, such as treatment engagement, with REM clients is strongly needed. More broadly, the findings underscore the importance of examining innovations following implementation to determine whether the intended effects are observed or if refinements may be needed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
<p>King, Brittany R.; Boswell, James F.; Schwartzman, Carly M.; Lehrbach, Kyler; Castonguay, Louis G.; Newman, Michelle G.</p>	2020	<p>Use of common and unique techniques in the early treatment phase for cognitive-behavioral, interpersonal/emotional, and supportive listening interventions for generalized anxiety disorder</p>	Psychotherapy	57	3	<p>Psychotherapy research often compares specific treatments to control conditions to establish efficacy of the specified treatment. Research has typically evaluated common factor elements (e.g., credibility, expectancy) in treatments only after the first or second session, largely as a manipulation check and under the assumption that such factors are static. This study observed therapist common factor and model-specific interventions in three treatment approaches from a randomized control trial for generalized anxiety disorder across the entire early phase of treatment (i.e., first five sessions). The parent randomized control trial compared two treatment conditions, using an additive design where patients were randomized to receive either interpersonal/emotional processing interventions or supportive listening after receiving a session of cognitive-behavioral therapy. The first five video-recorded sessions of N = 40 randomly sampled participants were observationally coded with a multidimensional intervention measure, with subscales</p>

						reflecting diverse theoretical orientations and common factors. Multilevel modeling was used to examine intervention use and investigate differences between treatment conditions and segments. Among the results, common factor interventions were rated as significantly more typical in cognitive-behavioral therapy compared with supportive listening. The pattern of intervention use of other subscales was generally consistent with the orientation of the respective protocols. In the early phase of treatment, supportive listening conditions do not appear to function as common factor controls in the manner that many might assume. Common factors are potentially enhanced in bona fide treatments that include a more detailed, specific rationale and clear and cohesive techniques and goals. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
King, Catherine; Goldstein, Elena; Crits-Christoph, Paul; Connolly Gibbons, Mary Beth		The association between medical comorbidity and psychotherapy processes and outcomes for major depressive disorder in a community mental health setting	Psychotherapy	59	2	Many individuals seeking mental health services for depression often suffer from a comorbid medical condition. The goal of the present study was to assess the presence of medical comorbidity in a community mental health center setting that primarily serves a Medicare and Medicaid population, characterize the types of comorbid medical conditions experienced in this setting, and explore the association between medical conditions on the alliance, attrition from services, and outcome. Medical diagnoses were collected from patient charts and structured clinical interviews from 353 participants who had a baseline assessment as part of a comparative effectiveness study of cognitive and dynamic therapies for major depressive disorder. We calculated the Charlson Comorbidity Index and the number of total medical diagnoses for each patient. Results from this study revealed that a high percentage of patients in this

							setting experienced a comorbid medical condition. No significant associations were found between the number of medical conditions or the Charlson Comorbidity Index and the alliance. No significant relationship was found between the number of medical conditions or the Charlson Comorbidity Index and early attrition from treatment or treatment outcome. However, exploratory analyses found that presence of a nervous system disorder was associated with relatively poorer treatment outcomes after initial engagement. Implications of these findings are discussed. Treatments for major depressive disorder may benefit from addressing the impact of medical disorders on physical functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
King, Gillian	2017	The Role of the Therapist in Therapeutic Change: How Knowledge From Mental Health Can Inform Pediatric Rehabilitation	Physical & occupational therapy in pediatrics	37	2	121-138	The therapist is a neglected and poorly understood variable in pediatric rehabilitation. Much more attention has been paid to the role of intervention on client change than the role of therapist-related variables. This article synthesizes what is known in the adult and child mental health literature about the role of the therapist, and integrates this with work in pediatric rehabilitation. The article reviews the mental health literature on the therapist as a random variable associated with client outcomes (role of the therapist alone) and the role of three other therapist-related constructs: the therapist-client relationship (therapist and client), treatment implementation (therapist and intervention), and therapy process (therapist, client, and intervention considered holistically). Implications for clinical practice in pediatric rehabilitation include recognition of change as a multi-determined phenomenon involving common therapist-related factors, the therapist's role in creating facilitative conditions for change (through supportive relationships,

							positive expectancies, and mastery and learning experiences), and the importance of training in collaborative partnership skills. A contextual approach to therapeutic change is advocated, in which psychosocial factors and mechanisms are acknowledged, the therapist is seen as crucial, and the intervention process is seen as the context or vehicle through which changes occur.
Kingreen, Tilman	2017	Coaching in der Kirche	Gesprächspsychotherapie und Personenzentrierte Beratung	48	4	189–191	Das Potential personenzentrierten Coachings in der Kirche wird beleuchtet. Vor dem Hintergrund einer siebenjährigen Coachingpraxis für evangelische PastorInnen im Rahmen der "Arbeitsstelle für Personalberatung und Personalentwicklung" wird die Wirkweise von Coaching in einer evangelischen Kirche betrachtet und seine Rückwirkung auf das Verständnis von Coaching im Beruf dargestellt. Dabei wird auf Sinnhorizonte, persönliche Potentiale, Dialogrume, Kongruenz und Organisationskultur eingegangen. Auch für andere Institutionen wird der besondere Nutzen dieses Beratungsformats dabei skizziert, in Veränderungsprozessen bestehende Dialogrume um eine elaborierte und fundierte Selbstaussagekompetenz der Mitarbeitenden zu erweitern.
Kinigadner, Sonja	2018	Sexuelle Strungen					Sexualität nimmt im Leben der allermeisten Menschen einen zentralen Stellenwert ein und ist zumeist mit Lust, Begehren, Ekstase und Befriedigung verbunden. Gleichwohl kann das sexuelle Erleben gestört sein. In der personenzentrierten Literatur ist dem Thema Sexualität im Allgemeinen und den sexuellen Strungen im Besonderen bislang nur wenig Aufmerksamkeit geschenkt worden. Sexualität kann nach personenzentriertem Verständnis als ein Potenzial des Organismus betrachtet werden, wobei aber in der personenzentrierten Theoriebildung keine spezielle Konzeptualisierung von Sexualität vorliegt. Die Darstellung

							und Diskussion psychotherapeutischer Praxis mit Personen mit sexuellen Strungen ist aus personzentrierter Sicht als sehr sprich zu erachten. Die nachfolgenden Ausfhrungen sollten dazu beitragen, diesen Mangel ein wenig zu verringern. (c) Springer-Verlag GmbH Deutschland
Kinnunen, Sanna M.; Puolakanaho, Anne; Tolvanen, Asko; Mäkikangas, Anne; Lappalainen, Raimo	2019	Does mindfulness-, acceptance-, and value-based intervention alleviate burnout?—A person-centered approach	International Journal of Stress Management		15 73- 34 24(Ele ctr oni c), 10 72- 52 45(Pri nt)	89–101	This study investigated individual differences in changes in burnout symptoms during a brief mindfulness-, acceptance-, and value-based intervention. It also studied whether the changes in burnout were simultaneous with the changes in mindfulness skills. The role of practices and learning experiences in these changes were investigated. The participants were employees of various occupations (n = 105, 80% women, Mage = 48 years). Latent profile analysis was used to investigate the associations between burnout and mindfulness skills during the intervention and a 4-month follow-up period. Six distinct profiles were found that differed in levels and changes of both burnout and mindfulness skills. Burnout was reduced and mindfulness skills increased with large effect sizes in three of the profiles (47.4% of the participants). Two profiles (31.1%) presented smaller changes in burnout but had significant increases in mindfulness skills. One profile (11.5%) did not benefit from the intervention. The obtained profiles were compared on practice quantity and frequency, practice continuation, and learning experiences. There were no differences between the profiles in the practice quantity or frequency during the intervention. However, the profiles with the most beneficial changes showed higher learning during the intervention and continued to practice more often after the intervention. These findings show that there are

							considerable differences in the responses to a brief mindfulness-, acceptance-, and value-based intervention. The investigated intervention turned out to be effective in alleviating burnout symptoms, even when the initial burnout was high. Attention should be devoted to enhancing learning and practice continuation to improve intervention outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Kip, Kevin E.; Berumen, Jessica; Zeidan, Amina R.; Hernandez, Diego F.; Finnegan, Alan P.	2019	The emergence of accelerated resolution therapy for treatment of post-traumatic stress disorder: A review and new subgroup analyses	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	2	117-129	Abstract Introduction Post-traumatic stress disorder (PTSD) is a chronic, disabling psychiatric disorder prevalent among civilian and military personnel in the United States (US) and United Kingdom (UK). Current trauma-focused psychotherapies may place high emotional demands and lengthy treatment commitment that may hinder successful treatment completion for some patients. Accelerated resolution therapy (ART) is an emerging trauma-focused psychotherapy that is briefer than most current treatments. Materials and Methods This review describes the ART clinical protocol and theoretical underpinnings, its relationship to current treatments and formal established treatment guidelines and empirical research data. Also presented are new subgroup data for the use of ART among clients with PTSD and concomitant traumatic brain injury (TBI), and among US Special Operations Forces (SOF) personnel with extensive combat-related trauma exposure. Treatment response was defined as ≥ 10 -point reduction on the 17-item PCL-M (PTSD Checklist). Results In subgroup analyses, mean treatment with ART consisted of approximately four sessions. Among 202 US service members/veterans, intention-to-treat response rates (assuming no response for non-completers) by TBI status were as follows: no TBI (58.1%, n = 105), mild TBI (60.4%,

							n = 48), moderate/severe TBI (46.9%, n = 49). Among 141 US service members/veterans, intention-to-treat response rates by SOF status were as follows: non-SOF (54.3%, n = 116), SOF (60.0%, n = 25). Conclusion The ART protocol aligns closely with established first-line trauma-focused psychotherapies and clinical guidelines. It appears to provide frequent clinical relief of symptoms of PTSD in an average of four sessions among military personnel with challenging clinical presentations, including concomitant TBI and extensive operational combat-related trauma.
Kirby, Jennifer S.; Fischer, Melanie S.; Raney, Thomas J.; Baucom, Donald H.; Bulik, Cynthia M.	2016	Couple-based interventions in the treatment of adult anorexia nervosa: A brief case example of UCAN	Psychotherapy	53	2	241–250	Adult anorexia nervosa (AN) is a serious and often fatal illness that significantly erodes quality of life for both the patient and loved ones. Treatment of adults with AN has focused largely on individual therapy, with recent findings suggesting that improvement is limited and dropout rates are high. In an effort to improve treatment response, we developed a couple-based intervention, Uniting Couples in the treatment of Anorexia Nervosa (UCAN) as an adjunct treatment to standard multidisciplinary care. UCAN leverages the support of a partner and the relationship in treatment by decreasing avoidance around AN, teaching the couple how to effectively address the eating disorder, and helping to foster a more satisfying relationship. This paper presents a case study of a couple who completed UCAN, “Laura and Steve,” including their experiences in treatment and outcome measures at pretest, posttest, and 3-month follow-up. Laura showed clinically significant change on the Restraint subscale of the Eating Disorders Examination at follow-up, and both partners showed clinically significant improvements in relationship satisfaction, as well as on self-reported and observed communication. Both partners reported very

							high satisfaction with the treatment. A discussion of therapists' experiences in delivering UCAN is provided, including common challenges for therapists with primarily a couple therapy or an individual CBT for eating disorders background, as well as important factors for therapists to consider in order to optimally leverage the benefits of including partners in treatment for AN. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kirkpatrick, Tim; Lennox, Charlotte; Taylor, Rod; Anderson, Rob; Maguire, Michael; Haddad, Mark; Michie, Susan; Owens, Christabel; Durcan, Graham; Stirzaker, Alex; Henley, William; Stevenson, Caroline; Carroll, Lauren; Quinn, Cath; Brand, Sarah Louise; Harris, Tirril; Stewart, Amy; Todd, Roxanne;	2018	Evaluation of a complex intervention (Engager) for prisoners with common mental health problems, near to and after release: study protocol for a randomised controlled trial	BMJ open	8	2	e017931	<p>INTRODUCTION</p> <p>The 'Engager' programme is a 'through-the-gate' intervention designed to support prisoners with common mental health problems as they transition from prison back into the community. The trial will evaluate the clinical and cost-effectiveness of the Engager intervention.</p> <p>METHODS AND ANALYSIS</p> <p>The study is a parallel two-group randomised controlled trial with 1:1 individual allocation to either: (a) the Engager intervention plus standard care (intervention group) or (b) standard care alone (control group) across two investigation centres (South West and North West of England). Two hundred and eighty prisoners meeting eligibility criteria will take part. Engager is a person-centred complex intervention delivered by practitioners and aimed at addressing offenders' mental health and social care needs. It comprises one-to-one support for participants prior to release from prison and for up to 20 weeks postrelease. The primary outcome is change in psychological distress measured by the Clinical Outcomes in Routine Evaluation-Outcome Measure at 6 months postrelease. Secondary outcomes include: assessment of subjective met/unmet need, drug and</p>

Rybczynska-Bunt, Sarah; Greer, Rebecca; Pearson, Mark; Shaw, Jenny; Byng, Richard							<p>alcohol use, health-related quality of life and well-being-related quality of life measured at 3, 6 and 12 months postrelease; change in objective social domains, drug and alcohol dependence, service utilisation and perceived helpfulness of services and change in psychological constructs related to desistence at 6 and 12 months postrelease; and recidivism at 12 months postrelease. A process evaluation will assess fidelity of intervention delivery, test hypothesised mechanisms of action and look for unintended consequences. An economic evaluation will estimate the cost-effectiveness.</p> <p>ETHICS AND DISSEMINATION</p> <p>This study has been approved by the Wales Research Ethics Committee 3 (ref: 15/WA/0314) and the National Offender Management Service (ref: 2015-283). Findings will be disseminated to commissioners, clinicians and service users via papers and presentations.</p> <p>TRIAL REGISTRATION NUMBER</p> <p>ISRCTN11707331; Pre-results.</p>
Kiszkenow-Bker, Stefanie	2016	Klrungsorientierte Psychotherapie und Emotionsfokussierte Therapie im Vergleich					<p>Klrungsorientierte Psychotherapie und Emotionsfokussierte Therapie werden verglichen, um Gemeinsamkeiten und Unterschiede in den therapeutischen Anstzen und Vorgehensweisen deutlich zu machen. Dabei wird auf folgende Punkte eingegangen: (1) Kernaspekte dieser beiden Therapieanstze, (2) therapeutische Beziehung und Allianzbildung, (3) Klrunge bzw. Erschlieung sowie Bearbeitung und Vernderung problematischer Schemata. Abschlieend werden berlegungen zur Mglichkeit einer Integration dieser beiden Anstze angestellt.</p>
Kivari, Carson A.; Oliffe, John L.; Borgen,	2018	No Man Left Behind: Effectively	American journal of men's health	12	2	241–251	<p>Ex-military men have emerged as a vulnerable subgroup for mental illness amid long-standing trends signaling men's reticence to seek professional help. Less explored</p>

William A.; Westwood, Marvin J.		Engaging Male Military Veterans in Counseling					is how men engage or disengage when they actually do enter helping programs. Contrasting decades of quantitative research pairing masculine ideology with low help seeking (i.e., describing the problem), this article draws on qualitative data to distill factors that help men become engaged and committed to counseling (i.e., identifying solutions). Shared is an evaluation of a treatment program with high success rates and virtually no dropouts-a unique occurrence in men's counseling. Enhanced Critical Incident Technique data suggest that helping men feel competent and free from judgment in the company of down-to-earth peers and genuine practitioners are instrumental in helping men draw benefit from counseling. While appealing to male gender roles may be critical in recruiting men to counseling, men can transition to embrace virtues (i.e., that might be shared by men and women alike) and universal human needs as counseling progresses.
Kivity, Yogev; Levy, Kenneth N.; Kelly, Kristen M.; Clarkin, John F.	2021	In-session reflective functioning in psychotherapie s for borderline personality disorder: The emotion regulatory role of reflective functioning	Journal of consulting and clinical psychology	89	9	751-761	Objective: The capacity for understanding mental states (reflective functioning; RF) is considered essential for self-growth, social learning, and emotion regulation. Impaired RF is thought to play a central role in borderline personality disorder (BPD). We examined whether asking patients to consider mental states in-session has a down-regulatory effect on emotional arousal in treatments for BPD. Method: Early-, middle- and late-phase videotaped sessions from a randomized-controlled trial of transference-focused psychotherapy (TFP; n = 30), dialectical behavior therapy (DBT; n = 29), and supportive psychodynamic therapy (SPT; n = 29) were segmented to therapist and patient talk-turns. Therapist talk-turns were rated as asking patients to consider mental state (bids for RF) or not. Patient talk-turns were rated for RF and

						acoustically encoded for arousal. Results: Bids were twice as common in TFP compared to DBT and SPT. Across treatments, therapist bids for RF predicted better RF, which, in turn, predicted lower emotional arousal. Conclusions: Asking patients to consider mental states has a down-regulatory effect on patients' arousal in psychotherapies for BPD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Kizilhan, Jan Ilhan	2016	Handbuch psychische Erkrankungen fr soziale Berufe. Ein Lehrbuch fr Studium und Praxis				In einem Praxishandbuch fr (angehende) Fachkrfte sozialer Berufe wird ber psychische Strungen informiert. Folgende Fragen werden beantwortet: Wie uern sich psychische Erkrankungen? Wie werden diese behandelt? Wie kann ein professioneller Umgang mit psychisch erkrankten Menschen gestaltet werden? Welche Schwierigkeiten und Herausforderungen bringt diese Arbeit mit sich? Entstehung, Symptomatik, Diagnosekriterien, Behandlungsanstze und Psychotherapieformen hufiger psychischer Erkrankungen werden beschrieben. Als hilfreiche Anregung fr den Berufsalltag werden auch sozialpdagogische Interventionsmglichkeiten aufgezeigt. - Inhalt: (1) Franziska Maier, Jennifer Winter und Lisa Junker: Schizophrenie. (2) Karolina Drong und Luisa Lachemann: Affektive Strungen. (3) Andreas Degen und Mitarbeiter: Angststrungen. (4) Jan Ilhan Kizilhan: Posttraumatische Belastungsstrung. (5) Hannah Klaiber und Nicole Riede: Dissoziative Strungen. (6) Eva Kohler, Nicole Rothenbacher und Meike Wenz: Essstrungen. (7) Miriam Lhr und Rico Schnabel: Persnlichkeitsstrung. (8) Carolin Mathias und Selina Bizer: Psychische Erkrankungen bei Kindern- und Jugendlichen. (9) Lisa Schreijg und Nadine Kilberg: Rehabilitation. (10) Hannah Grund, Ramona Riemann und Pia Wenzler: Alkoholabhngigkeit. (11)

							Andreas Konschak und Mitarbeiter: Psychoanalytische Verfahren. (12) Nicole Krger und reena Giess: Die Verhaltenstherapie. (13) Jenny Hahn und Rebecca Wrth: Systemische Therapie. (14) Regine Beck, Tanja Fehrenbacher und Wieland Schaumann: Klientenzentrierte Gesprächsführung und Therapie. (15) Jan Ilhan Kizilhan: Transkulturelle Aspekte von psychischen Erkrankungen und Psychotherapie. (16) Winfried Sennekamp: Psychopharmaka.
Klampfl, Petra; Hochgerner, Markus	2022	Diagnostik in der Integrativen Gestalttherapie					Aus ihren theoretischen Konzeptionen und ihrer grundsätzlichen Haltung ergibt sich für die Integrative Gestalttherapie (IG) die Notwendigkeit, verschiedene diagnostische Perspektiven einzunehmen. Die Integration von Strukturdiagnostik in der IG-Diagnostik durch die Einbeziehung von OPD-2 ermöglicht eine differenziertere Einschätzung der jeweiligen Person. Diese mehrperspektivische diagnostische Herangehensweise im unmittelbaren Beziehungsgeschehen ermöglicht eine differenzierte Sicht auf den ganzen Menschen. Das unterstützt eine auf die Person und ihre Verarbeitungsfähigkeit abgestimmte therapeutische Vorgehensweise und Beziehungsgestaltung. Menschen auf gutem Strukturniveau profitieren von anderen therapeutischen Angeboten als Personen mit strukturellen Defiziten. (c) Springer-Verlag GmbH Deutschland
Klassen, Lydia	2023	Aktives Zuhren und Ich-Botschaften. Das Gordon Training Deutschland	Gesprächspsychotherapie und Personenzentrierte Beratung	54	4	8–9	Kein Abstract verfügbar.

Klckner, Detlef	2023	Alltgliche Dissoziationen - oder: Leichtfertige Gefahrenabwehr	Gestalt-Zeitung	36		11-20	Die Gestalttherapie weist mit Imperativen die Richtung zur ganzheitlichen Selbst- und Beziehungserfahrung. Etwa diesen: Konzentriere dich auf das Offenkundige der Tatsachen und Atmosphren! Nimm mit allen Sinnen wahr! Verhalte dich prgnant und kongruent hinsichtlich deiner Emotionen, Gedanken und Absichten! Erforsche deine Motive, Ressourcen und Grenzen! Pflege Beziehungen - ohne Du kein Ich! Und nicht zuletzt: Sei mutig und gehe verantwortlich mit dir und anderen um.
Klein, Arne	2023	Das Missverstehen des Personzentrierten Ansatzes	Gesprchspsychotherapie und Personzentrierte Beratung	54	4	12	Kein Abstract verfgrbar.
Klein, Arne	2023	Der blinde Fleck des Personzentrierten Ansatzes	Gesprchspsychotherapie und Personzentrierte Beratung	54	2	20-21	Wie kann "Intervention" mit Carl Rogers begriffen werden? Gar nicht. Das will dieser Beitrag zeigen. Intervention, so die Annahme, ist der blinde Fleck des Personzentrierten Ansatzes.
Klein-Isberner, Thomas; Wenzel, Katja	2017	Angewandte Erlebnistherapie als komplementre Behandlung bei Sucht- und Psychosomatikpatienten in der Fontane-Klinik					Erfahrungen mit angewandter Erlebnistherapie als komplementrer Behandlung bei stationren Patienten mit Suchterkrankungen und psychosomatischen Strungen werden prsentiert. Dabei wird deutlich gemacht, dass es sich bei erlebnistherapeutischen Bedingungen um herausfordernde Grenzsituationen mit Aufforderungscharakter und hoher emotionaler Beteiligung handelt, die vom Patienten Entscheidungen - meist ohne Rckgriff auf bewhrte Lsungsmuster - verlangen. Grundlagen der erlebnistherapeutischen Arbeit werden skizziert, der Einsatz und die Umsetzung in der Klinik werden geschildert, und Wirkungen, Grenzen und Potenziale dieser Form der Behandlung werden beschrieben.

Kleiven, Gøril Solberg; Hjeltnes, Aslak; Brattland, Heidi; Moltu, Christian	2023	Moments of change: Clients' immediate experiences when sharing emotions in psychotherapy	Psychotherapy research : journal of the Society for Psychotherapy Research			1-13	<p>OBJECTIVE: In-session processing of emotions is important in facilitating psychotherapeutic change. This study explores how clients in active treatment experience inner changes when sharing emotions in psychotherapy sessions. The aim was to retrieve in-depth knowledge about clients' moment-by-moment experiences of change in a naturalistic psychotherapy context. METHOD: Two psychotherapy sessions (session 3 or 4 and session 7 or 8) were videotaped and immediately followed by semi-structured interviews with clients (n = 11) in the format of Interpersonal Process Recall (IPR). Interviews were analysed using thematic analysis. RESULTS: Four themes resulted from analysis: (1) reaching a new clarity about inner struggles; (2) a shift in how I approach and experience my feelings; (3) grieving losses and gaining a more positive understanding of myself; (4) feeling relief and liberation when allowing difficult emotions. CONCLUSION: The resulting themes took into account the importance of the felt quality of change experiences within sessions, which appears to be important in making micro-processes of change salient. Across themes, we found accounts of shifts in awareness and self-compassion, which we discuss as micro-outcomes that clients can ideally be guided to dwell with.</p>
Kletter, Hilit; Matlow, Ryan; Tanovic, Selma; Carrion, Victor	2021	Cue-Centered Therapy for Youth Experiencing Posttraumatic Symptoms	Current treatment options in psychiatry	8	3	125-140	<p>PURPOSE: Few of the existing evidence-based interventions for child trauma exposure were specifically designed to address experiences and outcomes of complex developmental trauma. Stanford's cue-centered therapy (CCT) was designed to address this gap by offering a flexible, integrative, and insight-oriented treatment approach that is grounded in principles of neuroscience, developmental trauma, client empowerment, and allostasis. This article reviews the</p>

						<p>CCT rationale, treatment components, evidence base, and training approach. RECENT FINDINGS: Studies demonstrate promising outcomes indicating CCT effectiveness in reducing child and caregiver posttraumatic stress, and in improving child functioning. Further research, however, is needed to identify which clients are best-suited for CCT (versus other available child trauma treatments) and to identify which components of CCT are most critical for addressing complex developmental trauma. SUMMARY: CCT advances the field of child trauma treatment by offering an intervention approach focused on addressing complex developmental trauma. Positive treatment and training outcomes indicate utility of CCT for clients and clinicians. Innovations in research and training approaches are needed to further dissemination and implementation of CCT and other related child trauma interventions for complex developmental trauma.</p>
<p>Klimas, J.; Fairgrieve, C.; Tobin, H.; Field, C. A.; O'Gorman, C. S.M.; Glynn, L. G.; Keenan, E.; Saunders, J.; Bury, G.; Dunne, C.; et al.</p>	2018	<p>Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users</p>	<p>Cochrane Database of Systematic Reviews</p>	<p>12(12):CD009269. doi: 10.1002/14651858.cd009269.pub4</p>	12	<p>Abstract - Background Problem alcohol use is common among people who use illicit drugs (PWID) and is associated with adverse health outcomes. It is also an important factor contributing to a poor prognosis among drug users with hepatitis C virus (HCV) as it impacts on progression to hepatic cirrhosis or opioid overdose in PWID. Objectives To assess the effectiveness of psychosocial interventions to reduce alcohol consumption in PWID (users of opioids and stimulants). Search methods We searched the Cochrane Drugs and Alcohol Group trials register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, CINAHL, and PsycINFO, from inception up to August 2017, and the reference lists of eligible articles. We also searched: 1) conference proceedings (online</p>

						<p>archives only) of the Society for the Study of Addiction, International Harm Reduction Association, International Conference on Alcohol Harm Reduction and American Association for the Treatment of Opioid Dependence; and 2) online registers of clinical trials: Current Controlled Trials, ClinicalTrials.gov, Center Watch and the World Health Organization International Clinical Trials Registry Platform. Selection criteria We included randomised controlled trials comparing psychosocial interventions with other psychosocial treatment, or treatment as usual, in adult PWIDs (aged at least 18 years) with concurrent problem alcohol use. Data collection and analysis We used the standard methodological procedures expected by Cochrane. Main results We included seven trials (825 participants). We judged the majority of the trials to have a high or unclear risk of bias. The psychosocial interventions considered in the studies were: cognitive-behavioural coping skills training (one study), twelve-step programme (one study), brief intervention (three studies), motivational interviewing (two studies), and brief motivational interviewing (one study). Two studies were considered in two comparisons. There were no data for the secondary outcome, alcohol-related harm. The results were as follows. Comparison 1: cognitive-behavioural coping skills training versus twelve-step programme (one study, 41 participants) There was no significant difference between groups for either of the primary outcomes (alcohol abstinence assessed with Substance Abuse Calendar and breathalyser at one year: risk ratio (RR) 2.38 (95% confidence interval [CI] 0.10 to 55.06); and retention in treatment, measured at end of treatment: RR 0.89 (95% CI 0.62 to 1.29), or for any of the secondary outcomes reported. The quality of evidence for</p>
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						<p>the primary outcomes was very low. Comparison 2: brief intervention versus treatment as usual (three studies, 197 participants) There was no significant difference between groups for either of the primary outcomes (alcohol use, measured as scores on the Alcohol Use Disorders Identification Test (AUDIT) or Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) at three months: standardised mean difference (SMD) 0.07 (95% CI -0.24 to 0.37); and retention in treatment, measured at three months: RR 0.94 (95% CI 0.78 to 1.13), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was low. Comparison 3: motivational interviewing versus treatment as usual or educational intervention only (three studies, 462 participants) There was no significant difference between groups for either of the primary outcomes (alcohol use, measured as scores on the AUDIT or ASSIST at three months: SMD 0.04 (95% CI -0.29 to 0.37); and retention in treatment, measured at three months: RR 0.93 (95% CI 0.60 to 1.43), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was low. Comparison 4: brief motivational intervention (BMI) versus assessment only (one study, 187 participants) More people reduced alcohol use (by seven or more days in the past month, measured at six months) in the BMI group than in the control group (RR 1.67; 95% CI 1.08 to 2.60). There was no difference between groups for the other primary outcome, retention in treatment, measured at end of treatment: RR 0.98 (95% CI 0.94 to 1.02), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was moderate. Comparison 5: motivational interviewing (intensive) versus motivational interviewing</p>
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						<p>(one study, 163 participants) There was no significant difference between groups for either of the primary outcomes (alcohol use, measured using the Addiction Severity Index-alcohol score (ASI) at two months: MD 0.03 (95% CI 0.02 to 0.08); and retention in treatment, measured at end of treatment: RR 17.63 (95% CI 1.03 to 300.48), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was low. Authors' conclusions We found low to very low-quality evidence to suggest that there is no difference in effectiveness between different types of psychosocial interventions to reduce alcohol consumption among people who use illicit drugs, and that brief interventions are not superior to assessment-only or to treatment as usual. No firm conclusions can be made because of the paucity of the data and the low quality of the retrieved studies. Plain language summary Which talking therapies work for people who use drugs and also have alcohol problems? Review question We wanted to see whether talking therapies reduce drinking in adult users of illicit drugs (mainly opioids and stimulants). We also wanted to find out whether one type of therapy is more effective than another. Background Drinking alcohol above the low-risk drinking limits can lead to serious alcohol use problems or disorders. Drinking above those limits is common in people who also have problems with other drugs. It worsens their physical and mental health. Talking therapies aim to identify an alcohol problem and motivate an individual to do something about it. Talking therapies can be given by trained doctors, nurses, counsellors, psychologists, etc. Talking therapies may help reduce alcohol use but we wanted to find out if they can help people who also have problems with other drugs. Search</p>
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						<p>date : the evidence is current to August 2017. Study characteristics We found seven studies that examined five talking therapies among 825 people with drug problems. Cognitive-behavioural coping skills training (CBCST) is a talking therapy that focuses on changing the way people think and act. The twelve-step programme is based on theories from Alcoholics Anonymous and aims to motivate the person to develop a desire to stop using drugs or alcohol. Motivational interviewing (MI) helps people to explore and resolve doubts about changing their behaviour. It can be delivered in group, individual and intensive formats. Brief motivational interviewing (BMI) is a shorter MI that takes 45 minutes to three hours. Brief interventions are based on MI but they take only five to 30 minutes and are often delivered by a non-specialist. Six of the studies were funded by the National Institutes for Health or by the Health Research Board; one study did not report its funding source. Key results We found that the talking therapies led to no differences, or only small differences, for the outcomes assessed. These included abstinence, reduced drinking, and substance use. One study found that there may be no difference between CBCST and the twelve-step programme. Three studies found that there may be no difference between brief intervention and usual treatment. Three studies found that there may be no difference between MI and usual treatment or education only. One study found that BMI is probably better at reducing alcohol use than usual treatment (needle exchange), but found no differences in other outcomes. One study found that intensive MI may be somewhat better than standard MI at reducing severity of alcohol use disorder among women, but not among men and found no differences in other outcomes. It</p>
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							remains uncertain whether talking therapies reduce alcohol and drug use in people who also have problems with other drugs. High-quality studies are missing and are needed. Quality of evidence The quality of the evidence was moderate for brief and intensive motivational interviewing, but low for brief interventions and standard motivational interviewing, and very low for CBCST versus twelve-step programme.
Klimesch, Anne; Martinez-Pereira, Alejandra; Topf, Cheyenne; Härter, Martin; Scholl, Isabelle; Bravo, Paulina	2023	Conceptualization of patient-centered care in Latin America: A scoping review	Health expectations : an international journal of public participation in health care and health policy	26	5	1820–1831	INTRODUCTION: Patient-centered care (PCC) has been declared as a desirable goal for health care in Latin American countries, but a coherent definition of what exactly PCC entails for clinical practice is missing. This article's aim was to identify how PCC is conceptualized in Latin American countries. METHODS: Scientific databases (MEDLINE, EMBASE, PsycINFO, CINAHL, Scielo, Scopus, Web of Science) and webpages of the ministries of health were searched, and experts were contacted for suggestions of literature. References were included if they contained one of a range of a priori defined keywords related to PCC in the title, were published between 2006 and 2021, and were carried out in or concerned Latin America. Definitions of PCC were extracted from the included articles and analyzed using deductive and inductive coding. Deductive coding was based on the integrative model of patient-centeredness, which unites the definitions of PCC in the international literature (mainly North America and Europe) and proposes 16 dimensions describing PCC. RESULTS: Thirty-two articles were included in the analysis and about half of them were from Brazil. Numerous similarities were found between the integrative model of patient-centeredness and the definitions of PCC given in the selected literature. The dimensions of the integrative

						<p>model of patient-centeredness that were least and most prominent in the literature were physical support and patient information, respectively. A differentiation between PCC and family-centered care (FCC) was observed. Definitions of PCC and FCC as well as their cited references were diverse. CONCLUSION: A considerable overlap between the conceptualization of PCC in Latin America and the integrative model of patient-centeredness has been identified. However, there are substantial differences between countries in Latin America regarding the emphasis of research on PCC versus FCC and diverse conceptualizations of PCC and FCC exist. PATIENT CONTRIBUTION: This scoping review takes the patient's perspective based on the integrative model of patient-centeredness. Due to the study being a review, no patients, neither caregivers, nor members of the public, were involved.</p>
<p>Kline, Alexander C.; McCabe, Cameron T.; Campbell, Justin S.; Walter, Kristen H.</p>		<p>Residual posttraumatic stress disorder and depression symptoms following a residential posttraumatic stress disorder treatment program for U.S. active duty service members</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>			<p>Objective: Even after the most effective posttraumatic stress disorder (PTSD) treatments, symptoms often persist. Understanding residual symptoms is particularly relevant in military populations, who may be less responsive to PTSD interventions. Method: The sample consisted of 282 male service members who engaged in a residential PTSD treatment program at a military treatment facility that provided evidence-based PTSD psychotherapies and adjunctive interventions. PTSD and depression symptoms were assessed before and after treatment and weekly during treatment via the PTSD Checklist-Military Version and Patient Health Questionnaire-8. Logistic regression with Hochberg's step-up procedure compared the likelihood of individual residual symptoms between service members who did (n = 92, 32.6%) and did not (n = 190, 67.4%) experience</p>

							<p>clinically significant PTSD change (≥ 10-point PTSD Checklist-Military Version reduction). Results: Not achieving clinically significant PTSD change was associated with greater odds of nearly all residual symptoms (OR = 2.03–6.18), excluding two Patient Health Questionnaire-8 items (appetite and psychomotor changes). Among service members experiencing clinically significant PTSD change, concentration difficulties (73.3%), physical reactions to reminders (71.1%), and intrusions (70.8%) were PTSD symptoms most likely to persist. Poor sleep (56.2%), low energy (50.0%), and concentration difficulties (48.3%) were the most common for depression. Conclusions: To our knowledge, this study is the first to examine residual PTSD and depression symptoms following residential PTSD treatment for active duty service members. Given the low rates of clinically significant PTSD change and the high frequency of residual symptoms, strategies may be needed to improve residential PTSD treatment outcomes in the military. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
Klipstein, Lino von; Servaas, Michelle N.; Schoevers, Robert A.; van der Veen, Date C; Riese, Harriette	2023	Integrating personalized experience sampling in psychotherapy: A case illustration of the Therap-i module	Heliyon	9	3	e14507	<p>BACKGROUND: The experience sampling methodology (ESM) is increasingly being suggested as a clinical tool in mental health care, as it offers ecologically valid, microlevel information on psychopathological processes. Patients and clinicians have recommended that applications of ESM should be personalized and integrated into the existing clinical process, but there is still much uncertainty about how implementation may look like. OBJECTIVE: To provide an example of personalized ESM assessment and feedback being integrated into psychotherapy for depression, specifically looking at the collaborative use of ESM in case</p>

						<p>conceptualization. METHODS: George, a 27-year-old man diagnosed with depression, and his therapist participated in the Therap-i randomized controlled trial, which investigates the efficacy of a personalized ESM module added to psychotherapy. Together, they created a personalized ESM questionnaire, aiming to capture their hypotheses and questions regarding George's case conceptualization. George then filled out his ESM questionnaire five times per day, for 8 weeks. During this period, ESM data were discussed and interpreted by George, his therapist, and a researcher, in three feedback sessions. In these sessions, data were visualized in a flexible feedback interface that allowed for collaborative exploration of George's data. Both patient and therapist evaluated the module through questionnaires and George also participated in a semi-structured evaluation interview. RESULTS: George's ESM questionnaire included personalized items on the topics of self-esteem and open versus withdrawn behavior. He completed 241 (89.3%) assessments. Discussions during the feedback sessions focused on two core themes: First, George's low energy level, which was further explored with regard to his sleep, medication, and activity patterns. Second, his low sense of self-esteem, which led to an in-depth exploration of his thinking patterns and social interactions. The ESM module was seen as useful and insightful by both George and therapist. CONCLUSIONS: This case shows how ESM and ESM-based feedback can stimulate the collaborative exploration of the patient's complaints, and how it can provide useful insights for treatment. We discuss how our personalized ESM module relates to current clinical principles and practices, and make suggestions for further implementation.</p>
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Kll-Senn, Cornelia	2016	"Feuer kann auch wrmen". Bindungsstrungen bei Pflegekindern	Existenzanalyse	33	1	95–98	Bindungsstrungen bei Pflegekindern werden betrachtet. Nach einer Verortung der Bindung in der Existenzanalyse und ihren Grundmotivationen wird die besondere Situation von Pflegekindern in ihrer Pflegefamilie beleuchtet. Dargestellt wird, wie sich frhe Traumatisierungen auf das Bindungsverhalten auswirken und wie daraus unter bestimmten Umstnden Bindungsstrungen entstehen knnen. Die verschiedenen Formen von Bindungsstrungen werden thematisiert und ihre Behandlung in der (existenzanalytischen) Psychotherapie von Kindern und Jugendlichen dargestellt. Beispiele aus der praktischen Erfahrung als Pflegemutter und Psychotherapeutin ergnzen die theoretischen berlegungen.
Knig, Julia; Unterhitzenberg er, Johanna; Calmer, Charlotta; Kohout, Pia; Karl, Regina; Rosner, Rita; Butollo, Willi	2020	What was helpful in today's session? Responses of clients in two different psychotherapie s for posttraumatic stress disorder	Psychotherapy: Theory, Research, Practice, Training	57	3	437–443	The aim of this study was to qualitatively analyze and compare the written responses clients in treatment for posttraumatic stress disorder (PTSD) gave when asked about helpful and negative aspects of the previous session. Data were collected during a randomized quantitative study comparing dialogical exposure therapy (DET, a gestalt-based integrative therapy, n = 58) and cognitive processing therapy (CPT, a cognitive-behavioral therapy, n = 52). We developed a coding manual using Mayring's (2015) qualitative content analysis approach and were able to code responses reliably. Five main categories emerged, unspecified and specific therapy elements, therapeutic relationship, client process, and general positive experience, with the first three containing subcategories. Each therapy had its own codes for specific therapy elements, while the other codes were identical for both treatments. The results for specific therapy elements were in accordance with the theories behind the two treatments. with CPT clients naming

							cognitive factors most frequently, whereas in DET, emotions were the most frequently mentioned. Results for therapeutic relationship were surprisingly similar given that DET therapists consider the therapeutic relationship to be an active ingredient, while CPT therapists consider it as the basis for the intervention rather than a working mechanism in itself.
Knmann, Sandra	2019	Naturtherapie. Mit Naturerfahrungen Beratung und Psychotherapie bereichern					Es wird aufgezeigt, wie die positive Wirkung des Naturerlebens die psychologische Begleitung von Einzelkunden unterstützen und bereichern kann. Entscheidend für den Therapieerfolg ist die Einbettung der Naturerfahrung in einen therapeutischen Bezugsrahmen, sowohl praktisch als auch theoretisch. Mit der "achtsamkeitsbasierten Naturtherapie" wird ein solcher Bezugsrahmen vorgestellt. Das Konzept verknüpft das psychotherapeutische Potenzial des Naturerlebens mit der Praxis der Achtsamkeit und wird getragen von einer humanistisch-personenzentrierten Haltung. Theoretisch fundiert und anhand zahlreicher Beispiele wird die konkrete Umsetzung im therapeutisch-beraterischen Alltag dargestellt. Es werden Anregungen für die häufigsten Störungsbilder (unter anderem Angststörungen, Depressionen, somatoforme Störungen, Traumafolgestörungen, Suchterkrankungen) sowie ausführliche Anleitungen zu naturtherapeutischen Interventionen gegeben. Darüber hinaus werden die Vielfalt und Entstehungsgeschichte naturtherapeutischer Konzepte nachgezeichnet sowie ein Überblick über den Stand der empirischen Forschung gegeben und grundlegende Fragen zur Beziehung von Mensch und Natur geklärt. Fallgeschichten, Insider-Tipps zur praktischen Anwendung sowie umfangreiches Zusatzmaterial ergänzen die Ausführungen. - Inhalt: (A) Theoretische Grundlagen.

							(1) Zehn Vorteile von Naturtherapie. (2) Was ist Natur? (3) Formen therapeutischen Arbeitens in der Natur. (4) Naturerfahrung und seelische Gesundheit - Stand der Forschung. (5) Grundzüge der achtsamkeitsbasierten Naturtherapie. - (B) Naturtherapie in der Praxis. (6) Naturtherapeutische Zugänge und Instrumente. (7) Fallgeschichten. (8) Naturtherapie bei speziellen Strukturbildern. (9) Praktische Umsetzung im therapeutischen Alltag.
Knmann, Sandra	2023	Alte Gespenster und neue Kraft . Eine personzentrierte Sitzung in der Natur	Gesprächspsychotherapie und Personzentrierte Beratung	54	4	10-11	Kein Abstract verfügbar.
Knmann, Sandra	2023	Den "Freiraum" nutzen: Wie Beratung und Psychotherapie in der Natur gelingen	Gesprächspsychotherapie und Personzentrierte Beratung	54	2	5-7	Die Covid-Pandemie hat nicht nur das öffentliche Leben stark beeinflusst, sondern auch die Arbeitsweise vieler Berufsgruppen verändert. Besonders Psychotherapeut*innen und psychologische Berater*innen waren gezwungen, ihre Arbeitsmethoden anzupassen, um ihre Klient*innen weiterhin hilfreich begleiten zu können. Ein Trend, der in diesem Zusammenhang in den letzten Jahren aufgekommen ist, ist die Verlegung von psychotherapeutischen Sitzungen in die Natur. Im Artikel werden die Chancen und Herausforderungen des Outdoor- Settings dargestellt und in den größeren Zusammenhang einer personzentrierten "Naturtherapie" eingeordnet.
Knopf, Alison	2020	Psychodynamic therapy for SUD: Counselor's view	Alcohol Drug Abuse Week (Alcoholism & Drug Abuse Weekly)	32	30	3-5	

Knowlton, Charlie N.; Nelson, Karl G.	2021	PTSD telehealth treatments for veterans: Comparing outcomes from in-person, clinic-to-clinic, and home-based telehealth therapies	Journal of Rural Mental Health	45	4	243–255	Recent advancements in video telehealth technology have increased access to specialty services for Veterans with posttraumatic stress disorder (PTSD) who could not otherwise attend therapy due to geographic and economic constraints. While previous literature has indicated comparable symptom reduction outcomes for in-person and telehealth care, recent findings from the 2019 J. D. Power U.S. Telehealth Satisfaction Study found Veteran apprehension about the perceived effectiveness of telehealth treatment. To address this, the present study compared the effects of prolonged exposure (PE) and cognitive processing therapy (CPT) on symptoms of PTSD and depression across in-person, clinic-to-clinic telehealth, or home-based telehealth delivery for a sample of Veterans. The study used a retrospective cohort design. Data were collected from 581 Veterans located within the Fargo Veterans Affairs (VA) Health Care System catchment area of the Veterans Integrated Service Network (VISN) 23, one of the most rural VISN areas in the nation, who initiated PTSD treatment between January 2017 and February 2020. Results showed significant reductions in symptoms of PTSD and depression for Veterans completing a full course of PE or CPT, regardless of treatment delivery modality. Overall findings suggested that PE and CPT, when delivered across any format, could produce satisfactory outcomes for Veterans living in rural areas. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Knox, Jean	2023	The Birth and Death of Hope	Brit J Psychotherapy (British Journal of Psychotherapy)	39	2	360–372	

Koch, Theresa; Ehring, Thomas; Liedl, Alexandra	2017	Skills-Training der Affektregulation - ein kultursensibler Ansatz: STARK. Entwicklung und erste Erfahrungen mit afghanischen Geflchteten	Psychotherapeu tenjournal	16	4	316–323	Das Gruppentherapieprogramm "Skills-Training der Affektregulation - ein kultursensibler Ansatz: STARK" wird unter Bezugnahme auf eine Pilotstudie vorgestellt und diskutiert. Nach einem Verweis auf eine hohe Prvalenzrate von posttraumatischer Belastungsstrung (PBTS) und Depression bei Geflchteten wird die Entwicklung von STARK beschrieben. Fr die genannten Strungsbilder wird eine hohe transdiagnostische Bedeutung dysfunktionaler Emotionsregulation betont. Folglich fokussiert das aus vier Modulen bestehende, kognitiv-behaviorale Interventionsprogramm auf ein Training von Emotionsregulationsfhigkeiten. Es basiert auf bereits existierenden, evidenzbasierten Therapiemanualen, die kulturell adaptiert wurden. An der Pilotstudie nahmen sieben afghanische junge Mnner im Alter zwischen 15 und 18 Jahren teil. Vor und nach Abschluss des Gruppenprogramms, das aus 15 Sitzungen bestand, wurden Schwierigkeiten bei der Emotionsregulation, Angst- und Depressionswerte sowie Symptome einer PBTS erhoben. Im Pr-Post-Vergleich zeigte sich eine leichte Abnahme der Emotionsdysregulation, eine Verbesserung von Emotionsregulationsstrategien sowie eine hohe Therapiezufriedenheit. Die Symptomatik der posttraumatischen Belastungsstrung vernderte sich hingegen nicht. Mglliche Grnde hierfr werden diskutiert. Dennoch wird das STARK-Programm als vielversprechender Interventionsansatz eingestuft, dessen Wirksamkeit in einer geplanten randomisiert-kontrollierten Nachfolgestudie weiter geprft werden soll.
Koch-Kersten, Brigitte	2021	Personzentrierte Traumatherapie:					Traumatisierende Erfahrungen in der Kindheit knnen zu einer ablehnenden Haltung sich selbst gegenber fhren - zu Selbstverneinung. Sie entsteht durch die Identifikation

		Heilung durch Selbstbejahung				<p>mit erlebter Fremdverneinung (z.B. Abwertung, Demütigung oder Misshandlung). Selbstverneinung schränkt die Lebensqualität erheblich ein und ist die Ursache leidvoller Traumafolgesymptome. Die von der Autorin praktizierte personenzentrierte Traumatherapie besteht darin, diese Selbstverneinung aufzulösen, um Selbstbejahung, Selbstliebe und Selbstachtung wieder zu ermöglichen. Das Traumatherapiekonzept besteht aus einem Pendeln zwischen dem Zulassen und Bejahen von Gefühlen, auch den traumabedingten Leidensgefühlen, und dem Beachten und Bejahen von Abwehr und Widerstand.</p> <p>- Inhalt: (1) Überblick. (2) Fremdverneinung und Selbstverneinung. (3) Abwehr und Widerstand als Traumafolgen. (4) Heilung erzwingen wollen - Die Reinszenierung der traumatischen Situation und des Traumamilieus. (5) Wie erlebnismuster helfen, unser Leben zu leben. (6) Traumatische Verletzungen sind heilbar. (7) Die Kraft des Erkennens und des menschlichen Beistands. (8) Traumaheilung durch liebevolle Selbstbeachtung. (9) Wieder spüren lernen und fühlen lernen. (10) Stabilisieren: Die Sicherheit schaffen, in der alles gefühlt werden kann. (11) Befreites Fühlen, traumabedingte Gefühle, Seinererfahrungen. (12) Schritte und Beispiele meiner personenzentrierten Therapie. (13) Der innere Dialog als Methode, um in der Fähigkeit zu liebevoller Selbstbeachtung zu wachsen. (14) Liebevolle Selbstbeachtung und die Arbeit mit dem inneren Kind. (15) Zusammenfassung. (16) Meine therapeutischen Wurzeln: Personenzentrierung nach Carl R. Rogers. (17) Bericht über einen therapeutischen Prozess, in dem sich während einer Bewusstseinsübung eine Spinnenphobie vollständig auflöste.</p>
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<p>Koehler, Andreas; Strauss, Bernhard; Briken, Peer; Fisch, Margit; Soave, Armin; Riechardt, Silke; Nieder, Timo O.</p>	<p>2023</p>	<p>Exploring the Relationship between (De-)Centralized Health Care Delivery, Client-Centeredness, and Health Outcomes- Results of a Retrospective, Single-Center Study of Transgender People Undergoing Vaginoplasty</p>	<p>Healthcare (Basel, Switzerland)</p>	<p>11</p>	<p>12</p>		<p>Introduction: Transgender health care interventions (e.g., gender-affirming surgery) support transgender and gender-diverse people to transition to their gender and are delivered in both centralized (by one interdisciplinary institution) and decentralized settings (by different institutions spread over several locations). In this exploratory study, we investigated the relationship between centralized and decentralized delivery of transgender health care, client-centeredness, and psychosocial outcomes. Methods: A retrospective analysis of 45 clients undergoing vaginoplasty at one medical center was conducted. Mann-Whitney U tests assessed differences regarding five dimensions of client-centeredness and psychosocial outcomes between the health care delivery groups. To address shortcomings regarding the small sample size, we applied a rigorous statistical approach (e.g., Bonferroni correction) to ensure that we only identified predictors that were actually related to the outcomes. Results: All aspects of client-centered care were scored average or high. Decentralized delivery of care was more client-centered in terms of involvement in care/shared decision-making and empowerment. However, participants from decentralized health care delivery settings scored lower on psychosocial health ($p = 0.038-0.005$). Conclusions: The factor of (de-)centralized health care delivery appears to have a significant impact on the provision of transgender health care and should be investigated by future research.</p>
<p>Koenig, Harold G.</p>	<p>2023</p>	<p>Person-Centered Mindfulness: A Culturally and</p>	<p>Journal of religion and health</p>	<p>62</p>	<p>3</p>	<p>1884–1896</p>	<p>Mindfulness meditation is rapidly being integrated into many different forms of counseling and psychotherapy, and there is a growing evidence base for its effectiveness. It is important to understand the spiritual roots of</p>

		Spiritually Sensitive Approach to Clinical Practice					mindfulness, and to apply it in a patient-centered manner, sensitive to the patient's own faith tradition rather than taking a one-size-fits-all approach, assuming that mindfulness-based practice is a purely secular approach. The philosophical underpinning of mindfulness lies squarely in the Buddhist faith tradition. Indeed, mindfulness is the 7th step on the Eightfold Path, which is the heart of Buddhist teachings. Many practitioners, however, may not realize that there are Western meditative techniques that are very similar to mindfulness and that have deep roots within Christian, Jewish, and Muslim faith traditions. Patient-centered mindfulness involves the use of mindfulness and other meditation methods that are based on the patient's own faith tradition, rather than applying Eastern forms of mindfulness claiming these are a secular approach appropriate for everyone regardless of religious beliefs, even if those beliefs are not consistent with the Buddhist religious or philosophical approach. In this article, I briefly examine the evidence for the clinical effectiveness of mindfulness meditation, and then go into greater depth on Hindu, Buddhist, Christian, Jewish, and Muslim forms of mindfulness or similar meditative practices, providing resources that will better equip clinicians and researchers to provide patient-centered culturally-sensitive care.
Koffmann, Andrew	2019	Intersession improvement and outcome in psychotherapy	Clinical psychology & psychotherapy	26	1	146-155	OBJECTIVE Psychotherapy patients who experience large, stable symptomatic improvement between sessions are more likely than those without such sudden gains to benefit from treatment. However, there is limited empirical basis for the definition of sudden gains, and it is unclear how they may affect symptomatic change at other points in

							<p>treatment.</p> <p>METHOD</p> <p>In a psychotherapy training clinic, 149 adults completed a distress measure at each session. For each criterion in the definition of sudden gains, we evaluated the prediction of outcome, possible moderating variables, local score instability, and multisession change before and after score shifts.</p> <p>RESULTS</p> <p>Large intersession improvement did not lead to increased rate of change later in treatment, but it did predict outcome, regardless of whether nearby session scores were stable. Early improvement during the first five treatment sessions was an independent predictor of outcome. Large intersession improvement generally occurred in the context of local score instability.</p> <p>CONCLUSION</p> <p>Sudden gains appear to predict outcome because of improvement inherent in the gains themselves. Early overall improvement predicts outcome almost as effectively as do sudden gains. There may be advantages to redefining sudden gains as large intersession improvement, regardless of local score stability.</p>
Kohla, Eva	2019	Die Begegnung mit dem eisernen Heinrich. Ein Fallbericht	Existenzanalyse	36	1	122-128	<p>Die existenzanalytische Psychotherapie eines 52-jährigen Patienten mit den Diagnosen Alkoholkrankheit und schizoaffektive Störung wird beschrieben. Der Patient wird charakterisiert durch eine Beziehungsstörung zur Welt, zu anderen Menschen und zu sich selbst, ein depressives Mangelgefühl und Verbitterung. Die komplexen Wirkfaktoren des zugewandten Abholens und der beziehungsreichen therapeutischen Präsenz, die zu einem Einlassen auf die Therapie und Verbesserung des Zustandes des Patienten führten, werden dargestellt.</p>

Kohrt, Brandon A.; Griffith, James L.; Patel, Vikram	2018	Chronic pain and mental health: integrated solutions for global problems	Pain	159 Suppl 1	Su ppl 1	S85-S90	<p>Chronic pain is the leading cause of years lived with disability globally. Populations in low- and middle-income countries bear a disproportionate burden of chronic pain because of greater exposure to road injuries, interpersonal and political violence, unregulated manual labor and limited access to healthcare. Lessons from the field of global mental health can provide a foundation to begin tackling the global burden of pain. These lessons include the use of task-sharing of front-line psychosocial care to non-specialized health workers; a transdiagnostic approach; use of syndemic models incorporating social determinants and co-morbidities; incorporating cultural idioms of distress, the symbolic meaning of pain, and traditional healing practices; and a person-centered approach emphasizing the embedded nature of an individual in her/his family, context and culture. The implications of this evidence for chronic pain management are manifold, for example: using transdiagnostic psychosocial interventions delivered by non-specialist, non-physician health workers as the first step; personalized medicine approaches based on good practice principles of chronic disease management; and concurrently addressing the social determinants often associated with pain syndromes. Taken together, these principles should be used to design intervention platforms that can address the burden of chronic pain, while reducing risks of over-utilization of opioid medications, globally.</p>
Kolden, Gregory G.; Wang, Chia-Chiang; Austin, Sara B.; Chang,	2018	Congruence/genuineness: A meta-analysis	Psychotherapy	55	4	424-433	<p>Congruence or genuineness is a relationship element with an extensive and important history within psychotherapy. Congruence is an aspect of the therapy relationship with two facets, one intrapersonal and one interpersonal. Mindful genuineness, personal awareness,</p>

Yunling; Klein, Marjorie H.							<p>and authenticity characterize the intrapersonal element. The capacity to respectfully and transparently give voice to ones' experience to another person characterizes the interpersonal component. Although most fully developed in the person-centered tradition, congruence is highly valued in many theoretical orientations. In this article, we define and provide clinical examples of congruence. We also present an original meta-analysis of its relation with psychotherapy improvement. An analysis of 21 studies (k), representing 1,192 patients (N), resulted in a weighted aggregate effect size (r) of .23 (95% confidence interval = [.13, .32]) or an estimated d of .46. Moderators of the association between congruence and outcome are also investigated. In closing, we address patient contributions, limitations of the extant research, diversity considerations, and therapeutic practices that might promote congruence and improve psychotherapy outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Kolho, Kaija-Leena; Ainamo, Antti	2016	Progress in the treatment and outcome of pediatric inflammatory bowel disease patients	Expert review of clinical immunology	12	12	1337–1345	<p>The number of pediatric patients with inflammatory bowel disease (IBD), namely Crohn ´s disease, ulcerative colitis and unclassified colitis, has rapidly increased in Western countries. Areas covered: This review discusses how the treatment of pediatric IBD patients has improved,with attention given to therapeutic quality and cost. The literature search covers Medline-PubMed and the Cochrane Library, with February 2016 as the last search dates. Similarly to what has been the trend in the management of adult IBD, pediatric IBD therapy has become more active than before. High use of immunosuppressants and the availability of biological therapeutic agents has helped to control the extensive and aggressive course of pediatric IBD. Full disease</p>

							control at an early phase has advantages such as preserving normal child growth and development, maintaining overall good health and quality of life, as well as decreasing the psychosocial burden of the disease. Expert commentary: A key research direction is to tailor treatment modalities according to anticipated individual phenotype and disease course. Another is to reduce healthcare costs by decreasing the so-far high rate of surgery of pediatric IBD patients, and, instead, to develop a more active approach to treatment than before.
Kollbrunner, Jürg; Seifert, Eberhard	2017	Encouragement to Increase the Use of Psychosocial Skills in the Diagnosis and Therapy of Patients With Functional Dysphonia	Journal of voice : official journal of the Voice Foundation	31	1	132.e1–132.e7	Clinicians believe that psychosocial factors play a causal role in the etiology of many forms of functional dysphonia (FD). But for decades, all attempts to confirm such causation have failed. This paper aims to show the logic of this failure, to discuss the possibilities of employing psychology in therapy nonetheless, and to encourage clinicians to use their psychosocial knowledge and skills. The failure to confirm psychic and social factors as causal in the etiology of FD is basically a consequence of a principal shortcoming of evidence-based medicine (EBM). As the gold standard for validity, reliability, and objectivity in medical research, EBM is based on calculability and hence the processing of quantitative data. But life paths and life situations are best or sometimes only expressible in qualitative, experiential, and idiographic terms. Thus EBM-guided evaluation undervalues most psychosocial studies. This report of an experienced multidisciplinary voice team proposes alternative pathways for integrating psychosocial knowledge into the diagnosis and the treatment of FD. The difference between the fields of activity of psychotherapists and speech-language pathologists is discussed, and the latter group is shown the potential

							benefits of using more of their psychosocial knowledge and skills.
Komori, Takashi; Makinodan, Manabu; Kishimoto, Toshifumi	2019	Social status and modern-type depression: A review	Brain and behavior	9	12	e01464	<p>BACKGROUNDS Social hierarchy is one of the most influential social structures employed by social species. While dominants in such hierarchies can preferentially access rich resources, subordinates are forced into lower social statuses and lifestyles with inferior resources. Previous studies have indicated that the social rank regulates social behaviors and emotion in a variety of species, whereby individual organisms live within the framework of their ranks. However, in human societies, people, particularly young men, who cannot accept their own social status may show social withdrawal behaviors such as hikikomori to avoid confronting their circumstances.</p> <p>METHODS This article reviews the neural mechanisms underlying social status identified in animal studies with rodents and primates, and assesses how social rank affects animal's social behaviors and emotion which may be relevant to modern type depression.</p> <p>RESULTS Several brain regions such as medial prefrontal cortex are implicated in the formation of animal's social status, which leads to the differences in vulnerability and resilience to social stress.</p> <p>CONCLUSION On the basis of these findings, we propose that physical interventions such as voluntary exercise, diet, transcranial direct current stimulation, and psychotherapy, rather than psychotropic drugs, may be useful therapeutic approaches for modern type depression, which is a typical example of social status</p>

							conflict and a phenotype of adjustment disorder to the traditional hierarchical social order.
Kong, Grace; Goldberg, Alissa L.; Dallery, Jesse; Krishnan-Sarin, Suchitra	2017	An open-label pilot study of an intervention using mobile phones to deliver contingency management of tobacco abstinence to high school students	Experimental and Clinical Psychopharmacology	25	5	333–337	This pilot study assessed the feasibility, acceptability, and preliminary efficacy of a smoking cessation intervention that used mobile phones to remotely deliver reinforcements contingent on tobacco abstinence (contingency management [CM]) and weekly in-person cognitive-behavioral therapy to adolescent smokers. Daily adolescent smokers (N = 15; 12 completed study procedures, 3 dropped out) were recruited to participate in a 4-week study. During the first 2 weeks, daily text messages sent at random times prompted participants to transmit a video of themselves providing a carbon monoxide (CO) sample. During the last 2 weeks, text messages sent on 3 randomly chosen days each week prompted participants to transmit a video of themselves providing a saliva sample. Negative samples (CO \leq 8 ppm; cotinine \leq 100 ng/ml) were reinforced with monetary incentives. Feasibility was assessed using the number of on-time, valid videos, and acceptability was determined using participant perceptions of the intervention. Seven-day point-prevalence (PP) abstinence (self-reported abstinence, cotinine $<$ 100 ng/ml) was assessed at end of treatment (EOT) and at a 1-month follow-up. The study findings indicate that remote delivery of CM using mobile phones was feasible (85.8% of the CO videos and 67% of the saliva cotinine videos were on time) and acceptable (positive perceptions of the CM procedures). Seven-day PP was 60% at EOT and 46.7% at the follow-up. Although larger randomized controlled trials are needed to evaluate efficacy, this pilot study suggests that the use of mobile phones to deliver CM for smoking cessation among adolescent smokers was acceptable and feasible.

						(PsycInfo Database Record (c) 2020 APA, all rights reserved)	
Konkolý Thege, Barna; Emmanuel, Talia; Callanan, Julie; Askland, Kathleen D.	2023	Trans-diagnostic determinants of psychotherapeutic treatment response: The pressing need and new opportunities for a more systematic way of selecting psychotherapeutic treatment in the age of virtual service delivery	Frontiers in public health	11		1102434	Numerous forms of psychotherapy have demonstrated effectiveness for individuals with specific mental disorders. It is, therefore, the task of the clinician to choose the most appropriate therapeutic approach for any given client to maximize effectiveness. This can prove to be a difficult task due to at least three considerations: (1) there is no treatment approach, method or model that works well on all patients, even within a particular diagnostic class; (2) several treatments are equally efficacious (i.e., more likely to be effective than no treatment at all) when considered only in terms of the patient's diagnosis; and (3) effectiveness in the real-world therapeutic setting is determined by a host of non-diagnostic factors. Typically, consideration of these latter, trans-diagnostic factors is unmethodical or altogether excluded from treatment planning - often resulting in suboptimal patient care, inappropriate clinic resource utilization, patient dissatisfaction with care, patient demoralization/hopelessness, and treatment failure. In this perspective article, we argue that a more systematic research on and clinical consideration of trans-diagnostic factors determining psychotherapeutic treatment outcome (i.e., treatment moderators) would be beneficial and - with the seismic shift toward online service delivery - is more feasible than it used to be. Such a transition toward more client-centered care - systematically considering variables such as sociodemographic characteristics, patient motivation for change, self-efficacy, illness acuity, character pathology, trauma history when making treatment choices - would result in not only decreased symptom burden and improved

						quality of life but also better resource utilization in mental health care and improved staff morale reducing staff burnout and turnover.
Konrad, Carsten	2017	Therapie der Depression. Praxisbuch der Behandlungsmethoden				<p>Dieses Buch stellt Behandlungsmöglichkeiten der unipolaren Depression schulenbergreifend dar und kombiniert Praxistauglichkeit mit sehr gut evidenzbasierten Verfahren, die Bestandteil nationaler und internationaler Leitlinien sind. Der Herausgeber legt großen Wert auf eine sehr praxisnahe Darstellung. Zahlreiche Fallbeispiele, die sich durch das Buch ziehen, lassen die Theorie lebendig werden. Therapieschritte werden in konkreten Therapiebausteinen dargestellt. Zudem liefert das Werk für alle Behandlungskapitel zahlreiche Arbeitsmaterialien, Informations- und Aufklärungsbogen und gibt somit sowohl Anfängern als auch erfahrenen Therapeuten wertvolle Informationen und Materialien an die Hand. (c) Springer-Verlag GmbH Deutschland. - Inhalt: (A) Praxis der Psychotherapie der unipolaren Depression. (1) Stefanie Losekam und Carsten Konrad: Psychoedukation. (2) Stefanie Losekam und Carsten Konrad: Praxis der kognitiven Verhaltenstherapie. (3) Christiane Steinert und Falk Leichsenring: Praxis der psychodynamischen Psychotherapie. (4) Christine Scholz, Rebecca Schneibel und Eva-Lotta Brakemeier: Praxis der interpersonellen Psychotherapie (IPT). (5) Jobst Finke: Gesprächspsychotherapie der Depression. (6) Hans-Onno Rttgers und Carsten Konrad: Praxis des Cognitive Behavioral Analysis System of Psychotherapy (CBASP). (7) Ina Kluge und Mitarbeiter: Suizidalität und Krisenintervention. - (B) Praxis der Pharmakotherapie der unipolaren Depression. (8) Francesca Regen und Otto Benkert: Praxis der Monotherapie mit Antidepressiva in der Behandlung der unipolaren Depression. (9) Christoph</p>

							<p>Hiemke: Therapeutisches Drug Monitoring. (10) Max Schmau und Thomas Messer: Praxis der Kombinations- und Augmentationsbehandlung bei Nichtansprechen auf antidepressive Monotherapie. (11) Benjamin Ochs und Tom Bschor: Lithiumaugmentation. (12) Ina Kluge und Carsten Konrad: Praxis der pharmakologischen Erhaltungstherapie und Rezidivprophylaxe. (13) Christian Schales und Tilo Kircher: Praxis der Pharmakotherapie bei organischer Komorbidität. (14) Niels Bergemann: Praxis der Pharmakotherapie der Depression in Schwangerschaft und Stillzeit. (15) Andreas Thiel: Antidepressive Pharmakotherapie bei leichten Depressionen - Pro und Contra. (16) Gerd Laux und Alexander Brunnauer: Fahrtauglichkeit in der Depression und unter antidepressiver Pharmakotherapie. - (C) Praxis der somatischen Therapien der unipolaren Depression. (17) Marion Kuhn und Mitarbeiter: Praxis der Wachttherapie. (18) Marie Steinmetz und Peter Schnknecht: Praxis der Lichttherapie. (19) Maxim Zavorotnyy und Michael Grzinger: Praxis der Elektrokonvulsionstherapie. (20) Michael Landgrebe, Berthold Langguth und Peter Zwanzger: Praxis der repetitiven transkraniellen Magnetstimulation (rTMS). (21) Thomas Schlpfer, Christina Switala und Bettina Bewernick: Praxis der tiefen Hirnstimulation. - (D) Praxis der psychosozialen Therapien der unipolaren Depression. (22) Britta Schneider: Psychiatrische Fachpflege. (23) Christina Custal: Praxis der Sport- und Bewegungstherapie. (24) Ulrike Ott und Jutta Berding: Praxis der Ergotherapie in der Behandlung von Depression. (25) Sylvia Kunkel: Praxis der Musiktherapie. (26) Jrg Kehlenbeck: Praxis der Soziotherapie. (c) ZPID</p>
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Kooken, Rens W. J.; Tilburgs, Bram; Heine, Rob ter; Ramakers, Bart; van den Boogaard, Mark	2023	A multicomponent intervention program to Prevent and Reduce Agitation and physical Restraint use in the ICU (PRAISE): study protocol for a multicenter, stepped-wedge, cluster randomized controlled trial	Trials	24	1	800	<p>BACKGROUND: Physical restraints remain to be commonly used in agitated intensive care unit (ICU) patients worldwide, despite a lack of evidence on efficacy and safety and reports of detrimental short and long-term consequences, such as prolonged delirium and a longer ICU length of stay. Physical restraint minimization approaches have focused mainly on educational strategies and other non-pharmacological interventions. Combining these interventions with goal-directed light sedation therapy if needed may play an important contributory role in further reducing the use of physical restraints. The aim of the study is to determine the effectiveness of a multicomponent intervention (MCI) program, combining person-centered non-pharmacological interventions with goal-directed light sedation, compared to physical restraints. METHODS: A multicenter stepped-wedge cluster randomized controlled trial will be conducted in six Dutch ICUs. A power calculation based total of 480 (expected to become) agitated adult patients will be included in 26 months with a subsequent 2-year follow-up. Patients included in the control period will receive standard care with the current agitation management protocol including physical restraints. Patients included in the intervention period will be treated with the MCI program, consisting of four components, without physical restraints: education of ICU professionals, identification of patients at risk for agitation, formulation of a multidisciplinary person-centered care plan including non-pharmacological and medical interventions, and protocolized goal-directed light sedation using dexmedetomidine. Primary outcome is the number of days alive and outside of the ICU within 28 days after ICU admission. Secondary outcomes</p>
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						include length of hospital stay; 3-, 12-, and 24-month post-ICU quality of life; physical (fatigue, frailty, new physical problems), mental (anxiety, depression, and post-traumatic stress disorder), and cognitive health; and 1-year cost-effectiveness. A process evaluation will be conducted. DISCUSSION: This will be the first multicenter randomized controlled trial determining the effect of a combination of non-pharmacological interventions and light sedation using dexmedetomidine compared to physical restraints in agitated ICU patients. The results of this study, including long-term patient-centered outcomes, will provide relevant insights to aid ICU professionals in the management of agitated patients. TRIAL REGISTRATION: NCT05783505, registration date 23 March 2023.
Koren, Rka; Woolley, Scott R.; Danis, Ildik; Trk, Szabolcs	2021	Measuring the Effectiveness of the Emotionally Focused Therapy Externship Training in Hungary done through Translation		47	1	Our study adds to the rising field of dissemination and implementation research on Emotionally Focused Therapy. We evaluated the psychometric characteristics of the Hungarian EFT-KACS, examined the impact of the EFT Externship training done through translation on Hungarian therapists, and we investigated how therapist background characteristics related to outcomes. A total of 340 Hungarian professionals completed the questionnaires (N=152 in 2016; and N=188 in 2018) at three data collecting points-prior to (N=329), after the training (N=254), and 6months later (N=101). Results suggest the Hungarian EFT-KACS has similar psychometric properties as the original English version and shows high internal consistency. The 4-day EFT Externship trainings done through translation provided significant, lasting increases in perceived EFT-specific knowledge and competency, and in alliance, similar to findings in English- and Spanish-speaking countries.

							Externship outcomes were also found to be related to specific therapist experience and background characteristics. 2020 The Authors. Journal of Marital and Family Therapy published by Wiley Periodicals LLC on behalf of American Association for Marriage and Family Therapy.
Koren, Rka; Woolley, Scott R.; Danis, Ildik; Trk, Szabolcs	2022	Training therapists in emotionally focused therapy: A longitudinal and cross-sectional analysis	Journal of marital and family therapy	48	3	709–725	Using cross-sectional and longitudinal data, our study looks at the effectiveness of the Emotionally Focused Therapy (EFT) Externship and Core Skills trainings. It is the first study to evaluate EFT Core Skills trainings and the first to evaluate change longitudinally throughout the standardized EFT training program. We used the Hungarian EFT Knowledge and Competency Scale (Hungarian EFT-KACS) to examine self-perceived knowledge, competency, and alliance over three 4-day training blocks (Externship, Core Skills Modules 1&2, Core Skills Modules 3&4). Results indicate that each training block significantly increased self-perceived knowledge, competency, and alliance. During the Externship, participants' knowledge increased the most and remained at this level after each training block. Competency showed a more modest but significant increase during the Externship. However, by the end of the Core Skills training, competency showed a significant increase compared to post-Externship results, demonstrating the unique role of Core Skills training in developing competency in EFT. 2021 The Authors. Journal of Marital and Family Therapy published by Wiley Periodicals LLC on behalf of American Association for Marriage and Family Therapy.
Korkmaz, Burcu; Soygut, Gonca	2023	The psychotherapeutic change	Couns and Psychother Res (Counselling	23	2	359–377	

		process in women who have been sexually assaulted: An examination of the schema therapy model	and Psychotherapy Research)				
Kornaros, Katarina; Zwedberg, Sofia; Nissen, Eva; Salomonsson, Björn	2020	A hermeneutic study of integrating psychotherapist competence in postnatal Child Health Care: Parents' perspectives	Infant mental health journal	41	1	108-125	A child's emotional and social development depends on the parents' provision of optimal support. Many parents with perinatal distress experience difficulties in mastering parenthood and seek help from professionals within primary healthcare. A clinical project was launched in Stockholm, where psychodynamic psychotherapists provided short-term consultations at Child Health Centers. This study qualitatively explored parents' experiences of perinatal distress and of receiving help by nurses and therapists in the project. Thirteen parents were interviewed, and their responses were analyzed with a hermeneutical method. Three main themes crystallized; accessibility of psychological help and detection of emotional problems; experiences of therapy at the Child Health Center; and the therapists' technique. Parents were also clustered into three so-called ideal types: the insecure; parents in crisis; and parents with lifelong psychological problems. Parents experienced obstacles in accessing psychological care within primary healthcare. Psychotherapists with a holistic family perspective and who managed to oscillate between insight-promoting and supportive interventions were especially appreciated. Patient categories who benefitted from insight promotion and support, respectively, were identified.

						<p>El desarrollo emocional y social del niño depende de que los padres le brinden un apoyo óptimo. Muchos progenitores con aflicciones perinatales experimentan dificultades al aprender a dominar la crianza y buscan ayuda de profesionales dentro del cuidado de salud de primera instancia. En Estocolmo, se inició un proyecto clínico en el que sicoterapeutas sicodinámicos ofrecieron consultas a corto plazo en los Centros de Salud Infantil. Este estudio exploró cualitativamente las experiencias de aflicciones perinatales de los padres y las de recibir ayuda del cuerpo de enfermería y terapeutas del proyecto. Método: Se entrevistaron trece progenitores y sus respuestas se analizaron con un método hermenéutico. Resultados: Se concretaron tres temas principales: la accesibilidad a ayuda psicológica con detección de problemas emocionales, las experiencias de terapia en los Centros de Salud Infantil, así como las técnicas de los terapeutas. A los progenitores se les agrupó también en tres designados Tipos Ideales: el inseguro, el progenitor en crisis, el progenitor con problemas psicológicos a lo largo de la vida. Conclusión: los progenitores se enfrentaron con obstáculos al tratar de encontrar ayuda psicológica dentro del cuidado de salud de primera instancia; los sicoterapeutas con una perspectiva familiar integral y aquellos que podían oscilar entre fomentar la percepción y las intervenciones de apoyo fueron especialmente apreciados; se identificaron categorías de pacientes que se beneficiaron del fomento de la percepción y del apoyo, respectivamente.</p> <p>Le développement émotionnel et social d'un enfant dépend du soutien optimal qu'offrent les parents. Beaucoup de parents avec une détresse périnatale font</p>
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						<p>l'expérience de difficultés quant à la gestion du parentage et cherchent l'aide de professionnels au sein des soins de santé primaires. Un projet clinique a été lancé à Stockholm, en Suède, au sein duquel des psychothérapeutes psychodynamiques ont offert des consultations à court terme dans les Centres de Santé de l'Enfant. Cette étude a exploré de manière qualitative les expériences de détresse périnatale des parents et l'aide qu'ils ont reçue de la part des infirmières/infirmiers et des thérapeutes dans ce projet. Méthode: Treize parents ont passé un entretien, et leurs réponses ont été analysées au moyen d'une méthode herméneutique. Résultats : Trois thèmes principaux ont émergé, l'accès à l'aide psychologique et la détection de problèmes émotionnels, les expériences de thérapie au Centre de Santé de l'Enfant, et la technique des thérapeutes. Les parents ont aussi été regroupés en trois soi-disant Types Parfaits: les insécures, les parents en crise et les parents avec des problèmes psychologiques de longue haleine. Conclusion: Les parents ont fait l'expérience d'obstacles dans l'accès au soin psychologique au sein des soins de santé primaires. Les psychothérapeutes ayant une perspective familiale holistique et ceux qui sont arrivés à osciller entre une promotion de perspicacité et des interventions de soutien ont été généralement appréciés. Les catégories de patients qui ont respectivement bénéficié de perspicacité et de soutien ont été identifiées.</p> <p>Eine hermeneutische Studie zur Integration von Psychotherapeut*innenkompetenz in die postnatale Gesundheitsversorgung von Kindern: Perspektiven der Eltern Die emotionale und soziale Entwicklung eines Kindes hängt davon ab, ob Eltern eine optimale</p>
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						<p>Unterstützung bieten können. Viele Eltern, die während der Schwangerschaft belastet sind, haben später auch Schwierigkeiten, die Erziehung zu meistern, und wenden sich hilfeschend an Fachkräfte in der medizinischen Grundversorgung. In Stockholm wurde ein klinisches Projekt gestartet, bei dem psychodynamische Psychotherapeut*innen kurzfristige Konsultationen in Kindergesundheitszentren abhielten. Die vorliegende Studie stellt eine qualitative Untersuchung der Erfahrungen von perinatal belasteten Eltern dar, die durch das Projekt von Krankenpfleger*innen und Therapeut*innen unterstützt wurden. Methode: Dreizehn Eltern wurden interviewt und die Antworten mittels einer hermeneutischen Methode analysiert. Ergebnisse: Drei Hauptthemen wurden herauskristallisiert: (1) Zugang zu psychologischer Hilfe und Erkennung emotionaler Probleme, (2) Therapieerfahrungen am CHC und (3) Technik der Therapeut*innen. Die Eltern wurden auch in drei sog. Idealtypen eingeteilt: Unsichere Eltern, Eltern in der Krise und Eltern mit lebenslangen psychischen Problemen. Fazit: Die Eltern hatten Probleme beim Zugang zu psychologischer Versorgung in der primären Gesundheitsversorgung. Besonders geschätzt wurden Psychotherapeut*innen mit einer ganzheitlichen Familienperspektive, denen es gelungen ist, sowohl einsichtsfördernde als auch unterstützende Interventionen anzuwenden. Es wurden Kategorien von Patient*innen identifiziert, die von Förderung der Selbstreflexion bzw. Unterstützung profitierten.</p> <p>出産後の子どものヘルスケアにおいて精神療法家の能力を統合することの解釈学的研究: 両親の視点 子どもの情緒的、社会的発達には両親が最適なサポートを与えることによる。周産期にストレスを感じた多くの両親は</p>
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					<p>親となることに困難を感じ、プライマリヘルスケアの専門家に助けを求めることが難しい。ストックホルムで臨床プロジェクトが始まり、子ども健康センター (CHC) で精神力動的な精神療法家が短期間のコンサルテーションを提供した。本研究は、両親の周産期のストレス体験とプロジェクトにおける看護師やセラピストの助けを受けた体験を質的に調査した。方法: 13人の両親にインタビューし、彼らの回答を解釈学的方法で分析した。結果: 3つの主要なテーマが明確になった: 精神的な援助と情緒的問題の発見にアクセスできること、CHCにおける治療の経験、治療者の技術である。両親は、3つの典型的なタイプに分かれた: 不安定型、危機的状況にある両親、生涯にわたって精神的問題を抱える両親である。結論: 両親はプライマリヘルスケアの精神的な援助を求めることへの困難を経験していた。家族全体を見渡し、洞察の促進と、支持的な介入の間を行き来する精神療法家は特に評価された。洞察の促進と支持それぞれから恩恵を得た患者のカテゴリーが同定された。</p> <p>整合心理治療師能力和産後兒童保健的詮釋學研究: 父母的觀點 孩子的情感和社交發展取決於父母提供適當的支持。許多圍產期受困擾的父母在掌握親職方面遇到困難, 需要保健專業人士的幫助。本研究在斯德哥爾摩啟動一個臨床計劃, 由心理動力治療師在兒童保健中心 (CHC) 提供短期諮詢。研究定性地探究父母在圍產期受困擾的經歷以及該項目中護士和治療師的幫助。方法: 採訪十三名父母, 並用詮釋學方法分析他們的回答。結果: 研究確立三個主要主題; 心理幫助的及性和情感問題的發現、在CHC 的治療經驗及治療師的技術。父母也被分為三種所</p>
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						<p>謂的理想類型: 沒有安全感、處於危機中的父母和有終生心理問題的父母。結論: 父母在主要保健中心理保健方面遇到障礙。具有整體家庭觀點, 並且設法在促進洞察力和支持性干預的心理治療師尤其重要。研究確定提升和支持洞察力的患者類別。 .</p> <p>دراسة تفسيرية لدمج كفاءه المعالج النفساني في الرعاية الصحية للطفل بعد الولادة: وجهات نظر الوالدين يعتمد النمو العاطفي والاجتماعي للطفل علي توفير الوالدين للدعم الأمثل. ويعاني العديد من الآباء المصابين بضائقة ما قبل الولادة من صعوبات في إتقان الابوه والتماس المساعدة من المهنيين في مجال الرعاية الصحية الاولييه. وأطلق مشروع إكلينيكي في ستوكهولم ، حيث يقدم اخصائيو العلاج النفساني الحركي استشارات قصيرة الأجل في مراكز صحة الطفل. تناولت هذه الدراسة نوعيا تجارب الآباء والأمهات في محنه ما حول الولادة وتلقي المساعدة من الممرضين والمعالجين في المشروع. الطريقة: تمت مقابلة ثلاثه عشر والدا ، وتم تحليل استجاباتهم بطريقة تأويلية. النتائج: تبلورت ثلاثه مواضيع ، رئيسية : الوصول إلى المساعدة النفسانية والكشف عن المشاكل العاطفية وتجارب العلاج في مركز صحة الطفل ، وتقنيات المعالجين. كما تم تجميع الآباء في ثلاثه أنماط بما يسمى الأنواع المثالية: النمط الغير آمن ، وآباء في أزمة ، وآباء لديهم مشاكل نفسية مزمنة . الاستنتاج: واجه الآباء عقبات في الحصول علي الرعاية النفسانية في اطار الرعاية الصحية الأولية بينما أعربوا عن تقديرهم الخاص للمعالجين النفسانيين ذوي المنظور الاسري الشمولي والذين تمكنوا من استخدام تقنيات تتراوح بين التدخلات الداعمة وتعزيز البصيرة. وتم تحديد فئات المرضى الذين استفادوا من هذه التقنيات.</p>
Korokin, Mikhail; Gureev, Vladimir; Gudyrev, Oleg; Golubev, Ivan; Korokina, Liliya; Peresyapkina, Anna; Pokrovskaja, Tatiana; Lazareva,	2020	Erythropoietin Mimetic Peptide (pHBSP) Corrects Endothelial Dysfunction in a Rat Model of Preeclampsia	International journal of molecular sciences	21	18	<p>Preeclampsia is a severe disease of late pregnancy. Etiological factors and a pathogenetic pattern of events still require significant clarification, but it is now recognized that a large role is played by placentation disorders and emerging endothelial dysfunction. The administration of short-chain peptides mimicking the spatial structure of the B erythropoietin chain may become one of the directions of searching for new drugs for preeclampsia prevention and therapy. Simulation of ADMA-like preeclampsia in Wistar rats was performed by the administration of a non-selective NOS blocker L-</p>

Galina; Soldatov, Vladislav; Zatolokina, Mariya; Pobeda, Anna; Avdeeva, Elena; Beskhmel'nitsyn a, Evgeniya; Denisyuk, Tatyana; Avdeeva, Natalia; Bushueva, Olga; Pokrovskii, Mikhail							NAME from the 14th to 20th day of pregnancy. The administration of the pHBSF at the doses of 10 µg/kg and 250 µg/kg corrected the established morphofunctional disorders. The greatest effect was observed at a dose of 250 µg/kg. There was a decrease in systolic and diastolic blood pressure by 31.2 and 32.8%, respectively ($p < 0.0001$), a decrease in the coefficient of endothelial dysfunction by 48.6% ($p = 0.0006$), placental microcirculation increased by 82.8% ($p < 0.0001$), the NOx concentration was increased by 42,6% ($p = 0.0003$), the greater omentum edema decreased by 11.7% ($p = 0.0005$) and proteinuria decreased by 76.1% ($p < 0.0002$). In addition, there was an improvement in the morphological pattern of the fetoplacental complex and the ratio of BAX to Bcl-2 expression which characterizes the apoptotic orientation of the cells.
Korunka, Christian; Winter, Elena	2020	Zum Tod von Peter F. Schmid	Gesprchspsych otherapie und Personzentrierte Beratung	51	4	34-41	kein Abstract
Kosmala, Christa	2021	Kann man Rogers auch missverstehen? Aber ja, und wie!	Gesprchspsych otherapie und Personzentrierte Beratung	52	4	16-17	Der Beitrag setzt sich mit dem Begriff der "Aktualisierungs-" bzw. "Selbstaktualisierungstendenz" nach C.R. Rogers auseinander.
Kosmala, Christa	2021	Wir sind stndig "in Beziehung" - auch in Beratung, Coaching und Supervision	Gesprchspsych otherapie und Personzentrierte Beratung	52	2	9-12	kein Abstract
Kosmala, Christa	2022	Traumassensible Arbeit mit lteren	Gesprchspsych otherapie und	53	4	14-16	Der Artikel thematisiert eine hufig noch vorherrschende stark stereotypisierende Haltung gegenber lteren Menschen. Vor diesem Hintergrund werden mgliche

		Menschen in der Pflege	Personenzentrierte Beratung				traumatische Erfahrungen lterer Menschen beschrieben und wie den Auswirkungen dieser Erfahrungen im pflegerischen Kontext begegnet werden kann.
Kosuch, Renate	2022	Reform des Betreuungsrechts - Ein Wirkungsfeld fr den Personenzentrierten Ansatz. berlegungen im Anschluss an das Barcamp beim GwG-Jahreskongress 2021	Gesprchspsychotherapie und Personenzentrierte Beratung	53	2	14-17	Das Betreuungsrecht in Deutschland wurde in einem langen Prozess reformiert und wird in der neuen Form am 1. Januar 2023 in Kraft treten (BMJV, 2021; 2020). Das Recht auf Selbstbestimmung und Autonomie von Menschen mit Behinderung wird mit der Reform noch einmal gestrkt, indem der Vorrang ihrer Wnsche zum zentralen Mastab im Betreuungsrecht wird - Rckenwind fr die Frderung einer personenzentrierten Grundhaltung bei Betreuer*innen. Nach einer Schtzung aus dem Jahr 2015 gibt es in Deutschland ca. 16.100 Berufsbetreuer*innen und 585.900 ehrenamtlichen Betreuer*innen (Matta u. a., 2018, S. 37), die sich mit den vernderten Anforderungen auseinandersetzen mssen. Denn (dem Nachweis) ihrer Fachlichkeit kommt zuknftig eine grere Bedeutung zu (Brosey, 2020). Im Folgenden werden die aktuellen Herausforderungen dargelegt und mgliche Anknpfungspunkte fr den Personenzentrierten Ansatz (PZA) bezogen auf die Zielgruppe und auf die Bedeutung und Kontextualisierung in Fort- und Weiterbildungsangeboten diskutiert.
Kounidas, Georgios; Kastora, Stavroula	2022	Mindfulness training for borderline personality disorder: A systematic review of contemporary literature	Personality and mental health	16	3	180-189	Mindfulness is a component of several psychotherapies. Nonetheless, its effectiveness in borderline personality disorder (BPD) management remains obscure. This systematic review examined the effect of mindfulness training in BPD patients. Cochrane Central Register of Controlled Trials, CAB Abstracts, Embase, MEDLINE and APA PsycInfo were searched until 30 June 2021. Five trials with 294 participants were included. Improvements were reported in participants' levels of impulsivity, in their emotion dysregulation patterns, in their attention skills

							and in their mindfulness-related capacities including decentering and nonjudging. The findings suggest that mindfulness training may be an effective tool for alleviating certain aspects of BPD symptomatology. More research is needed before definitive conclusions can be reached about the effectiveness of mindfulness training in the treatment of BPD patients, and this remains to be elucidated in larger structured clinical trials, with longer follow-ups.
Kouri, Nicole; D'Andrea, Wendy; Brown, Adam D.; Siegle, Greg J.	2023	Shame-induced dissociation: An experimental study of experiential avoidance	Psychological Trauma: Theory, Research, Practice, and Policy	15	4	547-556	Objective: The study experimentally investigated shame-induced dissociation, and to what extent that process was associated with exposure to childhood maltreatment. Method: Using a shame-related script-driven imagery paradigm and mirror-viewing task, 50 female participants from the community recalled two shame-related and two neutral autobiographical memories, after which they listened to recordings of themselves retelling the narratives looking in a mirror or at a black curtain (i.e., mirror-viewing task). Results: Shame-related memories compared to neutral memories resulted in higher rates of dissociation. The relationship between shame and dissociation was significantly moderated by experiential avoidance or avoidance of unwanted cognitive and affective reactions. In contrast to previous research, looking in the mirror and childhood maltreatment severity did not predict dissociative responses. Conclusions: The strong relationship between shame and dissociation suggests the importance of monitoring patients' affect and behavior when revisiting shame-related memories, to not reinforce dissociative reactions and inadvertently foster treatment resistance. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Koutná, Veronika; Blatný, Marek; Jelínek, Martin	2021	Posttraumatic stress and growth in childhood cancer survivors: Considering the pathways for relationship	Journal of psychosocial oncology	39	1	105–117	<p>PURPOSE: This study aims to contribute to the clarification of posttraumatic stress symptoms (PTSS) and growth (PTG) in childhood cancer survivors, taking into account the possibility of a nonlinear relationship and using a clinical approach to analyzing PTSS.</p> <p>METHODS: Childhood cancer survivors (n = 167) aged 11-27 completed measures of posttraumatic stress (UCLA_PTSD) and posttraumatic growth (BFSC). Based on the clinical analysis of UCLA_PTSD symptoms, the sample was divided into three PTSS severity groups (no, mild, moderate). These groups were compared in the mean level of PTG. Correlation analysis was performed to analyze the relationship of PTG with overall PTSS as well as its subscales. The analysis was completed using the curve estimation procedure evaluating linear and quadratic curve fit.</p> <p>RESULTS: There was no significant difference in the mean PTG scores between the three PTSS severity groups and no significant correlation of PTG with overall PTSS score and its clusters (re-experiencing, avoidance and increased arousal). PTG was positively associated with the fear of cancer recurrence.</p> <p>CONCLUSION: We did not find support for the direct relationship of PTG and PTSS but we suggest the possibility of connection between the two through the specific nature of PTSS in cancer survivors and their future-oriented intrusive thoughts overlapping with fear of cancer recurrence. These findings offer a novel perspective for future research on PTSS and PTG relationship.</p>
Kowitt, Sarah D.; Ayala, Guadalupe X.; Cherrington,	2017	Examining the Support Peer Supporters Provide Using	Annals of behavioral medicine : a publication of	51	6	810–821	<p>BACKGROUND: Little research has examined the characteristics of peer support. Pertinent to such examination may be characteristics such as the distinction between nondirective support (accepting</p>

<p>Andrea L.; Horton, Lucy A.; Safford, Monika M.; Soto, Sandra; Tang, Tricia S.; Fisher, Edwin B.</p>		<p>Structural Equation Modeling: Nondirective and Directive Support in Diabetes Management</p>	<p>the Society of Behavioral Medicine</p>			<p>recipients' feelings and cooperative with their plans) and directive (prescribing "correct" choices and feelings). PURPOSE: In a peer support program for individuals with diabetes, this study examined (a) whether the distinction between nondirective and directive support was reflected in participants' ratings of support provided by peer supporters and (b) how nondirective and directive support were related to depressive symptoms, diabetes distress, and Hemoglobin A1c (HbA1c). METHODS: Three hundred fourteen participants with type 2 diabetes provided data on depressive symptoms, diabetes distress, and HbA1c before and after a diabetes management intervention delivered by peer supporters. At post-intervention, participants reported how the support provided by peer supporters was nondirective or directive. Confirmatory factor analysis (CFA), correlation analyses, and structural equation modeling examined the relationships among reports of nondirective and directive support, depressive symptoms, diabetes distress, and measured HbA1c. RESULTS: CFA confirmed the factor structure distinguishing between nondirective and directive support in participants' reports of support delivered by peer supporters. Controlling for demographic factors, baseline clinical values, and site, structural equation models indicated that at post-intervention, participants' reports of nondirective support were significantly associated with lower, while reports of directive support were significantly associated with greater depressive symptoms, altogether (with control variables) accounting for 51% of the variance in depressive symptoms. CONCLUSIONS: Peer supporters' nondirective support was associated with lower, but</p>
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							directive support was associated with greater depressive symptoms.
Krafft, Jennifer; Ong, Clarissa W.; Cruz, Rick A.; Twohig, Michael P.; Levin, Michael E.	2020	An Ecological Momentary Assessment Study Investigating the Function of Hoarding	Behavior therapy	51	5	715–727	This study examined the function of hoarding behaviors and the relations between hoarding and a series of cognitive and affective processes in the moment using ecological momentary assessment. A matched-groups design was used to compare college students with higher hoarding symptoms (n = 31) and matched controls (n = 29). The two groups did not differ in what function they reported acquiring served, and positive automatic reinforcement was the most commonly reported function in both groups. Engaging in hoarding-relevant behaviors did not predict change in positive or negative affect when controlling for previous affect. Emotional reactivity and experiential avoidance in the moment were both elevated in the higher hoarding group compared to controls, while momentary mindfulness and negative affect differentiation were lower. Overall, these findings support the importance of emotion regulation processes in hoarding. They also suggest individuals may not be successfully regulating affect in the moment with hoarding behaviors, despite efforts to do so. It may be useful to evaluate processes such as striving for positive affect in hoarding disorder in the future.
Kramer, Ueli; Gholam, Mehdi; Maillard, Pauline; Kolly, Stéphane; Püschel, Oliver; Sachse, Rainer	2021	Subtypes of narcissistic personality disorder based on psychotherapy process: A longitudinal	Personality disorders	12	5	400–410	The present study aims at empirically exploring subtypes of narcissistic personality disorder (NPD), based on patient descriptors of the psychotherapeutic process. Subtype identification and characterization of NPD is central, in particular, to increase diagnostic precision, linking categorical and dimensional conceptualizations of psychopathology, and to individualize treatments. A total of N = 161 patients diagnosed with NPD undergoing clarification-oriented psychotherapy were included in the

		nonparametric analysis					present reanalysis of a naturalistic pre-post process-outcome study. At three crucial time-points of the therapy (Sessions 15, 20, and 25), the patient's in-session quality of content, process, and relationship are assessed using intensive video- and audio analyses. Levels of psychopathology were assessed using self-reported questionnaires. Data were analyzed using longitudinal nonparametric analysis. Based on in-session processes across three time-points, a two-subtype solution was retained (optimal vs. suboptimal process qualities). Optimal process quality of time was linked with the intensity of narcissistic symptoms; suboptimal process quality was linked with a variety of general symptom loads and problematic personality traits. The two empirical subtypes were predicted by the quality of real-life functioning with an accuracy of more than 92% and were partially associated with outcome. NPD may be empirically differentiated between patients engaging in optimal psychotherapy process versus those who engage in suboptimal psychotherapy process. This differentiation has reliable clinical predictors at the outset of treatment. The present study has implications in terms of personalizing psychotherapy for patients presenting NPD, or pathological narcissism. (PsycInfo Database Record (c) 2021 APA, all rights reserved).
Kramer, Ueli; Keller, Sabine; Caspar, Franz; Roten, Yves de; Despland, Jean-Nicolas; Kolly, Stéphane	2017	Early change in coping strategies in responsive treatments for borderline personality disorder: A	Journal of consulting and clinical psychology	85	5	530–535	Background: Difficulty in emotion regulation is a hallmark feature of patients with borderline personality disorder (BPD). Therefore, change in the frequency of certain patients' coping strategies—aiming at emotion regulation—are among the most promising mechanisms of change in treatments for BPD. In parallel, it was highlighted that therapist responsiveness significantly contributed to outcome across treatment approaches

							effectiveness of short-term treatments for BPD. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Kramer, Ueli; Levy, Kenneth N.	2016	Psychotherapy for personality disorders: Questions of clinical utility	Journal of Psychotherapy Integration	26	3	338–346	<p>Patients with personality disorders (PDs) represent a particular burden for the health system and the clinicians attempting to treat them. The current commentary complements reviews of outcome studies on treatments for PDs by focusing on the clinical utility as defined by the American Psychological Association. As such, extending that notion, clinical utility of a treatment comprises aspects of implementation and training in the model as well as qualities of the therapeutic technique and relationship. Our review suggests that a certain caution needs to be applied when reading outcome studies based on specific methodological caveats. In specific contexts, inpatient and day hospital treatments have some initial appeal in reducing symptoms, in particular for the treatment of more severe forms of Cluster A and B PDs. In general, treatments for PDs are long-term treatments, administered in rather high dosage, which tends to be true irrespective of the treatment model. For specific treatment targets, there is emerging evidence on effectiveness of short-term interventions. The therapeutic relationship with patients with PDs may be characterized by strains and interactional difficulties that may be addressed using clinically adapted treatment strategies. To be effective, therapists should have an open-minded and flexible approach to therapy, which is particularly central from an integrative perspective. Finally, we state that a key element for implementation of an effective treatment model is a manual-based training that, albeit controversial, remains a key component allowing for the trainee therapist to self-monitor his or her progress and get specific help in supervision as part of the learning</p>

						process. We advocate that clinicians and administrators should consider these points as being specifically related with clinical utility of treatments for PDs because they contribute to optimize the implementation process of a therapy approach to a specific context. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kramer, Ueli; Meystre, Claudia; Imesch, Céline; Kolly, Stéphane	2016	Assimilative processes in a client with borderline personality disorder: Tracking internal multiplicity over the first ten sessions of therapy		26	2	The assimilation of problematic experiences as operationalization of internal multiplicity has been studied as change processes in psychotherapies of different client populations. However, there is little research investigating the assimilation processes with a particular focus on clients with borderline personality disorder (BPD), as they engage in treatment. Internal multiplicity describes the presence, within the person, of different centers of experience, called inner “voices.” These may result from unresolved traumatic experiences associated with BPD. The current study is a theory-building case study, which aims at understanding the evolution of internal multiplicity in a short-term treatment over 10 sessions for a client with BPD, aiming at engagement in long-term treatment. The case, Louise, presents with a high potential of internal conflicts, showing 4 antagonistic problematic voices. The intensive assimilation analysis of these voices, with regard to the dominant voice, suggests that their assimilative change tends to pass from chaotic multivoice cacophony to a structuring 2-voice dialogue (i.e., a mutual elaboration of the conflicts). Our results underline that internal dialogue between previously opposed voices may be a productive way for clients with BPD to evolve in therapy and use their internal multiplicity as a resource. Narrative details and illustrations are presented to document Louise’s change processes over her process of engagement in therapy.

							(PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kramer, Ueli; Ortega, Diana; Ambresin, Gilles; Despland, Jean- Nicolas; Roten, Yves de	2018	The role of cognitive biases in short-term psychodynamic psychotherapy	Psychology and psychotherapy	91	2	143-156	<p>UNLABELLED</p> <p>The concept of biased thinking - or cognitive biases - is relevant to psychotherapy research and clinical conceptualization, beyond cognitive theories. The present naturalistic study aimed to examine the changes in biased thinking over the course of a short-term dynamic psychotherapy (STDP) and to discover potential links between these changes and symptomatic improvement. This study focuses on 32 self-referred patients consulting for Adjustment Disorder according to DSM-IV-TR. The therapists were experienced psychodynamically oriented psychiatrists and psychotherapists. Coding of cognitive biases (using the Cognitive Errors Rating Scale; CERS) was made by external raters based on transcripts of interviews of psychotherapy; the reliability of these ratings on a randomly chosen 24% of all sessions was established. Based on the Symptom Check List SCL-90-R given before and after, the Reliable Change Index (RCI) was used. The assessment of cognitive errors was done at three time points: early (session 4-7), mid-treatment (session 12-17), and close to the end (after session 20) of the treatment. The results showed that the total frequency of cognitive biases was stable over time ($p = .20$), which was true both for positive and for negative cognitive biases. In exploring the three main subscales of the CERS, we found a decrease in selective abstraction ($p = .02$) and an increase in personalization ($p = .05$). A significant link between RCI scores (outcome) and frequency of positive cognitive biases was found, suggesting that biases towards the positive might have a protective function in</p>

							<p>psychotherapy.</p> <p>PRACTITIONER POINTS</p> <p>Therapists may be attentive to changes in biased thinking across short-term dynamic psychotherapy for adjustment disorder. Therapists may foster the emergence of positive cognitive biases at mid-treatment for adjustment disorder.</p>
Kramer, Ueli; Pascual-Leone, Antonio; Rohde, Kristina B.; Sachse, Rainer	2018	The role of shame and self-compassion in psychotherapy for narcissistic personality disorder: An exploratory study	Clinical psychology & psychotherapy	25	2	272–282	<p>This process-outcome study aims at exploring the role of shame, self-compassion, and specific therapeutic interventions in psychotherapy for patients with narcissistic personality disorder (NPD). This exploratory study included a total of N = 17 patients with NPD undergoing long-term clarification-oriented psychotherapy. Their mean age was 39 years, and 10 were male. On average, treatments were 64 sessions long (range between 45 and 99). Sessions 25 and 36 were rated using the Classification of Affective Meaning States and the Process-Content-Relationship Scale. Outcome was assessed using the Symptom Check List-90 and Beck Depression Inventory-II. Between Sessions 25 and 36, a small decrease in the frequency of shame was found ($d = .30$). In Session 36, the presence of self-compassion was linked with a set of specific therapist interventions (process-guidance and treatment of behaviour-underlying assumptions; 51% of variance explained and adjusted). This study points to the possible central role of shame in the therapeutic process of patients with NPD. Hypothetically, one way of resolving shame is, for the patient, to access underlying self-compassion.</p>
Kramer, Ueli; Pascual-Leone, Antonio; Rohde,	2016	Emotional processing, interaction process, and	Journal of personality disorders	30	3	373–394	<p>It is important to understand the change processes involved in psychotherapies for patients with personality disorders (PDs). One patient process that promises to be useful in relation to the outcome of psychotherapy is</p>

Kristina B.; Sachse, Rainer		outcome in clarification-oriented psychotherapy for personality disorders: A process-outcome analysis				<p>emotional processing. In the present process-outcome analysis, this question is examined by using a sequential model of emotional processing and by additionally taking into account a therapist's appropriate responsiveness to a patient's presentation in clarification-oriented psychotherapy (COP), a humanistic experiential form of therapy. The present study involved 39 patients with a range of PDs undergoing COP. Session 25 was assessed as part of the working phase of each therapy by external raters in terms of emotional processing using the Classification of Affective-Meaning States (CAMS) and in terms of the overall quality of therapist-patient interaction using the Process-Content-Relationship Scale (BIBS). Treatment outcome was assessed pre- and post-therapy using the Global Severity Index (GSI) of the SCL-90-R and the BDI. Results indicate that the good outcome cases showed more self-compassion, more rejecting anger, and a higher quality of therapist-patient interaction compared to poorer outcome cases. For good outcome cases, emotional processing predicted 18% of symptom change at the end of treatment, which was not found for poor outcome cases. These results are discussed within the framework of an integrative understanding of emotional processing as an underlying mechanism of change in COP, and perhaps in other effective therapy approaches for PDs.</p>
Kramer, Ueli; Pascual-Leone, Antonio; Rohde, Kristina B.; Sachse, Rainer	2018	Emotionale Verarbeitung, Interaktionsprozess und Ergebnis in der Klärungsorientierten				<p>Es wird untersucht, wie die emotionale Verarbeitung bei Klienten mit Persönlichkeitsstörungen in der Klärungsorientierten Psychotherapie (KOP) und die Qualität der Therapeut-Klient-Interaktionen mit dem Therapieergebnis zusammenhängen. Zwei Hypothesen wurden überprüft: (1) In den Sitzungen der Arbeitsphase findet sich bei den Fällen mit gutem Therapieergebnis ein</p>

		Psychotherapie von Persönlichkeitsstörungen: Eine Prozess-Outcome-Analyse					<p>hherer Anteil der fortgeschrittenen Komponenten der affektiven Bedeutungsfindung, d.h. Zustnden primren assertiven rgers, Trauer/Schmerz oder Selbst-Mitgefhl) als bei Fllen, die ein schlechtes Ergebnis verzeichnen. (2) Das Vorhandensein von Angst oder Scham in dem zweiten Teil dieser aktiven Sitzungen (d.h. von Minute 20 bis zum Sitzungsende) wird durch die Qualitt der Interaktionen im ersten Teil der gleichen Sitzung (d.h. von Minute Null bis Minute 20 der Sitzung) vorhergesagt. Angewandt wurde das sequenzielle Modell der Emotionalen Verarbeitung. Insgesamt nahmen N = 39 Klienten und N = 27 Therapeuten an dieser naturalistischen Studie teil. Es zeigte sich unter anderem, dass das Auftreten von Angst oder Scham im zweiten Teil der Sitzung durch bestimmte Therapeut-Klient-Interaktionsprozessen prognostiziert wurde, und dass die Fhigkeit der Therapeuten, die zentralen Themen (Schemata, Emotionen) ihrer Klienten zu verstehen und zurckzumelden sowie die Fhigkeit zur Prozessdirektivitt vorhersagten, inwiefern Klienten negative Selbst-Bewertungen offenlegten. Aus den Ergebnissen wird gefolgert, dass eine erfolgreiche Behandlung von Persönlichkeitsstrungen indirekte Therapeuten-Beitrge, z.B. Prozesssteuerung des Therapeuten, sowie direkte Klienten-Beitrge, z.B. die uerung von Selbst-Mitgefhl, verlangt.</p>
Kramer, Ueli; Ranjbar, Setareh; Caspar, Franz	2023	Using case formulation for prediction of the therapeutic alliance in treatment for borderline	Personality disorders	14	3	347-354	Case formulation is a central tool for psychotherapists, which helps them tailor psychotherapy to the individual patient, particularly for treatments for complex and multilayered clinical problems, such as personality disorders (Kramer, 2019). Case formulation methodologies are still underutilized in psychotherapy research in the prediction of therapy processes. The present study included N = 60 patients with borderline

		personality disorder					personality disorder undergoing a brief treatment using an individualized treatment component (n = 31), as compared with a standard brief treatment (n = 29; Kramer et al., 2014). For each patient (in both groups as post hoc analysis based on videos), we performed a Plan analysis case formulation (Caspar, 2019): the idiographic information from the formulation was translated into quantitative scores (on a Likert-type scale) assessing patient's interactional agreeableness (vs. antagonism; Zufferey et al., 2019). We modeled the session-by-session predictions of the progression of the therapeutic alliance—rated by the patient and the therapist—over the course of treatment, as a function of interactional agreeableness, the individualization of treatment, as well as their interaction with the session number. Patients with high levels of agreeableness have a significant increase in their alliance assessment over time. Treatment based on the case formulation predicted session-by-session increase of the therapeutic alliance as rated by the therapists. This study was the first to explore intra- and interindividual dynamics of the therapeutic alliance in relationship with idiographic information extracted from case formulations. The results may help understand relationship struggles at the beginning of therapy for complex clinical problems, such as borderline personality disorder. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Kramer, Ueli; Renevey, Julien; Pascual-Leone, Antonio	2020	Assessment of self-contempt in psychotherapy: A neurobehavioural perspective	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	2	209–213	

Kramer, Ueli; Sachse, Rainer	2021	Persnlichkeitsst rungen: Theorie und Therapie nach Klrungsorientier ter Verhaltensthera pie	Verhaltensthera pie und Verhaltensmedi zin	42	3	190–206	In der Klrungsorientierten Verhaltenstherapie wurden spezifische theoretische Konzepte und spezifische therapeutische Strategien und Interventionen fr Klientinnen und Klienten mit Persnlichkeitsstrungen entwickelt. Dargestellt wird das Modell der Doppelten Handlungsregulation. Insbesondere wird auf Aspekte des sogenannten "manipulativen Handelns" eingegangen. Therapeutisch werden komplementre Beziehungsgestaltung, die Bedeutung konfrontativen Handelns und der Umgang mit schwierigen Interaktionssituationen dargestellt.
Kramer, Ueli; Timulak, Ladislav	2020	Introduction to the Special Section 'Innovative counselling and psychotherapy research methods': Defining the future of counselling and psychotherapy research	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	3	419–421	
Kratz, Anna L.; Alschuler, Kevin N.; Williams, David A.; Ehde, Dawn M.		Development and pilot testing of a web-based symptom management program for multiple sclerosis: My MS toolkit	Rehabilitation Psychology	66	2		Objective: We describe the process of working with stakeholders with multiple sclerosis (MS) to develop a web-based multisymptom self-management program to address chronic pain, fatigue, and/or depressive symptoms. The results of a pilot trial to test the feasibility and effects of the program are presented. Method: The first study phase involved the development of a web-based symptom self-management program. The second phase involved a single-arm pilot trial (N = 20) of

							<p>unguided website use for 12 weeks in adults with MS and elevated levels of chronic pain, fatigue, and/or depressed mood. Results: A web-based symptom self-management program, My MS Toolkit, was developed and released for public use in 2019. The results from the pilot trial showed that on average, participants accessed the website 5.4 times, spending about 7 min on the site per visit. Eighty percent rated intervention-related changes in activity limitations, symptoms, emotions, and overall quality of life as either “somewhat” or “moderately” better. Although there were no significant improvements on outcome measures, of those who screened positive for the outcome of interest (i.e., showed a clinically elevated level of that symptom), clinically significant improvement was seen in 37.5% for fatigue, 45.5% for pain, and 40% for depressive symptoms. Conclusions: My MS Toolkit is an accessible, stakeholder-informed, web-based MS symptom self-management program that demonstrated a clinically significant positive impact on symptoms in a proportion of participants. More research is needed to further examine the effects of this program and elucidate who is most likely to benefit from this type of self-guided intervention. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Krause, K.; Midgley, N.; Edbrooke-Childs, J.; Wolpert, M.	2021	A comprehensive mapping of outcomes following psychotherapy for adolescent depression: The perspectives of	European child & adolescent psychiatry	30	11	1779–1791	<p>As mental health systems move towards person-centred care, outcome measurement in clinical research and practice should track changes that matter to young people and their families. This study mapped the types of change described by three key stakeholder groups following psychotherapy for depression, and compared the salience of these outcomes with the frequency of their measurement in recent quantitative treatment effectiveness studies for adolescent depression. Using</p>

		young people, their parents and therapists					<p>qualitative content analysis, this study identified and categorized outcomes across 102 semi-structured interviews that were conducted with depressed adolescents, their parents, and therapists, as part of a randomized superiority trial. Adolescents had been allocated to Cognitive-Behavioral Therapy, Short-Term Psychoanalytic Psychotherapy, or a Brief Psychosocial Intervention. The study mapped seven high-level outcome domains and 29 outcome categories. On average, participants discussed change in four domains and six outcome categories. The most frequently discussed outcome was an improvement in mood and affect (i.e., core depressive symptoms), but close to half of the participants also described changes in family functioning, coping and resilience, academic functioning, or social functioning. Coping had specific importance for adolescents, while parents and therapists showed particular interest in academic functioning. There was some variation in the outcomes discussed beyond these core themes, across stakeholder groups and treatment arms. Of the outcomes that were frequently discussed in stakeholder narratives, only symptomatic change has been commonly reported in recent treatment studies for adolescent depression. A shift towards considering multiple outcome domains and perspectives is needed to reflect stakeholder priorities and enable more nuanced insights into change processes.</p>
Krause, Mariane; Espinosa-Duque, Henry Daniel; Tomicic, Alemka;	2018	Psychotherapy for depression from the point of view of economically disadvantaged	Couns and Psychother Res (Counselling and Psychotherapy Research)	18	2	178-189	

Córdoba, Ana Catalina; Vásquez, Daniel		individuals in Chile and Colombia					
Krger, Christine; Sanders, Rudolf	2019	Paare unterstützen - psychische Strungen verhindern?!. Das Potential paarorientierter Interventionen zur Prvention psychischer Strungen	Beratung Aktuell (Online)	20	2	26-52	<p>Eine glückliche und stabile Partnerschaft ist eng mit der psychischen und physischen Gesundheit verbunden. Dementsprechend gelten gravierende Schwierigkeiten in der Partnerschaft als wichtiger gesundheitlicher Risikofaktor. Dieser Beitrag fokussiert auf der Grundlage eines biopsychosozialen Gesundheitsverständnisses das Potential paarbezogener Interventionsansätze für die Prävention psychischer Strungen. Die herausragende Bedeutung von intimen Beziehungen für die psychische Gesundheit wird wesentlich auf deren Rolle bei der Befriedigung psychosozialer Grundbedürfnisse zurückgeführt. Gleichzeitig werden Zusammenhänge zwischen der Partnerschaftsqualität der Eltern und der Qualität der Eltern-Kind-Beziehungen ebenso wie die Auswirkungen von destruktiven Partnerschaftskonflikten auf die Entwicklung von Kindern dargestellt. Vor diesem Hintergrund werden die wichtigsten Präventions- und Interventionsansätze vorgestellt, die darauf abzielen, die Partnerschaftsqualität zu verbessern. Es werden sowohl bekannte deutschsprachige Präventionskonzepte (EPL-Ein Partnerschaftliches Lernprogramm, paarlife) als auch zentrale paartherapeutische Grundrichtungen (tiefenpsychologisch, verhaltenstherapeutisch und humanistisch-erfahrungsorientiert) beschrieben. Als integrativer Ansatz, der sich durch Arbeit in und mit Gruppen von Paaren auszeichnet, wird die Partnerschule betrachtet. Abschließend wird aufgezeigt, dass paarorientierte Interventionen bislang viel zu wenig für die präventive Stärkung der psychischen Gesundheit von Erwachsenen und Kindern genutzt werden.</p>

Kriger, Christine; Sanders, Rudolf	2018	Prvention psychischer Strungen durch paarorientierte Interventionen					<p>Auf der Grundlage eines biopsychosozialen Gesundheitsverständnisses wird das Potenzial paarbezogener Interventionsansätze für die Prävention psychischer Strungen in den Fokus genommen. Zunächst wird kurz darauf eingegangen, was Partnerschaften scheitern lässt. Die herausragende Bedeutung von intimen Beziehungen für die psychische Gesundheit wird sodann - in bereinstimmung zu den konsistenztheoretischen Überlegungen von Grawe - wesentlich auf deren Rolle bei der Befriedigung psychosozialer Grundbedürfnisse zurückgeführt. Im Anschluss werden Zusammenhänge zwischen der Partnerschaftsqualität der Eltern und der Qualität der Eltern-Kind-Beziehungen ebenso wie die Auswirkungen von destruktiven Partnerschaftskonflikten auf die Entwicklung von Kindern dargestellt. Vor diesem Hintergrund werden die wichtigsten Präventions- und Interventionsansätze zur Verbesserung der Partnerschaftsqualität vorgestellt. Dabei werden sowohl die bekanntesten deutschsprachigen Präventionskonzepte (EPE - Ein Partnerschaftliches Lernprogramm, paarlife) als auch zentrale paartherapeutische Grundrichtungen (tiefenpsychologisch, verhaltenstherapeutisch und humanistisch-erfahrungsorientiert) beschrieben. Als integrativer Ansatz, der im Rahmen der Paar- und Familienberatung entwickelt wurde und sich durch Arbeit in und mit Gruppen von Paaren auszeichnet, wird die Partnerschule etwas ausführlicher betrachtet. Abschließend wird aufgezeigt, dass paarorientierte Interventionen bislang viel zu wenig für die präventive Stärkung der psychischen Gesundheit von Erwachsenen und Kindern genutzt werden.</p>
Krieger, Dietmar	2023	Integration von experientieller					<p>Der Beitrag erörtert wesentliche Ansätze der Begleitung von Kindern und Jugendlichen im Trauerfall aus einer sehr</p>

		Verhaltenstherapie in der Begleitung trauernder Kinder und Jugendlicher					persnlichen und fachlich fundierten Perspektive. An verschiedenen Stellen des Beitrages wird gezeigt, dass der personenzentrierte Ansatz fr die Trauerbegleitung auch bei Kindern und Jugendlichen essentiell ist. Deshalb stellt sich im Hintergrund aller Gedanken und Beschreibungen immer wieder die Frage, wie auch die experientielle Verhaltenstherapie in Trauerbegleitprozesse integriert werden kann.
Krieger, Tobias; Frischknecht, Eveline	2017	Selbstmitgefhl und Depression. Zusammenhnge und Interventionen	Psychotherapie im Dialog	18	4	73–77	Ausgehend von der Feststellung, dass Wertlosigkeit mit viel Selbstkritik und wenig Selbstmitgefhl bei Menschen, die an Depression leiden, oft anzutreffen ist, werden Zusammenhnge zwischen Selbstmitgefhl und Depression ertert. Dabei werden folgende Aspekte behandelt: Selbstmitgefhl (Definition und Abgrenzung zum Selbstwert, Modell der Affektregulation); Selbstkritik (Risikofaktor, Beziehungsgestaltung, Unvermgen); Depression und Selbstmitgefhl (Ursachenprinzip, motivationale Perspektive, Annherung versus Vermeidung, Versagen und Kritik, Inkongruenz); Ursprnge von berhhter Selbstkritik und Mangel an Selbstmitgefhl; Selbstmitgefhl in der Therapie (Therapieformen, Emotionsfokussierte Therapie, Mitgefhl-fokussierte Therapie, Kognitive Verhaltenstherapie); Interventionen zur Steigerung von Selbstmitgefhl; Angst vor Selbstmitgefhl.
Kriesche, Magdalena	2016	Die natrliche Adaption in der personenzentrierten Psychotherapie. Wie sich Therapeutinnen	Person	20	1	52–62	Berichtet wird ber eine theoretische und qualitative Untersuchung der Frage, wie sich personenzentrierte Psychotherapeutinnen und Psychotherapeuten auf ihre Klientinnen und Klienten einstellen und welche Mechanismen diesen Einstellungs- bzw. Anpassungsprozessen zugrunde liegen. Es wird auf Adaptionsformen wie die ziel- und ergebnisorientierte Adaption, die beziehungsorientierte Adaption sowie auf

		auf Klientinnen einstellen				<p>die Perspektive der Selektion eingegangen, um schließlich das Konzept der natürlichen Adaptation vorzustellen. Die natürliche Adaptation wird als eine Zwischenperspektive zu den genannten Adaptionsformen und als Versuch, der Komplexität der therapeutischen Praxis gerecht zu werden, dargestellt. Hierbei wird besonders auf das Konzept des impliziten Wissens Bezug genommen, das seinen Ausdruck sowohl in verinnerlichtem Beziehungswissen als auch in verinnerlichtem Theoriewissen findet. Im Zuge einer empirischen Studie mittels des Persönlichen Gespräches nach I. Langer wurde die Relevanz dieses Phänomens in der Praxis qualitativ untersucht. Dazu wurden aus aufgezeichneten Gesprächen Verdichtungsprotokolle erstellt und die Aussagen weiter thematisch verdichtet. Die so ermittelten Themenbereiche, beispielsweise Offenheit, Wahrnehmung und Resonanz, Beziehung und Passung, werden tabellarisch aufgelistet und in Bezug zu den theoretischen Überlegungen zur natürlichen Adaptation gesetzt. Abschließend werden Implikationen für die Praxis diskutiert, wie etwa eine fundierte Ausbildung mit großem Schwerpunkt auf implizitem Lernen bzw. Sozialisationsprozessen.</p>
Kriesche, Magdalena	2018	In Beziehung? Die natürliche Adaptation in der Personenzentrierten Psychotherapie: Wie sich Therapeutinnen auf Klientinnen einstellen				<p>Es wird thematisiert, wie sich personenzentrierte Psychotherapeutinnen und Psychotherapeuten auf ihre Klientinnen und Klienten einstellen und welche Mechanismen diesen Einstellungs- bzw. Anpassungsprozessen zugrunde liegen. Als roter Faden dient dabei die Frage, in welchen (Teil-)Bereichen der therapeutischen Beziehung Anpassungsprozesse ablaufen. Es wird auf Adaptionsformen wie die ziel- und ergebnisorientierte Adaptation, die beziehungsorientierte Adaptation sowie auf die Perspektive der Selektion</p>

							eingegangen, um schließlich das Konzept der natürlichen Adaption vorzustellen. Die natürliche Adaption stellt eine Zwischenperspektive zu den genannten Adaptionsformen dar, sowie den Versuch der Komplexität der therapeutischen Praxis gerecht zu werden. Hierbei wird besonders auf das Konzept des impliziten Wissens Bezug genommen, das seinen Ausdruck sowohl in verinnerlichtem Beziehungs- und Erfahrungswissen als auch in verinnerlichtem Theoriewissen findet.
Kriz, Jürgen	2023	Grundkonzepte der Psychotherapie					In einem Lehrbuch zu den Grundkonzepten der Psychotherapie wird ein kursorischer Überblick über die unterschiedlichen therapeutischen Ansätze gegeben. Dabei werden die großen Linien skizziert, wie sich z.B. tiefenpsychologische von verhaltenstherapeutischen Ansätzen und diese wiederum von humanistischen Verfahren unterscheiden. In der vorliegenden achten, vollständig bearbeiteten und erweiterten Auflage sind auch die neueren psychotherapeutischen Verfahren wie Emotionsfokussierte Therapie, Schematherapie oder Mentalisierungsbasierte Therapie enthalten. Online werden Fallbeispiele zur Verdeutlichung des therapeutischen Vorgehens angeboten. - Inhalt: https://d-nb.info/1285838254/04
Kriz, Jürgen	2017	Strudel im Fluss des Lebens: Was meint und nutzt Prozessorientierung?	Gesprächspsychotherapie und Personenzentrierte Beratung	48	3	127–132	Grundlagen der Prozessorientierung im Kontext von Psychotherapie, Beratung und Coaching werden erläutert. Nach einem Einblick in Merkmale von Prozessorientierung und Aktualisierungstendenz werden Prinzipien einer prozessorientierten Perspektive reflektiert und Bedingungen einer dynamischen Stabilität erörtert. Als wesentliche Voraussetzung der Prozessorientierung wird die Notwendigkeit beschrieben, die subjektiven (inneren) Lebenswelten der Beteiligten zu berücksichtigen, in denen

							andere Aspekte von Bedeutung sind als in den fachlichen objektiven (ueren) Beschreibungen. Zur Analyse des Prozessgeschehens werden vier Ebenen vorgeschlagen, in denen Stabilität und Veränderung von Prozessstrukturen abgebildet werden können: psychische, interpersonelle, kulturelle und körperliche Prozesse. Vor diesem Hintergrund wird das Zusammenwirken von Prozessen der Aktualisierungstendenz skizziert.
Kriz, Jürgen	2018	Gutachten zur Humanistischen Psychotherapie tendenzis und voller Mängel. Wie der "Wissenschaftliche Beirat Psychotherapie" gegen zentrale Standards der Wissenschaft verstt	Gesprchspsych ootherapie und Personzentrierte Beratung	49	1	44–48	
Kriz, Jürgen	2020	Die lautlose Psychotherapie-Bombe. Die lautlose Psychotherapie-Bombe	Gesprchspsych ootherapie und Personzentrierte Beratung	51	1	37	Diskutiert wird der Beschluss des Gemeinsamen Bundesausschusses vom 19.12.2019, ein Beratungsverfahren zu den anerkannten Psychotherapieverfahren der Psychotherapie-Richtlinie einzustellen. Damit sei bis auf Weiteres die Anerkennung der Gesprächspsychotherapie als Richtlinienverfahren gescheitert. Kriterien, die zur Ablehnung der Anerkennung der Wirksamkeit und Wissenschaftlichkeit der Gesprächspsychotherapie geführt hätten, seien in Bezug auf andere Verfahren nicht angewandt worden, die nun auch keiner weiteren Prüfung unterzogen wrden. Es wird geschlossen, dass die derzeitigen Kriterien zur Bewertung

							von Psychotherapieverfahren unangemessen sind, und wenn überhaupt, dann für alle Verfahren gleichsam Geltung haben sollten.
Kriz, Jürgen	2020	Nach - Gedacht. Am Anfang war Zusammenarbeit	Gesprächspsychotherapie und Personzentrierte Beratung	51	2	17	Reflektiert wird über die Geschichte der Gesellschaft für personenzentrierte Psychotherapie und Beratung (GWG), die im Jahr 2020 ihr 50jähriges Bestehen feiert. Mit seinem Fokus auf Leiden, die ganzheitlich als biopsychosozial verstanden werden, zeichne sich der personenzentrierte Ansatz dadurch aus, Menschen als sinnorientierte und selbstbestimmte Subjekte zu behandeln. Als vierte psychotherapeutische Grundrichtung neben drei weiteren, formell anerkannten, müsse die personenzentrierte Psychotherapie sich weiter behaupten und Anknüpfungspunkte und Gemeinsamkeiten finden und stärken.
Kriz, Jürgen	2020	Nach - Gedacht. Klatschen allein nützt wenig	Gesprächspsychotherapie und Personzentrierte Beratung	51	3	43	Jürgen Kriz nimmt Stellung zum außerordentlichen Einsatz vieler Pflegekräfte während der Corona-Pandemie, der zwar häufig mit Beifall beklatscht worden, jedoch gar nicht oder kaum von der Politik durch eine finanzielle Entlohnung berücksichtigt worden sei. Die so genannte "Corona-Prämie" beispielsweise erhalten nur Pflegekräfte in Pflegeeinrichtungen, nicht jedoch in Krankenhäusern.
Kriz, Jürgen; Schwartz, Hans-Joachim	2020	Zum 80. Geburtstag von Jochen Eckert	Gesprächspsychotherapie und Personzentrierte Beratung	51	4	32–33	kein Abstract
Kroska, Emily B.; Miller, Michelle L.; Roche, Anne I.; Kroska, Sydney K.; O'Hara, Michael W.	2018	Effects of traumatic experiences on obsessive-compulsive and internalizing symptoms: The	Journal of affective disorders	225		326–336	BACKGROUND: Trauma exposure is associated with adverse psychological outcomes including anxiety, depression, and obsessive-compulsive (OC) symptoms. Adolescence is increasingly recognized as a period of vulnerability for the onset of these types of psychological symptoms. The current study explored the mediating roles of experiential avoidance and mindfulness

		role of avoidance and mindfulness					<p>processes in the association between retrospective reports of childhood trauma and current internalizing and OC symptoms in adolescents. METHOD: A group of at-risk adolescents (N = 51) and a group of college students (N = 400) reported on childhood trauma, experiential avoidance, mindfulness, anxiety, depressive, and OC symptoms. Mediation analyses were performed to examine the mechanistic roles of avoidance and mindfulness in the association between trauma and internalizing and OC-specific symptoms. RESULTS: In the group of at-risk adolescents, experiential avoidance and mindfulness both significantly mediated the association between childhood trauma and OC symptoms. In the college student sample, experiential avoidance mediated the association between trauma and OC symptoms. Experiential avoidance, as well as the observe, act with awareness, and nonjudgmental facets of mindfulness all significantly mediated the association between trauma and internalizing symptoms. LIMITATIONS: The group of at-risk adolescents was small, and the college student group was demographically homogeneous. All data was self-report and cross-sectional. CONCLUSION: The current study demonstrated that experiential avoidance and mindfulness processes may be the mechanisms through which the association between trauma and obsessive-compulsive and trauma and internalizing symptoms exist in adolescents. These findings provide potential targets for clinical intervention to improve outcomes for adolescents who have experienced trauma.</p>
Krstic, Sonja; Neumann, Craig S.; Roy, Sandeep;	2018	Using latent variable- and person-centered	Personality Disorders: Theory,		19 49- 27 23(207-216	<p>The current study employed both latent variable- and person-centered approaches to examine psychopathic traits in a large sample of sex offenders (N = 958). The offenders, who had committed a range of sexual crimes,</p>

Robertson, Carrie A.; Knight, Raymond A.; Hare, Robert D.		approaches to examine the role of psychopathic traits in sex offenders	Research, and Treatment		Electronic), 1949-2715(Print)		had been assessed with the Psychopathy Checklist-Revised (PCL-R; Hare, 2003). Structural equation modeling results indicated that the four-factor model of psychopathy (Hare, 2003; Neumann, Hare, & Newman, 2007) provided good representation of the dimensional nature of psychopathic traits across the sample of offenders, and that the PCL-R factors significantly predicted sexual crimes. In particular, the Affective and Antisocial psychopathy factors each predicted sexually violent crimes. Latent profile analysis results revealed evidence for a 4-class solution, with the subtypes showing distinct PCL-R facet profiles, consistent with previous research. The four subtypes were validated using sexual crime profiles. The prototypic psychopathy subtype (high on all 4 PCL-R facets) evidenced more violent sexual offenses than did the other subtypes. Taken together, the results demonstrate how variable- and person-centered approaches in combination can add to our understanding of the psychopathy construct and its correlates. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Krug, Katja; Bossert, Jasmin; Deis, Nicole; Krisam, Johannes; Villalobos, Matthias; Siegle, Anja; Jung, Corinna; Hagelskamp, Laura; Unsöld, Laura; Jünger,	2021	Effects of an Interprofessional Communication Approach on Support Needs, Quality of Life, and Mood of Patients with Advanced Lung Cancer: A	The oncologist	26	8	e1445-e1459	BACKGROUND: To address the support needs of newly diagnosed patients with lung cancer with limited prognosis, the Milestone Communication Approach (MCA) was developed and implemented. The main elements of the MCA are situation-specific conversations along the disease trajectory conducted by an interprofessional tandem of physician and nurse. The aim of the study was to evaluate the effects of MCA on addressing support needs, quality of life, and mood as compared with standard oncological care. PATIENTS AND METHODS: A randomized trial was conducted with baseline assessment and follow-up assessments at 3, 6,

<p>Jana; Thomas, Michael; Wensing, Michel</p>		<p>Randomized Trial</p>				<p>and 9 months in outpatients with newly diagnosed lung cancer stage IV at a German thoracic oncology hospital. The primary outcome was the Health System and Information Needs subscale of the Short Form Supportive Care Needs Survey (SCNS-SF34-G) at 3-month follow-up. Secondary outcomes included the other subscales of the SCNS-SF34-G, the Schedule for the Evaluation of Individual Quality of Life, the Functional Assessment of Cancer Therapy lung module, the Patient Health Questionnaire for Depression and Anxiety, and the Distress Thermometer. RESULTS: At baseline, 174 patients were randomized, of whom 102 patients (MCA: n = 52; standard care: n = 50) provided data at 3-month follow-up. Patients of the MCA group reported lower information needs at 3-month follow-up (mean \pm SD, 33.4 \pm 27.5; standard care, 43.1 \pm 29.9; p = .033). No effects were found for secondary outcomes. CONCLUSION: MCA lowered patient-reported information needs but did not have other effects. MCA contributed to tailored communication because an adequate level of information and orientation set the basis for patient-centered care. IMPLICATIONS FOR PRACTICE: By addressing relevant issues at predefined times, the Milestone Communication Approach provides individual patient-centered care facilitating the timely integration of palliative care for patients with a limited prognosis. The needs of patients with lung cancer must be assessed and addressed throughout the disease trajectory. Although specific topics may be relevant for all patients, such as information about the disease and associated health care, situations of individual patients and their families must be considered. Additionally, using the short form of the Supportive Care Needs Survey in clinical practice to</p>
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						identify patients' problems might support individually targeted communication and preference-sensitive care.
Krupnick, Janice L.; Green, Bonnie L.; Amdur, Richard; Alaoui, Adil; Belouali, Anas; Roberge, Erika; Cueva, David; Roberts, Miguel; Melnikoff, Elizabeth; Dutton, Mary Ann	2017	An Internet-based writing intervention for PTSD in veterans: A feasibility and pilot effectiveness trial	Psychological Trauma: Theory, Research, Practice, and Policy	9	4	[Correction Notice: An Erratum for this article was reported in Vol 9(4) of Psychological Trauma: Theory, Research, Practice, and Policy (see record 2016-54154-001). In the article, the names of authors Adil Alaoui and Anas Belouali were misspelled as Adil Aloui and Anas Beloui respectively. All versions of this article have been corrected.] Objective: Veterans suffering from posttraumatic stress disorder (PTSD) may avoid or fail to follow through with a full course of face-to-face mental health treatment for a variety of reasons. We conducted a pilot effectiveness trial of an online intervention for veterans with current PTSD to determine the feasibility, safety, and preliminary effectiveness of an online writing intervention (i.e., Warriors Internet Recovery & Education [WIRED]) as an adjunct to face-to-face psychotherapy. Method: Veterans (N = 34) who had served in Iraq or Afghanistan with current PTSD subsequent to deployment-related trauma were randomized to Veterans Affairs (VA) mental health treatment as usual (TAU) or to treatment as usual plus the online intervention (TAU + WIRED). All research participants were recruited from the Trauma Services Program, VA Medical Center, Washington, DC. They completed baseline assessments as well as assessments 12 weeks and 24 weeks after the baseline assessment. The online intervention consisted of therapist-guided writing, using principles of prolonged exposure and cognitive therapy. The intervention was adapted from an evidence-based treatment used in The Netherlands and Germany for individuals who had been exposed to nonmilitary traumas. Results: In addition to showing that the online intervention was both feasible to

							develop and implement, as well as being safe, the results showed preliminary evidence of the effectiveness of the TAU + WIRED intervention in this patient population, with particular evidence in reducing PTSD symptoms of hyperarousal. Conclusion: With minor modifications to enhance the therapeutic alliance, this intervention should be tested in a larger clinical trial to determine whether this method of online intervention might provide another alternative to face-to-face treatment for veterans with PTSD. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Krycka, Kevin C.	2018	Eugene T. Gendlin (1926–2017)	American Psychologist	73	3	293	Presents an obituary of Eugene T. Gendlin (1926 –2017) who passed on May 1, 2017, at the age of 90 in Spring Hill, New York. Gendlin, an American philosopher and psychologist, is perhaps best known for his impact on psychology, psychotherapy, and research on the effectiveness of psychotherapy even though he regarded himself first as a philosopher. He established the subfield of experiential psychotherapy and was the founding editor of the American Psychological Association’s (APA) Psychotherapy: Theory, Research, and Practice journal. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Kubitza, Jenny; Haas, Margit; Keppeler, Lena; Reuschenbach, Bernd	2022	Therapy options for those affected by a long lie after a fall: a scoping review	BMC geriatrics	22	1	582	BACKGROUND: After a fall, more than half of older people living alone are unable to get up or get help independently. Fall-related recumbency makes affected individuals aware of functional status limitations and increased vulnerability. Patient-centered therapy is needed to manage physical, psychological, and social needs. This review summarizes the current evidence on care options for the special patient population. METHODS: The scoping review used the six-step framework proposed by Arksey and O ´ Malley and was

							<p>conducted in accordance with the modified Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework for scoping reviews. The literature searches were conducted in five databases and ten online archives. Articles were screened, assessed and selected using defined inclusion and exclusion criteria. Articles were included if they were published in either German or English and related to the care of long lies. Thematic synthesis was based on the literature review. RESULTS: The search yielded 1047 hits, of which 19 research papers were included. Two themes were identified: (1) acute therapy, focused on prolonged recumbency and pronounced physical effects; and (2) preventive therapy, which examined standing up training, technical aids, and social control systems in the context of fall management. CONCLUSIONS: There are a limited number of interventions that relate to the patient population. The interventions are predominantly presented independently, so there is a lack of structuring of the interventions in the form of a treatment pathway. In addition to pooling professional expertise and an interprofessional approach, it is important to continue inpatient treatment in the home setting, even though the effectiveness of interventions in a home setting has hardly been verified thus far. The solution for a missing treatment process is first of all a planned, interprofessional and intersectoral approach in therapy.</p>
Kuehn, Kevin S.; King, Kevin M.; Linehan, Marsha M.; Harned, Melanie S.	2020	Modeling the suicidal behavior cycle: Understanding repeated suicide	Journal of consulting and clinical psychology	88	6	570–581	<p>Objective: Suicide remains a leading cause of death in the United States, and recent reports have suggested the suicide rate is increasing. One of the most robust predictors of future suicidal behavior is a history of attempting suicide. Despite this, little is known about the factors that reduce the likelihood of reattempting suicide.</p>

		attempts among individuals with borderline personality disorder and a history of attempting suicide					<p>This study compares theoretically derived suicide risk indicators to determine which factors are most predictive of future suicide attempts. Method: We used data from a randomized, controlled trial comparing 3 forms of dialectical behavior therapy (DBT; Linehan et al., 2015). Participants (N = 97, mean age = 30.3 years, 100% female, 71% White) met criteria for borderline personality disorder and had repeated and recent self-injurious behavior. Assessments occurred at 4-month intervals throughout 1 year of treatment and 1 year of follow-up. Time-lagged generalized linear mixed models (GLMMs) were used to evaluate relationship satisfaction, emotion dysregulation, and coping styles as predictors of suicide attempts. Results: Both univariate and multivariate models suggested that higher between-person variance in problem-focused coping and lack of access to emotion regulation strategies were weakly associated with additional suicide attempts over the 2-year study. Within-person variance in the time-lagged predictors was not associated with subsequent suicide attempts. Conclusions: Among individuals with a recent suicide attempt, problem-focused coping and specific deficits in emotion regulation may differentiate those likely to reattempt from those who stop suicidal behavior during and after psychotherapy. These results suggest that treatments for recent suicide attempters should target increasing problem-focused coping and decreasing maladaptive emotion regulation skills. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Kuerbis, Alexis; Behrendt, Silke; Morgenstern, Jon	2023	Age as a moderator of motivational interviewing and	Alcohol, clinical & experimental research	47	3	527–539	<p>BACKGROUND: Motivational interviewing (MI) is a widely used intervention applied to a host of health behaviors, including alcohol consumption among individuals with alcohol use disorder (AUD). Age is an underexplored</p>

		nondirective client-centered psychotherapy for alcohol use disorder: An exploratory study					<p>moderator of MI for treating AUD, with the impact of comparing older individuals with their younger counterparts virtually unexplored. Also unexplored is whether age is associated with distinct mechanisms of change (e.g., motivation and self-efficacy) within treatment. METHODS: This secondary data analysis utilizes combined data from two previous studies (total N = 228) that both aimed to test MI's mechanisms of action in the context of a goal for moderated drinking. Both studies had three conditions: MI, nondirective listening (NDL), and a self-change condition (SC). In the current analyses, the moderating impact of continuous age and age group, <51 (younger adults, YA) versus ≥51 (older adults, OA), on the impact of MI on alcohol use compared to NDL and SC were tested using generalized linear models. Age differences in confidence and commitment to reduce heavy drinking during treatment were also explored. RESULTS: Age group by condition differences emerged, where NDL significantly reduced drinking among YA but not OA (mean -12 vs. -3 standard drinks, respectively). Among OA, MI outperformed NDL but not SC, though the effect was weak. Confidence and commitment during treatment were not significantly different across age-by-condition groups. CONCLUSION: Findings underscore the importance of understanding the impact of age on treatment effectiveness, as providing a nondirective intervention for OA with AUD could provide suboptimal treatment. Further research is needed to explore these differential effects.</p>
Kuerbis, Alexis; Houser, Jessica; Levak, Svetlana; Shao, Sijing;	2018	Exploration of treatment matching of problem drinker	Journal of substance abuse treatment	86		9-16	<p>Motivational Interviewing (MI) is a known effective intervention for alcohol use disorder (AUD). MI's mechanisms of action remain inconsistently substantiated, and research in this area has been reliant</p>

Morgenstern, Jon		characteristics to motivational interviewing and non-directive client-centered psychotherapy					on identifying relationships through strength of association rather than experimental manipulation of active ingredients. In two previous studies, a pilot and a larger replication study, we disaggregated MI into its hypothesized active ingredients by creating three conditions: MI, Spirit Only MI (SOMI, in which evocation of change talk was proscribed), and a non-therapy condition (NTC). Results from both studies yielded equivalent findings across all three conditions. In the current analyses, data from both studies were combined to test five participant characteristics as moderators of MI's component parts: 1) severity of baseline drinking, 2) severe AUD (met 6 or more criteria), 3) baseline self-efficacy to moderate drinking, 4) mean daily confidence to resist heavy drinking in the week prior to treatment initiation, and 5) depression. There were no significant findings related to baseline drinking, severe AUD, or baseline self-efficacy. Confidence yielded a significant interaction effect. When participants had high baseline confidence, drinking for those in MI increased compared to those in SOMI. Depression also yielded a significant moderating effect such that in the context of higher depressive symptoms, receipt of either therapy reduced drinking relative to NTC. Results are discussed in light of existing literature on MOBC with MI and the potential role exploring ambivalence may play for participants with particular characteristics.
Kuerbis, Alexis; Lynch, Kevin G.; Shao, Sijing; Morgenstern, Jon	2019	Examining motivational interviewing's effect on confidence and	Drug and alcohol dependence	204		107472	Mechanisms of behavior change (MOBC) within Motivational Interviewing (MI) are thought to operate via both relational and technical elements. These elements are hypothesized to increase client motivation and self-efficacy for change and subsequently decrease drinking. Only partial support for this causal chain exists,

		commitment using daily data					<p>particularly when using within-session change talk as the primary intervening variable. This study explored whether commitment to moderate or abstain from drinking and confidence to moderate drinking in the next day measured via ecological momentary assessment (EMA) provided alternative support for the theory. Data were from a pilot randomized controlled trial testing active ingredients of MI. Problem drinkers (N = 89) seeking to moderate their drinking were randomly assigned to one of the three conditions: 1) MI; 2) Spirit only MI (SOMI), consisting of non-directive elements of MI, e.g., reflective listening; and 3) a non-therapy control. Participants completed daily EMA that measured confidence, both types of commitment, and drinks per day for a week prior to and during seven weeks of treatment. Hypotheses were not supported, and results were unexpected. Participants in SOMI were more likely to have higher daily confidence than those in MI; there were no condition differences for either type of commitment. All daily measures significantly predicted drinking; however, the MI group did not demonstrate a stronger relationship between the intervening variables and drinking, as hypothesized. Instead, participants in SOMI yielded the strongest relationship between daily commitment to abstain and drinking compared to the other two conditions. Multiple possible explanations for the unexpected findings are discussed.</p>
Kuhlmann, Thomas	2016	Motivierende Gesprächsführung mit suizidalen Klienten. Eine komplexe	Suizidprophylaxe	43	4	118-124	<p>Ein Überblick zu motivierender Gesprächsführung mit suizidalen Klienten wird gegeben. Motivierende Gesprächsführung basiert auf einer empathischen Grundhaltung, nichtwertendem Aufdecken von Widersprüchen und Ambivalenzkonflikten, elastischem Umgang mit Widerstand unter strikter Vermeidung</p>

		Herausforderung					jeglichen Argumentierens und der Förderung von Zuversicht. Ausgangspunkt ist die Grundannahme, dass Veränderungen im Lebensstil nur mit und durch den betroffenen Patienten, nicht aber für, ohne oder gar gegen ihn möglich sind. Motivierende Gesprächsführung ist eine personenzentrierte auf Kooperation basierende Gesprächsmethode des Anleitens und Führens, um persönliche Motivation zur Veränderung herauszuarbeiten und zu stärken. Menschen mit suizidalen Tendenzen zu helfen ist eine komplexe Herausforderung. Um therapeutischen Kontakt mit suizidalen Patienten zu erlangen kann Motivierende Gesprächsführung helfen, eine empathische therapeutische Beziehung zu den Patienten aufzubauen und ihn zu unterstützen, bei ihren fundamentalen Konflikten zu sprechen, diese zu reflektieren und ihren Lebensmut zu fördern.
Kuhn, M.; Gonzalez, E.; Weil, L.; Izguttinov, A.; Walker, S.	2022	Effectiveness of Child-Focused Interventions for Externalizing Behavior: a Rapid Evidence Review	Research on child and adolescent psychopathology	50	8	987-1009	Parent behavior management training (BMT) is well established as an effective, evidence-based treatment for children with externalizing behavior. Despite the wealth of data supporting BMT, many community providers use a variety of child-focused and non-directive interventions to target behavior problems. There is lack of clarity as to whether the evidence supporting child-focused externalizing treatments is sufficiently compelling to support offering these treatments rather than or in addition to BMT. This rapid evidence review compares the effectiveness of BMT with several common child-focused interventions for externalizing behavior including cognitive behavioral (CBT), social skill (SS), and play/dynamic (PT) approaches. PubMed, PsychINFO, and Web of Science were searched for English-language articles from year 2000 onwards for each intervention type. Inclusion criteria were child age (12 and under),

							presence of a child-focused behavioral treatment condition, and externalizing behavior as an outcome variable. A total of 30 studies met inclusion criteria and were coded (13 CBT, 10 SS, 7 PT). Results supported social skills interventions with accompanying BMT as effective in improving externalizing problems, with generally moderate effect sizes. Individual social skills interventions were promising but needing further evaluation compared to treatment as usual. CBT treatments with and without accompanying BMT showed moderate effects over waitlist but produced less consistently significant effects compared to more robust controls. Play therapy approaches showed inconsistent effects and require further evaluation. This review supports social skills plus BMT treatments as a child-focused intervention with probable efficacy for child externalizing problems. Implications for policy and community practice are discussed.
Kühne, Franziska; Heinze, Peter Eric; Weck, Florian	2021	What do laypersons believe characterises a competent psychotherapist ?	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	3	660–671	
Kühne, Franziska; Lacki, Fiona Janina; Muse, Kate; Weck, Florian	2019	Strengthening competence of therapists-in-training in the treatment of health anxiety (hypochondriasis): Validation of	Clinical psychology & psychotherapy	26	3	319–327	Although the observation and assessment of psychotherapeutic competences are central to training, supervision, patient care, quality control, and life-long practice, structured instruments are used only occasionally. In the current study, an observation-based tool for the Assessment of Core CBT Skills (ACCS) was translated into German and adapted, and its psychometric properties were pilot evaluated.

		the Assessment of Core CBT Skills (ACCS)					Competence of therapists-in-training was assessed in a random sample of n = 30 videos on cognitive behavioural therapy including patients diagnosed with hypochondriasis. Two of three raters independently assessed the competences demonstrated in the entire, active treatment sessions (n = 60). In our sample, internal consistency was excellent, and interrater reliability was good. Convergent validity (Cognitive Therapy Scale) and discriminant validity (Helping Alliance Questionnaire) were within the expected ranges. The ACCS total score did not significantly predict the reduction of symptoms of hypochondriasis, and a one-factorial structure of the instrument was found. By providing multiple opportunities for feedback, self-reflection, and supervision, the ACCS may complement current tools for the assessment of psychotherapeutic competences and importantly support competence-based training and supervision.
Kukucka, Jeff; Horodyski, Ashley M.; Dardis, Christina M.	2022	The Exoneree Health and Life Experiences (ExHaLE) study: Trauma exposure and mental health among wrongly convicted individuals	Psychology, Public Policy, and Law	28	3	387–399	The exoneree population is growing rapidly, and legislatures are increasingly contemplating whether and how to better support exonerees' reentry, yet our understanding of exonerees' mental health and other postrelease needs remains somewhat limited. The current study measured trauma exposure and mental health, including various protective and risk factors, in the largest-ever sample of exonerees. Fifty-nine exonerees completed online measures of trauma exposure, posttraumatic stress disorder (PTSD) symptoms, depressive symptoms, perceived social support, negative posttraumatic cognitions (including self-blame), and personal history (e.g., time served, time since release, race, cause of conviction, and compensation received). Overall, 80% of exonerees reported experiencing at least

							<p>one significant traumatic event while incarcerated, and approximately half reported clinically significant symptoms of PTSD (48–52%) and/or depression (51%). Exonerees who reported stronger social support, weaker negative cognitions about the self and world, and/or full-time employment exhibited better mental health—but mental health was unrelated to time served, time since release, financial compensation, or false confession. Our findings underscore the importance of legislative actions that guarantee exonerees access to holistic and long-term transitional support (e.g., mental health counseling, vocational and financial literacy training). For clinicians, our findings also highlight specific psychotherapeutic approaches that may be effective with exonerated clients. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
<p>Kula, Ofra; Machluf, Reut; Bar-Kalifa, Eran; Shahar, Ben</p>	<p>2022</p>	<p>The relationship between therapist interventions and couples' emotional injury resolution in emotion focused couples therapy</p>	<p>Journal of marital and family therapy</p>	<p>48</p>	<p>3</p>	<p>726–737</p>	<p>The primary purported change process in emotion-focused couples therapy (EFT-C) occurs as therapists assist one partner to access and reveal vulnerable emotions and needs and promotes a subsequent compassionate responding from the other partner. This study aimed to examine the association between therapists' views regarding their interventions during a given session and the degree to which partners reported the session as helpful in resolving their unfinished business. Data from 22 couples who took part in the York Emotional Injury Project and received 10-12 EFT-C sessions were analyzed using multilevel models. The primary findings revealed that when therapists reported using interventions that promoted acceptance of feelings and needs in a given session, both partners reported higher resolution levels in relation to their partner. Our results suggest that interventions that facilitate</p>

							responsiveness between partners are particularly important in EFT-C, and perhaps in couples therapy in general. 2021 American Association for Marriage and Family Therapy.
Kulasinghe, Kavindri; Whittingham, Koa; Mitchell, Amy E.; Boyd, Roslyn N.	2023	Psychological interventions targeting mental health and the mother-child relationship in autism: Systematic review and meta-analysis	Developmental medicine and child neurology	65	3	329–345	AIM: To investigate the efficacy of psychological interventions delivered to mothers of young children with autism spectrum disorder (ASD) in improving maternal mental health and the parent-child relationship. METHOD: Electronic databases were searched from inception to December 2021. Studies were included if they were randomized controlled trials (RCTs) of psychological interventions that targeted maternal mental health (primary outcome) and/or the parent-child relationship (secondary outcome), delivered to mothers of children (mean age < 60 months) with ASD. Meta-analyses of three parent mental health outcomes (stress, depressive symptomatology, and general mental health) and seven parent-child relationship outcomes (parent responsiveness, affect, directiveness, non-directiveness, child initiation, infant positive affect, and infant attentiveness) were conducted using both mean and standardized mean differences. RESULTS: Thirty-two RCTs met the inclusion criteria (2336 participants). Six RCTs showed improved maternal mental health (Cohen's $d = 0.41-1.15$), with moderate certainty of evidence for improvement in parental stress. There was low and high certainty of evidence of treatment effect on parental depressive symptoms and general mental health respectively, which did not show significant treatment effects post-intervention. Seventeen RCTs showed improved parent-child relationship ($d = 0.33-2.28$; low certainty of evidence). INTERPRETATION: Results demonstrated that parenting interventions promoting

							responsiveness had the largest positive effect on the parent-child relationship and a moderate effect on overall parenting stress; however, the studies were heterogeneous, making it difficult to identify the intervention components that were responsible for the positive treatment effects. There was no significant treatment effect for studies targeting depression or general mental health, likely due to the lack of an interventional component directly targeting mental health.
Kumar, Manasi; Tele, Albert; Kathono, Joseph; Nyongesa, Vincent; Yator, Obadia; Mwaniga, Shillah; Huang, Keng Yen; McKay, Mary; Lai, Joanna; Levy, Marcy; Cuijpers, Pim; Quaife, Matthew; Unutzer, Jurgen	2023	Understanding depression treatment and perinatal service preferences of Kenyan pregnant adolescents: A discrete choice experiment	PloS one	18	3	e0273274	BACKGROUND: Understanding mental health treatment preferences of adolescents and youth is particularly important for interventions to be acceptable and successful. Person-centered care mandates empowering individuals to take charge of their own health rather than being passive recipients of services. METHODS: We conducted a discrete choice experiment to quantitatively measure adolescent treatment preferences for different care characteristics and explore tradeoffs between these. A total of 153 pregnant adolescents were recruited from two primary healthcare facilities in the informal urban settlement of Nairobi. We selected eight attributes of depression treatment option models drawn from literature review and previous qualitative work. Bayesian d-efficient design was used to identify main effects. A total of ten choice tasks were solicited per respondent. We evaluated mean preferences using mixed logit models to adjust for within subject correlation and account for unobserved heterogeneity. RESULTS: Respondents showed a positive preference that caregivers be provided with information sheets, as opposed to co-participation with caregivers. With regards to treatment options, the respondents showed a positive preference for 8 sessions

							as compared to 4 sessions. With regards to intervention delivery agents, the respondents had a positive preference for facility nurses as compared to community health volunteers. In terms of support, the respondents showed positive preference for parenting skills as compared to peer support. Our respondents expressed negative preferences of ANC service combined with older mothers as compared to adolescent friendly services and of being offered refreshments alone. A positive preference was revealed for combined refreshments and travel allowance over travel allowance or refreshments alone. A number of these suggestions were about enhancing their experience of maternity clinical care experience. CONCLUSION: This study highlights unique needs of this population. Pregnant adolescents' value responsive maternity and depression care services offered by nurses. Participants shared preference for longer psychotherapy sessions and their preference was to have adolescent centered maternal mental health and child health services within primary care.
Kumar, Saurav; Srivastava, Mona; Srivastava, Manushi; Yadav, Jai S.; Prakash, Shiv	2021	Effect of Motivational Enhancement Therapy (MET) on the self efficacy of Individuals of Alcohol dependence	Journal of family medicine and primary care	10	1	367-372	INTRODUCTION: Motivational enhancement therapy is characterized as a directive, client-centered intervention which helps in modification of behavior by helping subjects in identifying and resolving the ambivalence toward a change in self. In order to free one from the vicious cycle of the alcohol trap one needs self-efficacy, which serves a protective role to prevent from relapses. The study aims to assess and compare the effectiveness of MET on the self-efficacy of individuals pre and posttest with control design were applied. METHODS: A total of 40 subjects, alcohol-dependent persons fulfilling International classification of Diseases-10 criteria were selected through purposive sampling method from

							<p>Outdoor and Indoor Service of Psychiatry Department IMS BHU, Varanasi, were randomly divided into two groups. 1(st) group 20 subjects were given motivational enhancement therapy session for 10 sessions along with treatment as usual (MET + TAU), whereas 2(nd) group control group were given treatment as usual (TAU) at the end of intervention post level of self-efficacy were measured through self-efficacy scale. Modified Kuppaswamy Socioeconomic Status Scale, Alcohol use disorder identification test, Self-Efficacy Scale as tools were used. RESULT: The result shows that the mean value of self-efficacy in (MET + TAU) group before intervention was 56.30 ± 2.99 and mean value of self-efficacy in (MET + TAU) after intervention was 60.75 ± 2.65 which shows significant difference is found in self-efficacy after intervention. CONCLUSION: Motivational enhancement therapy tries to decrease ambivalence so as to enhance the change in the subject's self-efficacy which assists the individuals in abstinence from alcohol.</p>
Kuo, Patty B.; Hashtpari, Halleh; Chea, Camara J.; Tao, Karen W.	2022	Centering and decentering client disclosures: A qualitative study of therapists' responses to clients' experiences of discrimination	Psychotherapy	59	4	533-544	<p>Clients who are societally marginalized because of their identities may seek support from therapists to process experiences of discrimination and oppression. Therapist navigation of these cultural conversations is a crucial skill. However, there is limited research examining how therapists immediately respond to clients when they disclose experiences of discrimination. In this study, 66 participants watched two brief videos of fictitious clients disclosing experiences of covert and overt discrimination. Participants watched one of two video vignettes, with one focusing on a White lesbian woman client and another focusing on a Black woman client. After watching each video, participants were asked to respond to clients as if they were the clients' therapist. We used reflexive</p>

							thematic analysis to code participant responses, which spanned three themes: (a) invalidation and decentering of client's emotions, appraisals, and experiences; (b) incongruence and avoidance of client's language around identities; and (c) empathic attunement and centering of client emotions, appraisals, and experiences. While some participant responses were interpreted as emotionally aligning with the client, other participant responses were coded as minimizing or questioning client experiences of discrimination or using language incongruent with how the client self-identified. We discuss implications for research, training, and practice in navigating conversations about discrimination with psychotherapy clients. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Kurl, Neena	2020	Resilienz und posttraumatisches Wachstum im personzentrierten Fokus	Person	24	2	143–154	Es werden das Resilienzkonzept sowie das Konzept des Posttraumatischen Wachstums begrifflich errtert und der jeweilige aktuelle Forschungsstand dazu vorgestellt. Diskutiert werden Vereinbarkeiten mit und Unterschiede zu personzentrierten Konzepten. Dabei ergeben sich vor allem in Hinblick auf die erhaltende und entfaltende Komponente der Aktualisierungstendenz sowie die Bedeutung von spezifischen Beziehungserfahrungen Parallelen. Ein Fallbeispiel aus der Praxis verdeutlicht Aspekte posttraumatischen Wachstums. Bezüge zur therapeutischen Praxis, insbesondere zur Förderung von posttraumatischem Wachstum, kritische Schlussfolgerungen sowie der Aufweis offener Forschungsfragen runden die Abhandlung ab.
Kurl, Neena	2023	Resilienz und posttraumatisches Wachstum im	Gesprächspsychotherapie und Personzentrierte Beratung	54	3	13–23	Es werden das Resilienzkonzept sowie das Konzept des Posttraumatischen Wachstums begrifflich errtert und der jeweilige aktuelle Forschungsstand dazu vorgestellt. Diskutiert werden Vereinbarkeiten mit und Unterschiede

		personzentrierte n Fokus					zu personzentrierten Konzepten. Dabei ergeben sich vor allem in Hinblick auf die erhaltende und entfaltende Komponente der Aktualisierungstendenz sowie die Bedeutung von spezifischen Beziehungserfahrungen Parallelen. Ein Fallbeispiel aus der Praxis verdeutlicht Aspekte posttraumatischen Wachstums. Bezüge zur therapeutischen Praxis, insbesondere zur Förderung von posttraumatischem Wachstum, kritische Schlussfolgerungen sowie der Aufweis offener Forschungsfragen runden die Abhandlung ab.
Kurtz, John E.; Ghosh, Ashmita; Martin, Victoria A.	2023	Diagnostic efficiency of the PAI negative distortion indicators for detecting feigned head injury	Psychology & Neuroscience	16	2	155–166	Objective: The Personality Assessment Inventory (PAI; Morey, 2007) has several procedures for detecting negative response distortion, including standard indicators Negative Impression Management (NIM), Malingering Index (MAL), and the Rogers Discriminant Function (RDF). Recently, additional indicators have been introduced: the Negative Distortion Scale (NDS; Mogge et al., 2010), Hong Malingering Index (HMI; Hong & Kim, 2001), the Multiscale Feigning Index (Gaines et al., 2013), and the Cognitive Bias Scale (Gaasedelen et al., 2019). The present study examines the diagnostic efficiency of these standard and supplemental indicators to detect feigned head injury. Method: Undergraduate students (n = 113) responded to the PAI in a role-play scenario with incentives to feign serious head injury following an automobile accident, and their PAI results were compared to patients with actual history of head injury (n = 86). Results: Significant differences between groups were observed for all three standard indicators and for all four supplemental indicators. Receiver operating curves analyses evaluated the diagnostic efficiency of recommended and sample-optimal cut scores, and logistic regression models evaluated the incremental

							validity of the supplemental indicators. Conclusions: The study found support for two standard indicators (NIM and RDF) and two supplemental indicators (NDS and HMI) in the detection of feigned head injury. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Kury, Helmut; Winter, Elena	2021	Wer hinhrt und authentisch auftritt, schafft Vertrauen	Gesprchspsych ootherapie und Personzentrierte Beratung	52	4	28–30	Helmut Kury ist einer der bekanntesten Kriminologen und Gutachter in Deutschland - und seit fast 50 Jahren Mitglied der GwG. Im Gesprch mit Elena Winter berichtet er ber seine Arbeit, sein Menschenbild und darber, wie ihn der Personzentrierte Ansatz im Laufe seines bisherigen Berufslebens begleitet hat.
Kusturica, Lidija	2020	"Hilf mir meine Lage zu ertragen". Eine Falldarstellung	Existenzanalyse	37	1	86–89	In diesem Fallbericht wird die Begleitung eines 25-jhrigen Klienten mit einer Autismus-Spektrum-Strung in seiner groen Einsamkeit durch einen Trauerprozess dargestellt. Es wird ber die Herausforderungen der Beziehungsgestaltung und der Interaktion sowie ber die Begegnungen von Person zu Person in dem fnfjhrigen, existenzanalytischen Therapieprozess berichtet.
Kvarstein, Elfrida Hartveit; Nordviste, Ola; Dragland, Lone; Wilberg, Theresa	2017	Outpatient psychodynamic group psychotherapy – outcomes related to personality disorder, severity, age and gender	Personality and mental health	11	1	37–50	Abstract Objectives Outpatient group psychotherapy is frequent within specialist services, recruits a mixed population, but effects are poorly documented. This study investigates long-term outcomes for patients with personality disorder (PD) treated in outpatient, psychodynamic groups within secondary mental health service. Methods A naturalistic study (N = 103) with repeated assessments of process and clinical outcomes. Longitudinal statistics are linear mixed models. Results The main PDs were avoidant, borderline and NOS PD, mean number of PDs 1.4(SD0.7), 60% females and mean initial age 38(SD10) years. Mean treatment duration was 1.5(SD 0.9) years. Therapist alliance and experienced group climate was satisfactory and stable. Improvements were significant (symptom distress, interpersonal

							problems, occupational functioning and additional mental health services), irrespective of general PD-severity, but not of PD-type, age or gender. The study demonstrates PD NOS benefits across all outcomes, occupational improvements for avoidant PD, despite prevailing symptoms, but generally poorer outcomes for males and age >38 years. For borderline PD, experienced conflict was stronger, treatment duration shorter and outcomes poor for early drop-outs (28%). Conclusion Psychodynamic group psychotherapy is a recommendable treatment for moderate PDs, which may address avoidant strategies, but may not meet clinical challenges of borderline PD. The outcome differences related to gender and age are noteworthy. Copyright ? 2016 John Wiley & Sons, Ltd.
Kwon, Mi-Hwa; Kim, Su-Kyoung	2023	Effects of Client-Centered Occupational Therapy on Behavioral Psychological Symptoms, Social Interaction, Occupational Performance, Quality of Life, and Caregiver Burden among the Individuals with Dementia	Occupational therapy in health care	37	2	266–281	This study aimed to verify the effects of client-centered occupational therapy on individuals with dementia. Twenty participants were randomly assigned to an experimental group (client-centered occupational therapy) and a control group (general occupational therapy). A pretest, post-test, and follow-up tests were used to compare the effects of the intervention. The experimental group had significant changes in all variables, and the control group showed significant differences in verbal social interaction, quality of life, and burden of caregivers ($p < 0.05$). As a result of repeated measurement variance analysis, it was found that there was a significant effect within the group except for the NPI-Q distress items ($p < 0.05$), but the effect was not verified in all areas between the groups. Client-centered customized occupational therapy can be more effective than general occupational therapy in problem behavior,

							social interaction, quality of life, caregiver burden, and occupational performance of individuals with dementia.
Lackner, Jeffrey M.; Jaccard, James	2021	Specific and common mediators of gastrointestinal symptom improvement in patients undergoing education/support vs. cognitive behavioral therapy for irritable bowel syndrome	Journal of consulting and clinical psychology	89	5	435–453	Objective: This study sought to characterize change mechanisms that underlie gastrointestinal (GI) symptom improvement in IBS patients undergoing two dosages of CBT for IBS as compared to a nondirective education/support (EDU) condition. Method: Data were collected in the context of a large clinical trial that randomized 436 Rome III-diagnosed IBS patients (Mage = 41, 80 % female) to standard, clinic-based CBT (S-CBT), a largely home-based version with minimal therapist contact (MC-CBT) or Education/Support that controlled for nonspecific effects. Outcome was measured with the IBS-version of the Clinical Global Improvement scale that was administered at Week 5 and 2-week posttreatment (Week 12). Potential mediators (IBS Self-efficacy (IBS-SE), pain catastrophizing, fear of GI symptoms, and treatment alliance were assessed at Weeks 3, 5, and 8 during treatment with the exception of treatment expectancy that was measured at the end of Session 1. Results: IBS-SE, a positive treatment expectancy for symptom improvement, and patient–therapist agreement on tasks for achieving goals mediated effects of CBT early in treatment (rapid response, RR) and at posttreatment. Notwithstanding their different intensities, both CBT conditions had comparable RR rates (43%–45%) and significantly greater than the EDU RR rate of 22%. While pain catastrophizing, fear of GI symptoms, and patient–therapist emotional bonding related to posttreatment symptom improvement, none of these hypothesized mediators explained differences between CBT and EDU, thereby lacking the mechanistic specificity of IBS-SE, task agreement, and treatment expectancy. Conclusion:

							Findings suggest that CBT-induced GI symptom improvement may be mediated by a constellation of CBT-specific (IBS-SE) and nonspecific (task agreement, treatment expectancy) processes that reciprocally influence each other in complex ways to catalyze, improve, and sustain IBS symptom relief. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Lai, Lizu; Sun, Qiwu; Zhu, Wenzhen; Ren, Zhihong	2022	The relationship between responsibility attribution and session outcomes: Two-dimension attribution and two-person perspective	Clinical psychology & psychotherapy	29	6	1928–1941	<p>OBJECTIVE Blame attribution (who is to blame for problem causes) and solution attribution (who is to control problem solving) are two critical dimensions of responsibility attribution in psychotherapy. The present study aimed to (1) investigate the impacts of blame attribution and solution attribution on session outcomes from both client and therapist perspectives and (2) clarify the relationship between the therapist-client congruence of responsibility attribution and session outcomes.</p> <p>METHOD A total of 69 clients were recruited at a university counselling centre. Client-rated responsibility attribution (to what extent they were responsible for the causes and solution of their current concerns), therapist-rated responsibility attribution (to what extent they thought their clients should be responsible for the causes and solution of clients' current concerns), client-rated session quality and symptom level for each session were collected across 387 sessions. Multilevel regression was used to explore the relationship between responsibility attribution and session outcomes. Truth and bias model and response surface analysis were utilized to analyse the within-client and between-client client-therapist congruence effects.</p> <p>RESULTS</p>

						<p>The main results included that (1) the clients with higher solution responsibility had more symptom improvement and higher evaluation of session quality (between-client level). A client's perceived solution responsibility predicted better session quality and fewer next session symptom levels (within-client level). (2) If a therapist attributed more solution responsibility to his/her client, the session quality was higher (within-client level). (3) Neither clients' nor therapists' perspectives on blame attribution directly affected session outcomes. But the higher the client's blame for his/her problem causes, the stronger the association between solution responsibility and symptom reduction (within-client level). (4) Higher within-client client-therapist congruence on blame responsibility led to better session outcomes.</p> <p>CONCLUSION</p> <p>The clients' solution responsibility and client-therapist congruence on blame for problem causes contribute to session outcomes in psychotherapy.</p>
Lakemann, Ulrich	2017	Die Wurzeln erfahrungsoientierter Therapie (EOT): Stand der internationalen Forschung				<p>Viele empirische Studien belegen, dass Therapiemethoden, die - beeinflusst von der Erlebnispedagogik - meist Outdoor-Aktivitäten beinhalten, nachhaltige Wirkimpulse für Menschen mit psychischen Störungen und Abhängigkeitserkrankungen bereithalten. Vor diesem Hintergrund werden vor allem amerikanische Untersuchungsergebnisse zusammengefasst, die unerheblich der Methodenbezeichnung (etwa als Erlebnis-, Wildnis- oder Abenteuertherapie) wichtige räumliche, zeitliche, persönliche und soziale Aspekte für den erfahrungstherapeutischen Ansatz deutlich machen. So führen Gruppenübungen und Herausforderungen in der Natur häufig zu einer Reduktion der klinischen Symptome, ermöglichen die Erfahrung von Selbstwirksamkeit, steigern</p>

							das Selbstwertgefühl, die Selbstwahrnehmung, trainieren Basiskompetenzen und die Freude an körperlicher Bewegung. Metaphorische Bezüge zwischen Alltagsproblemen und geläufigen nichtalltäglichen Aufgaben in der Therapie öffnen den Blick für eigene Stärken und neue Formen der Krisenbewältigung.
Lakemann, Ulrich	2017	Erlebnispädagogik in der Rehabilitation von Menschen mit psychischen Störungen - ein Modellprojekt in der Klinik Pniel					Erfahrungen, die an der Klinik Pniel in einem Modellprojekt mit Erlebnispädagogik in der Rehabilitation von Menschen mit psychischen Störungen gewonnen wurden, werden wiedergegeben. Im Rahmen des Projekts nahmen Patienten der Klinik über eine Zeit von zwei Monaten an Interaktions- und komplexen Problemlösungsbungen, Kletteraktionen sowie einer Segeltour teil. Qualitative Interviews mit den Patienten vor dem Beginn, nach der Hälfte und am Ende des Modellprojekts verdeutlichten zahlreiche für die Rehabilitation förderliche Wirkimpulse. Dies waren beispielsweise die Erfahrung von Freiheit, Rückbezug auf Stärken in der eigenen Biografie, Sensibilisierung und gesteigerte Freude an körperlicher Betätigung. Die Erlebnisse und Erfahrungen der Patienten unterschieden sich grundsätzlich nicht so sehr von denen anderer erlebnispädagogischer Zielgruppen, werden aber im Kontext einer psychischen Störung als umso wertvoller erachtet.
Lalor, John; Khoshfetrat, Ali	2023	An examination of the association between mindfulness and compassion for others in	Couns and Psychother Res (Counselling and Psychotherapy Research)	n/a	n/a		Abstract Objectives Mindfulness, self-compassion and compassion for others are often studied among clients seeking psychotherapy. Psychotherapists are also at risk of developing psychological difficulties given that the profession is demanding and can put psychological and emotional pressures on therapists. The aim of this study was to examine (a) the relationship between mindfulness, self-compassion and compassion for others and (b)

		psychotherapist s: A mediating role of self- compassion					whether self-compassion will mediate the effects of mindfulness on compassion for others. Method This was a cross-sectional study conducted among a sample of 152 psychotherapists registered with the Irish Association for Counselling and Psychotherapy in Ireland. Results Our analysis found a significant relationship between mindfulness, self-compassion and compassion for others. Mediation analysis showed that the indirect effects of mindfulness on compassion for others was through self-compassion. We entered age and gender into our model, but they had no impact on the mediated relationship. Conclusion Findings from this study provide preliminary support for a proposed sequential model, suggesting that mindfulness enhances self-compassion, which, in turn, can improve compassion for others. Psychotherapists and psychotherapy bodies are recommended to utilise strategies that can improve psychotherapists' mindfulness skills, such as the mindfulness self-compassion programme and compassion-focussed therapy, and their capacity for self-compassion, which can contribute to their ability to develop compassion for the client. Given the limitations of the design of the study, future longitudinal research will enable us to document the directionality of the effects.
Lammers, Jana; Spreitz, Julia	2016	Eine bewusste Entscheidung fr die Gesprchspsych otherapie	Psychotherapeu tenjournal	15	2	150-153	Als 1999 das Psychotherapeutengesetz verabschiedet wurde, galt die Gesprchspsychotherapie als sogenanntes Nicht-Richtlinienverfahren, obwohl sie damals das meistverbreitete Verfahren in Deutschland war. Nach der wissenschaftlichen Anerkennung durch den Wissenschaftlichen Beirat Psychotherapie im Jahr 2002 begannen 2005 in Hamburg die ersten Kolleginnen und Kollegen mit der Ausbildung zur Psychologischen Psychotherapeutin/zum Psychologischen

							<p>Psychotherapeuten mit Schwerpunkt Gesprächspsychotherapie. Als 2006 die sozialrechtliche Anerkennung - trotz massiver Kritik am Vorgehen u. a. durch ein Gutachten der Bundespsychotherapeutenkammer - durch den Gemeinsamen Bewertungsausschuss ausblieb, fllten einige Ausbildungskandidaten eine bewusste Entscheidung fr die Gesprächspsychotherapie. Es wird der Frage nachgegangen, wie es den ersten beiden approbierten Psychologischen Psychotherapeutinnen mit Schwerpunkt Gesprächspsychotherapie in der Ausbildung gegangen ist und wie es ihnen jetzt mit dieser Entscheidung geht. In diesem Rahmen wird eine Bestandsaufnahme und Zusammenfassung der Entwicklung der Gesprächspsychotherapie in Deutschland bis in die Gegenwart vorgelegt.</p>
Lammers, Maren; Herrmann, Lena	2020	Scham und Schuld in der Psychotherapie. Arbeitsmodell und Interventionen	rztliche Psychotherapie	15	4	232-236	<p>Obwohl Scham und Schuld zu jeder Psychotherapie dazugehren und zur Entstehung und Aufrechterhaltung psychischer Strungen beitragen, werden sie hufig vermieden oder nicht bearbeitet. In dieser Arbeit wird deshalb ein emotionsbezogener, multidimensionaler Ansatz zur Therapie von Scham und Schuld vorgestellt, um den Umgang mit den schmerzhaften Emotionen sowohl fr Patient*innen als auch fr Psychotherapeut*innen zu erleichtern.</p>
Lammers, Maren; Ohls, Isgard	2016	Emotionsbezogene Psychotherapie von Scham und Schuld. Das Praxishandbuch					<p>In einem Praxishandbuch werden die theoretischen Grundlagen und die Praxis der emotionsbezogenen Psychotherapie von Scham und Schuld beschrieben. Ergnzend werden hilfreiche Arbeitsmaterialien (patientenorientierte Psychoedukation; Interventionen zugunsten bisher frustrierter Grundbedrfnisse aus verschiedenen Therapieanstzen; gezielte bungen fr Therapeuten zum Umgang mit Scham und Schuld und zur</p>

						<p>Frderung der Empathiefhigkeit; Reflektionsfragen fr Therapeuten) zur Verfugung gestellt. - Inhalt: (A) Theorie. (1) Emotionen in der Psychotherapie. (2) Emotionen und Grundbedrfnisse. (3) Entwicklungsthemen/-aufgaben zu den jeweiligen Grundbedrfnissen. (4) Empathie. (5) Schuld. (6) Scham. (7) Vergleich von Schuld und Scham. (8) Scham und Schuld bei psychischen Strungen. - (B) Praxis. (9) Therapiealltag (Therapiesetting; Scham- und Schuldgefhle im therapeutischen Kontakt; Prinzip der korrigierenden Erfahrungen; Therapeut-Patient-Beziehung; Fragen fr Therapeuten zur Verdeutlichung eigener potenzieller Schuld- und Schamthemen; Besonderheiten fr die Gestaltung der therapeutischen Beziehung). (10) Emotionsbezogene/-fokussierte Psychotherapie (Einbettung in andere psychotherapeutische Schulen - Schnittpunkte zu anderen Therapierichtungen; Ziele der emotionsbezogenen Psychotherapie; emotionsphobischer Konflikt; primre, sekundre Emotionen und Bewltigungsschemata; Bedeutung von Scham und Schuld in der emotionsbezogenen Psychotherapie; typische Kompensationsstrategien bei Scham- und Schuld erleben und Auswirkungen auf die Therapie; Kontraindikationen). (11) Techniken der emotionsfokussierten Psychotherapie (therapeutische Haltung; Ziele der emotionsbezogenen Arbeit an Scham- und Schuld erleben; Vorgehen bei Scham- und Schuld erleben allgemein; patientenorientierte Psychoedukation, Erklrungs- und Strungsmodell; Vertiefung von emotionalem Erleben; Bezug zu den Grundbedrfnissen herstellen; modifizierte Techniken zur fokussierten Arbeit an Schuld- und Schamerleben). (12) Materialsammlung - integrativer Teil (bungen fr</p>
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							Therapeuten zum Umgang mit eigenem Schuld- und Schamerleben; bungen fr Therapeuten, um dem Schuld- und Schamerleben der Patienten besser begegnen zu knnen). (13) Materialsammlung zu Grundbedrfnissen (allgemeine Arbeitsbltter fr die Arbeit an den Grundbedrfnissen; Bindungsbedrfnis; Autonomiebedrfnis; Bedrfnis nach Orientierung, Kontrolle und Grenzen; Bedrfnis nach Selbstwerterhhung; Bedrfnis nach Lustgewinn/Unlustvermeidung).
Lamontagne, Francois; Cohen, Dian; Herridge, Margaret	2017	Understanding patient-centredness: contrasting expert versus patient perspectives on vasopressor therapy for shock	Intensive care medicine	43	7	1052–1054	
Lane, Deborah; Reed, Paula	2023	The nature space. A reflexive thematic analysis of therapists' experiences of 1:1 nature-based counselling and psychotherapy with children and young people:	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	2	432–445	

		Exploring perspectives on the influence of nature within the therapeutic process					
Lane, Richard D.	2020	The construction of emotional experience: State-related emotional awareness and its application to psychotherapy research and practice	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	3	479–487	
Lang, Michael J.; Dort, Joseph C.; Stephen, Joanne; Lamont, Lisa; Giese-Davis, Janine	2020	Narrative-Informed, Emotion-Focused Psychotherapy in Synchronous, Online Chat Groups for Adolescents and Young Adults with Cancer: A Proof-of-Concept Study	Journal of adolescent and young adult oncology	9	6	676–682	Few, scalable, evidence-based psychosocial interventions exist for adolescent and young adult cancer survivors (AYAs, 18-39 years old). Using an existing, facilitated, online synchronous chat group-plus-education model (OSG+E), we replaced their educational workbook with an AYA-created film to stimulate an age-specific, emotion-focused group discussion (OSG+V). This randomized proof-of-concept trial compared the two models' content suitability, group processes, and feasibility over 9 months in 34 male and female AYAs with a range of cancers. AYAs rated the OSG + V model more suitable, cohesive, and as having higher levels of important group processes than the OSG+E. A larger randomized trial is feasible for this AYA-appropriate, emotion-focused OSG + V model.

Lang, Siegmund; Walter, Nike; Schindler, Melanie; Baertl, Susanne; Szymiski, Dominik; Loibl, Markus; Alt, Volker; Rupp, Markus	2023	The Epidemiology of Spondylodiscitis in Germany: A Descriptive Report of Incidence Rates, Pathogens, In-Hospital Mortality, and Hospital Stays between 2010 and 2020	Journal of clinical medicine	12	10		<p>BACKGROUND: Spondylodiscitis can lead to significant morbidity and mortality. Understanding its up-to-date epidemiological characteristics and trends is important to improve patient care. METHODS: This study analyzed trends in the incidence rate of spondylodiscitis cases in Germany between 2010 and 2020, as well as the pathogens, in-hospital mortality rate, and length of hospital stay. Data were obtained from the Federal Statistical Office and the Institute for the Hospital Remuneration System database. The ICD-10 codes "M46.2-", "M46.3-" and "M46.4-" were evaluated. RESULTS: The incidence rate of spondylodiscitis increased to 14.4/100,000 inhabitants, with 59.6% cases occurring in patients 70 years or older and affecting mainly the lumbar spine (56.2%). Absolute case numbers increased from 6886 by 41.6% to 9753 in 2020 (IIR = 1.39, 95% CI 0.62-3.08). Staphylococci and Escherichia coli were the most coded pathogens. The proportion of resistant pathogens was 12.9%. In-hospital mortality rates increased to a maximum of 64.7/1000 patients in 2020, intensive care unit treatment was documented in 2697 (27.7%) cases, and the length of stay per case was 22.3 days. CONCLUSION: The sharply increasing incidence and in-hospital mortality rate of spondylodiscitis highlights the need for patient-centered therapy to improve patient outcomes, especially in the geriatric, frail population, which is prone to infectious diseases.</p>
Lange, Brittany C. L.; Loser, Ashley; Lang, Jason M.	2021	Caregiver satisfaction with their child's trauma-focused cognitive	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X(Ele	476-485	<p>Background: Despite the value trauma-focused cognitive-behavioral therapy (TF-CBT) places on caregivers being included in treatment, limited qualitative research has examined their experience with treatment. Thus, this research aimed to assess (a) overall caregiver</p>

		behavioral therapy			<p>ct oni c), 19 42- 96 81(Pri nt)</p>	<p>satisfaction; (b) aspects of TF-CBT caregivers found most and least useful or thought could be improved; and (c) if satisfaction differed between caregivers of completers and noncompleters. Methods: In total, 1,778 caregiver/child dyads were included. Caregivers of children receiving TF-CBT completed the Caregiver Satisfaction Questionnaire. To assess overall satisfaction, descriptive statistics were compiled. To assess what aspects of TF-CBT were most/least helpful or could be improved, thematic analysis was conducted. Finally, a t test was conducted to determine whether overall satisfaction with TF-CBT differed between caregivers who had children who did and did not complete treatment. Results: Overall satisfaction with TF-CBT was high. Qualitatively, caregivers reported PRACTICE components, communication between parties in treatment, the child learning coping skills, and the child experiencing positive outcomes as most helpful. Least helpful aspects included scheduling, not seeing positive outcomes, and the child and outside factors impeding treatment. When making suggestions for improvement, caregivers suggested changes in scheduling and session length/frequency, and an increase in their involvement. Quantitatively, caregivers of children who completed treatment experienced significantly higher total mean satisfaction scores than caregivers of noncompleters. Conclusions: Caregiver satisfaction should be assessed during TF-CBT, with efforts made to identify and address key areas of concern caregivers may be experiencing. Focusing on caregiver satisfaction may prevent treatment attrition, allowing children to increasingly receive evidence-based care. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
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Lange, Karin	2022	Bewältigung und Umgang mit chronischen Krankheiten				<p>Derzeit sind etwa 16 Prozent der Kinder und Jugendlichen in Deutschland an einer oder mehreren chronischen Gesundheitsstörungen erkrankt. In höheren Alterskohorten ist mehr als die Hälfte der Bevölkerung betroffen. Chronische Krankheiten sind ausgesprochen heterogen bezogen auf belastende Symptome, Prognose und Steuerbarkeit des Verlaufs, Herausforderungen durch Therapien und akute Exazerbationen, psychische Belastungen und soziökonomische Folgen. Trotzdem lassen sich einige allgemeingültige Phasen des Krankheitserlebens und typische emotionale, kognitive oder aktionale Copingstrategien identifizieren. Entsprechende Unterstützungsangebote beruhen auf Konzepten des Empowerments, der Stressbewältigung, der Gesprächspsychotherapie oder der kognitiven Verhaltenstherapie. Diese reichen von Schulungs- und Coachingprogrammen, Beratungen zur partizipativen Entscheidungsfindung, psychologischen Hilfen zum täglichen Umgang mit der Erkrankung bis hin zu sozialrechtlichen Beratungen. (c) Der/die Autor(en), exklusiv lizenziert an Springer-Verlag GmbH</p>
Langens, Thomas A.	2016	Mentalisierungs-basierte und Klärungsorientierte Psychotherapie				<p>Mentalisierungs-basierte und Klärungsorientierte Psychotherapie werden verglichen, um Gemeinsamkeiten und Unterschiede in den therapeutischen Ansätzen und Vorgehensweisen deutlich zu machen. Dabei werden zunächst die zentralen Annahmen und Prinzipien dieser beiden Ansätze erlutert. Anschließend werden Gemeinsamkeiten ("Klärung ist Mentalisierung des eigenen Erlebens" "Klärung und Mentalisierung setzen an ähnlichen Erlebnis-inhalten an" "Klärung und Mentalisierung bedürfen der emotionalen Aktivierung" "optimale Stärke der emotionalen Aktivierung" "Funktionen von Explizierung bzw. Spiegelung" "Distanzierung von automatischen</p>

							Bewertungen") und Unterschiede ("Mittel und Zweck von Klrung und Mentalisierung" "Prozess und Inhalt von Interventionen" "Fokus auf das eigene Erleben versus auf das Erleben anderer") behandelt.
Langer, David A.; Holly, Lindsay E.; Wills, Celia E.; Tompson, Martha C.; Chorpita, Bruce F.	2022	Shared decision-making for youth psychotherapy: A preliminary randomized clinical trial on facilitating personalized treatment	Journal of consulting and clinical psychology	90	1	29–38	Objective: Engaging youth and caregivers as active collaborators in the treatment planning process is a patient-centered approach with the potential to facilitate the personalization of established evidence-based treatments. This study is the first randomized clinical trial to evaluate shared decision-making (SDM) to plan youth psychotherapy. Method: Forty youth (7–15 years; 33% ethnic minority) were randomly assigned to psychosocial treatment planned using SDM (n = 20) or planned primarily by the clinician (n = 20). In the SDM condition, clinicians guided youth and caregivers through a collaborative treatment planning process that relies on research findings to inform three primary decisions: (a) treatment target problem(s), (b) treatment participants, and (c) treatment techniques. Assessments occurred at baseline, following treatment planning, midtreatment, and post-treatment. Results: Youth and caregivers in the SDM condition reported significantly greater involvement in the treatment planning process compared to their counterparts in the clinician-guided condition (U = 123.00, p = .037; U = 84.50, p = .014, respectively) and SDM caregivers reported significantly lower decisional conflict (U = 72.00, p = .004) and decisional regret (U = 73.50, p = .020). Supporting the feasibility of successful SDM implementation, there were no significant differences between conditions on treatment length, satisfaction with decisions, or engagement. There were no significant diagnostic or symptom differences between conditions. Conclusions: Planning psychosocial

							treatments in collaboration with youth and caregivers is a promising way to support youth and caregiver autonomy and plan evidence-based treatments that are responsive to patient preferences, culture, and values. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Langer, Dietmar; Hsson, Dorothea; Winter, Elena	2019	"Mit Machtkmpfen kann man keine Gesundheit erlangen"	Gesprchspsych ootherapie und Personzentrierte Beratung	50	1	31–33	In einem Interview nimmt der leitende Therapeut der Kinder-und Jugendklinik Gelsenkirchen, Dietmar Langer, Stellung zum kontrovers rezipierten Film "Elternschule", der das Therapieprogramm fr Suglinge und ihre Eltern an der Klinik thematisiert. Dabei wird zunchst die teilweise heftige Kritik an dem Film kommentiert. Anschließend wird das Therapieprogramm aus der Sicht Langers skizziert und nher erlutert und es werden Aspekte thematisiert, die nach dessen Ansicht zu Missverstndnissen fhren konnten. Es gehe darum, eine positive Beziehung zwischen Kindern und Eltern (wieder)herzustellen und ihnen Autonomie zurckzugeben. Dies sei durch Machtausbung oder gar Gewaltanwendung nicht zu erreichen.
Langner, Leonore	2022	Die internationale Friedensarbeit von Carl Rogers	Gesprchspsych ootherapie und Personzentrierte Beratung	53	3	24–25	In einem kurzen berblick ber Carl Rogers' internationale Bemhungen werden seine Encounter-Ideen und sein Mut, sie auf internationaler Ebene auch tatschlich umzusetzen, illustriert.
Lantheaume, S.; Montagne, M.; Shankland, R.	2020	Intervention focused on resources to reduce anxiety and depression disorders in cancer patients: A pilot study	L'Encephale	46	1	13–22	INTRODUCTION: Cancer, a widespread chronic disease, represented 400,000 diagnoses in France in 2017. The diagnoses as well as the treatments are a major source of stress for most patients concerned. Secondary effects may be painful and disturbing (pain, nausea, fatigue, loss of social and/or professional status, anxiety of death), and may lead to maladaptive coping strategies (avoidant coping), psychological inflexibility, anxiety, depression, and suicide risks which are twice as important as in the general population. Research in the field of

						<p>psychotherapy for cancer patients represents an important international target, in particular in what concerns enhanced patient quality of life during and after treatment. Cognitive Behavioral Therapy, Mindfulness-Based Stress Reduction, as well as adapted physical activity have shown promising results to enhance patients' quality of life at different stages of the process. However, results mainly show significant short-term effects and usually only for patients with high levels of anxiety and depression symptoms. With the development of third wave Cognitive Behavioral Therapy, more global interventions (not just aimed at anxiety and depression symptoms) have emerged. Research has underlined their efficacy on both symptom reduction (anxiety and depression) and quality of life enhancement through the development of more varied and adaptive responses to stressful situations. Positive psychology interventions, mindfulness, and Acceptance and Commitment Therapy have inspired third wave Cognitive Behavioral Therapy. Emotional acceptance, mindful awareness of thoughts and emotions, and engaging in actions that are coherent with one's values all form part of the means by which these interventions may help patients to find ways to better adjust to their stressful situation. The results of the efficacy trials carried out using these approaches were mixed, and effects were mainly modest. Furthermore, most of the studies only tested one approach at a time, while each approach activated mechanisms, which can be useful for these patients. Hence, the aim of the current study was to test an integrative program based on classical second wave Cognitive Behavioral Therapy as well as on practices from the third wave of Cognitive Behavioral Therapy. We aimed at carrying out a</p>
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						<p>preliminary study assessing the potential effects of the program on cancer patients' anxiety, depression symptoms, well-being and psychological flexibility. METHOD: Sixteen cancer patients were enrolled in a second and third wave Cognitive Behavioral Therapy workshop composed of six sessions. In-session practices were based on validated practices. Participants completed the following questionnaires before the first workshop (T1) and at the end of the sessions (T2) in order to assess anxiety, depression symptoms, well-being and psychological flexibility: HAD, WEMWBS, MPFI, AAQ-2. Qualitative data regarding acceptability were also collected at the end of the last session. RESULTS: Among the sixteen participants, nine women (mean age=56.1years old) completed the questionnaires seven of whom had breast cancer. The results of this preliminary study showed a significant pre-to-post reduction in anxiety and depression symptoms ($P=0.017$) as well as on certain dimensions of psychological flexibility: reduced "self as content" ($P=0.011$), and enhanced cognitive diffusion ($P=0.018$). Only marginal differences were found on other dimensions: reduced inaction ($P=0.074$) and experiential avoidance ($P=0.089$), and enhanced "self as context" ($P=0.062$). Content analysis showed (1) increased positive perceptions about experiences with more serenity, (2) positive attitudes towards self (self-compassion), (3) enhanced positive relationships, and (4) ability to accept negative affect. CONCLUSION: Patients' qualitative feedback highlighted the potential feasibility and adaptability of the program for this population. The results of this preliminary study show promising avenues for research in the field of cancer patients' adaptive coping enhancement as well as reduce anxiety and</p>
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							depression symptoms. This type of workshop can be considered as complementary to individual psychotherapies as they may tap into different mechanisms that help foster psychological flexibility as the group format enhances decentering processes. Further research avenues are proposed in order to assess the efficacy of such interventions in cancer patients compared to other types of interventions. Further research should also look into individual differences in order to orient patients towards practices that fit them best.
Lapomarda, Gaia; Valer, Stefania; Job, Remo; Grecucci, Alessandro	2022	Built to last: Theta and delta changes in resting-state EEG activity after regulating emotions	Brain and behavior	12	6	e2597	Abstract Background : Over the past years, electroencephalography (EEG) studies focused on task-related activity to characterize cortical responses associated with emotion regulation (ER), without exploring the possibility that regulating emotions can leave a trace in the brain by affecting its oscillatory activity. Demonstrating whether the effect of regulation alters the brain activity after the session and whether this reflects an increased cognitive regulatory ability has great relevance. Methods : To address this issue, 5 min of electrical brain activity at rest were recorded before and after (1) one session in which participants perceived and regulated (through distancing) their emotions (regulation session, ReS), and (2) another session in which they only perceived emotions (attend session, AtS). One hundred and sixty visual stimuli were presented, and subjective ratings of valence and arousal of stimuli were recorded. Results : Behavioral results showed the efficacy of the regulation strategy in modulating both arousal and valence. A cluster-based permutation test on EEG data at rest revealed a significant increase in theta and delta activity after the ReS compared to the AtS, suggesting

							that regulating emotions can alter brain activity after the session. Conclusions : These results allowed us to outline a comprehensive view of the neurophysiological mechanisms associated with ER, as well as some possible implications in psychotherapy.
Lara-Cabrera, M. L.; Gjerden, M.; Gråwe, R. W.; Linaker, O. M.; Steinsbekk, A.	2016	Short-term effects of a peer co-led educational programme delivered before mental health treatment: A randomised controlled trial	Patient education and counseling	99	7	1257–1261	<p>OBJECTIVE To investigate the 1-month effects of an educational programme co-led by peers delivered before treatment on treatment preferences, self-management knowledge and motivation in comparison to usual care.</p> <p>METHODS Adults referred to a community mental health centre were randomised to either a control group (n=48) or a peer co-led educational programme (intervention group, n=45). The programme consisted of an 8-hour group education session followed by an individual pretreatment planning session. The main topics of the educational programme were treatment options, patients' rights, self-management, the importance of patient activation and participation.</p> <p>RESULTS At 1-month follow-up, a significantly larger proportion of the patients in the intervention group knew which type of treatment they preferred (76.7% vs. 32.5%, p<0.001). The intervention group had significantly higher self-management knowledge (p<0.001). There was no effect on treatment motivation (p=0.543).</p> <p>CONCLUSION At 1-month following the delivery of a pretreatment educational programme, we found that participants' knowledge of treatment preferences and self-management had improved.</p> <p>PRACTICE IMPLICATIONS</p>

							Educational interventions co-led by peers can optimise the process of informing and educating outpatients, thereby helping patients to clarify their treatment preferences.
Larsen, Anette Enemark; Adamsen, Helene Nyborg; Boots, Sarah; Delkus, Emma Caecilie Guttzeit; Pedersen, Louise Lunde; Christensen, Jeanette Reffstrup	2019	A survey on client-centered practice among danish occupational therapists	Scandinavian journal of occupational therapy	26	5	356–370	BACKGROUND: In Denmark, the cost of healthcare services comprise 12% of the gross domestic product. A recommended method for optimizing effectiveness of and enhance client satisfaction with healthcare is client-centred practice (CCP), a central component of occupational therapy ideology. However, Danish occupational therapists' perceptions of CCP, including the facilitators and barriers that may contribute to CCP, have never been examined. AIM: To examine Danish occupational therapists' perceptions of CCP. METHODS: A survey was conducted using an electronic questionnaire in a small, but representative sample of Danish occupational therapists from all regions and practices. RESULTS: Three hundred and forty-six occupational therapists (5%) responded. Of these, 98% rated CCP as important, 97% considered their work client-centred, and 92% were satisfied with their level of CCP. Having time to conduct self-directed work, using assessments to identify clients' priorities, and CCP education, but not fixed regimes, were positively correlated with CCP. CONCLUSION: Danish occupational therapists perceive to practice CCP and appear to have adopted the beliefs, theory and ideals of CCP, perhaps influenced by the egalitarian Danish culture. Self-directed work, means to identify and evaluate their clients' wishes, and education facilitated CCP. Possible absence of occupational therapists not compliant with CCP makes further research warranted.

Larsen, Denise J.; Whelton, William J.; Rogers, Todd; McElheran, Jesse; Herth, Kaye; Tremblay, Jake; Green, Jill; Dushinski, Karen; Schalk, Kyle; Chamodraka, Martha; Domene, José	2020	Multidimensional Hope in Counseling and Psychotherapy Scale	Journal of Psychotherapy Integration	30	3		Hope is a foundational facet of psychotherapy and of common factors theories of psychotherapy. Major hope measures developed in psychology are not designed to measure hope as it relates specifically to psychotherapy. There is growing evidence that both content and processes related to hope in this complex domain have unique features. The Multidimensional Hope in Counseling and Psychotherapy Scale (MHCPS) was developed through a multiphase process, including comprehensive literature review, surveys employing overlapping panels of experts, and scale validation with 211 clients in therapy at 7 Canadian locations. The MHCPS includes 34 items across 6 subscales: Future Orientation, Spirituality, Cognitive, Therapeutic Relationship, Other Relationships, and Emotional. The 6 subscales and the full scale possessed high reliabilities and good convergent and divergent validity. Unique aspects of this scale are the inclusion of a spirituality dimension as well as 2 relational dimensions, recognizing that the therapeutic relationship is a common, though not the sole, relational experience of hope for clients in therapy. The MHCPS offers a nuanced and well-validated option for psychotherapeutic research on hope. Among the many assets of the MHCPS is its ability to provide refined information about the complex interrelationship between client hope and client relationships (therapeutic and other). When employed in clinical settings, the MHCPS can be used to identify and open a range of clinical conversations about where and how hope is currently experienced by clients. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Larsen, Sadie E.; Mackintosh,	2022	Temporary PTSD symptom	Psychological Trauma: Theory,	14	5	853–861	Objective: Concern about symptom worsening with trauma-focused treatment may be one factor hindering

<p>Margaret-Anne; La Bash, Heidi; Evans, Wyatt R.; Suvak, Michael K.; Shields, Norman; Lane, Jeanine E. M.; Sijercic, Iris; Monson, Candice M.; Wiltsey Stirman, Shannon</p>		<p>increases among individuals receiving CPT in a hybrid effectiveness-implementation trial: Potential predictors and association with overall symptom change trajectory</p>	<p>Research, Practice, and Policy</p>			<p>the implementation of evidence-based treatments for PTSD, like cognitive processing therapy (CPT), despite evidence for their efficacy. Previous studies have examined the frequency and effect of symptom exacerbation, or temporary symptom increases, on outcomes, but primarily in randomized clinical trials. Method: We examined this issue in a community sample of participants receiving CPT from front-line clinicians learning to deliver CPT in a randomized controlled implementation trial of training strategies. Patient participants (n = 183) completed self-report measures of PTSD symptoms at each session. Results: Most participants (67.3%) experienced at least one temporary symptom increase during CPT (only 1.6% continued to have higher symptoms by the end of treatment). Demographic variables, comorbid conditions (i.e., depression, anxiety, substance use), and baseline PTSD symptom levels did not predict symptom increases. Importantly, symptom increases did not predict treatment noncompletion, posttreatment PTSD symptom levels, or loss of probable PTSD diagnosis. Moreover, growth curve modeling revealed that temporary symptom increases did not predict the trajectory of PTSD symptoms over the course of treatment. Conclusions: The rates of symptom increases, which were higher than in previous studies, may be attributed to a routine care sample or to the differences in session timing and measurement. These results add to a nascent literature documenting that symptom increases may be a normal, transient part of treatment that do not impact a patient's ability to have symptom improvement during a course of CPT. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
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Laudenberg, Bernd	2023	Strungorientiertes psychodramatisches Arbeiten mit Menschen mit Bipolar-I-Strungen	Zeitschrift fr Psychodrama und Soziometrie	22	1	121-127	Psychodramatechniken untersttzen die Behandlung von Menschen mit Bipolar-I-Strung und machen wichtige Aspekte der Erkrankung erlebbar. Dieser Toolbox-Beitrag in der Zeitschrift fr Psychodrama und Soziometrie skizziert, wie das Herausarbeiten der drei unterschiedlichen Ich-Zustnde ("manisches Ich", "depressives Ich", "kompetentes bzw. gesundes Ich"), eine metaperspektivische Arbeit mit der Timeline sowie ein ressourcenorientiertes Rolleninterview mit dem "kompetenten bzw. gesunden Ich" der Zukunft hilfreich sein knnen. (c) Springer Fachmedien Wiesbaden GmbH
Launeanu, Mihaela; Klaassen, Derrick; Muir, Bruce A.	2019	Logotherapy and Existential Analysis Therapy Illustration				356-368	
LaVela, Sherri L.; Turcios, Stephanie; Malhiot, Alex; Etingen, Bella; Hill, Jennifer N.; Miskevics, Scott	2016	Do perceptions of family-centered care differ in older and younger family/caregivers of U.S. veterans?	Families, Systems, & Health	34	2	136-149	Introduction: Family-centered care (FCC) involves partnering with patients and family/caregivers ("caregivers"), engaging them in decisions, and providing support. FCC may be measured across 3 dimensions: respect, collaboration, and support and needs likely vary by caregiver age. The objective was to examine and compare caregiver perceptions of FCC by age. Method: We mailed surveys to family/caregivers of Veterans. We collected demographics and measured respect, collaboration, and support using the Family-Centered Care Survey (FCCS). We calculated mean values and conducted bivariate comparisons, dichotomized by caregiver age (≥ 60 vs. < 60), of demographics and FCC constructs. We completed thematic analysis on open-ended text. Results: Caregivers ($n = 2,111$) aged ≥ 60 versus < 60 were more likely to be spouses (81% vs. 62%, $p < .0001$) and White (74% vs. 50%, $p < .0001$). Overall

							FCC subscales values were high: respect (3.30), collaboration (3.07), and support (2.99). Older caregivers reported higher respect (3.36 vs. 3.22, $p < .001$), collaboration (3.12 vs. 2.98, $p < .0001$), and support (3.06 vs. 2.88, $p < .0001$). Qualitative analysis revealed collaboration, communication, hospital climate, and physical environment as important to FCC and supplemented quantitative findings on age. Examples highlighted both positive perceptions of FCC and areas of concern, such as feeling “unheard” and “like I am bothering providers,” and needing “more comfortable seating” and “better parking.” Discussion: Caregivers perceived high FCC levels at VA facilities, reporting highest on respect and lowest on support. Older caregivers perceived better FCC compared with younger caregivers. Several concerns identified can be used to target improvements to FCC including: improved support, collaboration between patient/family/provider, and climate/environmental enhancements. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
LaVela, Sherri L.; Wu, Justina; Nevedal, Andrea L.; Harris, Alex H. S.; Frayne, Susan M.; Arnow, Katherine D.; Barreto, Nicolas B.; Davis, Kristen; Eisenberg, Dan	2023	The impact of the COVID-19 pandemic on individuals living with spinal cord injury: A qualitative study	Rehabilitation Psychology	68	1	12–24	Purpose/Objective: To explore the impact of the COVID-19 pandemic as experienced and reported by individuals living with a spinal cord injury (SCI). Research Method/Design: Descriptive qualitative design using in-depth semistructured interviews with individuals with SCI ($n = 33$) followed by thematic analysis. Results: Three main themes described impacts of the COVID-19 pandemic. (a) Impact on health care use; subthemes elaborated that this was attributable to in-person health care facility restrictions or individual decisions to delay care. Individuals with SCI experienced lapses in primary and SCI-specialty care, rehabilitation/therapy services, and home care, but some made use of telehealth

							<p>services. (b) Impact on weight and/or weight management lifestyle behaviors; subthemes discussed that engagement in physical activity declined because of fitness center closures, recreational activity cancellations, and safety precautions limiting community-based and outdoor activities. The pandemic disrupted participants' independence in purchasing and making preferred food selections which impacted healthy eating. Participants ate due to boredom, at nonmealtimes, and consumed unhealthy foods during the pandemic. (c) Impact on psychosocial factors; included subthemes noting reduced social interactions, social participation, and ability to pursue pastimes with family, friends, and groups they belonged to. The pandemic also triggered emotional reactions such as worry, fear, doubt, demotivation, and feelings of social isolation. Conclusions: Our findings highlight the magnitude of consequences faced by individuals with SCI when restrictions to health care, healthy lifestyle endeavors, and social participation occurred during the COVID-19 pandemic. Findings may inform SCI health care providers on what is needed in response to future public health or natural disaster crises. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Lavi-Rotenberg, Adi; Bar-Kalifa, Eran; Jong, Steven de; Igra, Libby; Lysaker, Paul H.; Hasson-Ohayon, Ilanit	2020	Elements that enhance therapeutic alliance and short-term outcomes in metacognitive reflection and insight therapy:	Psychiatric Rehabilitation Journal	43	4	318–326	<p>Objective: Preliminary evidence has found metacognitive capacity is associated with therapeutic alliance and with other outcomes in psychotherapy among persons with schizophrenia. The current study explored: (a) before to after changes in clients' metacognition capacity following Metacognitive Reflection and Insight Therapy (MERIT) and (b) whether the use of specific therapeutic elements of MERIT were followed by higher ratings of therapeutic alliance at the end of each session as well as with short-</p>

		A session-by-session assessment					term outcome as measured prior to the next session, in a session-by-session intensive data collection. Method: Two hundred twenty-one sessions of 10 completers with schizophrenia who took part in an ongoing MERIT trial were analyzed. Measures of therapeutic alliance (short version of the Working Alliance Inventory), general outcome (Outcome Rating Scale), and metacognition (Metacognition Assessment Scale–Abbreviated) were used. Results: Findings showed significant change in 2 domains of metacognition, self-reflectivity and mastery, following therapy. In addition, the presence of 2 specific MERIT elements, the introduction of the therapist’s mind and reflecting on the progress in therapy within a given session, were related to better outcomes in the following week. Finally, reflecting on the progress was also followed by higher therapeutic alliance. Conclusions: Metacognitively oriented therapy may positively affect both therapeutic alliance and short-term outcome. Specifically discussing the therapist’s and client’s experiences of what is occurring in therapy may positively affect short-term outcome and could be applicable to other psychotherapy approaches. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Law, Heather; Avins, Andrew; Stahl, Robert; Goodreau, Michelle; Jacobson, Alice; Sudat, Sylvia; Pressman, Alice	2020	Recruitment, retention, and adherence in a randomized feasibility trial of mindfulness-based stress reduction for patients with migraine	Complementary therapies in medicine	55		102610	OBJECTIVES: Increasing evidence demonstrates effectiveness of Mindfulness-Based Stress Reduction (MBSR) for pain-related and functional disorders. In order to conduct successful and efficient trials of MBSR, evidence regarding the relative performance of strategies to improve recruitment, retention, and adherence is required, but few studies have examined these issues specifically. DESIGN: In preparation for a fully powered trial, we conducted a 2-arm, parallel comparison randomized controlled feasibility trial of MBSR vs. usual-

							<p>care for 60 patients with migraine headache. SETTING: Two large U.S. health systems in Northern California. INTERVENTION: MBSR is an 8-week classroom-based intervention that combines mindfulness meditation and yoga, with didactic presentations about stress psychology and group process/experiential education. Participants received the intervention at their choice of one of several existing, vetted community-based classes. MAIN OUTCOME MEASURES: Successful recruitment was defined a priori as 18 participants within any 9-week period or 60 participants enrolled within a 36-week period. We considered participants adherent to the intervention if they attended at least 5 of the 8 weekly classes and the day-long retreat. RESULTS: We successfully enrolled 18 participants within a 7-week period, however, we did not attain our second goal of recruiting 60 participants within a 36-week period. Sixty-eight percent of our participants were adherent to the intervention. CONCLUSIONS: We found that close monitoring of recruitment activities, flexibility in protocol modifications, and integration within the delivery system were crucial factors for successful participant recruitment, retention, and adherence in mindfulness research.</p>
Lawton, Michelle; Sage, Karen; Haddock, Gillian; Conroy, Paul; Serrant, Laura	2018	Speech and language therapists' perspectives of therapeutic alliance construction and maintenance in	International journal of language & communication disorders	53	3	550–563	<p>BACKGROUND Therapeutic alliance refers to the interactional and relational processes operating during therapeutic interventions. It has been shown to be a strong determinant of treatment efficacy in psychotherapy, and evidence is emerging from a range of healthcare and medical disciplines to suggest that the construct of therapeutic alliance may in fact be a variable component of treatment outcome, engagement and satisfaction.</p>

		aphasia rehabilitation post-stroke					<p>Although this construct appears to be highly relevant to aphasia rehabilitation, no research to date has attempted to explore this phenomenon and thus consider its potential utility as a mechanism for change.</p> <p>AIMS To explore speech and language therapists' perceptions and experiences of developing and maintaining therapeutic alliances in aphasia rehabilitation post-stroke.</p> <p>METHODS & PROCEDURES Twenty-two, in-depth, semi-structured interviews were conducted with speech and language therapists working with people with aphasia post-stroke. Qualitative data were analysed using inductive thematic analysis.</p> <p>OUTCOMES & RESULTS Analysis resulted in the emergence of three overarching themes: laying the groundwork; augmenting cohesion; and contextual shapers. Recognizing personhood, developing shared expectations of therapy and establishing therapeutic ownership were central to laying the groundwork for therapeutic delivery. Augmenting cohesion was perceived to be dependent on the therapists' responsiveness and ability to resolve both conflict and resistance, as part of an ongoing active process. These processes were further moulded by contextual shapers such as the patient's family, relational continuity and organizational drivers.</p> <p>CONCLUSIONS & IMPLICATIONS The findings suggest that therapists used multiple, complex, relational strategies to establish and manage alliances with people with aphasia, which were reliant on a fluid interplay of verbal and non-verbal skills. The data highlight the need for further training to support therapists</p>
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							to forge purposive alliances. Training should develop: therapeutic reflexivity; inclusivity in goal setting, relational strategies; and motivational enhancement techniques. The conceptualization of therapeutic alliance, however, is only provisional. Further research is essential to elucidate the experiences and perceptions of alliance development for people with aphasia undergoing rehabilitation.
Lazarus, Gal; Sened, Haran; Rafaeli, Eshkol	2020	Subjectifying the Personality State: Theoretical Underpinnings and an Empirical Example	Eur J Pers (European Journal of Personality)	34	6	1017– 1036	
Lbeck, Anja; Wlte, Dieter	2018	Schematherape utische Interventionen in der Beratung					Nach Ausfhrungen zu den Grundlagen der Schematherapie wird ber schematherapeutische Interventionen in der Beratung informiert. Dabei werden Techniken der Beziehungsgestaltung (begrenzte Nachbeelterung, empathische Konfrontation) und Vernderungstechniken (kognitive, emotionsfokussierte, verhaltensorientierte Methoden) skizziert.
Ldemann, Martin	2021	Kann Gruppenanalyse Organisationsbe ratung?. Eine erfahrungsorien tierte Exploration, eine Idee und ein Blick in die Zukunft	Gruppenanalyse	31	1-2	132–147	Dieser Betrag beleuchtet gruppenanalytische Kernelemente in der Organisationsberatung und stellt einen gewissen Mangel bezglic eines umfassenden Beratungskonzepts fr Organisationsberatung fest. In einem weiteren Schritt wird der systemische- psychodynamische Ansatz (Tavistock) als Ergnzung zur Gruppenanalyse vorgestellt und empfohlen. Diese gesamte Argumentation ist in eine persnlich gefrbte Suche nach dem "richtigen Ansatz" eingewebt.

Le Coutre, Christine	2016	Focusing zum Ausprobieren. Eine Einfhrung fr psychosoziale Berufe					Eingefhrt wird in die Methode des Focusing, welche einen Prozess darstellt, in dem das Denken mit dem krperlichen Erleben in Interaktion tritt. Implizites Wissen und Intuition finden durch dieses Vorgehen Gehr. Vermittelt werden Hintergrundwissen zur Theorie des Focusing, empirische Forschungsergebnisse und der Bezug des Focusing zu Achtsamkeit und neurowissenschaftlichen Konzepten. Viele bungen und Arbeitsbltter laden zum Ausprobieren der Methode ein, entweder mit einem Partner oder im Selbstfocusing. Audio-Anleitungen und Video-Beispiele knnen begleitend genutzt werden. - Inhalt: (1) Einfhrung und Gebrauchsanweisung. (2) Wissenswertes ber Focusing. (3) Focusing zum Ausprobieren. (4) Weitere Focusing-Formate und ihre Anwendungen. (5) Wo Sie noch mehr ber Focusing erfahren knnen. (6) berblick ber die Materialien im Buch.
Le Rhun, A.; Caillet, P.; Lebeaupin, M.; Duval, M.; Guilmault, L.; Anthoine, E.; Borghi, G.; Leclère, B.; Moret, L.	2023	Mind-body and art therapies impact on emotional regulation in patients with chronic diseases: a pragmatic mixed-methods randomized controlled trial	BMC complementary medicine and therapies	23	1	344	BACKGROUND: Effective emotional regulation is recognized as essential to a good mental health of people with chronic diseases, and Mind-body and Art Therapies (MBATs) could have a positive effect on emotional regulation skills in this population. Thus, we aimed to evaluate the effect of MBATs on emotional regulation as measured by the Difficulties in Emotion Regulation Scale (DERS) questionnaire. METHODS: A convergent mixed approach nested in a pragmatic superiority two arms parallel randomized controlled trial was conducted. French speaking adults with one or more chronic somatic illnesses and not suffering from a chronic psychiatric disorder unrelated to one of their chronic somatic illness were included. At inclusion, non-directive interviews were conducted, followed by an initial DERS assessment. The same combination of evaluation was implemented after 6 months of activity (T1). After inclusion, each participant

						<p>was randomized within either the intervention group (G1) or the control group (G2) following a controlled wait-list design by use of a pregenerated randomization list. Staff and patient were blinded to this list until the initial evaluation was completed, after which the trial was conducted in an open-label fashion. Participants chose 2 mediations: one creativity-focused (art-therapy, writing workshop, theatre of life, vocal workshop) and one mind-body-focused (mindfulness meditation, Pilates, shiatsu, ayurvedic massages). G1 started their mediations immediately after inclusion, while G2 started 6 months later. Primary outcome was the change in means at 6 months in the overall DERS score compared between each group. Non-directive interviews were carried out at the inclusion and after 6 months of MBATs. A continuous inductive analysis was carried out on gathered material in G1 to explore the participants' experiences regarding their disease and their perceived changes associated to the intervention. RESULTS: A total of 150 patients was randomized (75 per groups) at the end of the study. At T1, 133 patients filled out the final questionnaire (67 in G1 vs 66 in G2) and 112 interviews were analysed (54 in G1 vs 58 in G2). All 150 patients were analysed (intention to treat) using a multiple imputation approach. The mean DERS score at T0 was equal to 82.8 ± 21.1 and 85.0 ± 20.2 in G1 and G2 respectively. On average, at T1, the score decreased in the G1 ($\Delta = -4.8$, $SD = 21.3$) and in G2 ($\Delta = -0.11$, $SD = 17.8$). The difference in decrease, however, was not statistically significant ($p = 0.13$). Qualitative analysis underlined some MBATs benefits on emotional regulation, especially on regulation strategies. No harms related to the intervention has been observed. CONCLUSIONS: This study only partially supports</p>
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							benefits on MBAT on emotional regulation skills enhancement in patients with chronic disease receiving MBATs, as measured by the DERS scale. TRIAL REGISTRATION: The protocol was registered on Clinical Trials (NCT02911207).
Le, Teresa; Rodrigues, Brianna; Hess, Laura Greiss	2021	Video Modeling Use in Work Occupations for People With Autism: A Systematic Review	The American journal of occupational therapy : official publication of the American Occupational Therapy Association	75	3		<p>IMPORTANCE: Occupational therapy practitioners should use evidence-based practices, such as video modeling, to address work occupations supporting people with autism spectrum disorder, including those with co-occurring intellectual and developmental disabilities. OBJECTIVE: To examine the evidence and relevance of video modeling supporting engagement in work occupations for people with autism and to translate these findings to occupational therapy practice. DATA SOURCES: Cochrane Collection Plus, CINAHL, PubMed, ERIC, ProQuest, and peer-reviewed occupational therapy literature from 2008 to 2018. Study Selection and Data Collection: This review followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Study selection and data collection focused on occupational therapy scope of practice, autism spectrum disorder, co-occurring intellectual and developmental disabilities, video modeling, and work occupations for people age 16 yr and older. FINDINGS: A total of 464 articles were screened. Six articles met inclusion criteria. Results indicated moderate evidence for video modeling to support work occupations for people with autism, specifically employment seeking and acquisition and specific job-performance skills. Samples were limited to people younger than age 28 yr and represented varied intellectual abilities, indicating potential for benefits across the spectrum of cognitive functioning. CONCLUSIONS AND RELEVANCE: This</p>

						systematic review highlights the promising potential of video modeling to address work occupations for people with autism. However, more rigorous effectiveness research is needed, including studies by occupational therapy practitioners. What This Article Adds: Occupational therapy expertise paired with video modeling, as a strengths-based, client-centered, customizable, socially acceptable intervention, can provide meaningful support for work occupations.
Lebensohn-Chialvo, Florencia; Sudano, Laura E.; Terry, Michael	2022	Out of textbook and [almost] into the clinic: Case simulation in integrated care training	Families, Systems, & Health	40	4	Introduction: A growing recognition of the need for specialized training to prepare health care providers to work in integrated care (IC) settings requires innovative methods to educate learners. There is an opportunity to provide IC trainees with relevant experiential opportunities to practice these techniques using simulation-based learning, a well-established training approach in medical education. Method: This pilot study sought to examine the feasibility of using simulation-based learning in the interprofessional training of Marital and Family Therapy (MFT) and Family Nursing Practitioner (FNP) trainees in relevant integrated care competencies. Participants included 26 learners (21 MFT and five FNP). The case simulation event involved students completing a video telehealth clinical encounter involving a warm handoff. Clinical faculty observed trainees, completed a checklist designed specifically for the event, and provided feedback directly after the event. Results: Trainees reported high satisfaction with the use of simulation-based learning. Observational coding revealed that trainees successfully implemented many elements of a warm handoff, however, aspects involving interprofessional communication, brief intervention, and follow-up planning appeared more challenging.

							Discussion: Increased utilization of interprofessional case simulation training in masters and doctoral level behavioral health programs could help accelerate the development of a competent integrated care workforce. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Lechner, Benjamin	2023	Psychodrama und Drachen: Die Verwendung von Pen & Paper-Rollenspielen in der Psychodrama-Psychotherapie mit Jugendlichen und jungen Erwachsenen	Zeitschrift fr Psychodrama und Soziometrie	22	1	143–157	Dieser Beitrag in der Zeitschrift fr Psychodrama und Soziometrie (ZPS) beschftigt sich mit Mglichkeiten, Pen & Paper-Rollenspiele in der psychodramatischen Gruppentherapie mit Jugendlichen und jungen Erwachsenen einzusetzen. Zu Beginn wird das Spielprinzip dieser Rollenspiele und ihre steigende Popularitt am Beispiel von Dungeons & Dragons vorgestellt, um anschlieend zu beleuchten, wie sie bisher zur Frderung psychischer Gesundheit angewandt wurden. Es folgt eine Darstellung heutiger virtueller Welten, die fr viele junge Menschen groe Bedeutung haben, weil sie Mglichkeiten bieten, Beziehungen zu Gleichaltrigen einzugehen, aber auch Identifikationsfiguren in Form von Spielfiguren (Charaktere) zur Verfugung stellen. Fr die psychische Entwicklung frderliche und hinderliche Aspekte solcher Erfahrungen werden dargestellt. Abschlieend werden die psychodramatische Anwendung von Dungeons & Dragons diskutiert und Praxisbeispiele prsentiert.(c) Springer Fachmedien Wiesbaden GmbH
Lechner-Meichsner, Franziska; Mauro, Christine; Skritskaya, Natalia A.;	2022	Change in avoidance and negative grief-related cognitions mediates treatment outcome in	Psychotherapy Research	32	1	78–90	Objective: The present study investigated the role of the two theoretically derived mediators in the treatment of Prolonged Grief Disorder (PGD). Mediators were changes in avoidance and maladaptive cognitions. An additional hypothesis tested whether these candidate mediators are specific to CBT-based Complicated Grief Treatment (CGT) compared to Interpersonal Therapy (IPT). Method: We performed secondary analyses with assessment

Shear, M. Katherine		older adults with prolonged grief disorder				<p>completers (n = 131) from a randomized-controlled trial with older adults with PGD. Patients received 16 sessions of CGT or IPT. Outcomes were treatment response and reductions in grief symptoms and grief-related related impairment. Results: Reductions in avoidance between baseline and week 16 mediated reductions in grief symptoms and grief-related impairment. Reductions in maladaptive grief-related cognitions over the same period mediated treatment response, reductions in grief symptoms and grief-related impairment. There were no significant treatment-mediator interactions. We could not establish that mediators changed before the outcomes. Conclusion: Results are consistent with theoretical models of PGD, including the CGT treatment model. Despite different therapeutic procedures, we found no significant interaction effect, but CGT produced larger effects. Future research needs to establish a timeline of change through the use of multiple measurements of mediators and outcomes.</p>
Lee, Athene K. W.; Gansler, David A.; Zhang, Nanyin; Jerram, Matthew W.; King, Jean A.; Fulwiler, Carl	2017	Relationship of mindful awareness to neural processing of angry faces and impact of mindfulness training: A pilot investigation	Psychiatry research. Neuroimaging	264	22–28	<p>Mindfulness is paying attention, non-judgmentally, to experience in the moment. Mindfulness training reduces depression and anxiety and influences neural processes in midline self-referential and lateralized somatosensory and executive networks. Although mindfulness benefits emotion regulation, less is known about its relationship to anger and the corresponding neural correlates. This study examined the relationship of mindful awareness and brain hemodynamics of angry face processing, and the impact of mindfulness training. Eighteen healthy volunteers completed an angry face processing fMRI paradigm and measurement of mindfulness and anger traits. Ten of these participants were recruited from a Mindfulness-Based Stress Reduction (MBSR) class and</p>

							also completed imaging and other assessments post-training. Self-reported mindful awareness increased after MBSR, but trait anger did not change. Baseline mindful awareness was negatively related to left inferior parietal lobule activation to angry faces; trait anger was positively related to right middle frontal gyrus and bilateral angular gyrus. No significant pre-post changes in angry face processing were found, but changes in trait mindful awareness and anger were associated with sub-threshold differences in paralimbic activation. These preliminary and hypothesis-generating findings, suggest the analysis of possible impact of mindfulness training on anger may begin with individual differences in angry face processing.
Lee, Benjamin J.; Go, Alan S.; Parikh, Rishi; Leong, Thomas K.; Tan, Thida C.; Walia, Sophia; Hsu, Raymond K.; Liu, Kathleen D.; Hsu, Chi-Yuan	2018	Pre-admission proteinuria impacts risk of non-recovery after dialysis-requiring acute kidney injury	Kidney international	93	4	968-976	Renal recovery after dialysis-requiring acute kidney injury (AKI-D) is an important clinical and patient-centered outcome. Here we examined whether the pre-admission proteinuria level independently influences risk for non-recovery after AKI-D in a community-based population. All adult members of Kaiser Permanente Northern California who experienced AKI-D between January 1, 2009 and September 30, 2015 were included. Pre-admission proteinuria levels were determined by dipstick up to four years before the AKI-D hospitalization and the outcome was renal recovery (survival and dialysis-independence four weeks and more) at 90 days after initiation of renal replacement therapy. We used multivariable logistic regression to adjust for baseline estimated glomerular filtration rate (eGFR), age, sex, ethnicity, short-term predicted risk of death, comorbidities, and medication use. Among 5,347 adults with AKI-D, the mean age was 66 years, 59% were men, and 50% were white. Compared with negative/trace proteinuria, the adjusted odds ratios for non-recovery

							(continued dialysis-dependence or death) were 1.47 (95% confidence interval 1.19-1.82) for 1+ proteinuria and 1.92 (1.54-2.38) for 2+ or more proteinuria. Among survivors, the crude probability of recovery ranged from 83% for negative/trace proteinuria with baseline eGFR over 60 mL/min/1.73m(2) to 25% for 2+ or more proteinuria with eGFR 15-29 mL/min/1.73m(2). Thus, the pre-AKI-D level of proteinuria is a graded, independent risk factor for non-recovery and helps to improve short-term risk stratification for patients with AKI-D.
Lee, Daniel J.; Schnitzlein, Carla W.; Wolf, Jonathan P.; Vythilingam, Meena; Rasmusson, Ann M.; Hoge, Charles W.	2016	PSYCHOTHERAPY VERSUS PHARMACOTHERAPY FOR POSTTRAUMATIC STRESS DISORDER: SYSTEMIC REVIEW AND META-ANALYSES TO DETERMINE FIRST-LINE TREATMENTS	Depression and anxiety	33	9	792–806	<p>BACKGROUND Current clinical practice guidelines (CPGs) for posttraumatic stress disorder (PTSD) offer contradictory recommendations regarding use of medications or psychotherapy as first-line treatment. Direct head-to-head comparisons are lacking.</p> <p>METHODS Systemic review of Medline, EMBASE, PILOTS, Cochrane Central Register of Controlled Trials, PsycINFO, and Global Health Library was conducted without language restrictions. Randomized clinical trials ≥8 weeks in duration using structured clinical interview-based outcome measures, active-control conditions (e.g. supportive psychotherapy), and intent-to-treat analysis were selected for analyses. Independent review, data abstraction, and bias assessment were performed using standardized processes. Study outcomes were grouped around conventional follow-up time periods (3, 6, and 9 months). Combined effect sizes were computed using meta-analyses for medication versus control, medication pre-/posttreatment, psychotherapy versus control, and psychotherapy pre-/posttreatment.</p> <p>RESULTS</p>

						<p>Effect sizes for trauma-focused psychotherapies (TFPs) versus active control conditions were greater than medications versus placebo and other psychotherapies versus active controls. TFPs resulted in greater sustained benefit over time than medications. Sertraline, venlafaxine, and nefazodone outperformed other medications, although potential for methodological biases were high. Improvement following paroxetine and fluoxetine treatment was small. Venlafaxine and stress inoculation training (SIT) demonstrated large initial effects that decreased over time. Bupropion, citalopram, divalproex, mirtazapine, tiagabine, and topiramate failed to differentiate from placebo. Aripiprazole, divalproex, guanfacine, and olanzapine failed to differentiate from placebo when combined with an antidepressant.</p> <p>CONCLUSIONS</p> <p>Study findings support use of TFPs over nontrauma-focused psychotherapy or medication as first-line interventions. Second-line interventions include SIT, and potentially sertraline or venlafaxine, rather than entire classes of medication, such as SSRIs. Future revisions of CPGs should prioritize studies that utilize active controls over waitlist or treatment-as-usual conditions. Direct head-to-head trials of TFPs versus sertraline or venlafaxine are needed.</p>
Lee, Jeong-Sook	2007	Gestalttherapie zur Prvention von Depression. Ein Programm zur Gestaltgruppenarbeit mit kreativen				<p>Ein Programm fr die indikative Prvention von Depressionen bei Jugendlichen, basierend auf der Gestaltgruppenarbeit mit kreativen Medien, wird entwickelt und auf seine Wirksamkeit hin untersucht. Das Programm GPD-J (Gestalttherapeutische indikative Prvention von Depression bei Jugendlichen) wurde auf den gestalttherapeutischen und emotionsfokussierten therapeutischen Grundlagen mit dem methodischen</p>

		Medien für Jugendliche in der Schule					<p>Einsatz von kreativen Medien kombiniert. Die Behandlungsgrundlage des Programms gegen Depression stammt aus dem Manual EFT (Emotions-Fokussierte Therapie). Es besteht aus zehn therapeutischen Sitzungen, in denen sich die Teilnehmer jeweils zwei Stunden mit verschiedenen kreativen Medien beschäftigen. Zur Durchführung des Programms wurden 44 Schülerinnen im Alter zwischen 16 und 18 nach subklinischer depressiver Symptomatik unter den Kriterien DSM-VI und nach BDI (Becks Depression Inventar) Werten ausgewählt. Die Schülerinnen wurden zufällig in Versuchs- und Kontrollgruppe eingeteilt. Die beiden Gruppen waren bezogen auf die depressive Symptomatik homogen. Zur Prüfung der Wirksamkeit des Programms GPD-J wurden Versuchs- und Kontrollgruppe vor Beginn der Intervention, nach Abschluss der Intervention und drei sowie sechs Monate später psychologisch getestet. Eine signifikante Reduzierung der depressiven Symptome sowie der psychischen Beschwerden und eine signifikante Steigerung des psychischen Wohlbefindens konnten festgestellt werden. Die Versuchsgruppe machte während der Intervention klare Fortschritte; im Vergleich zur Kontrollgruppe wurden erhebliche Verbesserungen in den Bereichen Depression, Depressivität, psychische Beschwerden und psychisches Wohlbefinden erreicht. Die langfristigen Effekte nach drei und sechs Monaten erwiesen sich als statistisch durchgehend signifikant. Darüber hinaus wurde im Therapieprozess untersucht, welches Erlebnis während des Programmverlaufs für die Teilnehmerinnen hilfreich war. Die von den Teilnehmerinnen ausgewählten Erlebnisse wurden qualitativ analysiert, um Wirkfaktoren herauszufinden. Es wurden drei phasenabhängige</p>
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						<p>Hilfsfaktoren - in der Anfangsphase, der Mittelphase und der Endphase vorkommende Faktoren - und ein phasenunabhängiger Faktor gefunden. Die Erlebnisse wurden nach der qualitativen Analyse kategorisiert, und zwar nach den Kategorien "Expression", "Kontakt mit anderen", "Problem" und "Selbstwahrnehmung". Die hilfreichen Erlebnisse wurden nach den vier Kategorien sortiert und ihre Häufigkeit analysiert. Es zeigte sich, dass am häufigsten "Selbstwahrnehmung", dann der Reihe nach "Expression", "Kontakt mit anderen" und "Problem" im gesamten Verlauf des Programms für die Teilnehmerinnen hilfreich waren. "Expression" wurde in der ersten bzw. fünften Sitzung am häufigsten genannt. "Kontakt mit anderen" wurde durchgehend von Anfang an bis zum Ende des Verlaufs des Programms, aber am häufigsten in der fünften Sitzung benannt. "Problem" war am häufigsten in der siebten Sitzung während des Verlaufs erwähnt worden. "Selbstwahrnehmung" wurde ab der siebten Sitzung bis zum Ende des Programms immer häufiger genannt, zeigte sich also am häufigsten in der zehnten Sitzung.</p>	
Lee, Jonathan Him Nok; Chong, Eddie S. K.; Chui, Harold; Lee, Tan; Luk, Sarah; Tao, Dehua; Lee, Nicolette Wing Tung	2023	A curvilinear association between therapists' use of discourse particles and therapist empathy in psychotherapy	Journal of Counseling Psychology		19 39- 21 68(Ele ctr oni c), 00 22- 01 67(00	562-570	<p>This study investigates the relationships between therapists' use of discourse particles and therapist empathy. Discourse particles, commonly found in non-English languages, are verbal elements that constitute metacommunication by encoding speakers' emotions and attitudes, which are typically expressed by nonverbal behaviors (e.g., intonation, tone, facial expression, nodding). We hypothesize an inverted U-shaped curvilinear relationship between therapists' use of discourse particles and therapist empathy, given the notion that an optimal level of therapists' emotion in psychotherapy can facilitate clients' inner experiencing and self-expression. Four psychotherapy sessions each</p>

					Print)		from 39 therapist–client dyads were analyzed. After each session, therapist empathy was rated by trained observers using the Therapist Empathy Scale (TES) and by clients using the Barrett-Lennard Relationship Inventory (BLRI). Multilevel modeling shows that both the person-level negative quadratic term and positive linear term for therapists’ usage of discourse particles are significant in predicting mean TES with large effect sizes. The same predictors do not yield significant results in predicting mean BLRI but they trend in similar directions of associations with medium effect sizes. Our results suggest the optimal usage of discourse particles by therapists is around 20.3% (out of all utterances). The nonsignificant results in BLRI may be attributed to the relatively small sample size of our data and the noncommunication orientation of the client-rated measure. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Lee, Katherine D. M.; Rodriguez, Lindsey M.; Edwards, Katie M.; Neal, Angela M.	2020	Emotional dysregulation and intimate partner violence: A dyadic perspective	Psychology of Violence	10	2		Objective: Although there has been a considerable amount of research on the association between emotional dysregulation and intimate partner violence (IPV) perpetration, few researchers have examined this connection from a dyadic perspective. This perspective is important because emotional regulation is a largely dyadic process and IPV is often bidirectional. The current research aims to identify how partners’ levels of emotional dysregulation interact to predict IPV perpetration. Method: Participants included young adult romantic dyads (N = 160). Participants completed self-report measures of emotional dysregulation and psychological, physical, and sexual violence perpetration. Results: Actor and partner effects for physical and sexual violence perpetration were found and only an actor effect

							for psychological perpetration was found, indicating that higher levels of emotional dysregulation of either partner were associated with an increased risk of physical and sexual violence perpetration, and a higher risk of psychological perpetration when only the actor was dysregulated. A significant interaction between partners' levels of emotional dysregulation, gender, and physical perpetration was found, indicating that when men were paired with relatively regulated female partners, their own dysregulation was not related to their perpetration. However, when paired with a relatively dysregulated female partner, their own dysregulation was related to their perpetration. Conclusions: These results underscore the dyadic nature of couple conflict and the importance of addressing both partners' emotional dysregulation in interventions. Future research would benefit from the development of measures of interpersonal emotion regulation and exploration of the possibility that couples-focused emotion regulation therapy may mitigate experiences of IPV. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Lee, Kyung Hee; Lee, Ji Yeon; Kim, Bora	2022	Person-Centered Care in Persons Living With Dementia: A Systematic Review and Meta-analysis	The Gerontologist	62	4	e253-e264	BACKGROUND AND OBJECTIVES: The concept of person-centered care has been utilized/adapted to various interventions to enhance health-related outcomes and ensure the quality of care delivered to persons living with dementia. A few systematic reviews have been conducted on the use of person-centered interventions in the context of dementia care, but to date, none have analyzed intervention effect by intervention type and target outcome. This study aimed to review person-centered interventions used in the context of dementia care and examine their effectiveness. RESEARCH DESIGN AND METHODS: A systematic review and meta-analysis

							<p>were conducted. We searched through 5 databases for randomized controlled trials that utilized person-centered interventions in persons living with dementia from 1998 to 2019. Study quality was assessed using the National Institute for Health and Clinical Excellence checklist. The outcomes of interest for the meta-analysis were behavioral and psychological symptoms in dementia (BPSD) and cognitive function assessed immediately after the baseline measurement. RESULTS: In total, 36 studies were systematically reviewed. Intervention types were reminiscence, music, and cognitive therapies, and multisensory stimulation. Thirty studies were included in the meta-analysis. Results showed a moderate effect size for overall intervention, a small one for music therapy, and a moderate one for reminiscence therapy on BPSD and cognitive function. DISCUSSION AND IMPLICATIONS: Generally speaking, person-centered interventions showed immediate intervention effects on reducing BPSD and improving cognitive function, although the effect size and significance of each outcome differed by intervention type. Thus, health care providers should consider person-centered interventions as a vital element in dementia care.</p>
Lee, Nicholas A.; Spengler, Paul M.; Mitchell, Amy M.; Spengler, Elliot S.; Spiker, Douglas A.	2017	Facilitating withdrawer re-engagement in emotionally focused couple therapy: A modified task analysis	Couple and Family Psychology: Research and Practice	6	3	205–225	<p>A modified, discovery-oriented task analysis was conducted to delineate what therapist interventions and client emotional processes are involved in successful withdrawer re-engagement in Emotionally Focused Couple Therapy (EFT). EFT is an empirically validated approach to treating couples. Withdrawer re-engagement is seen as a key element of the change process in EFT, yet limited research is available as to how the process is facilitated in session. Seven videotaped samples of successful withdrawer re-engagement were critically</p>

						examined using task analytic methods. Therapist interventions and client emotional processes were assessed using the Emotion-Focused Therapy Coding Scheme and the Experiencing Scale. Implications for future research, clinical practice, and training are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Lee, Yejin; Ratchford, Juliette L.; Ming, Mason S.; Al-Kire, Rosemary L.; Glanzer, Perry L.; Dougherty, Kevin D.; Schnitker, Sarah A.		A person-centered approach to the dark triad traits and religiousness: Examining differences in intellectual humility, prosociality, and mental health in U.S. college students	Psychology of Religion and Spirituality			The present study uses a person-centered approach to examine personality profiles of religious variables and the dark triad traits in relation to intellectual humility, prosociality, and mental health cross-sectionally and longitudinally. Undergraduates at a religious university completed assessments across two timepoints (Time 1: N = 1,006; Time 2: N = 126). Latent profile analyses were conducted at Time 1 to examine profiles of religiousness (i.e., religious practices, vertical faith maturity, Christian orthodoxy, spiritual struggles, religious identity) and the dark triad traits (i.e., Machiavellianism, narcissism, psychopathy) on distal outcomes (i.e., intellectual humility, altruism, indifference, depression, anxiety, stress) at Time 1, Time 2 (2 years later), and Time 2 controlling for Time 1. Results revealed five profiles (low religious, struggling religious, moderates, prosocial religious, antisocial religious) that differed across outcomes. At Time 1, prosocial religious and antisocial religious scored highest in religiousness, but antisocial religious scored higher in the dark triad traits, indifference, depression, anxiety, and stress and lower in intellectual humility and altruism than prosocial religious. Struggling religious scored higher in depression, anxiety, and stress than other profiles at Time 1. Moderates scored higher on intellectual humility-openness compared to prosocial religious and antisocial religious at

						Time 2, and still scored higher than antisocial religious after controlling for Time 1. The findings suggest there are distinct profiles of religiousness and dark triad traits that predict outcomes cross-sectionally and longitudinally. This study demonstrates the value of taking a person-centered approach to examine the dark triad traits and religiousness. (PsycInfo Database Record (c) 2022 APA, all rights reserved)	
Lee, Yi-Hua; Chang, Guey-Ling; Chang, Hao-Yuan	2019	Effects of education and support groups organized by IBCLCs in early postpartum on breastfeeding	Midwifery	75		5-11	<p>OBJECTIVE To examine the effectiveness of breastfeeding education and peer support groups organized by International Board Certified Lactation Consultants (IBCLCs) during the first week (T1) and the fifth to sixth week postpartum (T2), in terms of breastfeeding self-efficacy and exclusive breastfeeding rate.</p> <p>DESIGN A quasi-experimental design.</p> <p>SETTING A maternity ward of a medical center in northern Taiwan.</p> <p>PARTICIPANTS 214 postpartum women.</p> <p>INTERVENTION The control group (n = 122) received standard care, while the intervention group (n = 92) received standard care and attended a support group at T1 and T2.</p> <p>MEASUREMENTS Outcome measures were assessed through self-administered questionnaires: Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) and exclusive breastfeeding rate. Demographic and obstetric data were collected from participants and from their medical records. A general estimating equation, t-tests, and chi-square tests were adopted to examine hypotheses.</p>

						<p>FINDINGS Before examining the hypotheses, homogeneous tests confirmed the equality between the groups at T1. There were significant differences in breastfeeding self-efficacy ($B = 0.21, p < 0.01$) between the two groups from T1 to T2. The breastfeeding self-efficacy of participants in the intervention group was significantly higher than those in the control group ($t = 3.26, p = 0.01$) at T2. The exclusive breastfeeding rate (61%) in the intervention group at T2 was significantly higher than the rate (39%) in the control group ($\text{chi-square} = 11.28, p = 0.001$).</p> <p>KEY CONCLUSIONS Attending IBCLC-organized breastfeeding education and support groups during early postpartum hospitalization may increase mothers' breastfeeding self-efficacy and exclusive breastfeeding rate.</p>	
Leichsenring, Falk; Abbass, Allan; Hilsenroth, Mark J.; Luyten, Patrick; Munder, Thomas; Rabung, Sven; Steinert, Christiane	2018	"Gold Standards," Plurality and Monocultures: The Need for Diversity in Psychotherapy	Frontiers in psychiatry	9		159	<p>For psychotherapy of mental disorders, presently several approaches are available, such as interpersonal, humanistic, systemic, psychodynamic or cognitive behavior therapy (CBT). Pointing to the available evidence, proponents of CBT claim that CBT is the gold standard. Some authors even argue for an integrated CBT-based form of psychotherapy as the only form of psychotherapy. CBT undoubtedly has its strengths and CBT researchers have to be credited for developing and testing treatments for many mental disorders. A critical review, however, shows that the available evidence for the theoretical foundations of CBT, assumed mechanisms of change, quality of studies, and efficacy is not as robust as some researchers claim. Most important, there is no consistent evidence that CBT is more efficacious than other evidence-based approaches. These findings do not justify regarding CBT as the gold standard psychotherapy.</p>

							They even provide less justification for the idea that the future of psychotherapy lies in one integrated CBT-based form of psychotherapy as the only type of psychotherapy. For the different psychotherapeutic approaches a growing body of evidence is available. These approaches have their strengths because of differences in their respective focus on interpersonal relationships, affects, cognitions, systemic perspectives, experiential, or unconscious processes. Different approaches may be suitable to different patients and therapists. As generally assumed, progress in research results from openness to new ideas and learning from diverse perspectives. Thus, different forms of evidence-based psychotherapy are required. Plurality is the future of psychotherapy, not a uniform "one fits all" approach.
Leipoldt, Jonathan D.; Harder, Annemiek T.; Kayed, Nanna S.; Knorth, Erik J.; Rimehaug, Tormod	2022	The mediating role of social climate in the association of youth and residential service characteristics and quality of life	American Journal of Orthopsychiatry	92	2	203–216	Previous research has shown that social climate (SC) is important for the daily life of youths living in therapeutic residential youth care (TRC). However, little is known on how SC can promote a positive quality of life (QoL) for the heterogeneous TRC population. This study, therefore, investigates how TRC and youth characteristics are associated with SC and QoL. We employed a combination of person-centered and variable-centered approaches in a cross-sectional design using a sample of 400 Norwegian youths. We used previously established TRC and youth classes in a structural equation model, where these classes were regressed on latent SC and QoL. Both direct and indirect effects were analyzed. All youth classes were associated with SC and QoL, such that youth with family problems, incidental problems, and the migrant background class scored higher on SC and QoL compared to the severe problems class. In addition, SC mediated the association of the incidental problems

							and migrant background classes on QoL. TRC staff should acknowledge that a positive SC can strengthen the QoL of youths with severe problems. Future research should longitudinally investigate these associations to establish long-term effects on QoL during stay in TRC. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Leitemo, Kai; Vestbø, Hanne Sofie Berg; Bakali, Jan Vegard; Nissen-Lie, Helene A.	2020	The role of attachment anxiety and avoidance for reduced interpersonal problems in training group analytic therapy	Group Dynamics: Theory, Research, and Practice	24	1	26–41	The aim of the current study was to explore whether measures of attachment anxiety and attachment avoidance in group leaders, trainees, and other group members in experiential group analytic psychotherapy predicted change in interpersonal distress among the trainees. The study included 54 group members (trainees) and 8 group leaders involved in a group therapist training program which included experiential group psychotherapy in small groups. The participants completed the Circumplex of Interpersonal Problems before and after participating in the groups and the Experiences in Close Relationships (measure of attachment) just prior to the study period. Because of the hierarchical nature of the data, we used multilevel modeling to analyze the impact of attachment dimensions on change in interpersonal problems of the trainees. Results indicate that lower attachment anxiety in the group leader, in the individual trainee and in the average of other members in the group predicted a greater reduction in trainee interpersonal distress, whereas attachment avoidance was unrelated to outcome. Thus, the influence of low attachment anxiety on reducing interpersonal distress was valid across the multiple member–member and member–leader relationships within the experiential groups. For pregroup preparations, these findings may increase the relevance of considering attachment anxiety in group member

							selection and group composition. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Leithner, Daniela; Finke, Jobst	2016	Personzentrierte Therapie von Schmerzsyndromen	Person	20	1	39–51	Davon ausgehend, dass bei chronischen Schmerzen neben biologischen fast immer auch psychosoziale Bedingungsfaktoren beteiligt sind, wird das personzentrierte Vorgehen bei diesem Strungsbild vor dem Hintergrund der Phaseneinteilung der Prozessorientierten Gesprächspsychotherapie nach H. Swildens beschrieben. Nach diagnostischen und pathogenetischen berlegungen und einer Darlegung des personzentrierten Verstdnisses funktioneller Schmerzstrungen werden anhand von Ausschnitten therapeutischer Dialoge folgende Phasen erlutert: Prmotivationsphase, Symptomphase, Problemphase und existenzielle Phase. Dabei werden die konsequente Bercksichtigung der personzentrierten Strungstheorie, das Errtern der Besonderheiten der therapeutischen Beziehung bei diesen Klienten und eine ausgeprgte Praxisnhe schwerpunktmig behandelt.
Leitner, Elisabeth	2016	Gestalttherapie mit erwachsenen berlebenden nach Missbrauch in der Kindheit. Ein Einblick in James Kepners gestalttherapeutischen Ansatz "Healing Tasks. Psychotherapy with adult	Gestalttherapie	30	1	90–108	Ein Einblick in James Kepners gestalttherapeutischen Ansatz "Healing Tasks" in der Arbeit mit erwachsenen berlebenden von Missbrauch in der Kindheit wird erlutert. Der Schwerpunkt liegt auf den ersten beiden Therapiephasen, der Untersttzung und der Entwicklung von Selbstfunktionen. Als wesentliche Ziele und Themen der ersten Phase werden der Aufbau von Vertrauen, die Identifikation der Wahrheit hinter den Symptomen, Affektregulation, Erdungsfhigkeit und Untersttzung durch das soziale Umfeld beschrieben. Als Ziele der zweiten Phase wird der Aufbau von Funktionen im Zusammenhang mit Grenzen, Wahrnehmung, Erleben, Selbstuntersttzung, Gefhl und Realittswahrnehmung verdeutlicht. Die Herangehensweise wird in Bezug zu

		survivors of childhood abuse" (Kepner 2009) mit Schwerpunkt auf den Support- und der Selbstfunktions phase					aktuellen hirnpfysiologischen Erkenntnissen gesetzt. Darber hinaus werden Schnittpunkte zwischen Kepners Ansatz und der Theorie der operationalisierten psychodynamischen Diagnostik aufgezeigt und mit Beispielen aus der Praxis illustriert.
Lenart-Domka, Ewa; Pelc-Dymon, Marzena	2018	Multi-profile procedures for motor conversion disorders in children - a case report	Psychiatria polska	52	4	685-695	OBJECTIVES: The most common motor deficits in patients with conversion disorder are tremors, weakness of limbs and gait disturbance. The proper diagnosis and treatment as well as the patient and their family's cooperation during therapy are essential to achieve fast recovery. The aim of this paper is to provide an overview of multidisciplinary interventions successfully applied in the treatment of conversion disorders in children, illustrated with an example of a case study. METHODS: Case report: The 9 years old boy, with trembling of the limbs, trunk ataxia, impaired balance, and significant disability in self-locomotion, caused by conversion disorders, was admitted to stationary rehabilitation treatment because of the lack of progress in the current, four-month treatment, which consisted of hydroxyzin administration and irregular psychotherapy. Behavioural modifications in rehabilitation, individual psychotherapy, family counselling and psychoeducation, and sertraline pharmacological treatment were implemented at the same time. Particular attention was paid to obtain the parents' approval for multidisciplinary therapy, considering that the previous treatment was ineffective because of parents being unconvinced about

							<p>psychogenic causes of symptoms. They were focused on over diagnosing the child's symptoms making it difficult to manage the proper treatment. RESULTS: After a three-week period of comprehensive treatment the patient recovered completely and returned to independent mobility and social functioning relative to his age. CONCLUSIONS: The simultaneous implementation of multi-profile treatment is an effective approach in children motor conversion disorders. In order to achieve therapeutic success it is necessary to convince the parents about the psychogenic ground of the symptoms and a need of multi-profile treatment.</p>
Lenen, Kai	2020	Beratung psychisch erkrankter Menschen in Zeiten von Covid-19. Ein Setting-Ansatz aus Telefonie, Videosprechstunde und Face-to-Face-Kontakten	Gesprächspsychotherapie und Personzentrierte Beratung	51	4	11-13	<p>Die jahrelange psychosoziale Beratungspraxis im Rahmen der Integrierten Versorgung und im Auftrag unterschiedlicher Krankenversicherungen musste aufgrund der besonderen Corona-Folgemaßnahmen von der klassischen Face-to-Face-Interaktion auf einen Mix von telefonischer, Video und Vor-Ort-Beratung umorganisiert werden. Die ersten drei bis vier Monate in diesem Interventionsmodus zeigen, welche besonderen Anforderungen an alle Beteiligten damit verbunden sind. Der Autor dieses Praxis-Berichts zieht das Fazit, dass sich trotz hoher Belastungen und möglicher Qualitätsverschiebungen der Aufwand gelohnt hat, und appelliert an die Professionalisierung einer durch die Pandemiefolgemaßnahmen veränderten Beratungspraxis.</p>
Lenhard, Fabian; Vigerland, Sarah; Engberg, Hedvig; Hallberg, Anna; Thermaenius,	2016	"On My Own, but Not Alone" - Adolescents' Experiences of Internet-Delivered Cognitive	PLoS one	11	10	e0164311	<p>INTRODUCTION: Childhood Obsessive-Compulsive Disorder (OCD) is a prevalent and impairing condition that can be effectively treated with Cognitive Behavior Therapy (CBT). However, a majority of children and adolescents do not have access to CBT. Internet-delivered CBT (ICBT) has been suggested as a way to increase availability to effective psychological</p>

Hanna; Serlachius, Eva		Behavior Therapy for Obsessive- Compulsive Disorder				<p>treatments. Yet, the research on ICBT in children and adolescents has been lagging behind significantly both when it comes to quantitative as well as qualitative studies. The aim of the current study was to describe the experience of ICBT in adolescents with OCD. METHOD: Eight adolescents with OCD that had received ICBT were interviewed with qualitative methodology regarding their experiences of the intervention. Data was summarized into thematic categories. RESULTS: Two overarching themes were identified, autonomy and support, each consisting of three primary themes (self-efficacy, flexibility, secure self-disclosure and clinician support, parental support, identification/normalization, respectively). CONCLUSIONS: The experiential hierarchical model that was identified in this study is, in part, transferrable to previous research. In addition, it highlights the need of further study of important process variables of ICBT in young patient populations.</p>
Lenouvel, E.; Ullrich, P.; Siemens, W.; Dallmeier, D.; Denkinger, M.; Kienle, G.; Zijlstra, G. A.; Hauer, K.; Klöppel, S.	2023	Cognitive behavioural therapy (CBT) with and without exercise to reduce fear of falling in older people living in the community	Cochrane Database of Systematic Reviews	11(1 1):C D014 666. doi: 10.1 002/ 1465 1858 .CD0 1466 6.pu b2	11	<p>Abstract - Background Fear of falling (FoF) is a lasting concern about falling that leads to an individual avoiding activities that he/she remains capable of performing. It is a common condition amongst older adults and may occur independently of previous falls. Cognitive behavioural therapy (CBT), a talking therapy that helps change dysfunctional thoughts and behaviour, with and without exercise, may reduce FoF, for example, by reducing catastrophic thoughts related to falls, and modifying dysfunctional behaviour. Objectives To assess the benefits and harms of CBT for reducing FoF in older people living in the community, and to assess the effects of interventions where CBT is used in combination with exercise. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL, Issue 1,</p>

						<p>2023), MEDLINE Ovid (from 1946 to 11 January 2023), Embase Ovid (from 1980 to 11 January 2023), CINAHL Plus (Cumulative Index to Nursing and Allied Health Literature) (from 1982 to 11 January 2023), PsycINFO (from 1967 to 11 January 2023), and AMED (Allied and Complementary Medicine from 1985 to 11 January 2023). We handsearched reference lists and consulted experts for identifying additional studies. Selection criteria This review included randomised controlled trials (RCTs), quasi-RCTs, and cluster-RCTs assessing CBT with and without exercise interventions compared to control groups with sham-treatment, or treatment as usual. We defined CBT as a collaborative, time-limited, goal-oriented, and structured form of speaking therapy. Included studies recruited community-dwelling older adults, with a mean population age of at least 60 years minus one standard deviation, and not defined by a specific medical condition. Data collection and analysis Two review authors used standard methodological procedures expected by Cochrane. For continuous data, as assessed by single- or multiple-item questionnaires, we report the mean difference (MD) with 95% confidence interval (CI) when studies used the same outcome measures, and standardised mean difference (SMD) when studies used different measures for the same clinical outcome. For dichotomous outcomes, we reported the treatment effects as risk ratios (RR) with 95% CIs. We measured the primary outcome, FoF, immediately, up to, and more than six months after the intervention. We analysed secondary outcomes of activity avoidance, occurrence of falls, depression, and quality of life when measured immediately after the intervention. We assessed risk of bias for each included study, using</p>
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						<p>the GRADE approach to assess the certainty of evidence.</p> <p>Main results We selected 12 studies for this review, with 11 studies included for quantitative synthesis. One study could not be included due to missing information. Of the 11 individual studies, two studies provided two comparisons, which resulted in 13 comparisons. Eight studies were RCTs, and four studies were cluster-RCTs. Two studies had multiple arms (CBT only and CBT with exercise) that fulfilled the inclusion criteria. The primary aim of 10 studies was to reduce FoF. The 11 included studies for quantitative synthesis involved 2357 participants, with mean ages between 73 and 83 years. Study total sample sizes varied from 42 to 540 participants. Of the 13 comparisons, three investigated CBT-only interventions while 10 investigated CBT with exercise. Intervention duration varied between six and 156 hours, at a frequency between three times a week and monthly over an eight- to 48-week period. Most interventions were delivered in groups of between five and 10 participants, and, in one study, up to 25 participants. Included studies had considerable heterogeneity, used different questionnaires, and had high risks of bias. CBT interventions with and without exercise probably improve FoF immediately after the intervention (SMD -0.23, 95% CI -0.36 to -0.11; 11 studies, 2357 participants; moderate-certainty evidence). The sensitivity analyses did not change the intervention effect significantly. Effects of CBT with or without exercise on FoF may be sustained up to six months after the intervention (SMD -0.24, 95% CI -0.41 to -0.07; 8 studies, 1784 participants; very low-certainty evidence). CBT with or without exercise interventions for FoF probably sustains improvements beyond six months</p>
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							<p>(SMD -0.28, 95% CI -0.40 to -0.15; 5 studies, 1185 participants; moderate-certainty of evidence). CBT interventions for reducing FoF may reduce activity avoidance (MD -2.57, 95% CI -4.67 to -0.47; 1 study, 312 participants; low-certainty evidence), and level of depression (SMD -0.41, 95% CI -0.60 to -0.21; 2 studies, 404 participants; low-certainty evidence). We are uncertain whether CBT interventions reduce the occurrence of falls (RR 0.96, 95% CI 0.66 to 1.39; 5 studies, 1119 participants; very low-certainty evidence). All studies had a serious risk of bias, due to performance bias, and at least an unclear risk of detection bias, as participants and assessors could not be blinded due to the nature of the intervention. Downgrading of certainty of evidence also occurred due to heterogeneity between studies, and imprecision, owing to limited sample size of some studies. There was no reporting bias suspected for any article. No studies reported adverse effects due to their interventions. Authors' conclusions CBT with and without exercise interventions probably reduces FoF in older people living in the community immediately after the intervention (moderate-certainty evidence). The improvements may be sustained during the period up to six months after intervention (low-certainty evidence), and probably are sustained beyond six months (moderate-certainty evidence). Further studies are needed to improve the certainty of evidence for sustainability of FoF effects up to six months. Of the secondary outcomes, we are uncertain whether CBT interventions for FoF reduce the occurrence of falls (very low-certainty evidence). However, CBT interventions for reducing FoF may reduce the level of activity avoidance, and may reduce depression (low-certainty evidence). No</p>
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						<p>studies reported adverse effects. Future studies could investigate different populations (e.g. nursing home residents or people with comorbidities), intervention characteristics (e.g. duration), or comparisons (e.g. CBT versus exercise), investigate adverse effects of the interventions, and add outcomes (e.g. gait analysis). Future systematic reviews could search specifically for secondary outcomes. Plain language summary Cognitive behavioural interventions for reducing fear of falling in older people living in the community Key messages – Cognitive behavioural therapy (CBT) with and without exercise probably reduces fear of falling in older people living in the community, when measured once treatment has ended. Improvements may be sustained during the first six months after treatment finished, and probably last beyond six months. – As a consequence of these interventions, people may be less likely to avoid activities after treatment and their level of depression may be reduced. – It is unclear if the frequency of falls is reduced following treatment. – We do not know if there are any adverse effects (harms) caused by CBT with and without exercise for reducing fear of falling, as none of the studies measured this as one of their outcomes. We need more studies looking at adverse effects. What is fear of falling? Fear of falling is a lasting concern about falling that leads to a person avoiding activities that he/she remains capable of performing. Fear of falling is common among older adults. They may be warned by healthcare professionals, family, and friends of the dangers of falls, as well have witnessed directly or indirectly the consequences of a fall. This is significant as up to 34% of older adults fall each year, with 5% experiencing bone fractures. Furthermore, they may recognise that their</p>
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						<p>body is not as strong as it was when they were younger, adding to concern that they may not be able to protect themselves from a fall, and must, therefore, take preventive measures to avoid falling. People with fear of falling can experience physical, psychological, and social consequences. Treating fear of falling is therefore important to reduce dysfunctional cognitions and behaviours leading to these consequences. How is the condition treated? There are several treatment approaches: cognitive behavioural therapy (CBT) (a talking therapy that helps change thoughts and behaviour), exercise (a planned, structured, and repetitive physical activity to help keep the body healthy), or a combination of both. These treatments are usually given in group settings by trained therapists. What did we want to find out? We wanted to find out if CBT with and without exercise in older adults living in the community (who live in places without additional support, such as assisted living centres) were better than usual care or dummy treatments in reducing fear of falling. We also wanted to see how CBT with and without exercise affected activity avoidance, falls, and depression, or if it caused any harm. What did we do? ^[1]_[SEP] We searched several electronic databases and consulted experts for studies that compared interventions to reduce fear of falling using CBT alone and CBT with exercise. We combined and summarised the results across the studies. We rated our confidence in the evidence based on factors such as study design, methods, and numbers of participants. What did we find? We found 12 relevant studies, of which 11 studies were included for statistical analyses with a total of 2383 people, with a mean age varying from 73 to 83 years. The therapy (CBT or dummy treatment) was</p>
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							given at a frequency from three times per week to once per month, for eight to 48 weeks. Added up, the treatments lasted between six and 156 hours. Most interventions were given in groups of between five and 10 participants, and in one study up to 25. The prima
Leonard, Kyla A.; Ellis, Robyn A.; Orcutt, Holly K.		Experiential avoidance as a mediator in the relationship between shame and posttraumatic stress disorder: The effect of gender	Psychological Trauma: Theory, Research, Practice, and Policy	12	6		Objective: The current study sought to investigate whether experiential avoidance (EA) mediates the effect of shame on posttraumatic symptoms (PTS) in a population of trauma-exposed individuals. Given demonstrated gender differences in posttraumatic stress disorder (PTSD), the current cross-sectional study also sought to examine whether gender moderates this mediational proposed effect. EA has been shown to mediate shame and depression symptoms, suggesting that the unwillingness to feel and/or the attempt to control shame may be an important factor in later psychopathological symptoms. Furthermore, EA appears to influence PTS over time. Method: Trauma-exposed undergraduates (n = 326, 68.8% male, Mage = 19.35, SD = 2.30) at a large Midwestern university completed measures of shame, EA, and PTS. Results: EA was found to fully mediate the relationship between shame and PTS. The role of gender was mixed as it moderated the relationship between EA and PTS such that the effect of EA is stronger for men than women; however, when analyzed with more robust methods, the effect of gender was no longer significant. A competing, flipped mediational model was run to further assess the direction of hypothesized relationships, but shame was not a significant mediator of EA and PTSD symptoms. Conclusions: Results provide further evidence for the centrality of EA in maintaining PTS and suggest targeting EA rather than shame in treatment as an avenue for

							intervention. Future research is needed to investigate gender differences in engagement in EA. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Lepkowsky, Charles M.	2017	A multiple domain collaborative care model for independent practice psychologists working with older adults	Practice Innovations	2	4		Based on research demonstrating the prevalence of mental health care needs among the growing population of older American adults and the efficacy of collaborative care models, an operational, evidence-based model of collaborative health care is proposed, employing functional domains that operationally define the role of the independent practitioner psychologist and provide for interdisciplinary collaboration within the limitations of current health care systems and resources. The Multiple Domain Collaborative Care (MDCC) model uniquely includes assessment of functioning in the technology domain, and is person-centered, including among its goals maintaining or restoring a meaningful social role for the older adult. The Multiple Domain Collaborative Care (MDCC) model provides a meaningful role for the independent practitioner psychologist conducting multidimensional assessment that informs the development of a treatment plan within a collaborative interdisciplinary treatment team, can lead to earlier intervention, and allows for treatment plan revision over time, with benefit to the patient and the economy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
LESTER, REBECCA J.	2017	Self-governance, psychotherapy, and the subject of managed care: Internal Family Systems	American Ethnologist	44	1	23–35	

		therapy and the multiple self in a US eating-disorders treatment center					
Letourneau, Nicole L.; Dennis, Cindy-Lee; Cosic, Nela; Linder, Jordana	2017	The effect of perinatal depression treatment for mothers on parenting and child development: A systematic review	Depression and anxiety	34	10	928–966	Antenatal and postpartum depression are very common and have significant consequences for mothers and their children. This review examines which antenatal depression (AD) and postpartum depression (PPD) treatment interventions are most efficacious in improving parenting and/or child development. CINAHL, Scopus, Cochrane Systematic Reviews, Cochrane Controlled Trials, Medline (OVID), Embase (OVID), PsychINFO, PsycARTICLES, AMED, and reference lists were searched. Randomized controlled trials (RCTs) and quasi-experimental studies assessing the effect of AD, PPD, or both treatment interventions on parenting and/or child development were included. Meta-analysis was conducted using random effects when possible. Thirty-six trials (within 40 articles) met criteria for review. Interventions include interpersonal psychotherapy (IPT), cognitive behavioural therapy (CBT), peer support, maternal-child interaction guidance, and other interventions, such as massage. For AD, IPT, CBT, and massage produced large effects on parenting (e.g. adjustment and attention toward infant) and child development (e.g. behaviour). For PPD, maternal-child interaction guidance and psychotherapeutic group support produced large effects on parenting (e.g. sense of competence) and child development (e.g. cortisol). However, meta-analysis revealed nonsignificant effects of IPT on maternal-child attachment and CBT on parenting

							stress. Promising findings exist for IPT, CBT, maternal-child interaction guidance, massage, and psychotherapeutic group support for specific parenting and/or child development outcomes. Additional RCTs using measures already employed in the literature are required to conduct necessary meta-analysis and fully elucidate treatment effects.
Letzel, Margarethe	2020	Das Bilderalphabet der Trume. Die Sprache der Trume bersetzen und sich selbst verstehen	Person	24	1	29–37	Der Artikel stellt einen Zugang zum Verstehen von Trumen vor, der von folgender Arbeitshypothese ausgeht: Trume leisten einen wesentlichen Beitrag, um Erfahrungen in Sprache zu fassen und zu verstehen. Die konkrete - sogar wortwrtliche - bersetzung der Traumbilder in Sprachbilder wird zum Schlssel fr das Verstehen. Die Autorin entwickelte dieses Vorgehen im Verlauf von ber zwei Jahrzehnten ihrer schriftlichen Beratungsttigkeit sowie in ihrer psychotherapeutischen Arbeit: das Bilderalphabet der Trume. Zentral ist dabei das In-Worte-Fassen der Bildergeschichte aus dem Traum auf verschiedenen Abstraktionsebenen. Personzentrierte (PCA) Psychotherapie-Theorie verbindet sich dabei mit neurowissenschaftlichen Befunden aus der Traumforschung und evolutionspsychologischen berlegungen zum Thema Sprachentwicklung. Fall-Beispiele illustrieren das Vorgehen.
Lev Ari, Hagar S.; Safyon, Mor; Tuval-Mashiach, Rivka	2023	Clinician reports of the motivation to change and the therapeutic alliance in patients with anorexia nervosa:	Journal of Psychotherapy Integration			No Paginatio n Specified -No Paginatio n Specified	Objective: The motivation to change in patients with anorexia nervosa (AN) predicts both treatment outcomes and the therapeutic alliance (TA). In addition, different countertransference patterns have previously been related to the patient’s motivation to change and the TA. However, the mechanisms through which these relationships occur are unclear. In this study, we examine the therapists’ perspectives on the relationships between all three variables and whether countertransference

		Countertransference as a mediator					patterns mediate the relationship between the stage of change and the TA. Method: One hundred and fifty-six AN therapists were recruited from eating disorders recovery centers, conferences, and associations. The participants completed a motivation to change questionnaire (the staging algorithm questionnaire), a countertransference questionnaire, and a TA questionnaire (working alliance inventory short revised), regarding the last patient with AN they had a session with. Results: Motivation to change, as rated by therapists, was strongly related to the TA and to countertransference patterns of hostility, helplessness, and positivity. Countertransference patterns that were hostile, helpless, positive, disengaged, or overwhelmed were related to the TA as rated by therapists. Additionally, three countertransference patterns (positive, hostile, and helpless) mediated the relationship between the motivation to change and the TA. Conclusions: Increasing patients' motivation to change might facilitate alliance development. Furthermore, more attention should be given to therapists' countertransference to account for the motivation to change-TA relationship as perceived by therapists. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Levin, Michael E.; Navarro, Cynthia; Cruz, Rick A.; Haeger, Jack	2019	Comparing in-the-moment skill coaching effects from tailored versus non-tailored acceptance and commitment therapy mobile	Cognitive behaviour therapy	48	3	200-216	Mobile apps are promising for teaching how to practice psychological skills in high-risk and in vivo momentary situations, but there has been minimal research on the immediate effects of app-based skill coaching on mental health in-the-moment. This study analyzed the mobile app data in a non-clinical sample of 39 adults participating in a larger randomized controlled trial, with participants randomized to an acceptance and commitment therapy (ACT) mobile app that tailors skill coaching based on in-the-moment variables (n = 17) or an

		apps in a non-clinical sample				app that provides randomly selected skill coaching (n = 22). Data were collected before and after each ACT skill coaching session on proximal outcome (depression, anxiety, and engagement in meaningful activity) and ACT process variables. Multilevel models indicated significant immediate improvements on average following ACT skill coaching sessions on all proximal outcome and ACT process variables, although with relatively small effects ranging between 0.17 and 0.27 SD units change. Larger immediate pre-to-post effects from ACT coaching sessions were found for anxiety, experiential avoidance, and cognitive fusion in the tailored app versus random app condition. Overall, results suggest that an ACT app can have immediate, in-the-moment effects on psychological functioning, which may be enhanced by tailoring skills to current context.
Levinson, Cheri A.; Zerwas, Stephanie; Calebs, Benjamin; Forbush, Kelsie; Kordy, Hans; Watson, Hunna; Hofmeier, Sara; Levine, Michele; Crosby, Ross D.; Peat, Christine; Runfola, Cristin D.; Zimmer, Benjamin; Moesner, Markus;		The core symptoms of bulimia nervosa, anxiety, and depression: A network analysis	Journal of Abnormal Psychology	126	3	Bulimia nervosa (BN) is characterized by symptoms of binge eating and compensatory behavior, and overevaluation of weight and shape, which often co-occur with symptoms of anxiety and depression. However, there is little research identifying which specific BN symptoms maintain BN psychopathology and how they are associated with symptoms of depression and anxiety. Network analyses represent an emerging method in psychopathology research to examine how symptoms interact and may become self-reinforcing. In the current study of adults with a Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition (DSM-IV) diagnosis of BN (N = 196), we used network analysis to identify the central symptoms of BN, as well as symptoms that may bridge the association between BN symptoms and anxiety and depression symptoms. Results showed that fear of weight gain was central to BN psychopathology,

Marcus, Marsha D.; Bulik, Cynthia M.							whereas binge eating, purging, and restriction were less central in the symptom network. Symptoms related to sensitivity to physical sensations (e.g., changes in appetite, feeling dizzy, and wobbly) were identified as bridge symptoms between BN, and anxiety and depressive symptoms. We discuss our findings with respect to cognitive-behavioral treatment approaches for BN. These findings suggest that treatments for BN should focus on fear of weight gain, perhaps through exposure therapies. Further, interventions focusing on exposure to physical sensations may also address BN psychopathology, as well as co-occurring anxiety and depressive symptoms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Levis, Maxwell Eli Joshua; Levis, Albert J.	2021	Evaluating the Therapeutic and Diagnostic Benefits of Conflict Analysis, a Self-Guided Online Therapeutic Assessment: An Online Case Study	Brit J Psychotherapy (British Journal of Psychotherapy)	37	1	94-115	
Levitt, Heidi M.; Collins, Kathleen M.; Maroney, Meredith R.; Roberts, Tangelia S.		Healing from heterosexist experiences: A mixed method intervention study using expressive writing	Psychology of Sexual Orientation and Gender Diversity	9	2		People with marginalized sexual identities often experience heterosexist events that increase both their level of stress and their risk of experiencing physical and mental health concerns. This article presents findings from an online expressive writing intervention designed to assist sexual minorities in processing and resolving heterosexist experiences. This experimental study compared three expressive writing conditions: one typical

							<p>open writing exercise, one enhanced by emotion focused therapy principles, and a control condition. All conditions provided directions for engaging in self-reflection but the content of the writing was self-guided, so that the solutions developed by participants were diverse and emerged in relation to their own interpersonal and cultural contexts. Rationales were provided for each of the conditions and expectancy effects were similar. All three conditions were found to be successful, with large effects on self-rated change and the stressful impact of the event, and medium-large effects on depression. Approximately 99% of respondents indicated positive changes and none indicated detriment. Findings held across LGBTQ+ identities. Despite similar quantitative findings across the conditions, a qualitative thematic analysis indicated that the routes to change differed. These no-cost interventions (online at www.lgbtqmentalhealth.com) are effective supports, which do not require either health insurance or the availability of affirmative therapists, for LGBTQ+ people's use independently or in psychotherapy. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Levitt, Heidi M.; Morrill, Zenobia; Collins, Kathleen M.	2020	Considering methodological integrity in counselling and psychotherapy research	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	3	422–428	
Levitt, Heidi M.; Pomerville, Andrew; Surace, Francisco I.	2016	A qualitative meta-analysis examining clients' experiences of	Psychological Bulletin	142	8	801–830	[Correction Notice: An Erratum for this article was reported in Vol 142(10) of Psychological Bulletin (see record 2016-45643-001). In the article, the 2nd sentence in the Broadening the Forms of Power When Considering Client–Therapist Differences section, “Indeed, most of

		psychotherapy: A new agenda					<p>the studies (55/66, 83.3%) in these categories focused either on the power differential within the therapeutic relationship (37) or culturally based power differences between therapists and clients (29).” should read: “Indeed, most of the studies (49/59, 83.1%) in these categories focused either on the power differential within the therapeutic relationship (38) or culturally based power differences between therapists and clients (31).”]</p> <p>This article argues that psychotherapy practitioners and researchers should be informed by the substantive body of qualitative evidence that has been gathered to represent clients’ own experiences of therapy. The current meta-analysis examined qualitative research studies analyzing clients’ experiences within adult individual psychotherapy that appeared in English-language journals. This omnibus review integrates research from across psychotherapy approaches and qualitative methods, focusing on the cross-cutting question of how clients experience therapy. It utilized an innovative method in which 67 studies were subjected to a grounded theory meta-analysis in order to develop a hierarchy of data and then 42 additional studies were added into this hierarchy using a content meta-analytic method— summing to 109 studies in total. Findings highlight the critical psychotherapy experiences for clients, based upon robust findings across these research studies. Process-focused principles for practice are generated that can enrich therapists’ understanding of their clients in key clinical decision-making moments. Based upon these findings, an agenda is suggested in which research is directed toward heightening therapists’ understanding of clients and recognizing them as agents of change within sessions, supporting the client as self-healer</p>
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							paradigm. This research aims to improve therapists' sensitivity to clients' experiences and thus can expand therapists' attunement and intentionality in shaping interventions in accordance with whichever theoretical orientation is in use. The article advocates for the full integration of the qualitative literature in psychotherapy research in which variables are conceptualized in reference to an understanding of clients' experiences in sessions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Levy, Kenneth N.; Johnson, Benjamin N.	2019	Attachment and psychotherapy: Implications from empirical research	Canadian Psychology / Psychologie canadienne		18 78- 73 04(Ele ctr oni c), 07 08- 55 91(Pri nt)	178-193	In this article, we provide an overview of Bowlby's theory of attachment, its revisions, and related constructs, and describe how attachment may underlie many of the processes of psychotherapy. Modern psychotherapy research, plagued by the omnipresent "dodo bird" that has consistently determined that most psychotherapy modalities appear to have similar levels of effectiveness, has moved toward attempting to understanding mechanisms of change underlying treatment outcomes. Delineating the ways in which attachment theory may form the foundation for psychotherapy processes may help answer the call for change mechanisms and common therapeutic factors. In this article, we outline attachment theory as it applies to both children and adults, focusing specifically on its relevance for psychotherapy, followed by a review of the current empirical findings regarding the connection between attachment and psychotherapy. Finally, we highlight a series of existing psychotherapeutic modalities and techniques that are relevant for understanding the relationship between these domains and extend these examples to other forms of psychotherapy and psychotherapy process more broadly. Attachment

							provides a comprehensive yet parsimonious foundation for psychotherapy research and practice, with implications for enhancing treatments, personalizing care, and explaining the process of psychotherapeutic change. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Levy, Kenneth N.; Kivity, Yogev; Johnson, Benjamin N.; Gooch, Caroline V.	2018	Adult attachment as a predictor and moderator of psychotherapy outcome: A meta-analysis	Journal of clinical psychology	74	11	1996–2013	Bowlby's attachment theory describes characteristic patterns of relating to close others and has important implications for psychotherapy. Attachment patterns have been characterized as secure (healthy interdependence with others), anxious (overdependence on others), and avoidant (difficulty relying on others). We update a previous meta-analysis to determine the association of patient attachment with psychotherapy outcome. Meta-analysis of 36 studies (3,158 patients) suggested that patients with secure attachment pretreatment show better psychotherapy outcome than insecurely attached patients. Further, improvements in attachment security during therapy may coincide with better treatment outcome. Finally, preliminary moderator analyses suggest that those who experience low pretreatment attachment security may find better treatment outcome in therapy that incorporates a focus on interpersonal interactions and close relationships. The article closes with research limitations, diversity considerations, and therapeutic practices.
Lewis, Kathrin; Weiland-Heil, Karoline; Sachse, Rainer	2018	Veränderung des Klienten- und Therapeutenverhaltens im Verlauf Klungsorientierter					Veränderungen des Klienten- und Therapeutenverhaltens im Verlauf Klungsorientierter Psychotherapie bei Klienten mit Persönlichkeitsstrungen werden untersucht. Bei den vorliegenden Daten handelt es sich um eine klinische Stichprobe, bei der Daten von 98 Klienten einbezogen wurden (24 Narzisstische Interaktionsstrung, 15 Erfolgreiche Narzisstische Interaktionsstrung, 26

		Psychotherapie bei Klienten mit Persönlichkeitsstörungen					Histrionische Interaktionsstrung, 12 Erfolgreiche Histrionische Interaktionsstrung, 21 Dependente Interaktionsstrung). Die Therapieeinheiten wurden von 53 Psychotherapeuten in Ausbildung durchgeführt. Insgesamt konnte aufgrund der vorliegenden Ergebnisse bestätigt werden, dass es sich bei der KOP um einen effektiven Behandlungsansatz bei Persönlichkeitsstörungen handelt. Um Aussagen über die individuellen Therapieerfolge machen zu können, könnten in weiterführenden Studien einzelfallspezifische Formulierungen der Therapieziele daraufhin untersucht werden, ob die Erreichung der Ziele stattgefunden hat.
Lewthwaite, Natasha A. B.; Gray, Emily A.; Skinner, Margot A.	2023	Exploring clinical learning experiences of novice physiotherapy students in a hospital setting	Physiotherapy theory and practice	39	10	2131–2143	BACKGROUND: Exposure to clinical practice experiences ensures undergraduate physiotherapy students meet the clinical competencies required to graduate as autonomous practitioners. Much of the research literature has investigated the clinical experiences of medical students. While recent studies have explored physiotherapy students' experiences with simulation, few have explored their perspectives of a clinical placement in a hospital setting at the early learning stage of a four-year programme. OBJECTIVE: To explore the perspectives of novice undergraduate physiotherapy students on a clinical placement in a real hospital setting. METHODS: Fifteen Year 3 undergraduate physiotherapy students participated in semi-structured interviews midway through a three-week tertiary care clinical placement. Interviews were transcribed, coded and analyzed using thematic analysis. RESULTS: Three main themes emerged: 1) student attributes affecting placement experience; 2) impact of the educator on student experience; and 3) effects of the clinical environment on student experiences. CONCLUSION: The real clinical

							environment promotes a rich learning experience for students, while the clinical educator is pivotal to guiding student learning through provision of resources and feedback. Provision of early orientation and timely clarification of expectations is important to alleviate anxiety and allow students to prepare themselves.
Lex, Claudia; Hautzinger, Martin; Meyer, Thomas D.	2022	Perceived criticism and family attitudes as predictors of recurrence in bipolar disorder	Clinical Psychology in Europe, 2022				Background: Bipolar disorder (BD) is a highly recurrent psychiatric condition. While combined pharmacological and psychosocial treatments improve outcomes, not much is known about potential moderators that could affect these treatments. One potential moderator might be the quality of interpersonal relations in families, for example, familial attitudes and perceived criticism. Method: To explore this question we conducted a post-hoc analysis that used an existing data set from a previous study by our group that compared cognitive behavioral therapy (CBT) and supporting therapy (ST) in remitted BD. In the present study, we used Cox proportional hazard models. Results: We found that the relatives' ratings of criticism predicted the likelihood of depressive recurrences, especially in the ST condition. The patients' ratings of negative familial attitudes predicted the risk of recurrences in general, irrespective of the therapy condition. Conclusion: These results suggest that it might be important to assess perceived criticism and familial attitudes as potential moderators of treatment outcome in BD.
Li, P. F. Jonah; Wong, Y. Joel; Deng, Kuo; Li, Yue	2024	Gratitude in a culturally adapted psychotherapy group and in Chinese culture:	Asian American Journal of Psychology				Although scholarship on the clinical applications of gratitude to psychotherapy is growing, research on gratitude psychotherapeutic group interventions that specifically address Chinese culture is limited. To promote well-being and optimal functioning among people of Chinese cultural backgrounds, this study

		Interpretative phenomenological analysis					describes the Mandarin gratitude group (MGG), a culturally adapted psychotherapeutic model designed to foster gratitude among people from Chinese culture. Using a phenomenological qualitative approach, the authors examined 11 Mandarin speakers' perspectives on gratitude and their experience of participating in the MGG at a U.S. Midwestern university. Eight themes emerged: (a) evolved understanding of gratitude, (b) centrality of family, (c) high context communication styles, (d) perceived barriers to verbalizing gratitude toward others, (e) corrective experiences in most grateful moments, (f) experiencing gratitude as behavioral contagion, (g) experiencing holistic growth, and (h) cultural adaptations of gratitude psychotherapeutic interventions. The authors conceived the core phenomenon of participants' experience of gratitude as navigating a dialectical interplay between Chinese cultural norms and MGG norms. Based on the findings, the authors offer recommendations for counselors to provide culturally sensitive treatment and prevention programs for Chinese cultural communities. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Li, Xu	2022	The "dyadic dance": Exploring therapist–client dynamics and client symptom change using actor–partner interdependence modeling and multilevel	Journal of Counseling Psychology	69	4		[Correction Notice: An Erratum for this article was reported in Vol 69(4) of Journal of Counseling Psychology (see record 2022-76740-001). In the article, the scale for the Working Alliance Inventory—Short Revised (WAI-SR) was incorrectly described in the Measures section as a "5-point scale ranging from 1 to 5." The WAI-SR used the original 7-point scale ranging from 1 to 7. All versions of this article have been corrected.] Using longitudinal actor–partner interdependence modeling and multilevel mixture modeling, the aims of this study were to investigate the therapist–client dyadic dynamic patterns

		mixture modeling					(i.e., therapist and client consistency and their mutual influences in perceptions of working alliance) and how these dynamic patterns related to client symptom change with varied treatment lengths. Data set included 1,520 sessions conducted by 85 master's level therapist trainees with their 283 clients in China. Before every session, clients reported their symptom; after every session, both therapists and clients rated their working alliance. (a) Therapist consistency was positively associated with greater client symptom improvement, especially in relatively longer therapy course. (b) Client consistency and therapist–client mutual influence dynamics did not individually relate to client symptom improvement. (c) Two subgroups of therapist–client dyads with distinct dyadic dynamic patterns were identified: one subgroup (Dyadic Independence) showing significant self-consistency and nonsignificant mutual influence and the other subgroup (Mutual Influence) showing significant self-consistency as well as mutual influence. (d) The mutual influence subgroup was associated with greater client improvement than the dyadic independence subgroup, especially in shorter therapy. A dyadic dynamic pattern characterized by the presence of therapist and client self-consistency as well as mutual influence may be conducive to positive therapeutic outcome in terms of client symptom improvement. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Liese, Bruce S.; Monley, Corey M.		Feasibility of multimodal group treatment for veterans with PTSD, depression, and	Journal of Psychotherapy Integration	33	4		U.S. military veterans experience a wide range of postdeployment psychological problems, including disproportionate rates of posttraumatic stress disorder (PTSD), depression, and high-risk drinking. First-line psychological treatments for these conditions (e.g., cognitive-behavioral therapy) are effective but can be

		high-risk drinking: A pilot study					lengthy and intensive, leading many veterans to drop out of treatment. A novel brief multimodal group treatment (MMGT) program has been developed as an alternative to these first-line treatments. It was hoped that this brief treatment would exhibit lower dropout compared to lengthier first-line treatments, while still helping veterans learn emotion-regulation and interpersonal skills to reduce symptoms of PTSD, depression, and high-risk drinking. Cohorts of up to 18 group members meet for this 5-day program that integrates cognitive-behavioral instruction, mindfulness practice, and emotion-focused principles into didactic and experiential group activities. For several years pretreatment and posttreatment follow-up data have been collected from group members, including symptoms of moral injury, posttraumatic stress, depression, and high-risk drinking. We report pilot data from 50 veterans who participated in this program and completed a posttreatment follow-up survey and program evaluation. Scores on measures of posttraumatic stress, depression, and high-risk drinking were significantly reduced at posttreatment follow-up. The dropout rate for this program (2.9%) was lower than veterans' average dropout rate across all types of PTSD treatment (36%). Veterans' perceptions of the program are discussed. Based on these findings, we discuss implications for working with veterans in brief MMGTs and conducting research on these interventions. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Lilliengren, Peter; Johansson, Robert; Lindqvist, Karin;	2016	Efficacy of experiential dynamic therapy for psychiatric	Psychotherapy	53	1	90-104	Experiential dynamic therapy (EDT) is a subgroup of short-term psychodynamic psychotherapy (STPP) that emphasizes patients' in-session affective processing. To evaluate the efficacy of EDT for psychiatric conditions, we conducted a meta-analysis of randomized controlled

Mechler, Jakob; Andersson, Gerhard		conditions: A meta-analysis of randomized controlled trials					<p>trials. Twenty-eight studies published between 1978 and 2014 were included, encompassing 1,782 adult patients with mood, anxiety, personality, or mixed disorders. Across targeted outcome domains, medium-size between-groups effects (Cohen's <i>d</i>s ranging from 0.39 to 0.65) favored EDT over inactive controls at posttreatment and in symptom measures at follow-up. We found no differences between EDT and active treatments (e.g., medication, cognitive-behavioral therapy, manualized supportive therapy) at posttreatment, but EDT outperformed supportive therapy at follow-up ($d = 0.75$). In terms of within-group effect sizes, EDT was associated with large improvements in general psychiatric symptoms ($d = 1.11$), depression ($d = 1.33$), and anxiety ($d = 1.09$) and with small to moderate gains in the areas of interpersonal problems ($d = 0.55$) and global functioning ($d = 0.86$). Small but significant effects suggested continued improvement between posttreatment and follow-up. Heterogeneity in pre-post effects was explored in subgroup analyses, which indicated that EDT might be most effective in depressive disorders and that individual EDT had larger effects compared with group treatment. In addition, EDT performed better in higher quality studies. We conclude that EDT is a promising treatment for psychiatric conditions in adults. Further high-quality studies evaluating contemporary versions of EDT in specific psychiatric conditions are warranted. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
Lin, Mei-Feng; Lee, An-Yu; Chou, Cheng- Chen; Liu, Tien-	2017	Factors predicting emotional cue- responding behaviors of	Psycho- oncology	26	10	1548- 1554	<p>OBJECTIVE Responding to emotional cues is an essential element of therapeutic communication. The purpose of this study is to examine nurses' competence of responding to emotional cues (CRE) and related factors while</p>

Yu; Tang, Chia-Chun		nurses in Taiwan: An observational study				<p>interacting with standardized patients with cancer.</p> <p>METHODS</p> <p>This is an exploratory and predictive correlational study. A convenience sample of registered nurses who have passed the probationary period in southern Taiwan was recruited to participate in 15-minute videotaped interviews with standardized patients. The Medical Interview Aural Rating Scale was used to describe standardized patients' emotional cues and to measure nurses' CRE. The State-Trait Anxiety Inventory was used to evaluate nurses' anxiety level before the conversation. We used descriptive statistics to describe the data and stepwise regression to examine the predictors of nurses' CRE.</p> <p>RESULTS</p> <p>A total of 110 nurses participated in the study. Regardless of the emotional cue level, participants predominately responded to cues with inappropriate distancing strategies. Prior formal communication training, practice unit, length of nursing practice, and educational level together explain 36.3% variances of the nurses' CRE.</p> <p>CONCLUSIONS</p> <p>This study is the first to explore factors related to Taiwanese nurses' CRE. Compared to nurses in other countries, Taiwanese nurses tended to respond to patients' emotional cues with more inappropriate strategies. We also identified significant predictors of CRE that show the importance of communication training. Future research and education programs are needed to enhance nurses' CRE and to advocate for emotion-focused communication.</p>
Lin, Yanli; Callahan,	2018	A mind full of self: Self-	Neuroscience and	92	172-186	The aim of the current review is to advance the hypothesis that change in self-referential processing is a key but

Courtney P.; Moser, Jason S.		referential processing as a mechanism underlying the therapeutic effects of mindfulness training on internalizing disorders	biobehavioral reviews				<p>under-examined mechanism through which mindfulness training confers its therapeutic benefits for individuals with internalizing disorders. Consequently, we integrated neuroscientific studies on aberrant self-referential processing in internalizing disorders with contemplative science scholarship examining the effects of mindfulness training on the self-referential system. Reviewing these literatures yielded four major conclusions: (1) internalizing disorders can be characterized by excessive self-referential processing and emotion dysregulation; (2) mindfulness training has moderate effects on reducing internalizing symptoms; (3) mindfulness training promotes the shifting from narrative self-focus to present-centered experiential awareness; (4) such mindfulness-induced changes in self-reference is accompanied by reduced activation in overactive self-referential brain regions that have been implicated in internalizing disorders. Clinical and research implications related to delineating the role of self-referential processing in producing the therapeutic effects of mindfulness training are discussed.</p>
Linardon, Jake	2018	Rates of abstinence following psychological or behavioral treatments for binge-eating disorder: Meta-analysis	The International journal of eating disorders	51	8	785–797	<p>OBJECTIVE Standardized effect sizes reported in previous meta-analyses of binge-eating disorder (BED) treatment are sometimes difficult to interpret and are criticized for not being a useful indicator of the clinical importance of a treatment. Abstinence from binge eating is a clinically relevant component of a definition of a successful treatment outcome. This meta-analysis estimated the prevalence of patients with BED who achieved binge eating abstinence following psychological or behavioral treatments.</p> <p>METHOD</p>

						<p>This meta-analysis included 39 randomized controlled trials, with 65 treatment conditions and 2,349 patients. Most conditions comprised cognitive-behavioral therapy (n = 40). Pooled event rates were calculated at posttreatment and follow-up using random effects models.</p> <p>RESULTS</p> <p>The total weighted percentage of treatment-completers who achieved abstinence at posttreatment was 50.9% (95% CI = 43.9, 57.8); this estimate was almost identical at follow-up (50.3%; 95% CI = 43.6, 56.9). The total weighted percentage of patients who achieved abstinence at posttreatment in the intention-to-treat analysis (all randomized patients) was 45.1% (95% CI =40.7, 49.5), and at follow-up it was 42.3% (95% CI =37.5, 47.2). Interpersonal psychotherapy (IPT) produced the highest abstinence rates. Clinician-led group treatments produced significantly higher posttreatment (but not follow-up) abstinence estimates than guided self-help treatments. Neither timeframe for achieving abstinence, assessment type (interview/questionnaire), number of treatment sessions, patient demographics, nor trial quality, moderated the abstinence estimates.</p> <p>DISCUSSION</p> <p>The present findings demonstrate that 50% of patients with BED do not fully respond to treatment. Continued efforts toward improving eating disorder treatments are needed.</p>	
Linardon, Jake; Kothe, Emily J.; Fuller-Tyszkiewicz, Matthew	2019	Efficacy of psychotherapy for bulimia nervosa and binge-eating	European eating disorders review : the journal of the Eating	27	2	109-123	<p>OBJECTIVES</p> <p>This meta-analysis examined the effects of psychotherapy for bulimia nervosa (BN) and binge-eating disorder (BED) on self-esteem improvement.</p> <p>METHOD</p>

		disorder on self-esteem improvement: Meta-analysis	Disorders Association				<p>Randomized controlled trials (RCTs) of psychological treatments that assessed self-esteem change in eating disorders were included. Thirty-four RCTs were included; most sampled BED and then BN. Hedge's g effects were entered into random effects models.</p> <p>RESULTS</p> <p>Psychotherapy for BN led to significantly greater post-treatment improvements in self-esteem than control conditions ($g = 0.45$; 95% CI [0.17, 0.73]). This effect was smaller when only analysing low risk of bias trials ($g = 0.28$; 95% CI [0.05, 0.51]). Psychotherapy for BED also led to significantly greater post-treatment improvements in self-esteem than controls ($g = 0.20$; 95% CI [0.05, 0.35]), with some evidence that guided self-help was associated with the largest effects. This effect, however, was overestimated after adjustment for publication bias ($g = 0.10$; 95% CI [-0.05, 0.26]). There was no evidence that cognitive-behavioural therapy was superior to non-cognitive-behavioural therapy interventions in improving self-esteem. There was no relationship between symptom improvement and self-esteem improvement in a meta-regression.</p> <p>CONCLUSIONS</p> <p>Psychotherapy may lead to small improvements in self-esteem in BN and BED. Additional RCTs with follow-up assessments are required to make more definitive conclusions about the effects of psychotherapy for eating disorders on self-esteem in the long-term.</p>
Linardon, Jake; Wade, Tracey D.	2018	How many individuals achieve symptom abstinence	The International journal of eating disorders	51	4	287-294	<p>OBJECTIVES</p> <p>It is unclear how many patients with bulimia nervosa (BN) completely abstain from the core behavioral symptoms after receiving psychological treatment. The present meta-analysis of randomized controlled trials (RCTs)</p>

		<p>following psychological treatments for bulimia nervosa? A meta-analytic review</p>				<p>aimed to (a) estimate the prevalence of patients who abstain from binge eating and/or purging following all psychological treatments for BN, and (b) test whether these abstinence estimates are moderated by the type of treatment modality delivered, the definition of abstinence applied, and trial quality.</p> <p>METHOD</p> <p>Forty-five RCTs were included, with 78 psychotherapy conditions. Pooled event rates were calculated using random effects models.</p> <p>RESULTS</p> <p>At post-treatment, the total weighted percentage of treatment-completers who achieved abstinence was 35.4% (95% CI = 29.6, 41.7), while the total weighted percentage of abstinence for all randomized patients (intention-to-treat) was 29.9% (95% CI = 25.7, 33.2). Abstinence estimates were highest in trials that used behavioral-based treatments (e.g., cognitive-behavioral therapy, behavior therapy). There was also evidence that guided self-help interventions produced the lowest post-treatment abstinence rates, but with no difference at follow-up from clinician-led treatments, and studies that used a shorter timeframe for defining abstinence (i.e., 14 days symptom-free compared to 28-days symptom-free) produced the highest abstinence rates. Abstinence estimates at follow-up for both the completer (34.6%; 95% CI = 29.3, 40.2) and intention-to-treat (28.6%; 95% CI = 25.1, 32.3) analyses were essentially the same as the post-treatment estimates.</p> <p>DISCUSSION</p> <p>Over 60% of patients fail to fully abstain from core BN symptoms even after receiving our most empirically-supported treatments. The present findings highlight the</p>
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							urgency toward improving the effectiveness of psychological treatments for BN.
Linardon, Jake; Wade, Tracey; La Piedad Garcia, Xochitl de; Brennan, Leah	2017	Psychotherapy for bulimia nervosa on symptoms of depression: A meta-analysis of randomized controlled trials	The International journal of eating disorders	50	10	1124–1136	<p>OBJECTIVE Depressive symptoms are an important risk factor and consequence of binge eating and purging behavior in bulimia nervosa (BN). Although psychotherapy is effective in reducing symptoms of BN in the short- and long-term, it is unclear whether psychotherapy for BN is also effective in reducing depressive symptoms. This meta-analysis examined the efficacy of psychotherapy for BN on depressive symptoms in the short- and long-term.</p> <p>METHOD Randomized controlled trials (RCTs) on BN that assessed depressive symptoms as an outcome were identified. Twenty-six RCTs were included.</p> <p>RESULTS Psychotherapy was more efficacious at reducing symptoms of depression at post-treatment ($g = 0.47$) than wait-lists. This effect was strongest when studies delivered therapist-led, rather than guided self-help, treatment. No significant differences were observed between psychotherapy and antidepressants. There was no significant post-treatment difference between CBT and other active psychological comparisons at reducing symptoms of depression. However, when only therapist-led CBT was analyzed, therapist-led CBT was significantly more efficacious ($g = 0.25$) than active comparisons at reducing depressive symptoms. The magnitude of the improvement in depressive symptoms was predicted by the magnitude of the improvement in BN symptoms.</p> <p>DISCUSSION These findings suggest that psychotherapy is effective for reducing depressive symptoms in BN in the short-term.</p>

							Whether these effects are sustained in the long-term is yet to be determined, as too few studies conducted follow-up assessments. Moreover, findings demonstrate that, in addition to being the front-running treatment for BN symptoms, CBT might also be the most effective psychotherapy for improving the symptoms of depression that commonly co-occur in BN.
Linder, Jason N.; Nio, Alba; Negash, Sesen; Espinoza, Sandra	2022	Thematic analysis of therapists' experiences integrating EMDR and EFT in couple therapy: Theoretical and clinical complementarity, and benefits to client couples	Journal of marital and family therapy	48	3	777–797	In this article, we present partial findings from a thematic analysis study that examined integrating emotionally focused therapy (EFT) and eye-movement desensitization and reprocessing (EMDR) as clinical frameworks in couple therapy. The purpose of the study is to better understand how therapists integrate EFT and EMDR therapy in their clinical work. Thirteen licensed therapists (n=?13) trained in EFT and EMDR were interviewed about their experiences integrating these two models in their couple therapy practice. The findings included in this article are related to how these models complement each other as well as the clinical benefits associated with their integration. Findings provide preliminary evidence that there are benefits and challenges when integrating both models, although we emphasize complementarity in this article. Limitations and implications for future research on the integration and efficacy of these two models are also discussed. 2022 The Authors. Journal of Marital and Family Therapy published by Wiley Periodicals LLC on behalf of American Association for Marriage and Family Therapy.
Lindqvist, Karin; Mechter, Jakob; Falkenström, Fredrik; Carlbring, Per;		Therapeutic alliance is calming and curing—The interplay	Journal of consulting and clinical psychology	91	7		Objective: Therapeutic alliance is one of the most stable predictors of outcome in psychotherapy, regardless of theoretical orientation. The alliance–outcome relationship in internet-based treatments has been investigated with mixed results. There is preliminary

Andersson, Gerhard; Philips, Björn		between alliance and emotion regulation as predictors of outcome in Internet-based treatments for adolescent depression				evidence that emotion regulation can work as a mediator for the alliance–outcome relationship. The present study aimed to investigate whether alliance predicted outcome session by session in two internet-based treatments for adolescent depression, and whether this relationship was mediated by emotion regulation. Method: Two hundred and seventy-two participants aged 15–19 years and diagnosed with depression were randomized to 10 weeks of internet-based psychodynamic or cognitive behavioral treatment. Both therapists and patients rated the alliance weekly. Patients also rated depressive symptoms and emotion regulation weekly. Analyses were made using cross-lagged panel modeling. Results: Alliance, as rated by both therapist and patient, predicted depression scores the following week. Emotion regulation rated by the patient also predicted depression scores the following week. Furthermore, alliance scores predicted emotion regulation scores the following week, which in turn predicted depression scores the week after, supporting the hypothesis that alliance influences outcome partly through emotion regulation. There were no group differences in any of these relationships. Conclusion: Alliance seems to play an important role in internet-based treatments, partly through emotion regulation. Clinicians working with text-based treatments should pay attention to the working alliance. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Lindsay, William R.	2019	The Wiley Handbook on What Works in Offenders with Intellectual and Developmental				Cover -- Title Page -- Copyright Page -- Contents -- Acknowledgements -- About the Editors -- Notes on Contributors -- Foreword -- Part I Introduction -- Chapter 1 What Works for Offenders with Intellectual and Developmental Disabilities: Systems for Evaluating Evidence and Book Overview -- 1.1 Introduction -- 1.2 The

		Disabilities. Theory, Research and Practice					<p>Cochrane System -- 1.3 What Works Levels System -- 1.4 American Psychological Association (APA) System -- 1.5 Applying What Works Principles to Offenders with IDD -- 1.6 Structure of the Book -- References -- Chapter 2 What Works: Ethical Considerations When Treating Offenders with Intellectual and Developmental Disabilities -- 2.1 Introduction -- 2.2 Ethical Reasoning Regarding Offenders with Intellectual Disabilities -- 2.3 Ethics and Evidence-Based Practice -- 2.4 Key Ethical Areas of Inquiry into Practice -- 2.5 Conclusion -- References -- Chapter 3 Protecting the Rights of People with Intellectual Disabilities in Correctional Settings -- 3.1 Introduction -- 3.2 Method -- 3.3 Results -- 3.4 Discussion -- 3.5 A Framework for Protecting the Rights of Persons with Intellectual Disabilities in Correctional Settings -- 3.6 Conclusions -- References -- Part II Phenotypes and Genotypes and Offending Behaviour -- Chapter 4 Behavioural and Cognitive Phenotypes in Genetic Disorders Associated with Offending -- 4.1 Introduction -- 4.2 Types of Offending Behaviours in People with ID -- 4.3 Characteristics of Offending in the ID Population -- 4.4 Intelligence -- 4.5 External Factors -- 4.6 Moral Reasoning -- 4.7 Impulsivity -- 4.8 Co-morbidity -- 4.9 Offending by People with Genetic Disorders -- 4.10 Victimization of People with ID -- 4.11 Conclusion -- References -- Part III Validated Assessments -- Chapter 5 Diagnosis of Personality Disorder in Offenders with Intellectual and Developmental Disabilities -- 5.1 Introduction.</p>
Lindsey, Adrienne C.; Janich, Nicole; Macchi, C. R.; Cordes, Colleen	2021	Testing a Screening, Brief Intervention, and Referral to Treatment	Families, Systems, & Health	39	2	212-223	<p>Introduction: An estimated 21 million Americans meet the criteria for a substance use disorder (SUD), whereas 24% of the population engages in risky alcohol use leading to tremendous health and economic impacts (Substance Abuse and Mental Health Services</p>

<p>Clemency; Mendoza, Natasha S.; Vazquez, Elsa; Heath-Martinez, Calista</p>		<p>(SBIRT) interdisciplinary training program model for higher education systems</p>				<p>Administration, 2017). Opioid misuse is a national public health emergency, with an estimated 46,802 opioid-related deaths occurring in 2018 (National Center for Health Statistics, 2020). Despite the high prevalence of risky substance use and SUDs, preservice education related to screening for and treating SUDs in health and behavioral health professions is inadequate (Dimoff, Sayette, & Norcross, 2017; Russett & Williams, 2015; Savage et al., 2014; Tabak et al., 2012). A critical need exists for an interdisciplinary, implementation science-informed approach for developing academic training programs in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model within higher education systems. Method: We delineate a training model implemented within 5 health and behavioral health disciplines (nursing, social work, clinical psychology, counseling psychology, and integrated behavioral health), informed by prominent implementation scientists (Proctor et al., 2011; Rogers, 2003). Results: Faculty surveys (n = 33), interviews (n = 24), and syllabi and training records reviews indicated the Brief Intervention, and Referral to Treatment model was infused into course content by 89.47% of trained faculty and sustained in 90.47% of course syllabi at project close. Conclusion: The model demonstrated successful uptake and sustainability in higher education systems. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Lindson, N.; Thompson, T. P.; Ferrey, A.; Lambert, J. D.; Aveyard, P.</p>	<p>2019</p>	<p>Motivational interviewing for smoking cessation</p>	<p>Cochrane Database of Systematic Reviews</p>	<p>7(7): CD0 0693 6. doi: 10.1</p>	<p>7</p>	<p>Abstract - Background Motivational Interviewing (MI) is a directive patient-centred style of counselling, designed to help people to explore and resolve ambivalence about behaviour change. It was developed as a treatment for alcohol abuse, but may help people to a make a successful attempt to stop smoking. Objectives To</p>

				002/ 1465 1858 .CD0 0693 6.pu b4		<p>evaluate the efficacy of MI for smoking cessation compared with no treatment, in addition to another form of smoking cessation treatment, and compared with other types of smoking cessation treatment. We also investigated whether more intensive MI is more effective than less intensive MI for smoking cessation. Search methods We searched the Cochrane Tobacco Addiction Group Specialised Register for studies using the term motivat* NEAR2 (interview* OR enhanc* OR session* OR counsel* OR practi* OR behav*) in the title or abstract, or motivation* as a keyword. We also searched trial registries to identify unpublished studies. Date of the most recent search: August 2018. Selection criteria Randomised controlled trials in which MI or its variants were offered to smokers to assist smoking cessation. We excluded trials that did not assess cessation as an outcome, with follow-up less than six months, and with additional non-MI intervention components not matched between arms. We excluded trials in pregnant women as these are covered elsewhere. Data collection and analysis We followed standard Cochrane methods. Smoking cessation was measured after at least six months, using the most rigorous definition available, on an intention-to-treat basis. We calculated risk ratios (RR) and 95% confidence intervals (CI) for smoking cessation for each study, where possible. We grouped eligible studies according to the type of comparison. We carried out meta-analyses where appropriate, using Mantel-Haenszel random-effects models. We extracted data on mental health outcomes and quality of life and summarised these narratively. Main results We identified 37 eligible studies involving over 15,000 participants who smoked tobacco. The majority of studies recruited</p>
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						<p>participants with particular characteristics, often from groups of people who are less likely to seek support to stop smoking than the general population. Although a few studies recruited participants who intended to stop smoking soon or had no intentions to quit, most recruited a population without regard to their intention to quit. MI was conducted in one to 12 sessions, with the total duration of MI ranging from five to 315 minutes across studies. We judged four of the 37 studies to be at low risk of bias, and 11 to be at high risk, but restricting the analysis only to those studies at low or unclear risk did not significantly alter results, apart from in one case - our analysis comparing higher to lower intensity MI. We found low-certainty evidence, limited by risk of bias and imprecision, comparing the effect of MI to no treatment for smoking cessation (RR = 0.84, 95% CI 0.63 to 1.12; I² = 0%; adjusted N = 684). One study was excluded from this analysis as the participants recruited (incarcerated men) were not comparable to the other participants included in the analysis, resulting in substantial statistical heterogeneity when all studies were pooled (I² = 87%). Enhancing existing smoking cessation support with additional MI, compared with existing support alone, gave an RR of 1.07 (95% CI 0.85 to 1.36; adjusted N = 4167; I² = 47%), and MI compared with other forms of smoking cessation support gave an RR of 1.24 (95% CI 0.91 to 1.69; I² = 54%; N = 5192). We judged both of these estimates to be of low certainty due to heterogeneity and imprecision. Low-certainty evidence detected a benefit of higher intensity MI when compared with lower intensity MI (RR 1.23, 95% CI 1.11 to 1.37; adjusted N = 5620; I² = 0%). The evidence was limited because three of the five studies in this comparison were at risk of bias. Excluding</p>
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						<p>them gave an RR of 1.00 (95% CI 0.65 to 1.54; I² = n/a; N = 482), changing the interpretation of the results. Mental health and quality of life outcomes were reported in only one study, providing little evidence on whether MI improves mental well-being. Authors' conclusions There is insufficient evidence to show whether or not MI helps people to stop smoking compared with no intervention, as an addition to other types of behavioural support for smoking cessation, or compared with other types of behavioural support for smoking cessation. It is also unclear whether more intensive MI is more effective than less intensive MI. All estimates of treatment effect were of low certainty because of concerns about bias in the trials, imprecision and inconsistency. Consequently, future trials are likely to change these conclusions. There is almost no evidence on whether MI for smoking cessation improves mental well-being. Plain language summary Does motivational interviewing help people to quit smoking? Background Motivational interviewing is a type of counselling that can be used to help people to stop smoking. It aims to help people explore the reasons that they may feel unsure about quitting and find ways to make them feel more willing and able to stop smoking. Rather than telling the person why and how they should change their behaviour, counsellors try to help people to choose to change their own behaviour, increasing their confidence that they can succeed. This review explores whether motivational interviewing helps more people to stop smoking than no treatment, or other types of stop smoking treatment. It also looks at whether longer motivational interviewing, with more counselling sessions, helps more people to quit than shorter motivational interviewing with fewer sessions. Study</p>
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						<p>characteristics This review included 37 trials covering over 15,000 people who smoked tobacco. Studies were conducted in a lot of different types of people, including people with health problems or drug use problems, young people, homeless people, and people who had been arrested or were in prison. Some people felt ready to quit smoking and others did not. Motivational interviewing was provided in one to 12 sessions and took from as little as five minutes, to as much as eight hours, to deliver. Studies lasted for at least six months. The evidence is up to date to August 2018. Key results There was not enough information available to decide whether motivational interviewing helped more people to stop smoking than no stop smoking treatment. People were slightly more likely to stop smoking if they were provided with motivational interviewing rather than another type of treatment to stop smoking, but our findings suggest that there is still a chance that motivational interviewing could also reduce a person's chances of quitting compared with other stop smoking treatments. This means more research is needed to decide whether motivational interviewing can help more people to quit than other types of treatment. Using longer motivational interviewing with more treatment sessions may help more people to give up smoking than shorter motivational interviewing with fewer sessions, however more research is needed to be sure that this is the case. We also looked at whether being provided with motivational interviewing to quit smoking increased people's well-being. Most studies did not provide any information about this, and so more studies are needed to answer this question. Quality of the evidence There is low-quality evidence looking at whether motivational interviewing helps more people to quit</p>
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							smoking than no treatment. This means it is difficult to know whether motivational interviewing helps people to quit smoking or not, and more studies are needed. The quality of the evidence was also low for all of the other questions we asked about quitting smoking, which means that our findings may change when new research is carried out. The quality of the research is rated as low because there were problems with the design of studies, findings of studies were very different to one another, and there were not enough data, making it difficult to determine whether motivational interviewing or more intense motivational interviewing helped people to quit smoking or not.
Linsao, Amy W.; McKiernan, Patrick M.; Morgan, Stephanie M.	2023	Mental health providers' perceptions of competency when working with autistic children with co-occurring mental health diagnoses	J Community Psychol (Journal of Community Psychology)	51	5	2026–2034	Abstract Psychotherapy research has long focused on provider competence and treatment efficacy. Mental health providers treat diverse client populations with varying, complex needs. Though estimates vary, the rate of children diagnosed with autism and a co-occurring psychiatric disorder is relatively high. While behavioral approaches to treatment have been established as the gold standard, talk-based therapies are increasingly common, and a broader range of providers are treating this population. There are gaps in the literature regarding empirically supported, targeted approaches, and provider sense of competency in addressing complex needs. The aim of this secondary qualitative analysis was to gain further insights into mental health providers' experiences of psychotherapy with autistic children with a cooccurring diagnosis. Eleven licensed clinicians participated in semistructured interviews. The following themes emerged: perception of competency, complex needs, and family involvement. Recommendations for a collaborative approach, increased opportunities for training, and

							standardized, targeted assessments and treatment protocols were made.
Lipsitz-Odess, Ilana; Fisher, Hadar; Kartaginer, Ori; Leibovich, Liat; Zilcha-Mano, Sigal	2021	When less is more: The perception of psychotherapy techniques as a function of patient personality disorder	Psychology and psychotherapy	94	4	929–951	Objective Psychopathology research suggests that individuals with higher levels of personality disorder (PD) traits, especially those with a comorbid major depressive disorder (MDD), tend to be highly aroused in interpersonal contexts, manifested by an intensified perception of interpersonal interactions. Little is known about the way this tendency manifests in the process of psychotherapy. The current study explored the patient's perception of techniques in psychotherapy among patients with higher vs. lower levels of PD, as well as the patient?therapist agreement on techniques used. Design The study used an integration of qualitative and quantitative methodology on data from a randomized controlled trial (RCT) for the treatment of depression. Method Sixty-nine patients with MDD participated in the study and were evaluated for PD symptoms prior to treatment. A set of multilevel analyses were conducted to assess the association between PD and perception of techniques, as well as a zoom-in exploration within a case study. Results Patients with higher levels of PD reported more techniques implemented by the therapist than patients with lower levels. In addition, the agreement between patient and therapist on techniques was lower, such that patients with PDs reported more techniques than their therapist. The case study supported these findings and illustrates the potential for patients with PDs to perceive a greater use of techniques as a sign of therapist investment. Conclusion Consistent with psychopathology research, the findings suggest that patients with PDs tend to experience techniques as more intense than the therapist, in comparison with patients without PD.

							Practitioner points There are indications that patients with higher levels of personality disorder traits will tend to experience the techniques in psychotherapy in a more intense manner than patients with lower level personality disorder traits. It is likely that patients with higher levels of personality disorder traits will experience their therapists as more active than therapists think they are. Therapists of patients with higher levels of personality disorders should be sensitive of each of their patients? experiences. As the case study demonstrated at least in some cases patients with higher levels of personality disorder may experience the techniques in an intense manner as a sign of therapist investment, however, other patients may experience this differently. Therefore, it is crucial for the therapist to be aware of how the patient experienced the encounter ? investment or intrusiveness.
Listl, Stefan; Schubert, Ingrid	2021	How can person-centered oral health care be sustainably promoted?	Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz	64	8	915–917	
Litz, Brett T.; Rusowicz-Orazem, Luke; Doros, Gheorghe; Grunthal, Breanna; Gray, Matthew; Nash, William; Lang, Ariel J.	2021	Adaptive disclosure, a combat-specific PTSD treatment, versus cognitive-processing therapy, in deployed marines and sailors: A	Psychiatry research	297		113761	Adaptive Disclosure (AD) is a new emotion-focused psychotherapy for combat-related PTSD. As a second step in the evaluation process, we conducted a non-inferiority (NI) trial of AD, relative to Cognitive Processing Therapy - Cognitive Therapy version (CPT-C), an established first-line psychotherapy. Participants were 122 U.S. Marines and Sailors. The primary endpoint was PTSD symptom severity change from pre- to posttreatment, using the Clinician Administered PTSD Scale for DSM-IV. Secondary endpoints were depression (Patient Health Questionnaire-9; PHQ-9) and functioning

		randomized controlled non-inferiority trial					(Veterans Rand Health Survey-12; VR-12). For cases with complete data, the mean difference in CAPS-IV change scores was 0.33 and the confidence interval (CI) did not include the predefined NI margin (95% CI = -10.10, 9.44). The mean difference in PHQ-9 change scores was -1.01 and the CI did not include the predefined margin (95% CI = -3.31, 1.28), as was the case for the VR-12 Physical Component and VR-12 Mental Component subscale scores (0.27; 95% CI = -4.50, 3.95, and -2.10; 95% CI = -7.03, 2.83, respectively). A series of intent-to-treat sensitivity analyses confirmed these results. The differential effect size for CAPS-IV was $d = 0.01$ (nonsignificant). As predicted, Adaptive Disclosure was found to be no less effective than a first-line psychotherapy.
Locati, Francesca; Rossi, Germano; Lang, Margherita; Parolin, Laura	2020	In-session interactive dynamics of the psychotherapy process between therapeutic alliance, therapist expertise, therapist technical intervention, patient metacognition and functioning	Clinical psychology & psychotherapy	27	6	902-914	Empirical research has explored different dimensions of the therapy process and their associations, often showing bidirectional links: for example, metacognition may be favoured by a positive alliance with the clinician; on the other hand, metacognitive difficulties may be an obstacle for the alliance. However, little is still known about the overall relationship between multiple dimensions during the psychotherapy process. The aim of this study is to further explore the in-session interaction of therapeutic process variables, focusing on patient metacognition, therapeutic alliance, technical intervention, therapist expertise, and patient functioning. Participants included 45 patients involved in a psychodynamic weekly treatment in two clinical centres. Therapists were both in-training and experienced clinicians. Four instruments were applied on four psychotherapy sessions (178 verbatim transcripts): Metacognition Assessment Scale-Revised (MAS-R) assessing metacognition, Collaborative

							Interaction Scale (CIS) assessing therapeutic alliance, Psychodynamic Intervention Rating Scale (PIRS) assessing therapist technical interventions, and Shedler-Westen Assessment Procedure (SWAP)-200 assessing patient functioning. Sequential analyses revealed that specific therapist interventions co-occurred with three different levels of therapeutic alliance: a first one characterized by positive collaboration, the second one by neutral collaboration, and the third one by ruptures. Moreover, and critically, the patient metacognition, patient functioning, and therapist expertise were found to exert different effects in the three alliance levels. These findings suggest the existence of a specific interdependence between the variables involved in the research. These results further indicate that the therapist expertise is a key element in the therapeutic process, as it can drastically affect the in-session interactive dynamic.
Lond, Benjamin; Quincey, Kerry; Apps, Lindsay; Darlison, Liz; Williamson, Iain	2022	The experience of living with mesothelioma: A meta-ethnographic review and synthesis of the qualitative literature	Health Psychology	41	5	343-355	Objective: Mesothelioma is a life limiting cancer caused by previous exposure to asbestos. Due to the continued use of asbestos products internationally, the condition presents an increasing risk to global health with case numbers peaking in industrially developed nations. With the cancer reducing patient well-being, this study aimed to synthesize the qualitative findings of studies exploring the experiences of patients living with mesothelioma to generate new conceptual insights and guide therapeutic care. Method: Thirteen databases were systematically searched: Academic Search Premier, BioMed Central, British Nursing Database, CINAHL Plus, Cochrane Library, Europe PubMed Central, MEDLINE, PsycARTICLES, PsycINFO, Science Direct, Scopus, Social Care Online, and Web of Science, between August and September 2020. Included articles were subject to quality appraisal

						<p>using CASP checklists, and their respective findings analyzed using a metaethnographic form of qualitative data synthesis. Results: Twenty-two articles met the inclusion criteria, and the data synthesis produced three themes: (1) “complex trauma”; (2) “psycho-behavioral coping strategies”; and (3) “external sources of support.” Combined, these themes form a novel conceptual framework and awareness of the patient experience that presents the lived trauma of disease alongside a patients coping processes and support pathways. Conclusion: Robust therapeutic support is needed to address the psychosocial and existential burden shouldered by people with mesothelioma. Therapies that promote sentiments of acceptance, hope, and benefit finding are proposed alongside initiatives that foster patient empowerment and meaning, and further promote patient choice in deciding end-of-life care. Recommendations for future research are also made. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Long, Cathy; Cronin-Davis, Jane; Cotterill, Diane	2017	Occupational therapy evidence in practice for mental health				<p>An introduction : tracking developments in mental health practice / Cheryl McMorris -- Service user and carer involvement : co-production / Nashiru Momori and Gabrielle Richards -- Creativity as a transformative process / Diane Cotterill and Lucy Coleman -- Group work in occupational tterapy : generic versus specialist practice / Catherine Benyon-Pindar -- Working with alice smith : services for older people / Caroline Wolverson and Alison Williams -- Occupational therapy interventions for someone experiencing severe and enduring mental illness / Lindsay Rigby and Ian Wilson -- Forensic mental health : creating occupational opportunities / Jane Cronin-Davis -- Promoting self-efficacy in managing major depression / Gill Richmond -- Veterans :</p>

							understanding military culture and the possible effects on engagement / Nick Wood
Looney, Kathy; El-Leithy, Sharif; Brown, Gary	2021	The role of simulation in imagery rescripting for post-traumatic stress disorder: a single case series	Behavioural and cognitive psychotherapy	49	3	257–271	<p>BACKGROUND: Imagery rescripting (ImRs) is an experiential therapy technique used to change the content and meaning of intrusive imagery in post-traumatic stress disorder (PTSD) by imagining alternative endings to traumatic events. There is growing evidence that ImRs is an effective treatment for PTSD; however, little is known about how it brings about change. AIMS: This study aimed to explore the role of mental simulation as a candidate mechanism of action in ImRs, and, specifically, whether well-simulated imagery rescripts are associated with greater change in symptom severity during ImRs. METHOD: Using a single-case experimental design, seven participants receiving cognitive therapy for PTSD were assessed before, during and after sessions of imagery rescripting for one intrusive image. Participants completed continuous symptom severity measures. Sessions were recorded, then coded for goodness of simulation (GOS) as well as additional factors (e.g. rescript believability, vividness). RESULTS: Participants were divided into high- and low-responders and coding was compared across groups. Correlational analyses were supported by descriptive analysis of individual sessions. High-responders' rescripts tended to be rated as well-simulated compared with those of low-responders. Specific factors (e.g. intensity of thoughts/emotions related to original and new imagery elements, level of cognitive and emotional shift and belief in the resultant rescript) were also associated with reductions in symptom severity. CONCLUSIONS: There was tentative evidence that well-simulated rescripted images tended to be associated with greater reductions in</p>

							symptom severity of the target image. Clinical implications and avenues for further research are discussed.
López de Uralde-Selva, M A; Valero-Aguayo, Luis	2021	Cognitive Defusion as a Verbal Exercise: An Experimental Approach	Psicothema	33	1	77–85	<p>BACKGROUND: As one of the founding principles of Acceptance and Commitment Therapy (ACT), cognitive defusion is a contextual control of language, but it is not clear which behavioural process would allow such defusion. Two experiments are presented which analyse that process using a word repetition exercise. METHOD: Experiment 1 was performed with 30 randomised participants, using a factorial between-groups (4x2) with repeated measures design: Group 1 = milk-milk-milk exercise; 2 = emotional word repetition; 3 = milk-to-emotional word shaping; and 4 = control without intervention. Questionnaires were applied on thoughts, emotional regulation, and experiential avoidance, in addition to the evaluation of 20 images suggesting emotions. In Experiment 2, 78 participants were randomised using the same 4x2 design, and also 60 images with a proven emotional reactivity were used. RESULTS: Experiment 1 did not show changes in any of the variables, nor a decrease in emotional assessment, which should occur according to the theory behind ACT. In Experiment 2, no significant changes between the groups and no pre-post changes appeared, except in latency time. CONCLUSIONS: The lack of replication of the defusion process is discussed, along with the mixed results of other studies.</p>
Lorentzen, Steinar	2022	Focused group analytic psychotherapy: An integration of clinical	Journal of clinical psychology	78	8	1613–1623	<p>OBJECTIVE Group-analytic psychotherapy is probably the most commonly used psychodynamic group therapy in Europe. This paper describes focused group analytic psychotherapy (FGAP), a new time-limited version of this</p>

		experience and research					<p>therapy, based on clinical experience and research.</p> <p>THE THERAPY/SUITABILITY OF PATIENTS It is relatively structured and individually oriented, and designed for patients with a certain ability to tolerate internal and external stress, without decompensating or developing serious behavioral disturbances (they should have a limited degree of personality pathology). Patients entering FGAP should establish a circumscribed therapy focus ahead of therapy, based on some dysfunctional patterns of interpersonal problems, conflicts, and/or symptoms related to a psychodynamic hypothesis/case formulation.</p> <p>SELECTION/PREPARATION The paper describes patient selection and preparation, the involvement of the group process, and how therapist and other group members interact/intervene.</p> <p>CLINICAL MATERIAL/VIGNETTES Central elements in the evaluation and aspects of the therapy are described and illustrated with an extensive case description and clinical material and vignettes from the group process.</p>
Lorenz, Tierney K.	2021	Predictors and impact of psychotherapy side effects in young adults	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	1	237-243	<p>Abstract What should we tell our younger clients?who may or may not have chosen to come to therapy?about possible risks of engaging in psychotherapy? To explore this question, we examined psychotherapy side effects in 366 young adults with a history of psychotherapy or counselling. Psychotherapy side effects were common, with 41% of participants reporting at least one. Perceived lack of control over the decision of when and how to engage in therapy was the strongest predictor of experiencing therapy side effects. Of the different kinds of side effects, feeling that therapy had gone on too long and experiencing worsening of existing symptoms were the</p>

						most strongly predictive of poor therapy outcomes such as dissatisfaction with care and lower perceived improvements. Finally, there was a significant association between reporting side effects of psychiatric medications and side effects of psychotherapy, suggesting common factors that contribute to side effect experience across treatment modalities. These findings highlight the need to monitor possible side effects during psychotherapy and counselling, and to have an open dialogue with our youngest clients and their families about the likelihood for negative outcomes when they are compelled to engage in therapy.	
Lorey, Katharina; Fegert, Jörg M.	2021	Increasing Mental Health Literacy in Law Enforcement to Improve Best Practices in Policing- Introduction of an Empirically Derived, Modular, Differentiated, and End-User Driven Training Design	Frontiers in psychiatry	12		706587	Objective: Law enforcement officers often have contact to persons who show symptoms of mental disorders. Adequately designed training is necessary for developing the best possible practices in policing when coming into contact with mentally ill people, and may help to expand their general knowledge on mental disorders. To achieve a sustainable implementation of training content in daily policing work, the acceptance and proactive integration of methods by the training participants is essential. Method: This study investigates an exemplary modular training curriculum based on a survey with 2,228 German police officers (28.2% female, 71.8% male) concerning their needs and challenges when coming into contact with persons with mental disorders. This empirical end-user driven approach was used to adapt existing training concepts to the current needs and interests of law enforcement personnel in order to maximize compliance. Results: The training program draft includes basic modules which are intended to be of direct interest to all police officers, such as mental disorders with high policing relevance, encountering suicidal patients, (non-

							directive) communication and de-escalation skills, and mental hygiene in policing. They are arranged in more specialized modules that address specific target group audiences within police forces and the training curriculum provides information about genuine risks and self-protection, trauma sensitivity, and interaction with children and victims among other contents. The self-selectable, modular, and empirically-based continued training program also includes an introduction to local mental health service professionals and networks, triologue sequences, and situational role play scenarios. Conclusion: Due to frequent contact law enforcement officers have to mentally ill people, improved training designed to maximize knowledge and the integration of trained methods is necessary. Gaining acceptance and proactive support by trainees is ensured through end-user driven implementation of specialized and differentiated up-to-date training programs. Our results showcase how police officers' perspectives on persons with mental illnesses is a main aspect that can and should be used to encourage training course designs.
Lorion, Raymond P.	2021	Community psychology's origin and destination: Alternative pathways to the discipline's future	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	49	5	987-993	Abstract A review of the Journal's nearly five decades of publications revealed an early commentary entitled ?Common sense Community Psychology? (Thorne, 1974) reflecting on early decisions about the discipline's professional identity and interactions with targeted communities of color and need stimulated this commentary. Considered are ways we distinguished ourselves from our parent, clinical psychology, and its focus on emotional and behavioral disorder treated through psychotherapeutic interventions. Thorne's examination of alternative pathways that the discipline

							could have followed are considered relative to current challenges confronting communities of color and need.
Lorraine Edwards, Sharon; Fryer, Nic; Boot, Michelle; Farquharson, Michael; McCormack, Samantha; Sluman, Kelly; Tigar, Katherine	2018	Results of cross-faculty 'capstone' assessments involving nursing and performing arts students	Nursing management (Harrow, London, England : 1994)	25	4	22-29	This article describes how 'capstone' assessments were created to provide two different student groups, nursing and performing arts students, with a lived experience of learning together about their own fields of practice. Capstone assessments combine 'live' human simulation with self-reflection and peer review. A capstone assessment is the integration of a body of relatively fragmented knowledge and learning to form a unified whole and can be used as a transitional assessment and a bridging experience to connect knowledge between modules or courses. The capstone assessments involved two faculties and four modules, three nursing and one performing arts. Case studies were designed to represent real-life situations that students were likely to encounter during their careers, either playing a patient as an actor or performing a caring role as a nurse. Assessments for the capstone simulation were formative, and involved the students engaging in self-reflection and peer review. Videos were available to enhance the self-reflection and peer-review process. Evaluation was undertaken through verbal feedback during debrief, written feedback, video footage and nursing student and acting student peer review. The experience of capstone assessments for two diverse student groups provided valuable learning from their own and from a different group outside their subject area.
LoSavio, Stefanie T.; Hale, Willie J.; Moring, John C.; Blankenship,	2021	Efficacy of individual and group cognitive processing therapy for	Journal of consulting and clinical psychology	89	5	476-482	Objective: Many clinicians question whether patients with a history of childhood trauma will benefit from trauma-focused treatment. In this secondary analysis, we examined whether reports of childhood abuse moderated the efficacy of cognitive processing therapy (CPT) for

<p>Abby E.; Dondanville, Katherine A.; Wachen, Jennifer Schuster; Mintz, Jim; Peterson, Alan L.; Litz, Brett T.; Young-McCaughan, Stacey; Yarvis, Jeffrey S.; Resick, Patricia A.</p>		<p>military personnel with and without child abuse histories</p>				<p>active-duty military with posttraumatic stress disorder (PTSD). Methods: Service members (N = 254, mean age 33.11 years, 91% male, 41% Caucasian) were randomized to receive individual or group CPT (n = 106 endorsing and n = 148 not endorsing history of childhood abuse). Outcomes included baseline cognitive-emotional characteristics [Posttraumatic Cognitions Inventory (PTCI), Trauma-Related Guilt Inventory (TRGI), Cognitive Emotion Regulation Questionnaire-Short Form (CERQ)], treatment completion, and symptom outcome (PTSD Checklist, Beck Depression Inventory-II). We predicted participants endorsing childhood abuse would have higher scores on the PTCI, TRGI, and CERQ at baseline, but be noninferior on treatment completion and change in PTSD and depression symptoms. We also predicted those endorsing childhood abuse would do better in individual CPT than those not endorsing abuse. Results: Those endorsing childhood abuse primarily experienced physical abuse. There were no baseline differences between service members with and without a history of childhood abuse (all $p \geq .07$). Collapsed across treatment arms, treatment completion and symptom reduction were within the noninferiority margins for those endorsing versus not endorsing childhood abuse. History of abuse did not moderate response to individual versus group CPT. Conclusions: In this primarily male, primarily physically abused sample, active-duty military personnel with PTSD who endorsed childhood abuse benefitted as much as those who did not endorse abuse. (PsychInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Loth, K. A.; Friend, S.; Horning, M. L.;</p>	<p>2016</p>	<p>Directive and non-directive food-related</p>	<p>Appetite</p>	<p>107</p>	<p>188–195</p>	<p>This study examines associations between an expanded conceptualization of food-related parenting practices, specifically, directive and non-directive control, and child</p>

<p>Neumark-Sztainer, D.; Fulkerson, J. A.</p>		<p>parenting practices: Associations between an expanded conceptualization of food-related parenting practices and child dietary intake and weight outcomes</p>				<p>weight (BMI z-score) and dietary outcomes [Healthy Eating Index (HEI) 2010, daily servings fruits/vegetables] within a sample of parent-child dyads (8-12 years old; n = 160). Baseline data from the Healthy Home Offerings via the Mealttime Environment (HOME Plus) randomized controlled trial was used to test associations between directive and non-directive control and child dietary outcomes and weight using multiple regression analyses adjusted for parental education. Overall variance explained by directive and non-directive control constructs was also calculated. Markers of directive control included pressure-to-eat and food restriction, assessed using subscales from the Child Feeding Questionnaire; markers of non-directive control were assessed with a parental role modeling scale and a home food availability inventory in which an obesogenic home food environment score was assigned based on the types and number of unhealthful foods available within the child's home food environment. DIRECTIVE CONTROL: Food restriction and pressure-to-eat were positively and negatively associated with BMI z-scores, respectively, but not with dietary outcomes. NON-DIRECTIVE CONTROL: An obesogenic home food environment was inversely associated with both dietary outcomes; parental role modeling of healthful eating was positively associated with both dietary outcomes. Neither non-directive behavioral construct was significantly associated with BMI z-scores. TOTAL VARIANCE: Greater total variance in BMI-z was explained by directive control; greater total variance in dietary outcomes was explained by non-directive control. Including a construct of food-related parenting practices with separate markers for directive and non-directive control should be considered for future</p>
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							research. These concepts address different forms of parental control and, in the present study, yielded unique associations with child dietary and weight outcomes.
Loucif, Amin	2021	Beratung und Therapie muslimischer Paare. Zur Integration klrungsorientierter und islamischer Konzepte					Erfahrungen mit der Integration klrungsorientierter und islamischer Konzepte in die Beratung und Therapie muslimischer Paare werden besprochen. Zunchst werden die Klrungsorientierte Psychotherapie (KOP) und die Klrungsorientierte Paartherapie (KOPT) vorgestellt. Im Anschluss wird die Integration islamisch geprgter Konzepte erlutert. Die Untersttzung durch Norm-Heuristiken (Auswahl relevanter bergeordneter Norm- bzw fiqh-Regeln) wird beschrieben, und einige Besonderheiten und herausfordernde Beratungssituationen werden in den Blick genommen.
Low, Rebecca K.; van Dyke, David; Brown, Lauren J.	2014	The Impact of a Digital Recorder Intervention in Pragmatic/Experiential Therapy for Couples: A Pilot Study to Assess Emotional Flooding	Contemp Fam Ther (Contemporary Family Therapy)	36	1	70–82	
Lu, Xiaojing; Zhang, Wan; Jia, Xuedong; Bao, Xiaoyue; Zhang, Xiaojian; Kang, Jian; Du, Shuzhang; Yin, Zhao	2024	Exploring the problems and coping strategies of pharmacy internship in large general hospitals in China: from the	BMC medical education	24	1	69	OBJECTIVE: The role of the Hospital Pharmacy Preceptor (HPP) is pivotal in upholding the excellence of experiential training and fostering the professional growth of pharmacy interns. However, there is a lack of studies that provide an overview of pharmacy internships from the perspective of HPP. This study explores the experience and expectations of HPPs regarding existing problems and possible coping strategies in intern teaching. METHODS: This is a qualitative study that was conducted

		perspective of preceptors					through individual interviews and focus group discussions. HPPs were invited as participants from large-scale tertiary hospitals in representative provinces of mainland China. Interview and focus group discussion data were analyzed using thematic analysis to see emerging themes from the data. Nvivo 12 was utilized for data management and processing. RESULTS: Eight individual interviews and two focus group discussions were conducted, involving 14 HPPs as participants. Upon the examination of the interviews and focus group data, four themes were summarized regarding HPPs' perceptions: 1) current presenting problems; 2) possible coping strategies; 3) something HPPs should do; 4) something interns should do. CONCLUSION: This study found that from the HPPs' perspective, the hospital-based pharmacy internship still has some problems from policy to practice, which need to be addressed by the joint efforts of the state, schools, internship bases, pharmacy preceptors, and students.
Lu, Yun; Kivlighan Jr., Dennis M.; Hill, Clara E.; Gelso, Charles J.	2022	Therapist initial attachment style, changes in attachment style during training, and client outcome in psychodynamic psychotherapy	Journal of Counseling Psychology	69	6	794–802	[Retraction notice: A retraction for this article was reported in Vol 70(4) of Journal of Counseling Psychology (see record 2023-89440-006). The following article (https://doi.org/10.1037/cou0000557) is being retracted. This retraction is at the request of coauthors Kivlighan, Hill, and Gelso after the results of an investigation by the University of Maryland Institutional Review Board (IRB). The IRB found that the study included data from between one and four therapy clients of the Maryland Psychotherapy Clinic and Research Laboratory (MPCRL) who either had not been asked to provide consent or had withdrawn consent for their data to be included in the research. Lu was not responsible for obtaining and verifying participant consent but agreed to the retraction

							of this article] This study extended the cross-sectional therapist attachment literature by examining longitudinal changes of therapist attachment avoidance and anxiety in relation to client treatment outcome. Data consisted of 942 Outcome Questionnaire-45 assessments (Lambert et al., 1996, 2004) of 213 clients working with 30 therapists from a university clinic that provided psychodynamically/interpersonally oriented individual therapy, and yearly therapist self-report of attachment styles using the Experience in Close Relationships Scale (Brennan et al., 1998) over 2–4 years of training at a university clinic. Using multilevel growth modeling, we found that initial attachment anxiety or avoidance alone were not associated with treatment outcomes. Instead, therapists with small increases in attachment avoidance, from a low avoidance baseline, were more effective in helping clients reduce psychological distress than their peers. Findings suggest that small increases in attachment avoidance may be a beneficial development for trainees, as it may reflect a process of learning emotional boundary regulation (Skovholt & Rønnestad, 2003) and taking on the observer aspect of the participant-observer role (Sullivan, 1953). Current findings challenged the assumption that higher therapist attachment avoidance and anxiety is always associated with worse client outcome and suggested the importance of continuous self-reflection to understand how one’s own attachment change impacts their clinical practice. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Luby, Joan L.; Barch, Deanna M.; Whalen,	2018	A Randomized Controlled Trial of Parent-Child	The American journal of psychiatry	175	11	1102–1110	Clinical depression in children as young as age 3 has been validated, and prevalence rates are similar to the school-age disorder. Homotypic continuity between early

Diana; Tillman, Rebecca; Freedland, Kenneth E.		Psychotherapy Targeting Emotion Development for Early Childhood Depression					and later childhood depression has been observed, with alterations in brain function and structure similar to those reported in depressed adults. These findings highlight the importance of identifying and treating depression as early as developmentally possible, given the relative treatment resistance and small effect sizes for treatments later in life. The authors conducted a randomized controlled trial of a dyadic parent-child psycho-therapy for early childhood depression that focuses on enhancing the child's emotional competence and emotion regulation. A modified version of the empirically tested parent-child interaction therapy with a novel "emotion development" module (PCIT-ED) was compared with a waiting list condition in a randomized controlled trial in 229 parent-child dyads with children 3-6.11 years of age. Both study arms lasted 18 weeks. Children in the PCIT-ED group had lower rates of depression (primary outcome), lower depression severity, and lower impairment compared with those in the waiting list condition (Cohen's d values, >1.0). Measures of child emotional functioning and parenting stress and depression were significantly improved in the PCIT-ED group. The findings from this randomized controlled trial of a parent-child psychotherapy for early childhood depression suggest that earlier identification and intervention in this chronic and relapsing disorder represents a key new pathway for more effective treatment. Manualized PCIT-ED, administered by master's-level clinicians, is feasible for delivery in community health settings.
Lucadou, Anne von; Schramm, Elisabeth	2018	Interpersonelle Psychotherapie bei affektiven Strungen	PSYCH up2date	12	1	39-54	Ein blick zur interpersonellen Psychotherapie bei affektiven Strungen wird gegeben. Die Interpersonelle Psychotherapie nach Klerman und Weissman (IPT) geht zu den wirksamsten psychologischen

							<p>Depressionstherapien. Ausgangspunkt der IPT ist die Annahme, dass depressive Episoden stets in einem zwischenmenschlichen und psychosozialen Kontext auftreten. Orientiert am medizinischen Krankheitsmodell kann die Therapie mit oder ohne begleitende Medikation durchgeführt werden. Im Mittelpunkt der Gespräche stehen die interpersonellen Probleme, die zur Entstehung der depressiven Episode beigetragen haben. Die Festlegung des Behandlungsfokus orientiert sich an vier bzw. fünf Bereichen, die empirisch am häufigsten in Verbindung mit Depressionen gefunden wurden: komplizierte Trauer, zwischenmenschliche Konflikte, Rollenwechsel, soziale Defizite, arbeitsbezogener Stress. Die therapeutische Arbeit findet im "Hier und Jetzt" statt und berücksichtigt insbesondere die emotionale Verarbeitung der belastenden Beziehungsereignisse. Das therapeutische Vorgehen ist auf Inhaltsebene strukturiert und fokussiert, auf Beziehungsebene stark unterstützend und ermutigend.</p>
Luderer, Hans-Jürgen	2021	Schizophrenien aus personenzentrierter Sicht. Symptome, Ursachen und Folgen für personenzentrierte Beratung und Psychotherapie	Person	25	1	18–31	<p>Etwa 0,3 - 0,7 % aller Menschen erkranken irgendwann in ihrem Leben an einer Schizophrenie. Diese Krankheit tritt überall auf der ganzen Welt, in allen sozialen Schichten und bei Frauen und Männern etwa gleich häufig auf. Die Krankheitsfolgen sind oft gravierend. Die meisten Betroffenen erreichen krankheitsbedingt nicht die berufliche Qualifikation ihrer Eltern, und viele sind langfristig nicht in der Lage, auf dem allgemeinen Arbeitsmarkt tätig zu sein. Viele Betroffene, vor allem Männer, bleiben unverheiratet und leben auch nicht in einer Partnerschaft. Etwa 5 - 6 % sterben durch Suizid. Während der akuten Krankheit können sich die Betroffenen oft nicht auf ihre Wahrnehmung und ihr Urteil verlassen. Sie leiden unter Sinnestäuschungen, Wahn und anderen Symptomen. Ohne Hilfe von außen haben sie meist keine</p>

							Chance, diese als Tuschungen und ihre Krankheit als Krankheit zu erkennen. Aufgaben der personenzentrierten Beratung und Psychotherapie sind es, unmittelbar Betroffene und Angehörige empathisch zu begleiten und dabei die jeweilige Person als Individuum, deren soziale Situation und die Krankheit zu verstehen. Das bedeutet, die Symptome ernst zu nehmen, die Krankheit aktiv zum Thema zu machen und die Betroffenen dafür zu gewinnen, medikamentöse, psychische und soziale Hilfe anzunehmen.
Luderer, Hans-Jürgen	2022	Carl Rogers und sein Beitrag zur Entwicklung von Beratung und Psychotherapie	Gesprächspsychotherapie und Personenzentrierte Beratung	53	3	6-12	Ab den 1930er Jahren entwickelte Carl Ransom Rogers eines der damals innovativsten Modelle der psychosozialen Beratung und Psychotherapie. Die von ihm erarbeiteten Prinzipien der Beziehungsgestaltung betrachtete Rogers als universell gültig, das bedeutet, gültig bei allen psychischen Problemen und Strungen sowie in allen sozialen Situationen, d. h. in der Familie, in der Schule, in Ausbildung, Studium und Beruf sowie in der Politik. In den 1970er und 1980er Jahren erläuterte und präziserte Rogers seine Auffassungen in einzelnen Beiträgen, sein Hauptinteresse galt jedoch anderen Themen: der Arbeit mit Gruppen außerhalb des Bereichs der eigentlichen Beratung und Psychotherapie, der personenzentrierten Pädagogik, den Möglichkeiten einer offenen Gestaltung von Partnerschaft und Ehe und der Friedenspolitik. In seinem Artikel macht Hans-Jürgen Luderer deutlich, wie eng die Ideen, die Rogers vor über 80 Jahren zu entwickeln begann, mit seiner eigenen Biografie zusammenhängen und wie entscheidend sie die Welt der psychosozialen Beratung und Psychotherapie bis heute verändert haben.

Luderer, Hans-Jürgen; Gutmann, Alexandra	2018	Erfahrungen psychischer und körperlicher Gewalt. Ein Schulungsprogramm für Personen, die schwer traumatisierte Opfer terroristischer Gewalt beraten und im Alltag betreuen	Person	22	2	101-113	Vorgestellt wird das Heilbronner Kriegstrauma-Schulungsprogramm. Zielgruppe der Schulung sind Personen, die schwer traumatisierte Opfer von Krieg und Terror beraten und im Alltag betreuen. Zu ihnen gehören Flüchtlingssozialarbeiter und ehrenamtliche Helfer, vor allem aber Sprach- und Kulturmittler. Diese stammen aus den Ländern und sprechen die Muttersprache der Geflüchteten. Sie sind als Laiendolmetscher, vor allem bei Amtsgeschäften und Arztbesuchen, sowie als Lotsen durch den Alltag in Deutschland tätig und vermitteln umgekehrt Kulturspezifika an Behördenmitarbeitende und an das Hilfesystem. Ziele des Schulungsprogramms sind die Vermittlung von Basiswissen über Traumata und von Fertigkeiten auf dem Gebiet der Gesprächsführung auf der Grundlage des Personenzentrierten Ansatzes und der Narrative Exposure Therapy (NET). Professionelle Berater, Sprach- und Kulturmittler sowie Laienhelfer sollen lernen, einen sicheren Raum zu schaffen und die Betroffenen zu ermutigen, über ihre traumatischen Erlebnisse zu sprechen. Die Schulung ist modular aufgebaut und umfasst die Themen (1) "Was ist ein Trauma?", (2) "Wie fühlen sich Traumaopfer?", (3) "Trauma und Gedächtnis" und (4) "Beratung und Begleitung traumatisierter Menschen im Alltag".
Luiza de Mattos Fiore, Maria; Lottenberg Semer, Norma; Yazigi, Latife		From the "imperfect illness" to the possibility of developing good internal objects: Psychoanalytic psychotherapy of patients with	Rorschachiana	37	2		This paper is about a psychoanalytic psychotherapy follow-up by the Rorschach Comprehensive System of Doralice, a 30-year-old, unemployed, single woman, with diagnosis of Major Depressive Disorder, recurrent, severe, with psychotic features (Axis-I); and Borderline Personality Disorder (Axis-II) in DSM IV. The Rorschach Comprehensive System was administered upon admission and also in five annual follow-ups. In this paper, the authors show the characteristics and the

		borderline personality disorder with follow-up by the Rorschach					development of the dual therapeutic attachment that will be illustrated by the responses to the Rorschach cards II, III and VII, focusing mainly on the MOA scale on the four assessments. The authors will discuss the development of good internal objects over the years during the psychotherapeutic process with a turning point in the third year of treatment that is manifested in the Rorschach. The State of São Paulo Research Foundation, FAPESP, sponsored this study. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Lukits, Gerhard	2018	Gefangene des Selbst? . ber Möglichkeit und Spielraum der Freiheit im Kontext der Persönlichkeitstheorie von Carl R. Rogers	Person	22	2	114-122	In einem diskursiven Gedankengang wird die personenzentrierte Persönlichkeitstheorie auf die Möglichkeit existenzieller Freiheit befragt, also auf die Möglichkeit, in bewusster, autonomer Entscheidung Haltungen einzunehmen und zu handeln. Grundsätzlich hat Rogers den Personenzentrierten Ansatz, gegen behavioristisch-mechanistische Annahmen seiner Zeit, als emanzipativen, an der Freiheit des Individuums orientierten Ansatz begründet. Dabei bewegt sich Rogers vorwiegend auf der Ebene der Philosophie mit ihren gesellschaftspolitischen Implikationen. Inwiefern hlt aber auch seine wissenschaftliche Theorie diesem mit Engagement verfolgten Anliegen stand? Den Angelpunkt fr eine Antwort darauf wird in der Frage gesehen, wie sehr eine Person durch ihre Erfahrungen, vor allem durch ihre wichtigen Beziehungserfahrungen determiniert ist, die sich bei Rogers im Selbst(konzept) abbilden. Dementsprechend wird errtert, in welchem Zusammenhang das Selbst mit der Entscheidungsfindung beim Menschen steht, inwiefern es sein Handeln genau bestimmt oder gar automatisiert. Bei genauerer Hinsicht zeigt sich, dass Rogers diesbezüglich eine konsistente Linie verfolgt: Das Selbst "tut selbst nichts". Sein nur

						<p>mittelbarer Einfluss liegt demnach darin, dass es als Erscheinungsform und "sensibles Projekt" der Aktualisierungstendenz unter dem besonderen Schutz des Organismus steht. Dieser wgt in einer solchen Sichtweise situativ und gesamtheitlich ab, in welcher Weise je nach Interessenlage welche vorhandenen Strukturen zu schtzen sind, eine Abwngung, in der er grundstzlich flexibel ist. Dieser Spielraum des Organismus, in welchem Ausma er Erfahrungen zur Symbolisierung im Bewusstsein freigibt, ist demgem die Voraussetzung von Freiheit - verwirklicht wird sie auf der Ebene des Bewusstseins in der bejahenden Teilnahme am Prozess der organismischen Erfahrung.</p>
Lukowski, Thomas	2017	KiT: Klettern in der Therapie				<p>Ausgehend von einem biopsychosozialen Modell psychischer Strungen werden Ansatzpunkte einer spezifischen Klettertherapie fr folgende Strungen aufgezeigt: Phobie/Angststrung; Depression/Burnout; Suchterkrankungen; Schizophrenien; psychosomatische Strungen; Partnerschafts- und Familienkonflikte. Der Aufbau und die Durchfhrung einer klettertherapeutischen Einheit (Gruppe) wird beschrieben. Es wird deutlich, dass Klettern ein perfektes therapeutisches Setting dar, in dem jeder seinen individuellen persnlichkeits- bzw. erkrankungsrelevanten Herausforderungen begegnet. Es bedeutet eine differenzierte Beanspruchung von Konzentration, Kondition, Beweglichkeit, motorischer Koordinationsfertigkeit in Kombination mit dem selbstbestimmbaren Herantasten an physische und psychische Grenzen im Einzel- oder Gruppensetting. ber die Aktivierung wichtiger Neurotransmittersysteme hinaus, lassen sich viele positive psychologische Effekte (etwa soziales Interagieren, Selbstwertgefl, Selbstbewusstsein) initiieren und stabilisieren. Der</p>

							Therapeut ist gefordert, spezielle Schwerpunkte in der Erkrankung der Patienten zu erkennen und aus der Bandbreite der klettertherapeutischen Möglichkeiten adquate Aufgaben anzubieten, mit dem Ziel, in einem abgesicherten Rahmen, beim Patienten Neugier, Lust auf mehr und eine Potenzialerweiterung anzuregen.
Lumley, Mark A.; Anderson, Timothy; Ankawi, Brett; Goldman, Gregory; Perri, LisaCaitlin M.; Bianco, Joseph A.; Keefe, Francis J.	2018	The working alliance and Clinician-assisted Emotional Disclosure for rheumatoid arthritis	Journal of psychosomatic research	104		9-15	<p>OBJECTIVES The working alliance predicts improvement following general psychotherapy, but how it operates in brief interventions conducted with medically ill patients is unknown. Also, the role of the working alliance may differ in emotion-focused versus educational interventions.</p> <p>METHODS We report secondary analyses of a randomized clinical trial (Keefe et al.) [35], in which patients with rheumatoid arthritis (RA) received four nurse-provided sessions of either a) Clinician-assisted Emotional Disclosure (CAED), which emphasized the disclosure, expression, and processing of emotions related to stressful events; or b) Arthritis Education (AE), which provided basic education about RA. The Working Alliance Inventory was completed by both patient and nurse after each session. Patients were evaluated on multiple health measures at baseline and 1, 3, and 12 months post-treatment.</p> <p>RESULTS Analyses compared the alliance between interventions and related the alliance to outcomes within interventions. Patients in CAED reported a lower alliance than patients in AE. Interestingly, in CAED, lower alliance ratings predicted better outcomes (improved functioning, lower pain behaviors, lower inflammation, lower daily stress), whereas in AE, the working alliance was largely not predictive of outcomes.</p>

							<p>CONCLUSION</p> <p>Having nurses encourage emotional disclosure among patients with RA reduced the patients' working alliance, but a lower alliance nonetheless predicted better patient outcomes, perhaps reflecting successful engagement in an intervention that is emotionally and relationally challenging. The level and predictive validity of the working alliance likely depends on patient, provider, and intervention factors, and further study of the working alliance in psychosocial interventions in the medical context is needed.</p>
Lundh, Lars-Gunnar	2019	Three modes of psychotherapy and their requisite core skills	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	399–408	
Luoma, Jason B.; Pierce, Benjamin; Levin, Michael E.	2020	Experiential avoidance and negative affect as predictors of daily drinking	Psychology of Addictive Behaviors	34	3	421–433	<p>People who drink alcohol to cope with negative affect tend to drink more and experience more frequent negative alcohol-related consequences. Experiential avoidance—the tendency to avoid, suppress, or otherwise attempt to control unwanted inner experiences—is a largely pathological process that may help account for how negative affect is linked to increased alcohol consumption. However, research to-date has typically used global, trait-like measures, which limit our understanding of the conditions under which experiential avoidance is problematic. The current study tested both between-person (trait) and within-person (daily) variation in experiential avoidance and negative affect as predictors of solitary and social drinking in a sample of 206 adult drinkers who completed daily diaries for 21 days. Participants higher in trait experiential</p>

						avoidance drank alone more often, whereas those higher in trait negative affect consumed greater quantities when drinking alone. Although daily fluctuations in experiential avoidance did not predict solitary drinking, there was a significant interaction between daily experiential avoidance and trait negative affect. For participants high in trait negative affect, greater experiential avoidance on a given day predicted consuming more when drinking alone. For participants low in trait negative affect, greater experiential avoidance on a given day predicted drinking alone more often, but consuming fewer drinks on these occasions. Experiential avoidance did not predict social drinking in any model. Overall, results suggest that a broader tendency to experience negative affect sets the context for experiential avoidance to be linked to more harmful patterns of drinking. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Lutz, Wolfgang; Prinz, Jessica N.; Schwartz, Brian; Paulick, Jane; Schoenherr, Desiree; Deisenhofer, Anne-Katharina; Terhürne, Patrick; Boyle, Kaitlyn; Altmann, Uwe; Strauß, Bernhard; Rafaeli, Eshkol;	2020	Patterns of early change in interpersonal problems and their relationship to nonverbal synchrony and multidimensional outcome	Journal of Counseling Psychology	67	4	Early change is an increasing area of investigation in psychotherapy research. In this study, we analyzed patterns of early change in interpersonal problems and their relationship to nonverbal synchrony and multiple outcome measures for the first time. We used growth mixture modeling to identify different latent classes of early change in interpersonal problems with 212 patients who underwent cognitive-behavioral treatment including interpersonal and emotion-focused elements. Furthermore, videotaped sessions were analyzed using motion energy analysis, providing values for the calculation of nonverbal synchrony to predict early change in interpersonal problems. The relationship between early change patterns and symptoms as well as overall change in interpersonal problems was also investigated. Three latent subgroups were identified: 1

Atzil-Slonim, Dana; Bar-Kalifa, Eran; Rubel, Julian							class with slow improvement (n = 145), 1 class with fast improvement (n = 12), and 1 early deterioration class (n = 55). Lower levels of early nonverbal synchrony were significantly related to fast improvement in interpersonal change patterns. Furthermore, such patterns predicted treatment outcome in symptoms and interpersonal problems. The results suggest that nonverbal synchrony is associated with early change patterns in interpersonal problems, which are also predictive of treatment outcome. Limitations of the applied methods as well as possible applications in routine care are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Lux, Michael	2020	Wirkfaktoren personzentrierter Beziehungsgestaltung aus neurowissenschaftlicher Sicht	Person	24	1	5-15	Dieser Artikel gibt einen Überblick über die mögliche Bedeutung neurobiologischer Prozesse bei der Entfaltung der konstruktiven Kraft personzentrierter Beziehungsgestaltung. Dies geschieht anhand von fünf Wirkfaktoren: Sicherheit, Vertrauen, interpersonelle Synchronisierung, Paraphrasierung und dialogische Erkundung des Erlebens. Es wird gezeigt, wie diese Wirkfaktoren einen tiefgreifenden Einfluss auf das vegetative Nervensystem, chemische Botenstoffe wie Oxytozin, die neuronale Koppelung, emotionsregulierende Hirnstrukturen und den interhemisphärischen Informationstransfer haben können. Dabei wird angenommen, dass neurobiologische Prozesse in diesen Bereichen sowohl das interaktive Geschehen innerhalb der Beziehung als auch die langfristige Entwicklung der beteiligten Personen begleiten und unterstützen können.
Lydecker, Janet A.; Gueorguieva, Ralitzia;		Examining race as a predictor and moderator	Journal of consulting and	87	6		Objective: To examine whether race predicted or moderated response to treatments for binge-eating disorder (BED). Method: Participants were 592 adults (n =

<p>Masheb, Robin; White, Marney A.; Grilo, Carlos M.</p>		<p>of treatment outcomes for binge-eating disorder: Analysis of aggregated randomized controlled trials</p>	<p>clinical psychology</p>			<p>113 Black; n = 479 White) with DSM–IV-defined BED who participated in randomized controlled trials (RCTs) at 1 medical center. Data were aggregated from RCTs for BED testing cognitive–behavioral therapy, behavioral weight loss, multimodal treatment, and/or control conditions. Participants had weight and height measured and were assessed using established interviews and self-report measures at baseline, throughout treatment, and post treatment. Results: Race did not significantly moderate treatment outcomes. Mixed models revealed a main effect of race: Black participants had fewer binge-eating episodes and lower depression than White participants across time points. Race also had a main effect in generalized estimating equations with a significantly greater proportion of Black participants achieving binge-eating remission than White participants. Race did not predict percent weight loss, but a significantly lower proportion of Black participants attained 5% weight loss than White participants. Race did not significantly predict global eating-disorder severity. Conclusion: Despite disparities in treatment-seeking reported in epidemiological and RCT studies, Black individuals appear to have comparable or better treatment outcomes in BED treatment research compared with White individuals, except they were less likely to attain 5% weight loss at post treatment. This suggests that disseminating evidence-based treatments for BED among diverse populations holds promise and treatments may not require further adaptation prior to dissemination. Implementation research is needed to test treatment effectiveness across diverse providers, settings, and patient groups to improve understanding of potential</p>
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							predictors and moderators. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Lynch, Kathleen A.; Emard, Nicholas; Liou, Kevin T.; Popkin, Karen; Borten, Michael; Nwodim, Ogechi; Atkinson, Thomas M.; Mao, Jun J.	2021	Patient Perspectives on Active vs. Passive Music Therapy for Cancer in the Inpatient Setting: A Qualitative Analysis	Journal of pain and symptom management	62	1	58–65	CONTEXT: Music therapy (MT) is a nonpharmacologic therapy where licensed therapists provide active (e.g., singing, playing songs) or passive (e.g., listening) music-based interventions. Both active and passive MT are effective techniques for treating cancer-related symptoms. However, the influence of active vs. passive MT techniques on patient-reported perceptions and experiences of care have yet to be explored. OBJECTIVES: To understand how active and passive MT is perceived and experienced by patients with cancer. METHODS: We conducted a retrospective analysis of semistructured interviews collected as part of a quality improvement study (n = 20) with patients in the inpatient setting who had received active or passive MT within the past 24 hours. Transcripts were analyzed using thematic content analysis. RESULTS: Four themes emerged: 1) Different articulations of benefit for recipients of active vs. passive MT; 2) patient choice as a form of empowerment; 3) changed perception of hospital experience; and 4) differing recommendations for future MT. Recipients of active MT emphasized the session's interactive elements, finding the sessions stimulating by providing opportunities for joyous social interaction not centered on their diagnosis. Passive MT recipients focused on the calming therapeutic effect of the session, easing anxieties through focus and reflection on the music itself. CONCLUSION: This analysis builds on current MT literature by providing insights specifically from oncology patients treated in the inpatient setting. Patients experience active and passive MT in different ways and perceived unique benefits for coping with cancer from

							each technique. Our findings can inform development of specific MT for symptom control in hospital settings.
Lyndon, Helen; Underwood, Frazer; Latour, Jos M.; Marsden, Jonathan; Brown, Anne; Kent, Bridie	2020	Effectiveness of nurse-coordinated, person-centered comprehensive assessment on improving quality of life of community-dwelling, frail older people: a systematic review protocol	JBI evidence synthesis	18	4	824–831	<p>OBJECTIVE: The objective of this systematic review is to determine the effectiveness of nurse-coordinated, person-centered comprehensive assessment on improving quality of life of community-dwelling, frail older people. INTRODUCTION: There is a growing need to meet the challenges of the increasingly frail and older population, and to provide proactive, holistic care close to home. A standardized assessment and care planning intervention could be implemented in primary care, which could be delivered by a primary or community healthcare nurse to address these challenges. However, it is not yet clear if an assessment and care planning intervention will improve outcomes for patients, such as quality of life. INCLUSION CRITERIA: This review will consider studies that evaluate nurse-coordinated, person-centered, comprehensive assessment delivered in partnership with community-dwelling, frail older people, and will compare the intervention to usual care. Studies that include people aged 60 years and older living at home or in supported living accommodation with a recognized level of frailty as assessed by use of frailty screening or assessment tools, will be considered. Studies that include outcomes of health-related quality of life, social functioning, and well-being will also be considered. METHODS: An initial limited search of PubMed and CINAHL has been undertaken to identify articles on the topic. The following sources will be searched for eligible papers: PubMed, CINAHL, Embase, PsycINFO, BNI, AMED, and OpenGrey. Retrieval of full-text studies, assessment of methodological quality, and data extraction will be performed independently by two reviewers. Meta-analysis</p>

							will be performed, if possible, and a Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Summary of Findings presented. SYSTEMATIC REVIEW REGISTRATION NUMBER: PROSPERO CRD42019137886.
Ma, Flora; Carlson, Chalise; Gomez, Rowena; Gould, Christine E.	2023	Older Veterans' Treatment Preferences: Psychotherapy and Self-Management Treatment Modalities	Clinical gerontologist	46	3	413-423	OBJECTIVES: Self-management may help older Veterans with mental health challenges and can overcome barriers to traditional psychotherapy. However, the reasons underlying older Veterans' treatment preferences remain unknown. The current study investigated older Veterans' perspectives on psychotherapy and self-management. METHODS: Seventy-four Veterans ≥ 60 years old were included in this mixed methods study. Participants provided rationale(s) after ranking their preferences for psychotherapy and four self-management modalities. Logistic regressions examined whether depressive and anxiety symptom severity contributes to preferences. Qualitative analyses were conducted to investigate reasoning for preferences. RESULTS: Most participants preferred psychotherapy (64.9%) over self-management (35.1%). Logistic regressions showed that depressive and anxiety symptom severity was not significantly associated with preferences. Qualitative analyses revealed that past experience and access-related barriers were underlying the preferences. Themes unique to psychotherapy included the availability of emotional support and the process of information sharing. In contrast, ease of access was associated with self-management. CONCLUSIONS: Older Veterans preferred psychotherapy to receive support and to develop trust in meeting their goals. CLINICAL IMPLICATIONS: Older Veterans' needs point to the importance of providers' consideration of a person-centered approach and treatment collaboration.

						Notably, Veterans' preference for psychotherapy highlights the importance and need for human support in addition to self-management tools.	
Ma, Olivia Y. T.; Lo, Barbara C. Y.	2022	Is it magic? An exploratory randomized controlled trial comparing imagery rescripting and cognitive restructuring in the treatment of depression	Journal of behavior therapy and experimental psychiatry	75		101721	<p>BACKGROUND AND OBJECTIVES: To investigate whether working with intrusive images and the use of imagery processes would be beneficial to treating depression, an imagery-based intervention (imagery rescripting, IR) was compared with a more commonly used verbal-based technique (cognitive restructuring, CR). The study aimed not only to test the efficacy of IR as a brief modular treatment for depression, but to explore whether such experiential use of imagery would alleviate the abstract-evaluative, verbal processes of rumination and worry.</p> <p>METHODS: Forty-one participants diagnosed with clinical depression and who also reported intrusive images underwent one assessment session of imagery properties before they were randomly assigned to an IR group or to an active control group of CR. They then received three weekly sessions of treatment, and outcomes were measured before and after treatment, as well as at two-month follow-up.</p> <p>RESULTS: The results showed that IR was equally if not more effective than CR in alleviating depression. Significant differential reductions in rumination, worry and experiential avoidance between treatments added support to the technique's experiential nature, and possibly, a defusing out of an abstract-evaluative mode of processing.</p> <p>LIMITATIONS: Only self-report measures were used, with a small number of treatment sessions by one clinician.</p> <p>CONCLUSIONS: The findings support the therapeutic potential of imagery modalities in the treatment of depression, which compared to cognitive restructuring, appear to bring about more significant emotional change with time</p>

							(clinical trial registered at the Joint CUHK-NTEC CREC Ref. No. 2015.458).
Ma, Ruofan; Capobianco, Kevin P.; Buchanan, NiCole T.; Hu, Zhiyuan; Oakman, Jonathan M.	2020	Etiologic and treatment conceptualizations of disordered eating symptoms among mainland Chinese therapists	The International journal of eating disorders	53	3	391-403	<p>OBJECTIVE Reports of disordered eating are increasing in mainland China; however, little is known regarding Chinese psychotherapists' conceptualizations of disordered eating symptomatology. This study explores Chinese psychotherapists' conceptualizations of binge eating (BE)/vomiting symptoms and treatment considerations.</p> <p>METHOD In-depth, semi-structured interviews were conducted with mainland Chinese psychotherapists (N = 41) in Mandarin. Participants were given a hypothetical case and provided their conceptualization of the patient's BE/vomiting etiology and treatment recommendations. Etiological conceptualizations were coded using directed content analysis, and treatment recommendations were grouped by intervention strategy.</p> <p>RESULTS Participants described psychosocial risk factors for BE/vomiting including intrapersonal characteristics and the childhood family environment, but rarely discussed genetic and neurobiological factors. Few participants reported that they would prioritize the BE/vomiting symptoms in treatment and their specific treatment recommendations varied widely.</p> <p>DISCUSSION Most research on BE/vomiting behaviors in the literature is based on Western samples with little attention to mainland Chinese populations. Participants in this study provided conceptualizations of risk factors and treatment recommendations that could generally find evidence in the existing Western literature, even if some theories are</p>

						no longer supported by updated Western research and the participants focused primarily on psychosocial risks as opposed to genetic/neurobiological factors. It will be important for future research to ascertain mainland Chinese therapists' understanding of these additional types of risk. These findings also suggest a disconnect between clinical findings on neurobiological risks and Chinese therapists' knowledge and/or perceived clinical utility of these risks. Implications for treatment and research dissemination to diverse global communities are discussed.
Maas, Joyce; van Balkom, Ton; van Assen, Marcel; Rutten, Liesbeth; Janssen, Daniella; van Maastricht, Marietta; Bekker, Marrie	2019	Enhancing Autonomy-Connectedness in Patients With Anxiety Disorders: A Pilot Randomized Controlled Trial	Frontiers in psychiatry	10	665	Autonomy-enhancing treatment (AET) is a person-centered, gender-sensitive treatment, targeting transdiagnostic personal autonomy deficits. The current study was set up as a first pilot randomized controlled trial (RCT) to investigate the preliminary efficacy of AET. Earlier small non-controlled plots showed AET to be feasible and acceptable. In the current study (Trial Code 3513), patients receiving 15-session group-based AET (N = 43) were compared with those in a waitlist control condition (N = 40). Both the intention-to-treat and completers analyses suggested a larger decrease in agoraphobic symptoms in the experimental treatment than in the waitlist condition. In both analyses, effect sizes were small. The completers analyses showed additional beneficial effects in two of three autonomy-connectedness components, as well as psychoneuroticism, anxiety, and depression, which disappeared after correcting for multiple testing. AET may alleviate agoraphobic symptoms in a patient sample with severe anxiety. Future research, including more stringent inclusion criteria and follow-up assessment, is needed to further evaluate whether AET may serve as a promising

							alternative or addition to existing approaches. Clinical Trial Registration: www.trialregister.nl , identifier NTR3513.
Macaskie, Jane	2017	Relational conversation: Linking head and heart as a means to transformation	Couns and Psychother Res (Counselling and Psychotherapy Research)	17	3	170-175	
Macaulay, Christianne B.; Angus, Lynne	2019	The narrative-emotion process model: An integrative approach to working with complex posttraumatic stress	Journal of Psychotherapy Integration	29	1	42-53	This article reviews evidence from developmental, clinical, and psychotherapy process literature about storying emotional experience as a pathway toward change for clients with complex posttraumatic stress. Capacities for emotion regulation, mentalizing, and autobiographical memory storytelling emerge in childhood relationships (Cassidy, 1994; Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Nelson, 1993). Developmental disruption of these capacities in the context of childhood trauma (e.g., Pears & Fisher, 2005) may contribute to adult complex posttraumatic stress (Cloitre, Miranda, Stovall-McClough, & Han, 2005; van der Kolk et al., 2001). In particular, survivors may have difficulty engaging adaptive metacognition (Lysaker et al., 2015) to regulate emotions (Paivio & Angus, 2017) evoked by explicit and implicit trauma memories. Difficulty integrating emotional experience into a coherent narrative poses a challenge for psychotherapy engagement (Angus & Greenberg, 2011). It also represents a potent area for change, as the empathically attuned, responsive therapist can help clients develop a “storytelling function” for a more emotionally integrated, coherent understanding of the self and relationships (Holmes, 2001). The Narrative-Emotion Process (N-EP) model (Angus, 2012) is an integrative process-guiding framework

							to facilitate adult clients' capacities to reflect on and story emotional experience. First, we summarize research on the development of emotion regulation, mentalizing, and autobiographical narrative capacities in the context of childhood relationships. Second, we review complex posttraumatic stress sequelae through the lens of disrupted narrative-emotion processing. Finally, we present the N-EP model and recommendations for process-guiding interventions that promote narrative-emotion integration in the treatment of complex posttraumatic stress in adults, illustrated by emotion-focused therapy case material. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Maccaferri, Giorgio E.; Dunker-Scheuner, Daniela; Roten, Yves de; Despland, Jean-Nicolas; Sachse, Rainer; Kramer, Ueli	2020	Psychotherapy of Dependent Personality Disorder: The Relationship of Patient-Therapist Interactions to Outcome	Psychiatry	83	2	179-194	So far, only a few studies have focused on psychotherapy for Dependent Personality Disorder (DPD). DPD is marked by a repetitive pattern of efforts aiming at maintaining close relationships, which may present as a lack of assertiveness and as a difficulty in making routine decisions. The present study aims at exploring processes of change taking place during the working phase of a clarification-oriented psychotherapy (COP) by focusing on the in-session patient-therapist interaction, as it changes during treatment and their links with treatment outcome. Methods: N = 74 patients with DPD were recruited in a naturalistic setting; they underwent long-term COP. Sessions 15, 20 and 25 were video- or audio-recorded and analyzed using the Process-Content-Relationship Scale, an observer-rated instrument that measures the quality of the interaction processes from patient's and therapist's perspectives. Therapy outcomes were assessed with the Personality Inventory - Dependency Subscale, Beck Depression Inventory, Inventory of Interpersonal Problems and Self-efficacy

							Scale at intake and discharge of therapy. Three-level Hierarchical Linear Modeling was applied to test the hypotheses. Results: Improvement in interaction processes was observed in all patient's and therapist's variables over the sessions 15, 20, 25. Overall, this increase in quality of interaction process was unrelated with outcome, but decrease in dependency traits was predicted by increase in therapist's quality of relationship offer, understanding of content and directivity over the course of the working phase of COP. Conclusions: Studying interaction processes in DPD provides an initial understanding of differential roles of potential mechanisms of change in effective treatment.
MacDonald, Danielle E.; McFarlane, Traci L.; Dionne, Michelle M.; David, Lauren; Olmsted, Marion P.	2017	Rapid response to intensive treatment for bulimia nervosa and purging disorder: A randomized controlled trial of a CBT intervention to facilitate early behavior change	Journal of consulting and clinical psychology	85	9	896-908	Objective: Rapid response to cognitive behavior therapy (CBT) for eating disorders (i.e., rapid and substantial change to key eating disorder behaviors in the initial weeks of treatment) robustly predicts good outcome at end-of-treatment and in follow up. The objective of this study was to determine whether rapid response to day hospital (DH) eating disorder treatment could be facilitated using a brief adjunctive CBT intervention focused on early change. Method: 44 women (average age 27.3 [8.4]; 75% White, 6.3% Black, 6.9% Asian) were randomly assigned to 1 of 2 4-session adjunctive interventions: CBT focused on early change, or motivational interviewing (MI). DH was administered as usual. Outcomes included binge/purge frequency, Eating Disorder Examination-Questionnaire and Difficulties in Emotion Regulation Scale. Intent-to-treat analyses were used. Results: The CBT group had a higher rate of rapid response (95.7%) compared to MI (71.4%; $p = .04$, $V = .33$). Those who received CBT also had fewer binge/purge episodes ($p = .02$) in the first 4 weeks of DH. By end-of-

							DH, CBT participants made greater improvements on overvaluation of weight and shape ($p = .008$), and emotion regulation ($ps.05$). Conclusions: The results of this study demonstrate that rapid response can be clinically facilitated using a CBT intervention that explicitly encourages early change. This provides the foundation for future research investigating whether enhancing rates of rapid response using such an intervention results in improved longer term outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
MacDonald-Wilson, Kim L.; Williams, Kelly; Nikolajski, Cara E.; McHugo, Gregory; Kang, Chaeryon; Deegan, Patricia; Carpenter-Song, Elizabeth; Kogan, Jane N.	2021	Promoting collaborative psychiatric care decision-making in community mental health centers: Insights from a patient-centered comparative effectiveness trial	Psychiatric Rehabilitation Journal	44	1	11–21	Objective: Mental health service-users face important medication decisions; yet not all are active participants in the decision-making process. Little is known about which technology-supported interventions might effectively promote collaborative decision-making in psychiatric care. We compared the effectiveness of two technology-supported collaborative care decision-making approaches. Method: We used a cluster-randomized design with a mixed-methods approach. Participants were Medicaid-enrolled adults receiving psychiatric care in participating community mental health centers. Measurement-based care used computerized systematic symptom and medication screenings to inform provider decision-making. Person-centered care supported participants in completing computerized Health Reports and preparing to work with providers on collaborative decision-making about psychiatric care. Primary study outcomes included the patient experience of medication management and shared decision-making during psychiatric care. Analyses examined the impact of both approaches and explored moderating variables. We used qualitative methods to understand participation and implementation experiences. Results: Across 14 sites

						2,363 participants enrolled (1,162 in measurement-based care, 1,201 in person-centered care). We observed statistically significant improvements in patient experience of medication management scores for both study arms; however, the clinical significance of this change was minor. We found no significant changes for shared decision-making. Qualitative interviews revealed a range of factors associated usefulness of intervention assessment, provider-service-user communication, and site-level logistics. Conclusions and Implications for Practice: We observed modest positive findings related to our patient-centered outcomes. We identified important implementation facilitators and barriers that can inform the implementation of future comparative effectiveness patient-centered research. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Magalhães, Paulo; Alves, Gilberto; Fortuna, Ana; Llerena, Adrián; Falcão, Amílcar		Real-world clinical characterization of subjects with depression treated with antidepressant drugs focused on (non-)genetic factors, pharmacokinetics, and clinical outcomes: GnG-PK/PD-AD study	Experimental and Clinical Psychopharmacology	28	2	This work aimed to describe and characterize the GnG-PK/PD-AD study and the population of subjects diagnosed with depression and treated with fluoxetine, paroxetine, and venlafaxine recruited in the scope of this project, particularly in terms of antidepressant pharmacokinetics and clinical outcomes and relevant genetic and nongenetic individual factors. 182 subjects diagnosed with depression and treated with these drugs were clinically and therapeutically characterized and submitted to the quantification of drug/metabolite plasma concentrations and genotyping of ABCB1, CYP2C9, CYP2C19, and CYP2D6 genes. Clinical outcomes, including remission and antidepressant adverse effects, were assessed by means of the Hamilton Depression Rating Scale and Antidepressant Side-Effect Checklist, respectively. Most subjects were women (81.9%), suffered from chronic depression (73.6%) and

						displayed a high prevalence of comorbidities (76.9%), polytherapy (88.5%), and genetic polymorphisms/non-wild-type genotype-predicted phenotypes at the level of CYP2C9, CYP2C19, CYP2D6, and ABCB1 genes (39–78.6%). Noteworthy, most of them were under risk of presenting P-gp, CYP2C9, CYP2C19, and CYP2D6 inhibited due to drug-induced phenoconversion (64.3–98.4%) and 80.8% were at risk of occurrence of at least one antidepressant–drug interaction. Around 40% presented drug plasma concentrations outside of the recommended therapeutic range, 66.5% did not achieve remission of the depressive symptoms and 67.6% presented at least one relevant antidepressant adverse effect. Pharmacokinetics and clinical outcomes with fluoxetine, paroxetine, and venlafaxine were found to be suboptimal and highly variable between subjects. Several genetic and nongenetic factors were identified as potential sources of interindividual variability in the antidepressant outcomes, which deserve to be further investigated. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Magidson, Jessica F.; Andersen, Lena S.; Satinsky, Emily N.; Myers, Bronwyn; Kagee, Ashraf; Anvari, Morgan; Joska, John A.	2020	“Too much boredom isn’t a good thing”: Adapting behavioral activation for substance use in a resource-limited South African HIV care setting	Psychotherapy	57	1	South Africa has the largest HIV/AIDS burden globally. In South Africa, substance use is prevalent and interferes with HIV treatment adherence and viral suppression, and yet it is not routinely treated in HIV care. More research is needed to adapt scalable, evidence-based therapies for substance use for integration into HIV care in South Africa. Behavioral activation (BA), originally developed as an efficacious therapy for depression, has been feasibly used to treat depression in low- and middle-income countries and substance use in high-income settings. Yet, to date, there is limited research on using BA for substance use in low- and middle-income countries.

							<p>Guided by the ADAPT-ITT framework, this study sought to adapt BA therapy for substance use in HIV care in South Africa. We conducted semistructured individual interviews among patients (n = 19) with moderate/severe substance use and detectable viral load, and HIV care providers and substance use treatment therapists (n = 11) across roles and disciplines at 2 clinic sites in a peri-urban area of Cape Town. We assessed patient and provider/therapist views on the appropriateness of the BA therapy model and sought feedback on isiXhosa-translated BA therapy components. Participants identified the central role of boredom in contributing to substance use and saw the BA therapy model as highly appropriate. Participants identified church and religious practices, sports, and yard/housework as relevant substance-free activities. These findings will inform adaptations to BA therapy for substance use and HIV medication adherence in this setting. (PsychInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Maguen, Shira; Holder, Nicholas; Madden, Erin; Li, Yongmei; Seal, Karen H.; Neylan, Thomas C.; Lujan, Callan; Patterson, Olga V.; DuVall, Scott L.; Shiner, Brian</p>	2020	<p>Evidence-based psychotherapy trends among posttraumatic stress disorder patients in a national healthcare system, 2001- 2014</p>	<p>Depression and anxiety</p>	37	4	356–364	<p>BACKGROUND Although evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) were implemented starting in 2005 in the veterans health administration (VHA), the largest national healthcare system in the U.S., the rate of initiation (uptake) and prevalence of these treatments in each calendar year have not been determined. We aimed to elucidate two metrics of EBP utilization, uptake and prevalence, following implementation.</p> <p>METHODS Cohort study of Iraq and Afghanistan veterans in VHA (N = 181,620) with a PTSD diagnosis and ≥1 psychotherapy-coded outpatient visit from 2001 to 2014.</p>

							<p>Using natural language processing techniques, annual and cumulative uptake and prevalence rates from 2001 to 2014 were calculated for each of the two EBPs for PTSD, cognitive processing therapy (CPT) and prolonged exposure (PE) therapy.</p> <p>RESULTS</p> <p>Annual uptake of CPT increased during most years, reaching a maximum of 11.1%. Annual uptake of PE showed little change until 2008 and then increased, reaching a maximum of 4.4%. The annual prevalence of CPT increased throughout the study, reaching a maximum of 14.6%. The annual prevalence of PE increased to a maximum of 5.0% in 2010, but then flattened and declined. Annual uptake of minimally adequate CPT increased a to maximum of 5% in 2014. Annual uptake of minimally adequate PE increased to a maximum of 1.2% in 2010. The cumulative prevalence of CPT was 19.9% and cumulative prevalence for PE was 7.5%.</p> <p>CONCLUSIONS</p> <p>Access to EBPs for PTSD modestly increased for Iraq and Afghanistan veterans after nationwide implementation efforts. Further expanding the reach to veterans is critical, given low rates of minimally adequate EBPs for PTSD.</p>
Mahon, Susan; Krishnamurthi, Rita; Vandal, Alain; Witt, Emma; Barker-Collo, Suzanne; Parmar, Priya; Theadom, Alice; Barber, Alan; Arroll, Bruce;	2018	Primary prevention of stroke and cardiovascular disease in the community (PREVENTS): Methodology of a health wellness	International journal of stroke : official journal of the International Stroke Society	13	2	223–232	<p>Rationale Stroke is a major cause of death and disability worldwide, yet 80% of strokes can be prevented through modifications of risk factors and lifestyle and by medication. While management strategies for primary stroke prevention in high cardiovascular disease risk individuals are well established, they are underutilized and existing practice of primary stroke prevention are inadequate. Behavioral interventions are emerging as highly promising strategies to improve cardiovascular disease risk factor management. Health Wellness</p>

<p>Rush, Elaine; Elder, Hinemoa; Dyer, Jesse; Feigin, Valery</p>		<p>coaching intervention to reduce stroke and cardiovascular disease risk, a randomized clinical trial</p>				<p>Coaching is an innovative, patient-focused and cost-effective, multidimensional psychological intervention designed to motivate participants to adhere to recommended medication and lifestyle changes and has been shown to improve health and enhance well-being. Aims and/or hypothesis To determine the effectiveness of Health Wellness Coaching for primary stroke prevention in an ethnically diverse sample including Māori, Pacific Island, New Zealand European and Asian participants. Design A parallel, prospective, randomized, open-treatment, single-blinded end-point trial. Participants include 320 adults with absolute five-year cardiovascular disease risk $\geq 10\%$, calculated using the PREDICT web-based clinical tool. Randomization will be to Health Wellness Coaching or usual care groups. Participants randomized to Health Wellness Coaching will receive 15 coaching sessions over nine months. Study outcomes A substantial relative risk reduction of five-year cardiovascular disease risk at nine months post-randomization, which is defined as 10% relative risk reduction among those at moderate five-year cardiovascular disease risk (10-15%) and 25% among those at high risk ($>15\%$). Discussion This clinical trial will determine whether Health Wellness Coaching is an effective intervention for reducing modifiable risk factors, and hence decrease the risk of stroke and cardiovascular disease.</p>
<p>Mahr, Christoph</p>	<p>2018</p>	<p>Praxishandbuch Integrative Psychotherapie. Ein methodenorientiertes und</p>				<p>Dieses Werk ist ein Handbuch für die Praxis, das eine Vielzahl bewährter Modelle und Methoden auf der Basis eines logischen Verständnisrahmens in Theorie und Praxis darstellt. Den theoretischen Aufbau liefern die von Klaus Grawe formulierten schulen- und methodenbergreifenden psychotherapeutischen</p>

		wegweisendes Grundlagenwerk					Wirkfaktoren - sie sind der Kern integrativen Denkens. Die in diesem Therapiemodell zusammengeführten Methoden und Anstze haben ihre Schwerpunkte u. a. in der Schematherapie, Hypnotherapie, Gestalttherapie, Gesprächspsychotherapie, systemischen Therapie und Logotherapie sowie dem NLP und EMDR. (c) Springer Fachmedien Wiesbaden GmbH - Inhalt: (1) Psychotherapie (Die Integrative Psychotherapie (IPT); Ausgesuchte autonome Psychotherapieverfahren). (2) Die therapeutische Beziehung (Die IPT und ihre Beziehungsgestaltung; Die Beziehungsperspektiven). (3) Ressourcenaktivierung (Ressourcenanalyse; Methoden der Ressourcenaktivierung). (4) Problemaktualisierung (Das Meta-Modell der Sprache). (5) Motivationale Kl rung (Das Erklärungs- und Strungsmodell der IPT; Kognitionen; Emotionen und Gefhle; Sinn und Werte; Der Lebensentwurf; Ziele; Das Selbst; Selbstbild (Identitt)). (6) Problembewltigung (Sthle-Arbeit; Die EMDR-Methode; Rescripting; Re-Imprinting; Kognitive Umstrukturierung; Vernderungsstabilisierende Instrumente). (c) ZPID
Maier, Simon; Spiegelberg, Julia; van Zutphen, Linda; Zeeck, Almut; van Tebartz Elst, Ludger; Hartmann, Armin; Holovics, Lukas; Reinert, Elke; Sandholz, Angelika; Lahmann,	2019	Neurobiological signature of intimacy in anorexia nervosa	European eating disorders review : the journal of the Eating Disorders Association	27	3	315–322	BACKGROUND: Intimacy and psychosexual development represent core problems of anorexia nervosa (AN). Experiential and neurobiological evidence however is scarce. MATERIAL AND METHODS: Thirty-one female AN patients were compared with 35 non-patients (NP) and 22 recovered participants (REC) by using functional magnetic resonance imaging. Participants viewed pictures of couples in intimate relationships and control stimuli. RESULTS: AN patients experienced intimate stimuli with lower valence and dominance. AN showed decreased activation of parietal cortices. NP decreased the prefrontal cortex response, which AN patients did not. REC participants did not differ from NP on a behavioural

Claas; Domschke, Katharina; Glauche, Volkmar; Tüscher, Oliver; Joos, Andreas A. B.							level, though with regard to the neural signature. DISCUSSION: Parietal cortices are related to processing of erotic themes, which seems to be deficient in AN. Dysfunction of prefrontal cortices likely mirrors dysfunctional control in AN. The neural signature does not seem to be state-related considering results of REC.
Maillard, Pauline; Berthoud, Laurent; Kolly, Stéphane; Sachse, Rainer; Kramer, Ueli	2020	Processes of Change in Psychotherapy for Narcissistic Personality Disorder	Journal of personality disorders	34	Su ppl	63–79	The present study aims at determining the role for outcome of potential processes of change in psychotherapy for narcissistic personality disorder (NPD). They were examined on three levels: the content, the process, and the relationship. A total of 161 patients suffering with NPD were recruited in a naturalistic setting as part of the present study. They underwent a long- term clarification-oriented psychotherapy. Sessions 15, 20, and 25 were video- or audio-recorded and analyzed with an observer-rated instrument that measures the quality of the interaction processes from the patient's and therapist's perspectives. Different self-report measures were used to assess therapy outcomes. In-session improvement was observed in both patient and therapist processes across sessions. Patient improvement in the three levels of processes was systematically related with outcome. Only partial relationships were found between therapist improvement and outcome. The present study represents the first systematic insight into core changes in patients with NPD undergoing psychotherapy.
Mair, Helma	2021	Attachment safety in psychotherapy	Couns and Psychother Res (Counselling and	21	3	710–718	Abstract Safety is generally considered a fundamental ingredient of the psychotherapeutic encounter. Theoreticians and clinicians of a variety of psychotherapy modalities and formats agree on the importance of the client feeling safe for positive therapeutic outcomes. Over

			Psychotherapy Research)				the course of psychotherapy, clients start to view their therapist as an attachment figure, which makes the issue of attachment safety in therapy particularly relevant. This article presents two subthemes of a qualitative study on the client's experience of safety in psychotherapy that focus on attachment-related aspects of this phenomenon: (a) The attachment language of safety and (b) The therapist as attachment figure. Semi-structured interviews carried out on 10 Irish psychotherapy trainees to explore their experience of safety as a client were analysed using interpretative phenomenological analysis and showed that attachment processes and nonverbal language exchanged between client and therapist played an important role in the client's overall experience of safety in psychotherapy. In addition to traditional attachment theory, polyvagal theory provides a solid framework for understanding and working with attachment-based processes in psychotherapy, which are a major factor in the client's experience of safety. The recommendation is for psychotherapy training programmes to include both of these fields in psychotherapeutic theory and practice.
Maitland, Daniel W. M.; Gaynor, Scott T.	2016	Functional analytic psychotherapy compared with supportive listening: An alternating treatments design examining distinctiveness,	Behavior Analysis: Research and Practice	16	2	52-64	Functional analytic psychotherapy (FAP) is based on the notion that because the therapeutic relationship is an interpersonal one, it will share some functional similarities with other relationships. When client responses that are problematic or adaptive in daily life occur in the therapy session, the therapist can provide immediate response contingent consequences. FAP's in-session focus has been hypothesized to produce particularly intense and effective therapy sessions and therapeutic relationships that are especially meaningful. These hypotheses were tested in a restricted alternating

		session evaluations, and interpersonal functioning					treatments design offering 13 participants (M age = 19.54 years, 77% female) reporting difficulties in interpersonal relating sessions of FAP or supportive listening (SL). Eighty (41 SL and 39 FAP) of 107 (56 SL and 51 FAP) sessions were coded for the elements of FAP and SL. FAP sessions were marked by a statistically significant difference in the application of the in-session focus distinctive of FAP. Both treatments were high in client-centered interaction; however, the results favored SL. Consistent small to moderate effects favoring FAP sessions were observed on the Working Alliance Inventory – Short Form (WAI-SF; Busseri & Tyler, 2003), Session Rating Scale (SRS; Duncan et al., 2003), and FAP Session Bridging Form (FSBF; Tsai et al., 2009). These data are consistent with FAP-generated hypotheses: In-session contingent responding contributes to more engaging sessions and stronger therapeutic alliances. The findings have implications for FAP efficacy research, particularly the suggestion that the therapeutic alliance may serve as a proxy for FAP’s mechanism of action. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Majeed, Ronja; Faust, Ira; Hüppe, Michael; Hermann, Christiane	2021	Measurement of pain-related experiential avoidance: analysis of the Acceptance and Action Questionnaire-II-Pain in patients with chronic pain	Schmerz (Berlin, Germany)	35	6	401–411	INTRODUCTION AND OBJECTIVE: Experiential avoidance is a core process variable in the concept of Acceptance and Commitment Theory (ACT) and has been connected to various disorders. A widely used instrument for the measurement of experiential avoidance is the Acceptance and Action Questionnaire II (AAQ-II). Recently, a pain-specific version for chronic pain patients was introduced in the Netherlands (AAQ-II-P). High scores indicate strong pain-related experiential avoidance. The aim of the current study was to measure pain-related experiential avoidance in a sample of chronic pain patients using the German translation of the

						<p>AAQ-II-P and to analyze its psychometric qualities. METHODS: After a forward-backward translation procedure of the AAQ-II and adaptation to the pain context, a sample of N = 168 patients from a multidisciplinary pain center answered the German version of the AAQ-II-P. Additional questionnaires were administered to measure specific constructs of interest: chronic pain grade (CPG), pain catastrophizing (PCS), health-related quality of life (SF-12), psychopathology (HADS-D), personality (BFI-K) and mindfulness (KIMS-S). Reliability, factorial validity and construct validity of the AAQ-II-P were identified. RESULTS: The AAQ-II-P had high internal consistency ($\alpha = 0.89$) and the one-factor solution explained 61% of the total variance. Correlations to personality and mindfulness subscales were low (maxima: $r = 0.44$ with neuroticism and $r = -0.43$ with acceptance). High correlations were shown for catastrophizing ($r = 0.75$), depression ($r = 0.73$) and anxiety ($r = 0.66$). Also, there was a substantial correlation to health-related quality of life, specifically the psychological total scale ($r = -0.58$). DISCUSSION AND CONCLUSION: The German AAQ-II-P has good reliability. Regarding factorial structure and construct validity, it is highly comparable to the original version. Direction and magnitude of the relationship to adjacent constructs mostly measure up to our expectations. Chronic pain patients inclined to pain-related experiential avoidance tend to indicate more pain catastrophizing and show restricted quality of life regarding psychological variables. Apparently, pain-related experiential avoidance can be relevant for popular target variables in psychotherapy.</p>
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Malec, James F.	2019	Polytrauma Transitional Rehabilitation in the Veterans Administration: Implementing the Principles of Person-Centered, Participation-Oriented Rehabilitation	The Journal of head trauma rehabilitation	34	3	135-140	<p>OBJECTIVE: To review principles of person-centered, participation-oriented (PCPO) rehabilitation and introduce their implementation in Veterans Administration (VA) Polytrauma Transitional Rehabilitation Programs (PTRPs). BACKGROUND: Post-hospital rehabilitation for individuals with acquired brain injury (ABI) has evolved toward PCPO rehabilitation, an approach that makes participation goals identified by the person served and his or her significant others the primary focus of rehabilitation. Goals to reduce impairments and increase activities contribute to the achievement of primary participation goals. Research, primarily in the nonveteran population, confirms the effectiveness of PCPO rehabilitation. OVERVIEW: In the civilian sector, PCPO programs are generally provided locally or regionally in outpatient or community settings to individuals with moderate-severe ABI associated with other traumatic injuries and comorbidities. Because of the geographical dispersion of veterans, the VA provides these services in residential centers serving larger geographical areas. The group of veterans served more often has sustained milder traumatic ABI associated with neuropsychiatric comorbidities, particularly posttraumatic stress disorder and depression. Measuring progress and outcome is important to establish a feedback loop for process improvement. VA PTRPs use state-of-the-science standardized outcome measures and methods for identifying successful cases, that is, the minimal clinically important difference. Vocational reintegration is an important element of PCPO rehabilitation. Articles in this special section detail the development and effectiveness of PTRPs.</p>
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Malet, Pascal; Bioy, Antoine; Santarpia, Alfonso	2022	Clinical Perspectives on the Notion of Presence	Frontiers in psychology	13		783417	<p>This article explores the theme of presence of the psychotherapist, a concept that has been of particular interest in humanistic and existential approaches. Presence was first associated with the humanistic attitudes of the practitioner and the way he or she embodies these attitudes in the here and now of the encounter. Since the publication in 2002 of Geller and Greenberg's model of therapeutic presence, several quantitative studies have explored the relationship between the therapist's perception of presence and other dimensions of the therapeutic process. However, qualitative explorations still seem necessary to account for the complexity of the therapist's presence and its role in the therapeutic process. Centered on the therapist's perspective, we use an idiographic methodology and refer to lived clinical experience to highlight the dimension of sensory contact that, through the body, actualize a connection to a virtual space of the therapeutic relationship. We so describe how a therapist can achieve an embodied processing to clinical material from what we describe as "traces of presence" of the other. From this point of view, the patient's presence incorporates itself into the therapist's experience and the therapist can perceive aspects of this presence in a tangible, concrete, and useful way. The therapist's presence thus takes on a meaning that is not reduced to what the patient will perceive and interpret of his or her attitude. It becomes the main material from which the therapist orients his or her clinical interventions.</p>
Malinski, Violet M.	2017	Pregnant With Promise for Far Too Long: Time to Deliver!	Nursing science quarterly	30	1	38-43	<p>The meaning of the terms nursing science and science of nursing are briefly explored from an historical perspective than from a Rogerian nursing science perspective. Seminal ideas from Martha Rogers' writings, including an</p>

							editorial from the inaugural issue of the journal Nursing Science, are noted. The author concludes with a Rogerian nursing science perspective of the unitary rhythm of dying-grieving with examples from participants of a qualitative study of the experience of relating to a loved one who has died.
Malinski, Violet M.	2022	Remembering Elizabeth Ann Manhart Barrett, RN; PhD; FAAN, Her Life and Legacy	Nursing science quarterly	35	1	11–13	This is a tribute to Dr. Elizabeth Ann Manhart Barrett, creator of the Power as Knowing Participation in Change theory and research tool. Her life is described in her own words via the obituaries she wrote for her family to share in various venues. This is followed by a tribute from Dr. Violet Malinski, a friend and colleague of Dr. Barrett.
Malinski, Violet M.	2022	Unitary Human-Environment Field Mutual Process: Knowing Participation in Patterning the Environment	Nursing science quarterly	35	2	176–183	Martha E. Rogers identified people and their environment as unitary, indivisible wholes, further defining both as energy fields identified by rhythmical patterning. It is suggested that sharper focus be placed on the contribution of the environment in wellbecoming to encourage people to participate more knowingly in patterning the environmental field. Mutual rhythmical patterning involving nature and animal companions provides exemplars for discussion, which is grounded in two theories derived from Rogerian nursing science. The first is Barrett's theory of power as knowing participation in change, and the second is Phillips' theory of pandimensional awareness-integral presence, which unites Rogers' theories of accelerating change and the paranormal.
Mallock, Nadja; Rabenstein, Andrea; Gernun, Solveig; Laux, Peter; Hutzler, Christoph;	2021	Nicotine delivery and relief of craving after consumption of European JUUL	Scientific reports	11	1	12078	The emergence of e-cigarettes on the consumer market led to a tremendous rise in e-cigarette consumption among adolescents in the United States. The success of JUUL and other pod systems was linked to its high nicotine delivery capacity. In compliance with the European Tobacco Product directive, liquid nicotine

Karch, Susanne; Koller, Gabriele; Henkler- Stephani, Frank; Parr, Maria Kristina; Pogarell, Oliver; Luch, Andreas; Rüther, Tobias		e-cigarettes prior and after pod modification				<p>contents in the European JUUL variants are limited to 20 mg/mL or below. A short time after launching the initial version in Europe, JUUL pods have been modified in terms of the wick material used. This modification has been demonstrated previously to lead to an elevated aerosol generation, consequently, to a larger amount of nicotine per puff generated. The present study was designed to assess whether the mentioned differences between the "initial" and "modified" JUUL versions may cause a significant difference during consumption, and how nicotine delivery compares with tobacco cigarettes. In this single-center three-arm study, nicotine pharmacokinetics and influence on urge to smoke/vape were compared for tobacco cigarettes, the "initial" version of the European JUUL, and the "modified" version of the European JUUL. Participants, 15 active smokers and 17 active e-cigarette users, were instructed to consume their study product according to a pre-directed puffing protocol. Venous blood was sampled for nicotine analysis to cover the acute phase and the first 30 min after starting. Nicotine delivery and the reduction of urge to smoke/vape upon usage of both European JUUL variants were lower in comparison to tobacco cigarettes. This suggests a lower addictive potential. Modification of the pod design did not result in significant differences at the first ten puffs, as confirmed by a vaping machine experiment. Apparently, the limitations by the initially used wick material only come into effect after longer usage time.</p>
Malpas, Charles B.	2016	Structural neuroimaging correlates of cognitive status	Journal of clinical neuroscience : official journal	30	77–82	<p>Person-oriented approaches to clinical research aim to uncover subgroups of patients with different patterns of clinically relevant variables. Such approaches, however, are not yet widely employed in clinical neuroimaging</p>

		in older adults: A person-oriented approach	of the Neurosurgical Society of Australasia				research. This paper demonstrates an accessible approach to person-oriented research using model-based clustering in high-dimensional structural neuroimaging data. Cortical thickness measurements for 369 older adults (182 women, 187 men) were obtained from the Alzheimer's Disease Neuroimaging Initiative. Model-based cluster analysis was performed on these imaging variables and then validated using variables that were not used in the clustering process. Variable selection identified two specific regions that contributed to cluster formation: the left and right entorhinal cortices. Two subgroups were uncovered: a "typical" cluster with higher entorhinal thickness (M=3.59mm, 95% confidence interval=3.57, 3.62), and an "atypical" cluster with relatively lower thickness (M=2.84mm, 95% confidence interval=2.75, 2.92). Members of the atypical cluster also had lower hippocampal volumes, memory scores, and executive function scores, and were also more likely to be clinically classified as cognitively impaired. These findings demonstrate the utility of model-based clustering of structural neuroimaging data in studies of ageing. The role of the entorhinal cortices in cluster formation is consistent with the known pathological substrate of Alzheimer's disease. The entorhinal cortices are implicated in the early genesis of the disease and atrophy of these regions is strongly associated with the cognitive phenotype. Overall, this approach can be readily applied to future neuroimaging investigations.
Malzer-Gertz, Margarete; Gertz, Miriam	2018	Regulre Therapiebeendigung und Behandlungsabbruche					Die regulre Beendigung und der Abbruch der Behandlung im Rahmen der systemischen Therapie werden thematisiert. Dabei wird ein Vorgehen beschrieben, das bindungstheoretische und emotionsfokussierte Anstze mit klassisch systemisch-lsungsorientierten Anstzen und

							Haltungen integriert. Im Einzelnen werden folgende Punkte besprochen: (1) Hintergrund und allgemeine Merkmale. (2) Klinische Praxis: ein gelungenes Therapieende. (3) Erfahrungen mit verschiedenen Varianten der Beendigung. (4) Therapieabbrüche und atypische Therapiebeendigungen. (5) Kritische Einordnung.
Mander, Johannes; Neubauer, Andreas B.; Schlarb, Angelika; Teufel, Martin; Bents, Hinrich; Hautzinger, Martin; Zipfel, Stephan; Wittorf, Andreas; Sammet, Isa	2017	The therapeutic alliance in different mental disorders: A comparison of patients with depression, somatoform, and eating disorders	Psychology and psychotherapy	90	4	649–667	<p>OBJECTIVE The therapeutic alliance is intensively investigated in psychotherapy research. However, there is scarce research on the role of the specific diagnosis of the patient in the formation of the therapeutic alliance. Hence, the aim of this study was to address this research gap by comparing the alliance in different mental disorders.</p> <p>DESIGN Our sample comprised 348 patients (mean age = 40 years; 68% female; 133 patients with depression, 122 patients with somatoform disorders, and 93 patients with eating disorders).</p> <p>METHODS Patients completed the Working Alliance Inventory and measures of therapeutic outcome in early, middle, and late stages of inpatient psychotherapy. We applied multivariate multilevel models to address the nested data structure.</p> <p>RESULTS All three disorder groups experienced positive alliances that increased across the course of therapy and showed similar alliance-outcome relations that were of comparable strengths as in current meta-analyses. However, we found perspective incongruence of alliance ratings from patient and therapist in the three disorder</p>

							<p>groups.</p> <p>CONCLUSIONS</p> <p>Our results generally indicate that the working alliance is of importance irrespective of the specific mental disorder. Perspective incongruence feedback of working alliance experiences could help to strengthen coordination between patient and therapist and thereby improve the therapeutic process. Further implications of these findings are discussed.</p> <p>PRACTITIONER POINTS</p> <p>We found no differences in the strengths of alliance ratings and alliance-outcome associations in depressive, somatoform, and eating disorder patients. This indicates that the working alliance is of general clinical importance irrespective of the disorder group and should be a central target in all therapies. We found perspective incongruence in alliance ratings between patient and therapist in all three disorder groups. Perspective incongruence feedback of working alliance experiences could help to strengthen coordination between patient and therapist and thereby improve the therapeutic process.</p>
Mangione, Lorraine; Lyons, Megan; DiCello, Donna	2016	Spirituality and religion in experiences of Italian American daughters grieving their fathers	Psychology of Religion and Spirituality	8	3	253–262	<p>Religion, spirituality, family relationships, death, grief, and mourning typically occupy places of great consequence in Italian American families, and Giordano, McGoldrick, and Klages (2005) have noted that “Italians tend to keep their dead with them” (p. 623). This aligns with current views on mourning and loss that emphasize continuing bonds and connections, as well as perspectives on the connection between religion and spirituality and loss and grief, including the importance of culture in grief and mourning. Yet despite a large Italian American population, little has been written in the psychological</p>

							<p>literature about Italian American culture, families, spirituality or religion, and approach to death and mourning. This article examines those issues through the Italian American father/daughter relationship, focusing on the daughters' grief after their fathers' deaths, particularly on how religion and/or spirituality were or were not a part of that process. An exploratory interview study was conducted with 51 Italian American women who had lost their fathers, and questions about grief, culture, and belief systems were asked. An emerging view of the range of spiritual and religious beliefs and practices held by the Italian American women, and how they contributed or not to the grief process, is delineated. We discuss the meaning of this work for bereavement studies, Italian American studies, and psychology of religion and spirituality, as well as how this work might generalize to other groups and experiences of loss, including implications for therapy with people in mourning. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Mann, David	2016	Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide by Frank Yeomans, John Clarkin and Otto Kernberg. Published by American	Brit J Psychotherapy (British Journal of Psychotherapy)	32	2	285-287	

		Psychiatric Publishing, Washington, 2015; 411 pp; £40.49					
Manne, Sharon L.; Myers-Virtue, Shannon; Kashy, Deborah A.; Ozga, Melissa; Kissane, David; Heckman, Carolyn; Morgan, Mark	2017	Therapy processes, progress, and outcomes for 2 therapies for gynecological cancer patients	Psycho-oncology	26	12	2069–2078	<p>OBJECTIVE: Although a number of effective psychotherapies have been identified for cancer patients, little is known about therapy processes, as they unfold the course of treatment and the role of therapy processes in treatment outcome. We used growth curve modeling to evaluate the associations between therapy processes and outcomes among gynecological cancer patients participating in 2 types of therapy. METHODS: Two hundred twenty five women newly diagnosed with gynecological cancer were randomly assigned to receive 8 sessions of a coping and communication intervention or a client-centered supportive therapy. Participants completed measures of preintervention and postintervention depression, working alliance after Session 2, and postsession progress and depressive symptoms after each session. Therapists completed measures of perceived patient progress. RESULTS: Both patients and therapists reported a steady increase in session progress and patients reported a steady decrease in depressive symptoms over the course of both the coping and communication intervention and client-centered supportive sessions. Perceived progress in one session predicted progress in the subsequent session. Early working alliance predicted improved session progress and reductions in postsession depressive symptoms over sessions. Working alliance did not predict prepost treatment changes in depression. Patient-rated session progress predicted greater reductions in</p>

							pretreatment to posttreatment depression, but therapist-rated progress did not. CONCLUSIONS: For 2 types of treatment delivered to women diagnosed with gynecological cancer, patient-rated session progress and depressive symptoms rated over therapy sessions may serve as a yardstick that can be useful to therapists to gauge patient's response to treatment.
Manohar, Harshini; Madegowda, Rajendra Kiragasur; Seshadri, Shekhar P.	2021	Addressing Emotional Issues in an Adolescent with Vitiligo and Early Child Sexual Abuse- Therapeutic Challenges	Indian journal of psychological medicine	43	5	442-445	Chronic medical conditions in children and adolescents have a significant impact on development and quality of life. Children with vitiligo experience depression, anxiety and guilt, body image concerns, and conflicts of acceptance-rejection among peers. Understanding issues of relevance through a developmental perspective is pivotal. Here, we report the experiences of working with an adolescent who presented with depressive symptoms, mood dysregulation, and self-harm, in the background of vitiligo and child sexual abuse. We describe the unique therapeutic challenges, focusing on the interplay between depressive psychopathology, childhood trauma, and normative adolescent development. Therapeutic strategies for patient-centered psychological interventions are discussed. The therapy processes focused on a narrative approach, with the active involvement of the family.
Mansour, Ahmad	2019	Bekenntnis eines Assimilierten. Vorschläge für eine neue Dynamik der Migration und Integration	Gesprächspsychotherapie und Personenzentrierte Beratung	50	3	7-12	Der Psychologe und Islamismusforscher Ahmad Mansour gibt konkrete Handlungsanweisungen für eine nachhaltige Politik der Integration von Einwanderern insbesondere aus muslimisch geprägten Herkunftsländern. Er nähert sich der Thematik zunächst mit einem Kurzbericht seiner eigenen Migrationsgeschichte in Deutschland. Im Anschluss argumentiert er für zehn Handlungsanweisungen an die Politik, wie Integration besser gelingen könne. Dazu gehöre etwa,

							Integrationsleistungen zu belohnen und Nichtintegration konsequent zu sanktionieren. Es sollten Paten- und Mentorsysteme eingeführt sowie eine staatliche Förderung der innerislamischen Debatte etabliert werden. Statt primär auf Krisenintervention zu setzen, wenn es bereits zu großen Problemen gekommen sei, müsse auf struktureller Ebene mehr für eine gelingende Integration getan werden.
Mansueto, Alessandra C.; Wiers, Reinout W.; van Weert, Julia C. M.; Schouten, Barbara C.; Epskamp, Sacha	2023	Investigating the feasibility of idiographic network models	Psychological Methods	28	5	1052–1068	Recent times have seen a call for personalized psychotherapy and tailored communication during treatment, leading to the necessity to model the complex dynamics of mental disorders in a single subject. To this aim, time-series data in one patient can be collected through ecological momentary assessment and analyzed with the graphical vector autoregressive model, estimating temporal and contemporaneous idiographic networks. Idiographic networks graph interindividual processes that may be potentially used to tailor psychotherapy and provide personalized feedback to clients and are regarded as a promising tool for clinical practice. However, the question whether we can reliably estimate them in clinical settings remains unanswered. We conducted a large-scale simulation study in the context of psychopathology, testing the performance of personalized networks with different numbers of time points, percentages of missing data, and estimation methods. Results indicate that sensitivity is low with sample sizes feasible for clinical practice (75 and 100 time points). It seems possible to retrieve the global network structure but not to recover the full network. Estimating temporal networks appears particularly challenging; thus, with 75 and 100 observations, it is advisable to reduce the number of nodes to around six variables. With regard to missing data, full information

							maximum likelihood and the Kalman filter are effective in addressing random item-level missing data; consequently, planned missingness is a valid method to deal with missing data. We discuss possible methodological and clinical solutions to the challenges raised in this work. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Mantzios, Michail	2023	Mindful eating: A conceptual critical review of the literature, measurement and intervention development	Nutrition and health	29	3	435–441	Background: Defining mindful eating and discussing all it entails has proven to be abstract, open-ended and biased to the interpretation of the researchers and authors in the field. Despite some consensus, different interpretations have led to different psychometric tools and practices not descriptive of mindful eating, contributing towards a replication crisis. Aim/Method: This narrative review will draw on the most appropriate definition of mindful eating in the framework of traditional secular mindfulness literature and discuss how mindful eating psychometrics and practices are unsuitable for precise research. Results/Discussion: A proposal and directive of separation between eating behaviours and decision-making in mindful eating as a way of developing evidence-based practices and psychometric tools are proposed for both clinical and non-clinical use.
Manubens, Rocío Tamara; Babl, Anna; Doran, Jennifer; Roussos, Andrés; Alalu, Nicolás; Gómez Penedo, Juan Martín	2023	Alliance negotiation as a predictor of early treatment outcome	Journal of clinical psychology	79	8	1740–1751	Abstract Aim The therapeutic alliance is a robust predictor of treatment outcome. However, little is known about the way alliance negotiation contributes to psychotherapy outcome. The aim of the present study was to analyze the effects of alliance negotiation on treatment outcome in the first four sessions of psychotherapy. Methods Ninety-six patients diagnosed with emotional disorders received weekly Solution-Focused Brief Therapy. Each patient completed both the Alliance Negotiation Scale (ANS) and the Outcome

							<p>Questionnaire 45 (OQ.45) after each of the first four sessions. Both between- and within-patients effects of alliance negotiation on symptom severity were analyzed using Hierarchical Linear Models. Results Results showed significant between and within patient effects of alliance negotiation on symptom severity. Patients with higher levels of alliance negotiation across treatment showed lower levels of symptom severity (between-patient effect). Also, in a session with higher alliance negotiation compared to the average session of this patient, symptom severity was lower than in the average session (within-patient effect). Discussion The results indicate that therapies characterized by higher alliance negotiation and sessions with higher alliance negotiation are beneficial for early outcome. Conclusion From a clinical point of view, the results suggest that alliance negotiation is a meaningful factor for therapy outcome and that therapists may benefit from training and monitoring alliance negotiation during the early stages of treatment.</p>
Marchette, Lauren Krumholz; Weisz, John R.	2017	Practitioner Review: Empirical evolution of youth psychotherapy toward transdiagnostic approaches	Journal of child psychology and psychiatry, and allied disciplines	58	9	970-984	<p>BACKGROUND Psychotherapy for children and adolescents (herein, 'youths') has grown more precise and focused over the decades, shifting toward empirically supported treatments standardized via therapist manuals. The manuals have increasingly emphasized precise targeting of single disorders or problems, or homogenous clusters. These focal treatments represent a valuable advance, with intervention benefit documented in hundreds of studies. However, relatively few of these treatments are widely used in everyday clinical practice, and their level of benefit may not be ideal, particularly in practice contexts and when compared to usual clinical care.</p>

							<p>THESIS</p> <p>These limitations may be due, in part, to a mismatch between focal treatment design and the young people treated in real-world clinical care, who are diagnostically heterogeneous, and very frequently present with comorbidity. Improved fit may be achieved via transdiagnostic treatment approaches designed to address multiple disorders and problems, if these approaches can retain the benefits of manualization and the substantive clinical strength that has generated empirical support to date.</p> <p>SCOPE</p> <p>Here we review the evolution of empirically-based youth psychotherapy from focal treatment manuals toward transdiagnostic approaches, and we describe and illustrate three transdiagnostic treatment strategies: (a) a core dysfunction approach, (b) a common elements and modular design approach, and (c) a principle-guided approach.</p> <p>CLINICAL APPLICATIONS</p> <p>We complement research findings with a clinical perspective based on our use of manual-guided transdiagnostic intervention in clinical care settings, and we propose directions for research and practice.</p>
Marconcini, Simone; Goulding, Marilyn; Oldoini, Giacomo; Attanasio, Chiara; Giammarinaro, Enrica;	2019	Clinical and patient-centered outcomes post non-surgical periodontal therapy with the use of a non-injectable	Journal of investigative and clinical dentistry	10	4	e12446	<p>AIM: The aim of this study was to determine the impact of different full-mouth decontamination (FMD) protocols on the effectiveness of an intrapocket anesthetic gel in periodontal maintenance patients. METHODS: Patients undergoing the periodontal maintenance program and with the need for FMD participated in this study. Patients were randomly allocated to non-surgical periodontal therapy (NSPT) with either a preparatory 15-day decontamination phase, including chlorhexidine mouth</p>

Genovesi, Annamaria		anesthetic product: A randomized clinical study					rinse and domiciliary hygiene instructions (modified FMD: test group), or without it (FMD: control group). In both groups, NSPT was performed with the aid of a non-injectable anesthetic gel. Clinical and patient-related outcomes were recorded during a 6-month follow-up period. RESULTS: Sixty patients completed the 6-month study. Both groups experienced relevant clinical improvements after NSPT, but the test group showed a significant change in periodontal parameters already after the initial 15-day preparatory period, and overall significantly better results in periodontal outcomes when compared with the control group at the last 6-month follow up: the gingival index was 2.07 ± 1.25 in the control group and 1.13 ± 0.51 in the test group. Less pain and dental-related anxiety were perceived by patients in the test group showing a 6-month mean visual analog scale of 2.13 ± 1.25 in the control group and 1.13 ± 0.83 in the test group. CONCLUSION: The present study suggested that the modification of the standard FMD could improve the clinical efficacy of non-injectable anesthetic, along with patients' short- and mid-term appreciation and compliance.
Mariona, Federico; Burnett, Marianne; Zoma, Melody; Blake, Janice; Khouri, Hanna	2019	Early unexpected diagnosis of fetal life-limiting malformation; antenatal palliative care and parental decision	The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and	32	6	1036–1043	INTRODUCTION: Conjoined twins are an infrequent occurrence in obstetric practice. Live-conjoined twins on a late preterm triplet pregnancy is an even rarer event. OBJECTIVE: The objective of this study is to emphasize the critical importance of perinatal palliative care and non-directive parental counseling, informed decision making and respect for autonomy following full disclosure of findings, fetal life-limiting diagnosis, treatment alternatives, maternal-fetal potential complications, and most likely perinatal outcomes. METHODS: Early surprise prenatal diagnosis, comprehensive parental counseling,

			Oceania Perinatal Societies, the International Society of Perinatal Obstetricians				palliative care, and perinatal care of a set of conjoined twins and a singleton. RESULTS: Cesarean delivery of a set of conjoined twins and a singleton at 34 weeks' gestation. Immediate neonatal death of the conjoined twins, intact survival, and discharge of the singleton. Review of the database on previously reported similar cases. It is very important to utilize simple and direct language for parents to understand the grave prognosis to the pregnancy. Care alternatives in view of the maternal physical risks and psychological impact of carrying a high order abnormal multiple pregnancy, along with the possible side effects on the singleton.
Mariotti, Emily C.; Bolden, Jennifer; Finn, Michael T. M.		Unifying treatment for mild anxiety and depression in preadolescence	Psychotherapy	58	1		Anxiety disorders in children and adolescents are prevalent and, if left untreated, can lead to comorbid psychological disorders, substance use, poor socioemotional functioning, and academic and occupational underachievement. Subthreshold presentations of anxiety in youth could become problematic if overlooked, resulting in the aforementioned negative outcomes. Thus, it is important to treat such presentations, including with evidence-based treatments such as cognitive-behavioral therapy (CBT). However, because of not meeting the diagnostic criteria for which many CBT protocols were developed, subthreshold presentations of emotional problems could be an especially good match for transdiagnostic treatments like the Unified Protocol for Children (UP-C). Few studies have addressed this application of the UP-C to subthreshold emotion disorders; thus, this study aimed to preliminarily examine in a systemic case analysis (a) the efficacy of the UP-C for a preadolescent patient with mild anxiety/depression, and (b) the clinical utility of assessing both nomothetic and idiographic

						<p>outcomes. Pre–post and time series outcome data demonstrated significant decreases in symptoms of depression, irritability, and negative reactions to events and significant increases in emotion identification and ownership of emotions. A network analysis of time series data described dynamics between parent and child ratings as well as the importance of child-rated anxiety and parent ratings of child’s ownership of emotions. This case study provides evidence for the efficacy of the UP-C with a preadolescent who displayed subclinical symptoms of an emotional disorder. Furthermore, this case study demonstrates the usefulness of nomothetic and idiographic assessments for treating psychological disorders in youth. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Markin, Rayna D.; McCarthy, Kevin S.; Fuhrmann, Amy; Yeung, Danny; Gleiser, Kari A.</p>		<p>The process of change in accelerated experiential dynamic psychotherapy (AEDP): A case study analysis</p>	<p>Journal of Psychotherapy Integration</p>	<p>28</p>	<p>2</p>	<p>Accelerated experiential dynamic psychotherapy (AEDP) is a highly integrative treatment that incorporates elements of short-term psychodynamic and emotion-focused, process-experiential, psychotherapies, as well as attachment theory. The current study employed a mixed-methods multicase study design to describe how the process of change unfolds in a “successful” and an “unsuccessful” case of AEDP, as defined by reliable change (RC) on the Outcome Questionnaire-30.2 (OQ-30; Lambert, Vermeersch, Brown, & Burligame, 2004). Concurrently, several additional outcomes (affect experience and adult attachment), therapy relationship variables (working alliance [WA], real relationship [RR], and patient attachment to the therapist), and a qualitative description of the therapy process (Important Events Questionnaire [IEQ]; Cummings, Martin, Hallberg, & Slemon, 1992) were assessed at 3 time points during the course of therapy. Overall, the clinical observations in this</p>

							study are consistent with AEDP's theory of change, which predicts that symptom relief is accompanied by changes in affect and insecure attachment, and that these changes occur within a strong therapeutic relationship that is real, collaborative, and secure. Furthermore, qualitative analyses suggest that the advent of a corrective emotional experience (CEE) may have served as a catalyst for change in the "successful" therapy dyad. On the contrary, a reliable decline in agreement over the tasks of therapy and decreasing positive affect (PA) and negative affect (NA) may have hindered early change in the "unsuccessful" case. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Markowitz, John C.	2022	Supportive Evidence: Brief Supportive Psychotherapy as Active Control and Clinical Intervention	American journal of psychotherapy	75	3	122-128	OBJECTIVE: Supportive psychotherapy has long had an undeservedly weak reputation. This review aims to describe the use of manualized, time-limited brief supportive psychotherapy (BSP) and its testing in clinical trials across three decades. Although numerous clinical descriptions of supportive psychotherapy exist, its use is reportedly widespread, and several supportive psychotherapies have been used in psychotherapy trials, BSP is the first and sole supportive psychotherapy manualized for research. BSP was designed as a nondirective, affect-focused, bare-bones common-factors treatment. METHODS: Collecting data from the nine randomized controlled trials involving BSP, eight of them published, the author presents a narrative summary of findings. RESULTS: Eight trials addressed mood disorders and one addressed social anxiety disorder. Sample size varied. Most BSP trials resulted in "dead heat" comparable outcomes. BSP generally showed large effect sizes for improvement on the primary outcome variable (range $d=0.62-1.01$). Delivering it won over some

							therapists from exposure-based backgrounds. CONCLUSIONS: Despite its perennial role as an unfavored control condition, BSP held its own in competition with more symptom-focused therapies, usually producing a dead-heat outcome. The findings indicate the importance of psychotherapeutic common factors and the potency of BSP as an active treatment condition.
Markowitz, John C.; Neria, Yuval; Lovell, Karina; van Meter, Page E.; Petkova, Eva	2017	History of sexual trauma moderates psychotherapy outcome for posttraumatic stress disorder	Depression and anxiety	34	8	692-700	<p>BACKGROUND Moderators of differential psychotherapy outcome for posttraumatic stress disorder (PTSD) are rare, yet have crucial clinical importance. We tested the moderating effects of trauma type for three psychotherapies in 110 unmedicated patients with chronic DSM-IV PTSD.</p> <p>METHODS Patients were randomized to 14 weeks of prolonged exposure (PE, N = 38), interpersonal psychotherapy (IPT, N = 40), or relaxation therapy (RT, N = 32). The Clinician-Administered PTSD Scale (CAPS) was the primary outcome measure. Moderator candidates were trauma type: interpersonal, sexual, physical. We fit a regression model for week 14 CAPS as a function of treatment (a three-level factor), an indicator of trauma type presence/absence, and their interactions, controlling for baseline CAPS, and evaluated potential confounds.</p> <p>RESULTS Thirty-nine (35%) patients reported sexual, 68 (62%) physical, and 102 (93%) interpersonal trauma. Baseline CAPS scores did not differ by presence/absence of trauma types. Sexual trauma as PTSD criterion A significantly moderated treatment effect: whereas all therapies had similar efficacy among nonsexually-traumatized patients, IPT had greater efficacy among</p>

						sexually traumatized patients (efficacy difference with and without sexual trauma: IPT vs. PE and IPT vs. RT P's < .05), specifically in PTSD symptom clusters B and D (P's < .05). CONCLUSIONS Few studies have assessed effects of varying trauma types on effects of differing psychotherapies. In this exploratory study, sexual trauma moderated PTSD outcomes of three therapies: IPT showed greater benefit for sexually traumatized patients than PE or RT. The IPT focuses on affect to help patients determine trust in their current environments may particularly benefit patients who have suffered sexual assault.	
Marques, Daniel Ruivo; Gomes, Ana Allen; Clemente, Vanda; dos Santos, José Moutinho; Duarte, Isabel Catarina; Caetano, Gina; Castelo-Branco, Miguel	2018	Self-referential dysfunction and default-mode hyperactivation in psychophysiological insomnia patients: A case-control fMRI study	Journal of Psychophysiology	32	3	140-155	Psychophysiological insomnia (PI) is one of the most frequent sleep disorders. In this study we tested whether differences in terms of neural activation are present between a group of PI patients and a healthy-control group while they are exposed to idiosyncratic ruminations and worries, evoked visually by words, so as to explore their hypothetical link with default-mode network (DMN) dysfunction in PI. We recruited five PI patients diagnosed according to the International Classification of Sleep Disorders, version 2 (ICSD-2) of American Academy of Sleep Medicine (AASM) and five age- and sex-matched healthy controls. Patients were recruited at the outpatient Sleep Medicine Centre of the Coimbra University Hospital Centre. We used a functional magnetic resonance imaging (fMRI) block-design paradigm where the participants visualized lists of words related to past/present and future concerns and also emotionally neutral words. The results suggested that the PI patients showed a failure of the DMN to deactivate. Moreover, when these patients were exposed to words concerning

							both past/present ruminations and future worries, there was a pronounced and significant over-recruitment of brain areas related to DMN and self-referential processing when they were compared to healthy volunteers. The differences between the patient and control groups were also evident in self-report measures. In sum, despite the relatively small sample size, our study clearly suggests that in PI there is a dysfunction in brain regions pertaining to self-referential processing, which is corroborated by an overall pattern of hyperarousal in brain regions comprising the DMN. These data may be useful in the improvement of pathophysiological models, diagnostic and therapeutic interventions for insomnia. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Marren, Colm; Mikoška, Petr; O'Brien, Sorchá; Timulak, Ladislav	2022	A qualitative meta-analysis of the clients' experiences of emotion-focused therapy	Clinical psychology & psychotherapy	29	5	1611–1625	OBJECTIVE: Client experience of psychotherapy is an important resource for our understanding of psychotherapy and deserves relevant attention in psychotherapy research. Emotion-focused therapy (EFT) is a relatively new adaptation of a humanistic therapy that has a tradition of giving a voice to the clients in therapy. Despite the number of qualitative studies looking at the experience of clients in EFT, there was no formal qualitative meta-analysis conducted synthesizing the existing qualitative research on the clients' experience of EFT. METHOD: A sample of 11 primary qualitative studies was selected through a systematic search of the literature. Primary studies were critically appraised, and data (findings) from them extracted and meta-analysed. RESULTS: All 11 studies featured experiences of helpful aspects of therapy, with difficult but helpful aspects reported in seven studies and unhelpful aspects reported in six studies. Most studies reported chair and experiential work and intense emotional work in EFT as

						<p>helpful, with fewer reports and fewer clients finding them difficult but helpful or unhelpful. The multidimensional nature of the therapist and therapeutic relationship in EFT included emotional connection and support, validation and understanding and was commonly experienced as helpful to clients. Other client experiences reported included practical aspects of EFT such as session length, in-session outcomes such as clients' transformative experiences, and internal and external factors which were experienced by clients such as determination or reluctance to commit to therapy. CONCLUSIONS: Most clients experience EFT as an intense, challenging, but productive psychotherapy, but it appears a minority of clients experience aspects of EFT as challenging.</p>
<p>Mårtensson, Erika; Coumoundourou, Chelsea; Sörensdotter, Renita; Essen, Louise von; Woodford, Joanne</p>	<p>2023</p>	<p>Psychological interventions for symptoms of depression among informal caregivers of older adult populations: A systematic review and meta-analysis of randomized controlled trials</p>	<p>Journal of affective disorders</p>	<p>320</p>	<p>474–498</p>	<p>BACKGROUND: Symptoms of depression are commonly experienced by informal caregivers of older adults, however there is uncertainty concerning effectiveness of psychological interventions targeting symptoms of depression in this population. Further, there is uncertainty concerning important clinical moderators, including intervention type and care recipient health condition. This review examined the effectiveness of psychological interventions targeting symptoms of depression in informal caregivers of older adults. METHODS: PubMed, CINAHL, Embase, PsycINFO, Cochrane Library and Web of Science were searched. Risk of bias was assessed using the Cochrane Risk of Bias tool version 2. RESULTS: Fifteen studies were identified and twelve (1270 participants) provided data for the meta-analysis. Interventions included cognitive behavioral therapy (4 studies), problem-solving therapy (4 studies); non-directive supportive therapy (4 studies) and behavioral activation (3 studies). A small effect size</p>

							<p>favouring the intervention was found for symptoms of depression ($g = -0.49$, $CI = -0.79, -0.19$, $I(2) = 83.42\%$) and interventions were effective in reducing incidence of major depression ($OR = 0.177$, $CI = 0.08, 0.38$), caregiver burden ($g = -0.35$, $CI = -0.55, -0.15$) and psychological distress ($g = -0.49$, $CI = -0.70, -0.28$). Given high heterogeneity, findings should be interpreted with caution. Overall risk of bias was high. LIMITATIONS: Studies were limited to those in English or Swedish. CONCLUSION: Psychological interventions may be effective in reducing symptoms of depression among informal caregivers of older adults. However, evidence is inconclusive due to heterogeneity, high risk of bias, and indirectness of evidence.</p>
<p>Martin, Julie C.; Awoke, Mamaru Ayenew; Misso, Marie L.; Moran, Lisa J.; Harrison, Cheryce L.</p>	2021	<p>Preventing weight gain in adults: A systematic review and meta-analysis of randomized controlled trials</p>	<p>Obesity reviews : an official journal of the International Association for the Study of Obesity</p>	22	10	e13280	<p>Weight gain prevention is a global public health priority to address escalating adiposity in adults. This review evaluates the efficacy of weight gain prevention trials targeting adults aged 18-50 years and adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol. Trials of any duration from inception to May 2020 that evaluated a weight gain prevention intervention (using either prescriptive diet, prescriptive physical activity, prescriptive diet, and/or physical activity or non-prescriptive lifestyle) and included weight or body mass index (weight [kg]/height [m(2)]) were eligible. Twenty-nine trials across 34 publications (participants $n = 37,407$) were included. Intervention resulted in less weight gain compared with controls (-1.15 kg [95% $CI -1.50, -0.80$ kg] $p < 0.001$). Subgroup analysis demonstrated greater effectiveness with prescriptive (-1.60 kg [95% $CI -2.00, -1.19$] $p < 0.001$) compared with non-prescriptive (-0.81 kg [95% $CI 1.10, -0.53$] $p < 0.001$) intervention types. Interventions had</p>

							greatest impact in healthy weight (18.5-24.9 kg/m ²) (-0.82 kg [95% CI -1.5, -0.50] p < 0.001) or overweight (25.0-29.9 kg/m ²) (-1.48 kg [95% CI -1.85, -1.12] p < 0.001) compared with obese populations (≥30.0 kg/m ²) (-0.56 kg [95% CI -1.40, 0.27] p = 0.19). These findings demonstrate that lifestyle intervention prevents cumulative weight gain in non-obese adults, with future research required to inform cost-effectiveness and implementation feasibility.
Martin, Megan; Patterson, Jonathan; Allison, Matt; O'Connor, Blakely B.; Patel, Dhiren	2021	The Influence of Baseline Hemoglobin A1c on Digital Health Coaching Outcomes in Adults With Type 2 Diabetes: Real-World Retrospective Cohort Study	JMIR diabetes	6	2	e24981	BACKGROUND: Digital health coaching is an increasingly common diabetes self-management support strategy for individuals with type 2 diabetes and has been linked to positive mental and physical health outcomes. However, the relationship between baseline risk and outcomes is yet to be evaluated in a real-world setting. OBJECTIVE: The purpose of this real-world study was to evaluate trends in digital health coaching outcomes by baseline hemoglobin A(1c) (HbA(1c)) to better understand which populations may experience the greatest clinical and psychosocial benefit. METHODS: A retrospective cohort study design was used to evaluate program effect in a convenience sample of participants in a 12-week digital health coaching program administered by Pack Health. Participants were referred through their health care provider, payer, or employer. The program included patient-centered lifestyle counseling and psychosocial support delivered via telephone, text, and/or email. Self-reported HbA(1c) and weight were collected at baseline and completion. Physical and mental health were assessed using the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health Short Form and the Diabetes Distress Scale-2. Changes in HbA(1c), weight, BMI, and physical and

						<p>mental health were analyzed within three participant cohorts stratified by baseline HbA(1c) level. RESULTS: Participants with complete HbA(1c) data sets (n=226) were included in the analysis. The sample population was 71.7% (162/226) female, with 61.5% (139/226) identifying as white and 34.1% (77/226) as black. Most participants (184/226, 81.4%) reported a baseline HbA(1c) \geq7%, and 20.3% (46/226) were classified as high risk (HbA(1c) $>$9%). Across HbA(1c) cohorts, the mean baseline BMI was 35.83 (SD 7.79), and the moderate-risk cohort (7% \leq HbA(1c) \leq 9%) reported the highest mean value (36.6, SD 7.79). At 12 weeks, patients reported a significant decrease in HbA1c, and high-risk participants reduced their levels by the greatest margin (2.28 points; P<.001). Across cohorts, BMI improved by 0.82 (P<.001), with the moderate-risk cohort showing the greatest reduction (-0.88; P<.001). Overall, participants reported significant improvements for PROMIS scores, with the greatest change occurring in the high-risk cohort for whom physical health improved 3.84 points (P<.001) and mental health improved 3.3 points (P<.001). However, the lowest-risk cohort showed the greatest improvements in diabetes distress (-0.76; P=.005). CONCLUSIONS: Acknowledging the limitations in this real-world study design, the results reported here suggest that adults with type 2 diabetes with a high baseline HbA(1c) or high BMI may benefit the most from patient-centered digital health coaching programs when compared to their lower risk counterparts. While all participants improved in physical and mental health categories, participants with high HbA(1c) experienced the greatest HbA(1c) reduction and individuals with the highest baseline BMI lost the most weight. These results may be used to inform referrals for</p>
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							patients who are more likely to benefit from digital health coaching.
Martin, Tyler D.; Green, Michael S.; Whitehead, Malcolm T.; Scheett, Timothy P.; Webster, Michael J.; Hudson, Geoffrey M.	2019	Six weeks of oral Echinacea purpurea supplementation does not enhance the production of serum erythropoietin or erythropoietic status in recreationally active males with above-average aerobic fitness	Applied physiology, nutrition, and metabolism = Physiologie appliquee, nutrition et metabolisme	44	7	791–795	The purpose of this study was to investigate the effect of 6 weeks of oral Echinacea purpurea supplementation on serum erythropoietin (EPO) and erythropoietic status. Twenty-four males (mean ± SE; age = 25.2 ± 1.4 years, height = 178.1 ± 1.4 cm, body mass = 78.1 ± 1.6 kg, body fat = 12.7 ± 0.9%, maximal oxygen uptake = 52.9 ± 0.9 mL·kg ⁻¹ ·min ⁻¹) were randomly grouped using a matched-pair, double-blind design and self-administered 8000 mg·day ⁻¹ of either E. purpurea (n = 12) or placebo (n = 12) for 42 consecutive days. Blood samples were collected prior to supplementation (day 0) and every 2 weeks during the supplementation period (days 14, 28, and 42) and were analyzed for EPO, red blood cell count, hemoglobin concentration, hematocrit, mean corpuscular volume, and mean corpuscular hemoglobin concentration. Separate 2 × 4 (group × time) factorial ANOVA with repeated measures on time were used to determine statistical differences with significance set at p ≤ 0.05. There were no significant interaction, group, or time effects observed for EPO or erythropoietic status markers for any of the measurement points (p ≤ 0.05). The present study indicated that 6 weeks of oral E. purpurea supplementation in recreationally active males with above average aerobic fitness did not enhance EPO or erythropoietic status. These findings are in contrast with previous reports of E. purpurea supplementation in untrained participants with average fitness levels, but consistent with observations in trained endurance athletes.

<p>Martinez, Kathryn A.; Resnicow, Ken; Williams, Geoffrey C.; Silva, Marlene; Abrahamse, Paul; Shumway, Dean A.; Wallner, Lauren P.; Katz, Steven J.; Hawley, Sarah T.</p>	<p>2016</p>	<p>Does physician communication style impact patient report of decision quality for breast cancer treatment?</p>	<p>Patient education and counseling</p>	<p>99</p>	<p>12</p>	<p>1947–1954</p>	<p>OBJECTIVE: Provider communication that supports patient autonomy has been associated with numerous positive patient outcomes. However, to date, no research has examined the relationship between perceived provider communication style and patient-assessed decision quality in breast cancer. METHODS: Using a population-based sample of women with localized breast cancer, we assessed patient perceptions of autonomy-supportive communication from their surgeons and medical oncologists, as well as patient-reported decision quality. We used multivariable linear regression to examine the association between autonomy-supportive communication and subjective decision quality for surgery and chemotherapy decisions, controlling for sociodemographic and clinical factors, as well as patient-reported communication preference (non-directive or directive). RESULTS: Among the 1690 women included in the overall sample, patient-reported decision quality scores were positively associated with higher levels of perceived autonomy-supportive communication from surgeons ($\beta=0.30$; $p<0.001$) and medical oncologists ($\beta=0.26$; $p<0.001$). Patient communication style preference moderated the association between physician communication style received and perceived decision quality. CONCLUSION: Autonomy-supportive communication by physicians was associated with higher subjective decision quality among women with localized breast cancer. These results support future efforts to design interventions that enhance autonomy-supportive communication. PRACTICE IMPLICATIONS: Autonomy-supportive communication by cancer doctors can improve patients' perceived decision quality.</p>
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Martín-García, Angela; Corregidor-Sánchez, Ana-Isabel; Fernández-Moreno, Virginia; Alcántara-Porcuna, Vanesa; Criado-Álvarez, Juan-José	2022	Effect of Doll Therapy in Behavioral and Psychological Symptoms of Dementia: A Systematic Review	Healthcare (Basel, Switzerland)	10	3	<p>(1) Background: Behavioral and psychological symptoms of dementia (BPSD) are a threat for people with dementia and their caregivers. Doll therapy is a non-pharmacological person-centered therapy to promote attachment, company, and usefulness with the aim of minimizing challenging behaviors. However, the results are not clear. (2) Objective: To know the effectiveness of doll therapy in reducing behavioral and psychological symptoms of people with dementia at a moderate-severe phase. (3) Methodology: The systematic review was informed according to the criteria established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Searches were conducted in eight databases: Cochrane, PubMed, Web of Science, Cinahl, Embase, Lilacs, PeDro, and Scopus before October 2021. Studies were selected when they accomplished the simple majority of Consolidated Standards of Reporting Trials (CONSORT). The risk of bias was appraised with the Cochrane Collaboration Risk of Bias Tool. The review protocol was recorded in Inplasy:1539. (4) Results: The initial search strategy showed 226 relevant studies, 7 of which met the eligibility criteria. In the included studies, a total number of 295 participants (79% female) with a mean age of 85 years were enrolled. There was found to be a reduction in challenging and aggressive behaviors, the participants were less rough and irritable, and their communication skills and emotional state were also improved. (5) Conclusion: Our findings suggest that doll therapy improves the emotional state of people with dementia, diminishes disruptive behaviors, and promotes communication. However, randomized studies with a larger sample size and higher methodological rigor are</p>
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							needed, as well as follow-up protocols in order to reaffirm these results.
Martins, Daniel Santos; Sampaio, Thiago Pacheco de Almeida; Lotufo Neto, Francisco	2022	Relationships between worry and depressive symptoms during two group therapies for generalized anxiety disorder	J. bras. psiquiatr. (Jornal Brasileiro de Psiquiatria)	71	2	100–107	
Marx, Christopher; Benecke, Cord; Gumz, Antje	2017	Talking Cure Models: A Framework of Analysis	Frontiers in psychology	8		1589	Psychotherapy is commonly described as a "talking cure," a treatment method that operates through linguistic action and interaction. The operative specifics of therapeutic language use, however, are insufficiently understood, mainly due to a multitude of disparate approaches that advance different notions of what "talking" means and what "cure" implies in the respective context. Accordingly, a clarification of the basic theoretical structure of "talking cure models," i.e., models that describe therapeutic processes with a focus on language use, is a desideratum of language-oriented psychotherapy research. Against this background the present paper suggests a theoretical framework of analysis which distinguishes four basic components of "talking cure models": (1) a foundational theory (which suggests how linguistic activity can affect and transform human experience), (2) an experiential problem state (which defines the problem or pathology of the patient), (3) a curative linguistic activity (which defines linguistic activities that are supposed to effectuate a curative transformation of the experiential problem state), and (4) a change mechanism (which defines the processes and effects involved in such transformations). The purpose of

							the framework is to establish a terminological foundation that allows for systematically reconstructing basic properties and operative mechanisms of "talking cure models." To demonstrate the applicability and utility of the framework, five distinct "talking cure models" which spell out the details of curative "talking" processes in terms of (1) catharsis, (2) symbolization, (3) narrative, (4) metaphor, and (5) neurocognitive inhibition are introduced and discussed in terms of the framework components. In summary, we hope that our framework will prove useful for the objective of clarifying the theoretical underpinnings of language-oriented psychotherapy research and help to establish a more comprehensive understanding of how curative language use contributes to the process of therapeutic change.
Masana, Mercè; Westerholz, Sören; Kretzschmar, Anja; Treccani, Giulia; Liebl, Claudia; Santarelli, Sara; Dournes, Carine; Popoli, Maurizio; Schmidt, Mathias V.; Rein, Theo; Müller, Marianne B.	2018	Expression and glucocorticoid-dependent regulation of the stress-inducible protein DRR1 in the mouse adult brain	Brain structure & function	223	9	4039–4052	Identifying molecular targets that are able to buffer the consequences of stress and therefore restore brain homeostasis is essential to develop treatments for stress-related disorders. Down-regulated in renal cell carcinoma 1 (DRR1) is a unique stress-induced protein in the brain and has been recently proposed to modulate stress resilience. Interestingly, DRR1 shows a prominent expression in the limbic system of the adult mouse. Here, we analyzed the neuroanatomical and cellular expression patterns of DRR1 in the adult mouse brain using in situ hybridization, immunofluorescence and Western blot. Abundant expression of DRR1 mRNA and protein was confirmed in the adult mouse brain with pronounced differences between distinct brain regions. The strongest DRR1 signal was detected in the neocortex, the CA3 region of the hippocampus, the lateral septum and the cerebellum. DRR1 was also present in circumventricular organs and its connecting regions. Additionally, DRR1 was

						present in non-neuronal tissues like the choroid plexus and ependyma. Within cells, DRR1 protein was distributed in a punctate pattern in several subcellular compartments including cytosol, nucleus as well as some pre- and postsynaptic specializations. Glucocorticoid receptor activation (dexamethasone 10 mg/kg s.c.) induced DRR1 expression throughout the brain, with particularly strong induction in white matter and fiber tracts and in membrane-rich structures. This specific expression pattern and stress modulation of DRR1 point to a role of DRR1 in regulating how cells sense and integrate signals from the environment and thus in restoring brain homeostasis after stressful challenges.	
Masik, O.; Podolian, V.; Masik, N.	2019	APPLICATION OF CLIENT- CENTERED PSYCHOTHERA PY IN THE COMPLEX TREATMENT OF ADOLESCENTS WITH PSYCHOSOMAT IC DISORDERS	Georgian medical news		29 6	55-61	Treatment of psychosomatic disorders does not allow to do without medication intervention, although psychotherapy is important, aimed at correcting psychopathological symptoms. That's why, the definition of a method of therapy, which is better and more likely to cause positive results. The aim - determining which the better method of treatment and more effective of the causes a positive shift in the dynamics of clinical syndromes. The group of 90 adolescents (34 boys and 56 girls) with psychosomatic disorders divided into 2 groups, were inspected using received comprehensive clinical psychopathological examination. The average age of adolescents was 14.4 ± 0.06 years old. The 1-st group (57 persons) consisted of adolescents, who received treatment with Lamotrigine and Sertraline 25 mg / day for persons from 12 to 16 years old and 50 mg / day - over 16 years old. The duration of treatment was 1.5-2 months. Adolescents of the 2-nd group (33 persons) were prescribed Lamotrigine and Sertraline therapy in combination with psychotherapy. Control of therapeutic

						<p>effectiveness was evaluated by clinical and Spielberger anxiety questionnaire (STPI - State Trait Personal Inventory), Phillips' school anxiety test and CDI scale (Children Depression's Inventory) by M. Kovacs. Statistical processing was carried out on the basis of the computer program "Statistica 6.1." (Stat Soft Inc., USA). The anxiety level moved to an average level after medication, except situational negative experiences, which remained at a high level. In adolescents of the 1-st and 2-nd groups the fear of self-expression decreased significantly by comparison with it before treatment. The anxiety test scores decreased to an average level after complex treatment. At the same time the level of personal cognitive activity remained high, which confirmed the positive effect of combined treatment of psychosomatic disorders due to increased interest, curiosity, interest, which activates cognitive activity of adolescents. The level of depression in the 1-st group of adolescents after the treatment was 2.16 ± 0.16, which corresponded to the level of subdepression or masked depression with high scores on scale B. On the background of combined treatment in adolescents the level of depression decreased to 1.71 ± 0.12, which corresponded to slight decrease of mood with high scores on scale B. Adolescents with psychosomatic disorders who responded positively to psychotherapy were characterized by low level of somatization, but higher specific weight of psychological problems and difficulties in interpersonal relationships in the internal picture of the illness with peaks at subclasses of interpersonal sensitivity and hostility. The obtained results of treatment of psychosomatic disorders in adolescents show positive influence of both methods of</p>
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							therapy. However, adolescents with psychosomatic disorders were most susceptible to complex treatment, which accelerates the regression of clinical manifestations and increases the effectiveness of treatment 2.85 times.
Massoudi, Pamela; Strömwall, Leif A.; Åhlen, Johan; Kärrman Fredriksson, Maja; Dencker, Anna; Andersson, Ewa	2023	Women's experiences of psychological treatment and psychosocial interventions for postpartum depression: a qualitative systematic review and meta-synthesis	BMC women's health	23	1	604	<p>BACKGROUND: To provide a comprehensive, systematic evaluation of the literature on experiences of psychological interventions for postpartum depression (PPD) in women. Depression is one of the most common postpartum mental disorders. Studies have identified that psychological interventions reduce depressive symptoms. However, less is known about the experiences of women who have received such treatments.</p> <p>METHODS: A systematic review of the literature was conducted by searching five databases (CINAHL, Cochrane Library, EMBASE, Medline, PsycINFO), in August 2022. Studies with qualitative methodology examining women's experiences of professional treatment for PPD were included and checked for methodological quality. Eight studies (total N = 255) contributed to the findings, which were synthesized using thematic synthesis. Confidence in the synthesized evidence was assessed with GRADE CERQual.</p> <p>FINDINGS: The women had received cognitive behavioral therapy (5 studies) or supportive home visits (3 studies). Treatments were individual or group-based. Two main themes were identified: Circumstances and expectations, and Experiences of treatment, with six descriptive themes. Establishing a good relationship to their health professional was important for the women, regardless of treatment model. They also expressed that they wanted to be able to choose the type and format of treatment. The women were satisfied with the support and treatment</p>

							received and expressed that their emotional well-being had been improved as well as the relationship to their infant. CONCLUSION: The findings can be helpful to develop and tailor patient-centered care for women who are experiencing postnatal depression.
Mastronuzzi, Angela; Basso, Alessandra; Del Baldo, Giada; Carai, Andrea; Salvo, Andrea de; Bonanni, Alessandra; Ciaralli, Italo; Secco, Domitilla Elena; Cornaglia Ferraris, Paolo	2022	Full Sails against Cancer	International journal of environmental research and public health	19	24		BACKGROUND: Cancer is very disruptive in adolescence and hospitalizations interfere with this development stage in becoming independent, developing social relationships, and making plans for the future. A major challenge in the care of adolescents with cancer is being able to enhance their quality of life. The aim of this project is to increase our understanding of how adventure therapy influenced quality of life for adolescents with cancer. METHODS: Bambino Gesù Children's Hospital, in collaboration with the Tender to Nave Italia Foundation (TTNI), has been conducting a unique project, located on a beautiful brigantine of the Italian Navy. Adventure therapy is a form of experiential therapy that consists of various types of adventure, in particular outdoor and sailing activities. Ninety teenagers have been the protagonists of this project to date and filled out two questionnaires about quality of life and self-esteem, before and after the sailing experience. RESULTS: The adventure provides the opportunity for the participants to build interpersonal relationships and develop life skills that they can benefit from in the future experiences. All participants report a significant improvement in their quality of life and self-esteem at the end of this experience. CONCLUSION: This collaborative adventure project is a great way to learn and practice new behaviors, improve interpersonal skills, heal painful emotions, overcome personal obstacles and challenges, and help

							the teenagers to resume their developmental path after an onco-hematological diagnosis.
Matheson, Catherine; Kegerreis, Sue	2023	'The Genie's Out of the Bottle': The Impact of Working Online with Individual Psychodynamic Psychotherapy for Therapists and Clients, and its Lessons for Psychodynamic Training	Brit J Psychotherapy (British Journal of Psychotherapy)	39	3	573-591	
Mathews, Gillian; Anderson, Charles	2021	The Lived Experience of Learning Mindfulness as Perceived by People Living With Long-Term Conditions: A Community-Based, Longitudinal, Phenomenological Study	Qualitative health research	31	7	1209-1221	While a considerable research base demonstrates the positive effects of 8-week secular mindfulness courses, it remains unclear to what degree their participants continue to engage with mindfulness practices; and there is a dearth of published reports on longer-term mindfulness interventions. Studies have also tended to focus on clinical "effectiveness," with less attention given to participants' own construal and expectations of mindfulness. To address these gaps, the study reported here implemented a year-long mindfulness program for a group of 20 individuals with long-standing health conditions who gradually transitioned to self-guiding. Their experiences, expectations, and understanding of mindfulness were investigated through the lens of descriptive phenomenology. The findings revealed that mindfulness practice did bring therapeutic improvement but that it was a multi-faceted process where an individual's intentionality toward practice was key, with a clear division between those pursuing an "embodied

							integrated" mindfulness and those viewing it as a stress management tool.
Mathieson, Fiona; Garrett, Sue; Stubbe, Maria; Hilder, Jo; Tester, Rachel; Fedchuk, Dasha; Dunlop, Abby; Dowell, Anthony	2023	Therapist Voices on a Youth Mental Health Pilot: Responsiveness to Diversity and Therapy Modality	International journal of environmental research and public health	20	3		This article explores therapists' views on a large youth mental health pilot project (for 18-25-year-olds), which included an individual cognitive behavior therapy (CBT)-informed individual therapy component. Therapists' views on cultural responsiveness, therapy (delivery, modality and duration) and working with LGBTQIA+ youth were explored using two surveys, individual interviews and focus groups at various stages of the life of the pilot. Some therapists saw the CBT approach as imposed on them, preferring familiar therapy modalities. Many therapists were positive toward CBT for its client-centered approach and reported using CBT-informed approaches with many of their clients to good effect. Some therapists felt pressured by their workplace to see clients for fewer sessions than they needed. Therapists wanted to see a more culturally diverse workforce, to increase their cultural competence through training and to have more easily available cultural supervision. There was some acknowledgement of the importance of training therapists to work competently with LGBTQIA+ young people. Involving therapists in co-design of services from the outset will likely benefit future service development.
Mathisen, Therese Fostervold; Pettersen, Gunn; Rosenvinge, Jan H.; Schmidt, Ulrike; Sundgot-Borgen, Jorunn	2023	Effectiveness and acceptability of the physical exercise and dietary therapy in a healthy life center	The International journal of eating disorders	56	10	1931–1940	OBJECTIVE The high burden of eating disorders (EDs) and limited availability of treatment speaks of a need to explore new avenues for treatment delivery. To understand if new treatment avenues are helpful and acceptable to patients, we investigated the effectiveness of Physical Exercise and Dietary Therapy (PED-t) in participants with bulimia nervosa or binge-eating disorder, and acceptability when the PED-t was implemented in a

						<p>Healthy Life Center in a municipal primary healthcare service.</p> <p>METHOD</p> <p>Exercise physiologists and one dietitian were trained in ED literacy and to run PED-t, before screening women for eligibility. Effectiveness (n = 16) of PED-t and participants' experiences (n = 8) were evaluated by a mixed methods study design. Results were analyzed by relevant statistics and reflexive thematic analysis.</p> <p>RESULTS</p> <p>Of 19 eligible participants, 16 completed treatment. At post-treatment, the Eating Disorder Examination Questionnaire global score, binge-eating frequency, and symptoms of depression were lower, and nine (56% of completers) were in remission. Participants' treatment experiences were classified into two overarching themes: "competence" and "emotional support." Participants reported high acceptance for PED-t, the local venue and group format, and felt that PED-t provided them with coping tools and increased mental strength. However, many also spoke of an unmet need to address emotional eating.</p> <p>DISCUSSION</p> <p>Findings point to a potential for making an effective ED therapy more accessible, and that participants find the local low-threshold delivery within a group-format helpful. With small adjustments, the PED-t could emerge as a promising first-line treatment for bulimic EDs.</p> <p>PUBLIC SIGNIFICANCE STATEMENT</p> <p>Limited access to treatment for EDs, patients' high barriers to help-seeking, and the high rates of limited efficacy from psychotherapy speak of a need to explore new therapies and avenues for delivery. In this study, we</p>
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							build on findings from a controlled ED treatment trial and replicate the beneficial effects and find a high patient acceptance of "physical exercise and diet therapy" implemented in a real, non-clinical setting.
Matos, Marcela; Petrocchi, Nicola; Irons, Chris; Steindl, Stanley R.	2023	Never underestimate fears, blocks, and resistances: The interplay between experiential practices, self-conscious emotions, and the therapeutic relationship in compassion focused therapy	Journal of clinical psychology	79	7	1670–1685	Experiential practices are a core component of compassion focused therapy (CFT). Throughout the treatment process, the client's engagement with these practices may become blocked, resulting in a rupture in the therapeutic relationship. In these instances, the interplay between these experiential practices and the therapeutic relationship becomes an essential focus of therapy to repair the rupture, re-engage the client in the therapeutic process, and proceed with the CFT treatment plan. This paper presents the case of a man diagnosed with social anxiety disorder, with the presence of shame-based self-criticism, treated via 12 sessions of CFT. CFT was proceeding well until certain embodiment practices and chair work were introduced, at which point the client refused to continue and became disengaged in the session. The process of repair and re-engagement will be discussed from the perspective of this interplay between experiential exercises and therapeutic relationships. Implications for CFT practice and clinical recommendations will be provided.
Matsayi, Lucy Aji; Adamu, Naomi Nuhu; Kefas, Vivian Azumi; Menchak, Clifford Yubsih	2023	Effect of client-centred therapy on the coping strategies of sexually harassed students in tertiary institutions in	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	1	31–41	

		Taraba State, Nigeria					
Matthews, Kris; Enyart, Matt; Freeman, Rachel	2019	Putting the Pieces Together: Perceptions of Longitudinal Wraparound, Systems of Care, and Positive Behavior Support Implementation	Community mental health journal	55	6	932–941	Positive Behavior Support (PBS) was introduced to community-based providers in Kansas in 2012 in response to a federally funded initiative to reduce the placement of youth in psychiatric facilities. As core project activities concluded in 2016, researchers investigated the impact of this comprehensive PBS initiative on youth, families, mental health centers, and other stakeholders. This paper describes how qualitative interviews and focus groups were used to investigate the perceptions of families, advocates, and implementers involved in wraparound (WA), regional interagency collaboration, and the addition of PBS services. Themes reflected the changes occurring over time in statewide WA implementation and how state funding for the PBS effort was used as part of regional interagency collaboration to continue supporting principles outlined in systems of care.
Maurage, Pierre; Heeren, Alexandre; Lahaye, Magali; Jeanjean, Anne; Guettat, Lamia; Verellen- Dumoulin, Christine; Halkin, Stéphane; Billieux, Joël; Constant, Eric	2017	Attentional impairments in Huntington’s disease: A specific deficit for the executive conflict	Neuropsycholog y	31	4	424–436	Objective: Huntington’s disease (HD) is characterized by motor and cognitive impairments including memory, executive, and attentional functions. However, because earlier studies relied on multidetermined attentional tasks, uncertainty still abounds regarding the differential deficit across attentional subcomponents. Likewise, the evolution of these deficits during the successive stages of HD remains unclear. The present study simultaneously explored 3 distinct networks of attention (alerting, orienting, executive conflict) in preclinical and clinical HD. Method: Thirty-eight HD patients (18 preclinical) and 38 matched healthy controls completed the attention network test, an integrated and theoretically grounded task assessing the integrity of 3 attentional networks.

							<p>Results: Preclinical HD was not characterized by any attentional deficit compared to controls. Conversely, clinical HD was associated with a differential deficit across the 3 attentional networks under investigation, showing preserved performance for alerting and orienting networks but massive and specific impairment for the executive conflict network. This indexes an impaired use of executive control to resolve the conflict between task-relevant stimuli and interfering task-irrelevant ones. Conclusion: Clinical HD does not lead to a global attentional deficit but rather to a specific impairment for the executive control of attention. Moreover, the absence of attentional deficits in preclinical HD suggests that these deficits are absent at the initial stages of the disease. In view of their impact on everyday life, attentional deficits should be considered in clinical contexts. Therapeutic programs improving the executive control of attention by neuropsychology and neuromodulation should be promoted. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Maurer, Thomas; Butollo, Willi	2022	Ein dialogisch-humanistischer Ansatz der Behandlung komplexer Traumafolgestörungen bei sozialem Trauma					<p>Gestalttherapie wird mit anderen Anstzen (Gesprchspsychotherapie, Krperpsychotherapie, Psychodrama, Transaktionsanalyse und Existenzanalyse) subsumiert unter den Begriff der Humanistischen Psychotherapie (Eberwein, 2014). Sie teilen die Annahme, dass Menschen ber eine grundstzliche Fhigkeit zur Bewusstheit, zum Introspektions- und Reflexionsvermgen, ber potenzielle Freiheit im Wahrnehmen und Handeln sowie eine Haltung eines verantwortlichen Bezogenseins auf andere und auf ein Leben in Gesellschaft verfgen. Selbstverwirklichung und persnliches Wachstum sind mglich, wenn das vorhandene Potenzial nicht durch einschrnkende</p>

							Erwartungen und Normen verstellt ist und das persnliche Wachstum durch wohlwollend ressourcenorientierte Andere Untersttzung erfhrt. (c) Springer-Verlag GmbH Deutschland
Mavandadi, Shahrzad; Wright, Erin M.; Graydon, Meagan M.; Oslin, David W.; Wray, Laura O.	2017	A randomized pilot trial of a telephone-based collaborative care management program for caregivers of individuals with dementia	Psychological Services	14	1	102-111	Dementia care is largely provided in primary care settings. This article describes a pilot project aimed at evaluating the effectiveness of an accessible, telephone-based, patient- and caregiver (CG)-centered, collaborative care management program that involves CG education and psychosocial support in improving CG and patient outcomes. CGs (n = 75) of older veterans with dementia receiving care from Veterans Affairs (VA) Medical Center primary care practices were randomized to receive either dementia care management or usual care (UC). Of interest in this study were the frequency and severity of patients' dementia-related symptom, CG distress related to patients' behavioral and neuropsychiatric symptoms (primary outcomes), and CG coping and mastery (secondary outcomes). Adjusted, intention-to-treat longitudinal models suggest that CGs receiving care management reported significantly greater reductions in distress due to patients' dementia-related (p = .05) and neuropsychiatric (p = .01) symptoms compared with CGs in UC. Additionally, CGs in the intervention reported significantly larger improvements in their ability to cope (p = .03) and caregiving mastery (p = .03). No significant group differences were found in CG burden or patients' dementia-related symptom frequency or severity over time. Findings suggest that CGs of veterans with dementia may benefit from a telephone-delivered, care management program in improving CG-related outcomes. Further research of care management programs for CG of veterans with dementia in addressing

							barriers to care and reducing CG burden is warranted. These findings highlight the potential for such programs as adjuncts to dementia care offered in primary care practices. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Mavranzouli, Ifigeneia; Megnin-Viggars, Odette; Daly, Caitlin; Dias, Sofia; Stockton, Sarah; Meiser-Stedman, Richard; Trickey, David; Pilling, Stephen	2020	Research Review: Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis	Journal of child psychology and psychiatry, and allied disciplines	61	1	18-29	<p>BACKGROUND</p> <p>Post-traumatic stress disorder (PTSD) is a potentially chronic and disabling disorder that affects a significant minority of youth exposed to trauma. Previous studies have concluded that trauma-focused cognitive behavioural therapy (TF-CBT) is an effective treatment for PTSD in youth, but the relative strengths of different psychological therapies are poorly understood.</p> <p>METHODS</p> <p>We undertook a systematic review and network meta-analyses of psychological and psychosocial interventions for children and young people with PTSD. Outcomes included PTSD symptom change scores post-treatment and at 1-4-month follow-up, and remission post-treatment.</p> <p>RESULTS</p> <p>We included 32 trials of 17 interventions and 2,260 participants. Overall, the evidence was of moderate-to-low quality. No inconsistency was detected between direct and indirect evidence. Individual forms of TF-CBT showed consistently large effects in reducing PTSD symptoms post-treatment compared with waitlist. The order of interventions by descending magnitude of effect versus waitlist was as follows: cognitive therapy for PTSD (SMD -2.94, 95%CrI -3.94 to -1.95), combined somatic/cognitive therapies, child-parent psychotherapy, combined TF-CBT/parent training, meditation, narrative exposure, exposure/prolonged exposure, play therapy,</p>

							<p>Cohen TF-CBT/cognitive processing therapy (CPT), eye movement desensitisation and reprocessing (EMDR), parent training, group TF-CBT, supportive counselling and family therapy (SMD -0.37, 95%CrI -1.60 to 0.84). Results for parent training, supportive counselling and family therapy were inconclusive. Cohen TF-CBT/CPT, group TF-CBT and supportive counselling had the largest evidence base. Results regarding changes in PTSD symptoms at follow-up and remission post-treatment were uncertain due to limited evidence.</p> <p>CONCLUSIONS</p> <p>Trauma-focused cognitive behavioural therapy, in particular individual forms, appears to be most effective in the management of PTSD in youth. EMDR is effective but to a lesser extent. Supportive counselling does not appear to be effective. Results suggest a large positive effect for emotional freedom technique, child-parent psychotherapy, combined TF-CBT/parent training, and meditation, but further research is needed to confirm these findings as they were based on very limited evidence.</p>
Mayer, Claude-Hélène; Vanderheiden, Elisabeth	2022	Women experiencing and transforming terror and death anxiety during COVID-19	The Humanistic Psychologist	50	3	425-442	<p>During times of crises, humanistic-existential experiences can become extreme in terms of how individuals cope with negative emotions. Research during the year 2020 has shown that on the one hand, women are more challenged on different levels than men with regard to the impact of the COVID-19 pandemic. On the other hand, women leaders have shown high-quality leadership to guide nations through the crisis. This study sought to explore the humanistic-existential experiences of women through the terror management theory and from a qualitative perspective. It used a qualitative research paradigm with a hermeneutical research</p>

							<p>approach and purposeful and snowball sampling. The sample consisted of 16 women aged between 22 and 81 years and of 10 different nationalities who encountered COVID-19 themselves or experienced it in their family, colleagues, or friends. Data were collected from qualitative questionnaires/written interviews and analyzed through content analysis. Data are reported in a qualitative reporting style; quality criteria are presented and limitations discussed. Ethical considerations are addressed. Findings show that women are impacted by negative emotions, in particular anxiety and fear, which they cope with in different ways and which contribute to their meaning making. Conclusions and recommendations for future research and psychological practice are given. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
Mayer, Robert Samuel; Engle, Jessica	2022	Rehabilitation of Individuals With Cancer	Annals of rehabilitation medicine	46	2	60–70	<p>The survival rate of cancer is increasing as treatment improves. As patients with cancer now live longer, impairments may arise that impact quality of life (QOL) and function. Therefore, a focus on QOL is often as important as survival. An interdisciplinary team can achieve goal-oriented and patient-centered rehabilitation, which can optimize function and QOL, and minimize impairments, restrictions, and activity limitations. In most cases, cancer patients must be active participants in therapy and exhibit carryover. Patients with cancer often have impairments that include fatigue, pain, brain fog, impaired cognition, paresis, mood disorders, difficulty with activities of daily living (ADL), bowel/bladder/sexual dysfunction, and bone and soft tissue involvement. Adaptive equipment, exercise, and ADL training can mitigate restrictions on activity. The trajectory and phase of the disease along the continuum</p>

							of cancer care may influence the goals of rehabilitation in that time window. QOL is often influenced by participation in vocational, recreational, and home-based activities. A holistic perspective should include an analysis of distress, socioeconomic barriers, and transportation limitations when addressing issues.
McCabe, Jennifer E.; Wickberg, Birgitta; Deberg, Jennifer; Davila, Rebecca Chuffo; Segre, Lisa S.	2021	Listening Visits for maternal depression: a meta-analysis	Archives of women's mental health	24	4	595–603	Listening Visits are a non-directive counseling intervention delivered by nurses to depressed postpartum women. In 2007, Listening Visits were listed as a recommended treatment in British national guidelines. They were removed from the guideline update, due to the small effect size drawn from a meta-analysis of five clinical trials with depressed and non-depressed postpartum women. The purpose of this meta-analysis is to provide an estimate of the true population effect of Listening Visits as a treatment for maternal depression compared to control conditions. A meta-analytic review was conducted of studies published before October 2020. Inclusion criteria required that the study was a pragmatic or randomized trial of Listening Visits delivered by non-mental health specialists to mothers with elevated symptoms of maternal depression. Post-treatment depression rates for the treatment and control groups were extracted from eligible studies. Six studies met eligibility criteria which included 703 participants. Analyses of observed effect sizes corrected for study artifacts revealed an estimate of 0.66 (95% CI: 0.32, 0.99) with high heterogeneity ($Q = 17.95$, $p = 0.003$, $I(2) = 72.14$). After removing outliers and addressing heterogeneity across observed effect sizes, the meta-analytic estimate across four methodologically similar studies and 651 participants was 0.43 (95% CI: 0.24, 0.62). The moderate effect size for Listening Visits, considered together with

							the advantages afforded by how, where, and who provides this treatment, supports Listening Visits as a first-line intervention in a stepped care approach for mothers with mild to moderately severe depression symptoms.
McCarron, Kelly K.; Dasgupta, Megan K.; Campbell, Celeste A.; Hull, Amanda E.; Namazi, Salya; Adams, Alyssa H.; Allen, Nathaniel J.; Bloeser, Katharine J.; Thomas, Laura A.; Reinhard, Matthew J.; Scholten, Joel D.; Schwartz, Barbara L.	2019	Social rehabilitation for military veterans with traumatic brain injury, psychological trauma, and chronic neuropsychiatric symptoms: Intervention development and initial outcomes	Psychiatric Rehabilitation Journal	42	3	296–304	Objective: A subset of military veterans who have experienced both traumatic brain injury and psychological trauma present with chronic neuropsychiatric symptoms and experience persistent obstacles to social reintegration. This project aimed to develop a novel treatment targeting the unmet social rehabilitation needs of these veterans. Initial intervention development, feasibility, and outcome data are explored. Method: Four treatment groups were conducted (n = 20). A treatment workbook was developed during Groups 1 and 2 (n = 10) and research data were collected from Groups 3 and 4 (n = 10). Results: There was a 0% attrition rate across all groups with unanimous requests for additional sessions. T test effect sizes were analyzed with bias-corrected Hedges' g. Improvements were observed on measures of depression (p = .026, g = 0.73), empathic perspective taking (p = .007, g = 0.94), social cognition (p = .002–.678, g = 0.27–1.30 across multiple measures), social relationships (p = .007, g = 1.50), traumatic brain injury–related quality of life (social: p = .014, g = 0.68, emotional: p = .009, g = 1.28) and nonsocial executive functioning (p = .006, g = 0.54). Conclusions and Implications for Practice: Preliminary evidence from this exploratory study suggests that targeting multiple layers of social competence using a combined psychotherapy and cognitive rehabilitation approach holds promise. Larger, controlled studies are needed to further evaluate the feasibility and efficacy of this intervention. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<p>McCarthy, Kye L.; Caputi, Peter; Grenyer, Brin F. S.</p>	<p>2017</p>	<p>Significant change events in psychodynamic psychotherapy: Is cognition or emotion more important?</p>	<p>Psychology and psychotherapy</p>	<p>90</p>	<p>3</p>	<p>377–388</p>	<p>OBJECTIVE: Significant change events are helpful moments within a psychotherapy session that have been shown in previous research to relate strongly to outcome. They are special moments and therefore provide rich data for research into understanding therapeutic process. This study investigated clinical and linguistic features of these helpful moments using and comparing both human ratings and computerized text analysis strategies. METHOD: Significant change events versus non-event passages were studied within 1195 word blocks of transcribed psychotherapy for 20 participants with diagnoses of comorbid depression and personality disorder. Significant events were determined manually by independent raters using the Helpful Aspects of Therapy (HAT) form linked to the Helpful Aspects of Experiential Therapy Content Analysis System (HAETCAS). Mergenthaler's Therapeutic Cycles Model (TCM)-computerized text analysis, identified significant events via linguistic markers. The Linguistic Inquiry and Word Count (LIWC) differentiated emotional and cognitive components. RESULTS: Significant events included statements reflecting emotional and cognitive awareness and insight, and moments of alliance strengthening. These events were saturated with both positive and negative emotion words, particularly anger and sadness, and more cognitive insight words. CONCLUSIONS: Significant moments of psychotherapeutic movement featured high therapeutic alliance. There was evidence of the integration or working through of positive and negative emotional content with cognitive insight - meaning both emotion and cognition were important in these interchanges. PRACTITIONER POINTS: This study found that significant events in therapy were characterized by</p>
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							high levels of both emotional and cognitive language, and alliance strengthening. Linguistic analysis methods provide important data on psychotherapeutic processes which can be useful in guiding clinicians and improving treatment outcomes.
McClintock, Andrew S.; Anderson, Timothy; Patterson, Candace L.; Wing, Edgar H.	2018	Early psychotherapeutic empathy, alliance, and client outcome: Preliminary evidence of indirect effects	Journal of clinical psychology	74	6	839–848	The association between psychotherapeutic empathy and client outcome is well established, yet the mechanisms underlying this association remain poorly understood. We hypothesized that early experiences of empathy influence outcome through the working alliance. To test this hypothesis, we used archival data collected from 56 clients (mean [M] age = 19.5 years, 83.9% female, 76.8% White) who reported mild, moderate, or severe depressive symptoms at screening and pretreatment assessments and then received five sessions of evidence-based psychotherapy. Therapists (M age = 26.0 years, 50% female, 100% White) were six students in a clinical psychology PhD program. Results of bootstrap analyses were consistent with the idea that early experiences of empathy strengthen the alliance (specifically the goals and tasks facets), which in turn facilitates improvements in depressive symptoms and psychological well-being. While preliminary, these results implicate a specific pathway of change in the treatment of depression.
McClymont-Nielitz, Martina; Krger, Reinhard T.	2021	Traumatherapie online. Wie geht das?. Vermittlung der mentalisationsorientierten Traumatherapie in einem Online-Seminar	Zeitschrift fr Psychodrama und Soziometrie	20	Su ppl 1	115–127	In diesem Artikel der Zeitschrift fr Psychodrama und Soziometrie wird die Vermittlung der strungsspezifischen Psychodramatherapie bei Traumfolgestrungen im Online-Setting fr TherapeutInnen und BeraterInnen beschrieben. Das bliche psychodramatische Vorgehen muss wie auch in allen anderen Psychotherapiemethoden angepasst werden, um bei der Trauma-Verarbeitung die Blockade der Konfliktverarbeitung durch Dissoziieren und Verleugnung zu lockern. Psychodramatechniken knnen,

							angemessen eingesetzt, die metakognitive Strung der Konfliktverarbeitung bei Trauma-PatientInnen auflsen. Online eignen sich dazu: Selbststabilisierungstechniken, die Zwei-Sthle-Technik mit Rollenwechsel, die Symbolisierung mit Gegenstnden und das Bewltigungsmrchen. (c) Springer Fachmedien Wiesbaden GmbH
McCue, Maggie; Sarkey, Sara; Eramo, Anna; Franois, Clement; Parikh, Sagar V.	2021	Using the Goal Attainment Scale adapted for depression to better understand treatment outcomes in patients with major depressive disorder switching to vortioxetine: a phase 4, single-arm, open-label, multicenter study	BMC psychiatry	21	1	622	BACKGROUND: Major depressive disorder (MDD) is the leading cause of disability worldwide. Response to pharmacologic treatment is generally evaluated by traditional clinician- and patient-reported rating scales. Assessing therapeutic efficacy using the Goal Attainment Scale offers a complementary measure that focuses on recovery-oriented outcomes that patients consider valuable and vital to their well-being. This study aimed to examine outcomes using the Goal Attainment Scale adapted for depression (GAS-D). METHODS: A phase 4, single-arm, open-label, multicenter study enrolled patients with MDD who were switching antidepressant medication. Patients received vortioxetine 10-20 mg over 12 weeks. Three specific, measurable, attainable, relevant, and time-bound goals were collaboratively set by patients with their clinicians. One goal was determined by the patient's self-defined objectives; 2 were related to predefined domain categories. Prespecified domains included psychological, motivational, emotional, physical/functional, and cognitive categories. The primary endpoint was the proportion of patients who achieved a GAS-D score ≥ 50 at week 12. Secondary and exploratory endpoints included changes from baseline in several clinical and patient-reported measures of depression and cognitive function. Safety and tolerability were also assessed. RESULTS: At week 12, of the 122 adults

							<p>participating in the study, 57.8% achieved a GAS-D score \geq 50. Depression severity, cognitive function, cognitive performance, well-being, employment, and quality of life also significantly improved. Treatment response and remission rates were 65 and 40%, respectively. Vortioxetine was well tolerated, with adverse events consistent with product labeling. CONCLUSIONS: A majority of patients with MDD switching to vortioxetine achieved their treatment goals, including improvement in specific functional outcomes relating to physical and emotional goals, as assessed by the GAS-D and standard patient- and clinician-reported measures. When assayed for convergent validity in a separate analysis, changes in goal scores on the GAS-D were statistically significantly correlated with multiple commonly used clinical measures of depression assessed in this study. The GAS-D approach provides a new patient-centric paradigm for the collaborative development and assessment of progress toward meaningful treatment goals, contributing to a comprehensive evaluation of treatment outcomes in patients with MDD. Longer studies against a control intervention are justified. TRIAL REGISTRATION: ClinicalTrials.gov identifier: NCT02972632 . Registered 21 November 2016.</p>
McGuire, Alan; Matthias, Marianne S.; Kukla, Marina; Henry, Nancy; Carter, Jessica; Flanagan, Mindy; Bair, Matthew J.;	2021	A national survey of patient completion of cognitive behavioral therapy for chronic pain: The role of therapist	Professional Psychology: Research and Practice	52	6	542-550	<p>The implementation of evidence-based psychotherapies, including patient-level measures such as penetration and rates of successfully completing a course of therapy, has received increasing attention. While much attention has been paid to the effect of patient-level factors on implementation, relatively little attention has been paid to therapist factors (e.g., professional training, experience). The present study explores therapists' decisions to offer a particular evidence-based</p>

Murphy, Jennifer L.		characteristics, attempt rates, and modification				<p>psychotherapy (Cognitive-behavioral therapy for chronic pain [CBT-CP]), whether and how they modify CBT-CP, and the relationship between these decisions and patient completion rates. The study utilized survey responses from 141 Veterans Affairs therapists certified in CBT-CP. Therapists reported attempting CBT-CP with a little less than one half of their patients with chronic pain (M = 48.8%, SD = 35.7). Therapist were generally split between reporting modifying CBT-CP for either very few or most of their patients. After controlling for therapist characteristics and modification, therapist-reported percentage of patients with attempted CBT-CP was positively associated with completion rates, $t(111) = 4.57$, $p < .001$. Therapists who attempt CBT-CP more frequently may experience better completion rates, perhaps due to practice effects or contextual factors that support both attempts and completion. Future research should examine this relationship using objective measures of attempt rates and completion. (PsyInfo Database Record (c) 2021 APA, all rights reserved)</p>
McKay, Dean; Abramowitz, Jonathan S.; Storch, Eric A.	2015	Treatments for Psychological Problems and Syndromes				<p>Title Page -- Copyright Page -- Contents -- Notes on Editors -- List of Contributors -- Chapter 1 Introduction -- References -- Chapter 2 Cognitive Behavioral Therapy:: Empirically Supported Treatment and the Movement to Empirically Supported Practice -- Barriers to the Use of Cognitive Behavioral Therapy in Psychotherapy Practice -- Therapist Barriers -- Institutional Barriers -- Patient Barriers -- Research Barriers -- Potential Solutions -- Top-Down Solutions: Lessons from the United Kingdom -- Focus Dissemination Efforts on Treatment Components rather than Treatment Packages -- Direct-to-Consumer Strategies -- Exploring Other Mechanisms of Treatment Delivery -- Concluding Remarks -- References -- Chapter</p>

						<p>3 Fears and Specific Phobias -- The Nature of the Problem -- Diagnostic Criteria -- Age of Onset -- Prevalence -- Comorbidity -- The Origins of Specific Phobias -- Tripartite Model of Fear -- Heritability of Specific Phobias -- Environmental Attributes of Fear Acquisition -- Mechanisms of Change in Specific Phobias -- Cognitions: Information Processing and Biases -- Evidence-Based Components of Treatment -- Exposure -- Variations on Exposure-Based Treatments -- Additional Components of Treatments for Specific Phobias -- Additional Considerations When Implementing Treatment -- Enhancing Treatment -- Treatment Appraisal and Applications -- Recognizing Comorbidity -- Cultural Considerations -- Clinician Reservations -- Troubleshooting Treatment -- References -- Chapter 4</p> <p>Panic Disorder and Agoraphobia -- The Nature of the Problem -- Vulnerabilities -- Conditioning Models -- Empirically Supported Treatment Components -- Brief Overview of Cognitive Behavioral Treatment Components for Panic Disorder and Agoraphobia -- Research Supporting the Efficacy and Effectiveness of Cognitive Behavioral Treatment -- Proposed Sequence of Treatment Components</p> <p>Factors that May Interfere with the Implementation of Existing Treatment Manuals and Protocols -- Appraisal and Applications of Cognitive Behavioral Treatment for Panic and Agoraphobia -- Ways in which Retrieval of Inhibitory Memories Can Be Disrupted -- Methods for Enhancing Inhibitory Learning and Reducing Return of Fear -- Conclusion -- References -- Chapter 5</p> <p>The Nature and Treatment of Social Anxiety: Maintenance Factors, Treatment Components, and Maximizing</p>
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						<p>Treatment Response -- The Nature of the Problem -- Contemporary Models -- Overview -- Negative Self-perception -- High Perceived Social Standards -- Social Skills Deficits and Overestimation of Social Costs -- Post-event Rumination -- Safety Behaviors and Avoidance -- Empirically Supported Treatment Components -- Psychoeducation -- Exposure -- Cognitive Restructuring -- Social Skills Training -- Group versus Individual Therapy -- Internet-Based Cognitive Behavioral Therapy -- Pharmacotherapy -- Ordering of Treatment Components -- Interfering Factors -- Appraisal and Applications -- Overestimated Social Cost and Social Mishap Exposures -- Eliminating Safety Behaviors -- Attention Retraining -- Exposure Feedback and Negative Self-perception -- Critical Appraisal of Treatment Components -- Conclusion -- References -- Chapter 6 The Nature and Treatment of Obsessions and Compulsions -- The Nature of the Problem -- Obsessions -- Compulsions -- Avoidance -- Theoretical Models -- Conditioning -- Cognitive Behavioral Approaches -- Implications for Empirically Supported Treatment -- Empirically Supported Treatment Components -- Exposure Therapy -- Response Prevention -- Cognitive Techniques -- Interventions Derived from Acceptance and Commitment Therapy -- Appraisal and Applications -- Fears of Long-Term or Unknowable Consequences -- Disgust and "Not-Just-Right" Experiences -- Family Accommodation</p> <p>Conclusions -- References -- Chapter 7 Hoarding Disorder -- The Nature of the Problem -- Definition of Hoarding Disorder -- Cognitive Behavioral Model of Hoarding Disorder -- Empirically Supported Treatment Components -- Cognitive Behavioral Therapy --</p>
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						<p>Community-Based Interventions -- Cognitive Remediation or Rehabilitation -- Motivational Interviewing -- Appraisal and Applications -- Interference with Treatment Outcome -- Application of the Literature in Practice -- References -- Chapter 8 Mechanisms and Treatment of Generalized Anxiety Disorder -- The Nature of Generalized Anxiety Disorder -- The Function of Worry in Avoidance of Negative Internal Experiences -- Cognitive and Affective Factors -- Interpersonal Factors -- Treatments Based on Theoretical Models -- Empirically Supported Treatment Components -- Sequencing of Treatment -- GAD Treatment Interference Factors -- Interfering Factors Related to Individual Client Characteristics -- Interfering Factors Related to the Mechanisms of Generalized Anxiety Disorder -- References -- Chapter 9 Empirically Supported Conceptualizations and Treatments of Post-traumatic Stress Disorder -- Theoretical Models of Post-traumatic Stress Disorder -- Conditioning Models -- Emotional and Informational Processing Models -- Cognitive Models -- Evidence-Based Treatments and Common Features -- Therapeutic Exposure -- Cognitive Processing -- Present-Centered and Skills-Based Approaches -- Additional Components of Effective Treatments -- Treatments that Are Not Empirically Supported but Still Practiced -- Thought Field Therapy -- Psychological Debriefing -- Factors that May Interfere with Treatment -- Client Factors -- Therapist Factors -- Contextual Factors -- Future Directions for Research -- References -- Chapter 10 Post-traumatic Stress Disorder Treatment Effects and Underlying Mechanisms of Change</p> <p>The Nature of the Problem -- Classical Conditioning and</p>
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						<p>Extinction Models -- Emotional Processing and Cognitive Models -- Dual Processing Models -- Emotion Dysregulation Models -- Summary -- Empirically Supported Treatment Components -- Imaginal and In Vivo Exposure -- Exposure Variants -- Cognitive Restructuring - - Emotion Regulation and Mindfulness Interventions -- Behavioral Activation -- Attentional Bias Modification -- Summary -- Appraisal and Applications -- Substance Use -- Dissociation -- Suicidality -- Traumatic Brain Injury (TBI) -- Pain -- Summary -- Conclusion -- Acknowledgment -- References -- Chapter 11 Persistent Depressive Disorder (Dysthymia) and Its Treatment -- Differentiating Chronic Depression from Episodic/Acute Major Depression -- Early-Onset Persistent Depressive Disorder Patients -- Major Problems of PDD(D): Fear Avoidance and Environmental Perceptual Disconnection -- Cognitive Behavioral Analysis System of Psychotherapy: Components, Treatment, Theoretical Foundations, and Goals -- CBASP Component Definitions -- CBASP Treatment -- CBASP Theoretical Foundations -- Goals of CBASP Treatment -- Research Appraisal and a Case Application -- Recent CBASP Research Trials -- Case Study: Growing Up in a Cardboard Box -- Conclusion and Summary of Treatment -- References -- Chapter 12 Matching Empirically Supported Therapies to Treatment Targets in Bipolar Disorder -- The Nature of the Problem -- Etiology -- Treatment Targets -- Empirically Supported Treatment Components -- Pharmacological Approaches - - Psychosocial Approaches -- Appraisal and Applications - - Treatment Moderators -- Conclusions -- Acknowledgments -- References -- Chapter 13 Schizophrenia and Severe Mental Illness -- The Nature of the Problem -- Evidence-Based Treatments for</p>
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						<p>Schizophrenia and Severe Mental Illness -- Cognitive Behavior Therapy for Psychosis</p> <p>Assertive Community Treatment -- Cognitive Remediation -- Family Psychoeducation -- Illness Management and Recovery -- Social Skills Training -- Supported Employment -- Appraisal and Applications -- Summary and Conclusions -- References -- Chapter 14 Anorexia Nervosa -- An Overview of Anorexia Nervosa -- Models of the Development and Maintenance of Anorexia Nervosa -- Biological Models of Anorexia Nervosa -- The Neurodevelopmental Model of Anorexia Nervosa -- Sociocultural Models -- Synthesis of Models -- Treatment of Anorexia Nervosa -- Psychotherapy Models -- Factors that May Interfere with Implementation of Treatment Protocols -- Sequencing of Treatment -- Appraisals -- References -- Chapter 15 Bulimia Nervosa -- The Nature of the Problem -- Symptoms, Age of Onset, Comorbidities, and Prevalence -- The Cognitive Behavioral Model: Etiology, Maintenance, and Treatment - Components of the Cognitive Behavioral Model -- Empirically Supported Treatment Components -- Sequencing of Treatment -- Factors that May Interfere with Implementation of Treatment -- Appraisal and Applications -- How Do Mechanisms of Psychopathology Interfere with Treatment Outcome? -- What Is Left Out? -- Summary -- References -- Chapter 16 Alcohol Use Disorders: Treatment and Mechanisms of Change -- The Nature of the Problem -- Overview of Alcohol Problems and Alcohol Use Disorders -- Psychological Mechanisms Maintaining Alcohol Use Disorders -- Components of Empirically Supported Treatments -- Major Psychological Treatment Approaches</p>
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							<p>and Outcomes -- Mechanisms of Behavior Change -- Common Mechanisms of Change -- Distinctive Mechanisms of Change -- Appraisal and Applications -- Implications for Treatment Planning and Sequencing -- Addressing Challenging Characteristics of Clients with Alcohol Use Disorders -- Summary and Conclusions -- References</p> <p>Chapter 17 Cognitive Behavior Therapy for Insomnia</p>
McKie, Paul; Webzell, Ian; Tavabie, Oliver; Del Loewenthal; Heaton, Nigel	2020	An exploratory study of the experiences of deceased-donor liver transplant recipients and their need for psychotherapeutic support	Journal of clinical nursing	29	15-16	2991–2998	<p>Abstract Aims and objectives This study aimed to explore the experiences of liver transplant recipients during their journey through the treatment and their need for psychotherapeutic support related to this process. Background Over time, measures of survival and quality of life in liver transplant recipients have continued to improve but their emotional needs remain under explored. In the longer-term recovery from transplantation, the focus shifts from physical health to psychological health. In the UK, there are no known embedded adult psychological services in liver transplant centres to react to this need. Design A qualitative descriptive design was used. Methods Grounded theory analysis was used to study the narratives of six adult liver transplant recipients. Through a process of coding, conceptual categories were established to describe the participant experiences. The study adhered to the EQUATOR checklist, SRQR. Results Four categories emerged that were related to the experience of liver transplantation for the recipients. These were a process of adjustment, the phenomenon of waiting, liver transplant as a transformative experience and on the value of support. The participants identified a lack of psychotherapeutic support provided by the liver</p>

						<p>transplant service and felt that an embedded psychotherapeutic service would promote accessing such support during challenging times. Conclusion Through the process of liver transplantation, recipients experience challenges with adjustment, waiting, feeling transformed and they value support with these feelings. In correlation with other studies, the findings of this study highlight the need for providing psychotherapeutic support within liver transplant services. Relevance to clinical practice The study provides evidence to support recommendations for a conjoined psychotherapy service within liver transplant services to support patients with their holistic needs.</p>
<p>McKinley, Catherine E.; Boel-Studt, Shamra; Renner, Lynette M.; Figley, Charles R.</p>		<p>Risk and protective factors for symptoms of depression and anxiety among American Indians: Understanding the roles of resilience and trauma</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>	13	1	<p>Objective: Depression and anxiety are comorbid conditions that are disproportionately high among American Indians (AIs) or Alaska Natives. The purpose of this study was to identify potential risk (e.g., low income, intimate partner violence [IPV], adverse childhood experiences [ACEs]) and protective factors (e.g., family resilience, social and community support) related to symptoms of depression and anxiety among AI adults. Method: As part of larger exploratory sequential mixed-methods research, the study focused on survey data with 127 AI adults from two Southeastern tribes (n = 117 when missing data were removed). We used the following three-stage hierarchical regression to understand factors related to depressive and anxiety symptoms: (a) demographics, including income; (b) ACEs and IPV; and (c) family resilience, along with family and community support. Results: Many participants experienced elevated levels of clinically significant symptoms of depression and anxiety (15% and 20%, respectively). Results indicated lower income was associated with higher</p>

							depressive and anxiety symptoms. IPV and ACE variables were positively associated with depressive and anxiety symptoms. Family resilience was negatively associated with symptoms of anxiety and depression. Social and community support were associated with symptoms of anxiety. Conclusions: The findings provide strong preliminary support for the role of family protective and promotive factors in offsetting symptoms of anxiety and depression. This is contrary to most models of interventions for anxiety and depression focusing on individual psychotherapy rather than promoting family resilience or involvement. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
McKinnon, Jacqueline M.; Greenberg, Leslie S.	2017	Vulnerable Emotional Expression In Emotion Focused Couples Therapy: Relating Interactional Processes To Outcome	Journal of marital and family therapy	43	2	198–212	This study examined whether interactions characterized by high expression of emotional vulnerability in one partner followed by a highly supportive response style by the other partner predicted greater improvement on domains of forgiveness, unfinished business, trust, and relationship satisfaction in a sample of 32 couples presenting for Emotion Focused Couples Therapy with unresolved emotional injuries. For each outcome measure, two separate hierarchical regression models were tested (injured partner vulnerability and offending partner supportiveness; offending partner vulnerability and injured partner supportiveness). Both models significantly predicted improvement on the majority of outcome measures. Practice suggestions for working with emotionally injured couples are provided in light of the findings.
McLean, Carmen P.; Foa, Edna B.; Dondanville,	2021	The effects of web-prolonged exposure among military	Psychological Trauma: Theory, Research,		19 42- 96 9X(621–631	[Correction Notice: An Erratum for this article was reported online in Psychological Trauma: Theory, Research, Practice, and Policy on Mar 14 2022 (see record 2022-44650-001). In the original article, “for the STRONG

<p>Katherine A.; Haddock, Christopher K.; Miller, Madeleine L.; Rauch, Sheila A. M.; Yarvis, Jeffery S.; Wright, Edward C.; Hall-Clark, Brittany N.; Fina, Brooke A.; Litz, Brett T.; Mintz, Jim; Young-McCaughan, Stacey; Peterson, Alan L.</p>	<p>personnel and veterans with posttraumatic stress disorder</p>	<p>Practice, and Policy</p>	<p>Electronic), 1942-9681(Print)</p>	<p>STAR Consortium” was missing from the end of the author line. In addition, the numbering and text of the affiliations for Edward C. Wright, Brittany N. Hall-Clark, Brooke A. Fina, Brett T. Litz, Jim Mintz, Stacey Young-McCaughan, and Alan L. Peterson were incorrect because of duplicated affiliation details and associated typographical errors. Finally, in the References, “for the STRONG STAR Consortium” and “on behalf of the STRONG STAR Consortium” were missing from the ends of the author lists for Foa et al. (2018) and Resick et al. (2015), respectively. The online version of this article has been corrected.] Objective: Web-based treatments address many of the logistical and stigma-related barriers to in-person behavioral health care. Prior studies of web-based treatments for posttraumatic stress disorder (PTSD) did not employ gold-standard treatments and have not compared to in-person therapy. Method: We compared a web version of Prolonged Exposure Therapy, “Web-PE,” to in-person Present-Centered Therapy (PCT) in a randomized controlled trial (RCT) with 40 military personnel with PTSD seeking treatment at Fort Hood, Texas. Due to recruitment challenges, we terminated the RCT and subsequently examined the effects of Web-PE in an uncontrolled open trial with 34 service members and veterans recruited nationwide. Both studies assessed PTSD, depressive symptoms, and health functioning at baseline and 1 and 3 months posttreatment; the RCT also included a 6-month assessment. Results: Results of the RCT showed no differential impact for Web-PE and PCT, although more PCT participants achieved clinically significant change at one of the follow-up assessments. Both treatment conditions significantly reduced self-reported and blind independent interviewer-assessed</p>
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							symptoms of PTSD. Results of the open trial showed that Web-PE was associated with significant reductions in self-reported PTSD symptoms, with a much larger effect size than in the RCT. Conclusions: Web-PE significantly reduced PTSD symptoms in both studies, although the reductions in PTSD symptoms were greater among open trial participants, who were specifically seeking a web-based treatment. Future research should evaluate Web-PE relative to another web-based treatment. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
McLean, Carmen P.; Su, Yi-Jen; Carpenter, Joseph K.; Foa, Edna B.	2017	Changes in PTSD and Depression During Prolonged Exposure and Client-Centered Therapy for PTSD in Adolescents	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53	46	4	500-510	Depressive symptoms are common among individuals with posttraumatic stress disorder (PTSD). Prolonged exposure therapy (PE) for PTSD has been found to alleviate both PTSD and depressive symptoms, but relatively little is known about the pattern of PTSD and depressive symptom change during treatment. This study aimed to investigate the relationship between changes in PTSD and depression during PE for adolescent (PE-A) and client-centered therapy (CCT). The moderating role of PE-A versus CCT and the possible differences across symptom clusters of PTSD were also examined. Participants were 61 female adolescents with sexual-assault-related PTSD randomized to PE-A (n = 31) or CCT (n = 30). Participants completed the Beck Depression Inventory and the Child PTSD Symptom Scale at pre-, mid-, and posttreatment and before each treatment session. Multilevel mediation analysis indicated a reciprocal but asymmetrical relationship between changes in PTSD and depression during treatment in the overall sample. Moderated mediation analysis showed that the reciprocal relation was observed only during PE-A. Reductions in PTSD led to reductions in depression to a greater extent (48.7%), 95% confidence interval [30.2,

						67.2], than vice versa (22.0%), [10.6, 33.4]. For participants receiving CCT, reduction in PTSD led to reductions in depression (31.6%), [11.8, 51.4], but not vice versa (7.4%), [-7.1, 21.9]. The reciprocal relationship between PTSD and depression was also observed across different symptoms clusters of PTSD. Our findings suggest that changes in PTSD led to changes in depressive symptoms to a greater extent than vice versa across PE-A and CCT.	
McLean, Carmen P.; Yeh, Rebecca; Rosenfield, David; Foa, Edna B.	2015	Changes in negative cognitions mediate PTSD symptom reductions during client-centered therapy and prolonged exposure for adolescents	Behaviour research and therapy	68		64-69	<p>OBJECTIVE To assess whether changes in negative trauma-related cognitions play an important role in reducing symptoms of posttraumatic stress disorder (PTSD) and depression during prolonged exposure therapy for adolescents (PE-A).</p> <p>METHOD Secondary analysis of data from a randomized controlled trial comparing PE-A with client-centered therapy (CCT) for PTSD. Participants were 61 adolescent female sexual assault survivors ages 13-18 who received 8-14 weekly sessions of PE-A or CCT at a community rape crisis center. PTSD severity was assessed at baseline, mid-treatment, post-treatment, and 3-months post-treatment. Participants also completed self-report measures of negative posttraumatic cognitions and depressive symptoms at the same assessment points.</p> <p>RESULTS Cross lag panel mediation analyses showed that change in negative trauma-related cognitions mediated change in PTSD symptoms and depressive symptoms whereas change in PTSD and depressive symptoms did not mediate change in negative cognitions.</p> <p>CONCLUSION</p>

							Our findings support EPT and suggest that change in negative trauma-related cognitions is a mechanism of both PE-A and CCT.
McNeil, Galen D.; Repetti, Rena L.	2022	Increases in positive emotions as precursors to therapeutic change	Clinical psychology & psychotherapy	29	3	1113–1124	Increases in positive emotions may not only be indicators of progress in therapy but also precursors to that improvement. Conducted in a psychology training clinic, this naturalistic, repeated-measures study tracked changes over the course of therapy in 34 clients' emotional experience and two of the primary targets of clinical interventions, symptom distress and relationship functioning. During treatment, positive emotions increased, negative emotions decreased, and improvements were seen in therapeutic outcomes. Positive and negative emotions were correlated, as were changes in positive and negative emotions. However, despite this association, increases in positive emotions were a significant predictor of concurrent improvements in symptom distress and relationship functioning, even when decreases in negative emotions were included in the same model. Additionally, positive emotions not only predicted change in these treatment outcomes over the same time period, but they also predicted future change. This study contributes to research on the critical role positive emotions play in psychotherapy and may encourage the development of interventions focusing on increasing positive emotions. These findings highlight the distinct functioning of positive emotions separate from negative and the value of attending to positive emotions during therapy.
Mdlinger, Amelie	2022	Holocaust, Trauma und transgenerationale Weitergabe	Gestalttherapie	36	1	3–24	Dieser Artikel beleuchtet die theoretischen Aspekte von Trauma, Traumafolgestrungen und transgenerationaler Weitergabe der Traumata von Opfern des Nationalsozialismus. In persnlichen Passagen berichte

							ich ber meinen Vater, der den Holocaust erlebte, sowie über meine individuellen Erfahrungen des transgenerationalen Weiterwirkens in meiner Familie.
Mediavilla, Roberto; Muñoz-Sanjose, Ainoa; Rodriguez-Vega, Beatriz; Bayon, Carmen; Palao, Angela; Lahera, Guillermo; Sanchez-Castro, Pilar; Roman, Eva; Cebolla, Susana; Diego, Alvaro de; Pastor, Juan Manuel; Bravo-Ortiz, Maria Fe	2019	Mindfulness-based social cognition training (SocialMIND) versus psychoeducational multicomponent intervention for people with a first episode of psychosis: a study protocol for a randomised controlled trial	BMC psychiatry	19	1	233	<p>BACKGROUND: People who suffer a first episode of psychosis experience higher levels of distress and suffering. Early intervention programs combine pharmacological and psychosocial strategies that include different components, such as cognitive-behavioural therapy, psychosocial interventions, medication adherence, family psychoeducation, counselling, etc. Among the complementary approaches, mindfulness-based interventions help participants to cultivate a radical acceptance of their psychotic experiences within a person-centered framework. They show promising results for people with longer duration of psychosis, but there is still no evidence for people who have recently experienced their first episode of psychosis. METHODS: The present parallel-group, single-blind (evaluator), randomised (1:1 ratio), controlled (versus active comparator), superiority, clinical trial will compare the effectiveness of SocialMIND on social functioning as measured by the Personal and Social Performance (PSP) scale. The active comparator will be a psychoeducational multicomponent intervention (PMI) that incorporates elements of early intervention programs that are effective for people who have suffered a first episode of psychosis. Both SocialMIND and PMI encompass eight weekly sessions, four bi-weekly sessions, and five monthly sessions. Changes in primary and secondary outcomes will be measured after weekly (8th week), bi-weekly (16th week) and monthly sessions (56th week), and 3 months after completing the intervention (68th week). Secondary outcomes include symptoms of psychosis, anxiety and</p>

						depression, as well as indicators of general functioning. Tertiary outcomes are measures of social cognition, neurocognition, mindfulness, and indicators of inflammation and oxidative stress. A final sample of 80 participants is proposed to detect clinically significant differences in social functioning. DISCUSSION: This is the first mindfulness-based social cognition training for people with psychosis. SocialMIND aims to generate changes in the real-life functioning of people who have experienced a first episode of psychosis, and to be at least as effective as a psychoeducational multicomponent program. Adherence to the interventions is a common problem among young people with psychosis, so several difficulties are anticipated, and some methodological issues are discussed. TRIAL REGISTRATION: The trial was registered in ClinicalTrials.gov in October 2018 (NCT03309475).
Medina Centeno, Raúl	2023	Pedagogy of the great pandemic of the 21st century: Epistemic implications for individual psychology, family science, and psychotherapies	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	n/a	n/a	Abstract As an effect of the severe health crisis caused by COVID-19, lockdown constituted a psychosocial laboratory that represented an experiment on a global scale. The lessons from the research findings in the pandemic environment have been of enormous importance to the disciplines of human behavior. This paper explores two themes evidenced in this context: people's psychological well-being is underpinned by a socio-emotional network, and the most frequent psychological symptoms experienced in the pandemic are a socio-political problem; in particular it was observed that women reported greater discomfort than men in that period, showing with it that gender inequality remains a structural malaise. The conclusion points to two issues. First, an individualistic psychology is impossible without social content, especially in the

							<p>collective affectivity, where the person participates. Second, psychotherapists should contemplate, in diagnosis and intervention, the socio-emotional and political context in which the symptomatology appears. The focus of this article is based on systemic third-order thinking, from where the socio-economic and cultural structural order is closely linked to identity, well-being, or personal discomfort.</p>
Mehl, Kilian	2017	Erfahrungsorientierte Therapie. Integrative Psychotherapie und moderne Psychosomatik					<p>Vorgelegt wird eine Einführung in Theorie, Praxis und Forschungslage der erfahrungsorientierten Therapie (EOT), die einen integrativen und am Prinzip des Lebendigen sowie an neurobiologischen Grundlagen ausgerichteten Ansatz verfolgt. Erfahrungsrumen und Aktivitäten werden bei der EOT genutzt, um für Patienten in einem geschützten Rahmen korrigierende Erfahrungen zu bewirken. - Inhalt: (1) Kilian Mehl: Das Prinzip des Lebendigen - Einführung in die Theorie und Praxis der erfahrungsorientierten Therapie (EOT). (2) Wilhelm Joos: Wie die Seele im Körper schwingt! - Autonomes Nervensystem und Herzratenvariabilität als somatischer Marker. (3) Ulrich Lakemann: Die Wurzeln erfahrungsorientierter Therapie (EOT): Stand der internationalen Forschung. (4) Kilian Mehl: Therapeutisches Setting Hochseilgarten - erfahrungsorientierte Therapie (EOT) in der Klinik Wollmarshöhe. (5) Thomas Lukowski: KiT: Klettern in der Therapie. (6) Karl-Heinz Schfer: Therapeutisches Bogenschießen - ein neues Gebiet der Erfahrungstherapie. (7) Thomas Klein-Isberner und Katja Wenzel: Therapie als komplementäre Behandlung bei Sucht- und Psychosomatikpatienten in der Fontane-Klinik. (8) Ulrich Lakemann: Erlebnispädagogik in der Rehabilitation von</p>

							Menschen mit psychischen Strungen - ein Modellprojekt in der Klinik Pniel.
Mehl, Kilian	2017	Das Prinzip des Lebendigen - Einführung in die Theorie und Praxis der erfahrungsorientierten Therapie (EOT)					Es wird eine Einführung in die Theorie und Praxis der erfahrungsorientierten Therapie (EOT) gegeben. Die EOT ist eine ganzheitliche psychophysische Methode, die auf die Systemkonzeption Mensch und ihre neurobiologischen Grundlagen abgestimmt ist. Dazu gehören für den Therapeuten die Kenntnis allgemeiner Wechselwirkungen zwischen Körper, Seele und Geist sowie ein Verständnis psychoneuronaler Grundsysteme. Um hohe Effektstärken und Wirkimpulse zu erzielen, sollten für den Patienten passende Erfahrungsräume und Methoden angeboten werden, in denen er sich ganzheitlich erfahren kann. Ziel ist es, durch die psychophysische Exposition und die folgende Reflexion aus dysfunktionalen Denk-, Fühl- und Verhaltensmustern funktionale Muster zu erzeugen. Selbstoptimierende und autoregulative Prozesse sollen in Gang gesetzt werden, damit der Patient sich möglichst wieder aus eigener Kraft an Veränderungen in seinem inneren (Körper, Seele, Geist) und äußeren System (Umwelt) anpassen kann. Die funktionale selbstständige Körper-Seele-Geist-Bewegung ist das Prinzip des Lebendigen.
Mehl, Kilian	2017	Therapeutisches Setting Hochseilgarten - erfahrungsorientierte Therapie (EOT) in der Klinik Wollmarshöhe					Erkenntnisse, die in der psychosomatischen Klinik Wollmarshöhe mit dem therapeutischen Setting "Hochseilgarten" im Rahmen eines erfahrungsorientierten Therapieansatzes gewonnen wurden, werden dargelegt. Der Hochseilgarten als therapeutisches Setting wird als ein klar konstruierter Erfahrungs- und Schutzraum ausgewiesen, in dem sich der Patient ganzheitlich mit Körper, Seele und Geist erfahren, dysfunktionale Muster und Emotionen bearbeiten, neue Strategien finden und wieder in eine

							<p>funktionale Balance kommen kann. Die psychophysische Exposition fhrt oft zu einem Aufgewhltsein, das neurobiologisch ermnglicht, altes Unbrauchbares mit neuem Ntzlichem zu berschreiben. Es wird herausgestellt, dass dies einer guten therapeutischen Begleitung bedarf, von der vorbereitenden Reflexion und Technikeinfhrung ber das sichere Geleit des Patienten whrend der Exposition bis hin zur Feedbackrunde und Nachbereitung, die den Transfer der Erfahrungen in den Alltag garantieren sollen. Die Basis dafr wird in einer guten Therapeuten-Patienten-Beziehung auf Augenhhe, therapeutischen Kenntnissen und Erfahrungen, passenden Kommunikationsmitteln sowie technischer Sicherheit gesehen. Exemplarisch wird der Ablauf einer Hochseilbegehung in ihren Grundzgen vorgestellt.</p>
Mehta, Alisha; Dykiert, Dominika; Midgley, Nick	2023	Understanding treatment non-responders: A qualitative study of depressed adolescents' experiences of 'unsuccessful' psychotherapy	Psychology and psychotherapy	96	2	448–463	<p>OBJECTIVES This paper aimed to explore the experiences of depressed adolescents who completed but did not 'respond' to standard psychotherapy, based on a lack of improvement in pre-post symptoms scores.</p> <p>DESIGN This was a qualitative study employing interpretative phenomenological analysis (IPA).</p> <p>METHOD Seventy-seven adolescents with moderate to severe depression were interviewed as part of a qualitative arm of a randomised controlled trial. Five adolescents' post-treatment interviews were purposively sampled, based on lack of improvement on pre-post symptom scores, and adolescents still scoring above the clinical threshold for depression. The interviews were analysed using IPA.</p> <p>RESULTS Adolescents made sense of their depression as part of</p>

							<p>their identity and held negative expectations of therapy. Some aspects of therapy brought up intolerable feelings that contributed to disengagement in the therapeutic process and culminated in disappointing and hopeless endings. On the other hand, where a stronger therapeutic relationship was developed, some participants experienced certain improvements.</p> <p>CONCLUSIONS</p> <p>Findings highlight how actively exploring the adolescent's therapy expectations, developing a strong early therapeutic relationship and being mindful of the potential impact of endings are important in therapeutic work with adolescents with depression, especially where they may have a strong sense of hopelessness and self-criticism. Moreover, the finding that adolescents experienced improvements in other domains despite a lack of symptom reduction highlights the need to review how treatment outcomes are currently defined. Integrating individual perspectives of therapy with quantitative outcome measures can provide a more nuanced insight of treatment effects.</p>
Meister, R.; Jansen, A.; Berger, M.; Baumeister, H.; Bschor, T.; Harfst, T.; Hautzinger, M.; Kriston, L.; Khner, C.; Schauenburg, H.; Schorr, S. G.;	2018	Psychotherapie depressiver Strungen. Verfahren, Evidenz und Perspektiven	Der Nervenarzt	89	3	241–251	<p>Das aktuelle Wissen zu psychotherapeutischen Behandlungen bei depressiven Strungen wird zusammengefasst. Material und Methoden: Im Rahmen der 2015 durchgefhrten Revision der aktuell gltigen S3- bzw. Nationalen Versorgungs-Leitlinie (NVL) Unipolare Depression erfolgte eine systematische Evidenzrecherche. Die Ergebnisse zu verschiedenen psychotherapeutischen Verfahren in Verbindung mit einem systematischen Recherche-Update werden in komprimierter Form dargestellt. Ergebnisse: Die kognitive Verhaltenstherapie (KVT) ist das am hufigsten untersuchte Psychotherapieverfahren, ihre Wirksamkeit</p>

Schneider, F.; Hrter, M.							<p>ist durch zahlreiche Studien belegt. Wirksamkeitsnachweise zur Behandlung depressiver Strungen liegen auch fr die tiefenpsychologisch fundierte Psychotherapie und die interpersonelle Therapie (IPT) vor, gefolgt von der systemischen Therapie und der Gesprchspychotherapie (GPT); die Evidenz ist aber weniger robust. Diskussion: Die Wirksamkeit psychotherapeutischer Behandlungen allein oder in Kombination mit pharmakologischen Behandlungen kann als sehr gut gesichert betrachtet werden. Psychotherapie stellt einen zentralen Bestandteil der Behandlung depressiver Strungen dar.</p>
Melendez-Torres, G. J.; Sutcliffe, Katy; Burchett, Helen E. D.; Rees, Rebecca; Richardson, Michelle; Thomas, James	2018	Weight management programmes: Re-analysis of a systematic review to identify pathways to effectiveness	Health expectations : an international journal of public participation in health care and health policy	21	3	574–584	<p>BACKGROUND: Previous systematic reviews of weight management programmes (WMPs) have not been able to account for heterogeneity of effectiveness within programmes using top-down behavioural change taxonomies. This could be due to overlapping causal pathways to effectiveness (or lack of effectiveness) in these complex interventions. Qualitative comparative analysis (QCA) can help identify these overlapping pathways. METHODS: Using trials of adult WMPs with dietary and physical activity components identified from a previous systematic review, we selected the 10 most and 10 least effective interventions by amount of weight loss at 12 months compared to minimal treatment. Using intervention components suggested by synthesis of studies of programme user views, we labelled interventions as to the presence of these components and, using qualitative comparative analysis, developed pathways of component combinations that created the conditions sufficient for interventions to be most effective and least effective. RESULTS: Informed by the synthesis of views studies, we constructed 3 truth tables relating to</p>

						<p>quality of the user-provider relationship; perceived high need for guidance from providers; and quality of the relationship between peers in weight management programmes. We found effective interventions were characterized by opportunities to develop supportive relationships with providers or peers, directive provider-led goal setting and components perceived to foster self-regulation. CONCLUSIONS: Although QCA is an inductive method, this innovative approach has enabled the identification of potentially critical aspects of WMPs, such as the nature of relationships within them, which were previously not considered to be as important as more concrete content such as dietary focus.</p>
<p>Mende, Fritz; Batista, João; O'Keeffe, Sally; Midgley, Nick; Braga, Rui; Gonçalves, Miguel M.; Henriques, Margarida Rangel</p>	<p>2023</p>	<p>Innovative moments with young patients treated for depression: An analysis of post-therapy interviews</p>	<p>Clinical psychology & psychotherapy</p>			<p>INTRODUCTION Innovative moments (IMs) pinpoint new and more adaptative meanings that emerge in clients' discourse during psychotherapy. Studies with adult clients have found a greater proportion of IMs in recovered compared to unchanged cases, but similar studies have yet to be conducted with adolescents.</p> <p>AIMS The paper aims (1) to study retrospectively the emergence of IMs in therapy, using a post-therapy interview, in adolescents that underwent psychotherapy for depression, and (2) to characterize the themes present in IMs identified retrospectively in the interviews.</p> <p>METHOD Semi-structured post-treatment interviews conducted with 24 adolescents on the experience of taking part in a clinical trial of youth depression, were coded using the Innovative Moments Coding System. After identifying IMs, a thematic analysis identified the prominent themes within them.</p>

							<p>RESULTS</p> <p>Higher presence of IMs were found in recovered compared to unchanged cases. Two main themes emerged in the IMs, changes that occurred with therapy and attributions of changes. Recovered cases presented more IMs centred on the self, whereas unchanged cases identified more non-specific changes.</p> <p>CONCLUSION</p> <p>This study suggests that it is possible to code IMs, identified retrospectively, based on post-therapy interviews with adolescents. Meaningful differences were found between recovered compared to unchanged cases. Therapeutic recovery was associated with a higher focus on the self and more specificity in clients' representations of the change process.</p>
Mendes, Ins; Rosa, Catarina; Stiles, William B.; Caro Gabalda, Isabel; Gomes, Pedro; Basto, Isabel; Salgado, Joo	2016	Setbacks in the process of assimilation of problematic experiences in two cases of emotion-focused therapy for depression	Psychotherapy research: journal of the Society for Psychotherapy Research	26	6	638–652	<p>Research on the assimilation model has suggested that psychological change takes place in a sequence of stages punctuated by setbacks, that is, by transient reversals in the developmental course. This study analyzed such setbacks in one good outcome case and one poor outcome case of Emotion-focused therapy (EFT) for depression. Intensive analyses of five transcribed sessions from each case identified 26 setbacks in the good outcome case and 27 in the poor outcome case. The reason for each setback was classified into one of four categories: balance strategy, exceeding the therapeutic zone of proximal development either induced by the therapist (ZPD-T) or induced by the client (ZPD-C), or spontaneous switches. In the good outcome case the most frequent reasons for setbacks were balance strategy and spontaneous switches, whereas in the poor outcome case the most frequent reason for setbacks was ZPD-T. As in previously studied therapies, setbacks in EFT,</p>

							usually represent productive work on relatively less advanced strands of the client's major problems. Results point to the importance of the therapist attending to the limits of the client's therapeutic ZPD.
Mennes, Hannah; Embse, Nathaniel von der; Kim, Eunsook; Sundar, Padmavati; Hines, Daijah; Welliver, Megan	2023	Are “well” teachers “better” teachers? A look into the relationship between first-year teacher emotion and use of evidence-based instructional strategies	School Psychology			No Paginat ion Specified -No Paginat ion Specified	Teachers experience significant stress with 93% reported high levels of stress (Herman et al., 2018), and literature examining teacher stress levels during the COVID-19 pandemic reveals that 30 percent of teachers experience significantly high levels of stress (Silva et al., 2021). Low levels of teacher well-being and higher levels of stress have been linked to punitive behavior management (Jennings & Greenberg, 2009) and lower student academic achievement (Goddard et al., 2000). The aim of the present study is to explore the relationship between teacher emotion and use of evidence-based instructional strategies that promote student success. In this study, 17 first-year teachers completed a novel measurement, inclusive of single-item scales intended to assess feelings of stress, efficacy, and school connectedness, several times a day, each day of the week, for 1 month. The classroom strategies assessment system of evidence-based academic and behavioral instructional strategies was used in weekly teacher observations. Results indicated validity between these single-item scales and established measures of teacher well-being. A positive relationship between teachers’ in-the-moment well-being and evidence-based instruction was found, as well as substantial variation in teacher emotional response across days and weeks. Implications and future directions are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Menting, Juliane; Tack,	2018	Potential mechanisms	Journal of consulting and	86	4	330–340	Objective: To identify mediators of the beneficial effect of cognitive-behavioral therapy (CBT) on fatigue severity in

<p>Cees J.; Donders, Rogier; Knoop, Hans</p>		<p>involved in the effect of cognitive behavioral therapy on fatigue severity in Type 1 diabetes</p>	<p>clinical psychology</p>			<p>chronically fatigued patients with Type 1 diabetes. Method: We performed secondary analyses of a randomized controlled trial testing the efficacy of CBT. Primary outcome was fatigue severity assessed with the Checklist Individual Strength, subscale fatigue severity. We used multiple mediation analysis to determine potential mediators of the treatment effect. Proposed mediators were symptom focusing, self-efficacy concerning fatigue and pain, perceived activity, sleep disturbances, confidence in diabetes self-care, diabetes distress and discrepancy regarding social support. Actigraphy was used to assess the level of physical activity. The analysis was repeated with depressive symptoms as potential mediator to test whether this caused a change in the other fatigue-related mediators. Results: The effect of CBT on fatigue severity was partly mediated by a change in symptom focusing (-1.39, 95% CI [-3.32, -0.19]), fear avoidance (-1.10, 95% CI [-2.49, -0.22]), self-efficacy concerning fatigue (-1.95, 95% CI [-4.51, -0.40]), and perceived physical activity (-2.44, 95% CI [-4.53, -1.07]). Depressive symptoms were also a mediator (-1.22, 95% CI [-2.56, -0.38]), but the aforementioned fatigue-perpetuating factors still explained part of the treatment effect. Conclusions: Changes in cognitions about fatigue and activity, and a change in depressive symptoms partly mediated the treatment effect of CBT on fatigue severity in Type 1 diabetes. The mediators found are similar to those explaining the effects of CBT in other chronic diseases. This provides knowledge for the development of more effective and efficient interventions for fatigue. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
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Mesa, Franklin; Dickstein, Benjamin D.; Wooten, Virgil D.; Chard, Kathleen M.	2017	Response to Cognitive Processing Therapy in Veterans With and Without Obstructive Sleep Apnea	J. Traum. Stress (Journal of Traumatic Stress)	30	6	646–655	Abstract Recent studies have called attention to the need for enhancing treatment outcome in trauma-focused psychotherapies, such as cognitive processing therapy (CPT), with veterans. Given the prevalence of posttraumatic-related sleep disturbances, and the role of sleep in emotional learning and processing, sleep quality may be a target for improving CPT outcome. Elevated rates of obstructive sleep apnea (OSA) have been reported in samples of veterans with posttraumatic stress disorder (PTSD); however, the impact of OSA on response to CPT is unclear. In this study, CPT outcome was examined in veterans with and without a diagnosis of OSA. Following chart review, 68 OSA-positive and 276 OSA-negative veterans were identified. Generalized estimating equations were used to compare between-group differences in weekly self-reported PTSD symptomatology. The OSA-positive veterans reported greater PTSD severity over the course of treatment and at posttreatment compared with veterans without OSA ($B = ?0.657$). Additionally, OSA-positive veterans with access to continuous positive airway pressure (CPAP) therapy reported less PTSD severity relative to OSA-positive veterans without access to CPAP ($B = ?0.421$). Apnea appears to be a contributing factor to the reduced effectiveness of evidence-based psychotherapy for veterans with PTSD; however, preliminary evidence indicates that CPAP therapy may help mitigate the impact of OSA on treatment outcome.
Messas, Guilherme; Tamelini, Melissa; Mancini, Milena;	2018	New Perspectives in Phenomenologi cal Psychopatholog	Frontiers in psychiatry	9		466	Phenomenological psychopathology is a body of scientific knowledge on which the clinical practice of psychiatry is based since the first decades of the twentieth century, a method to assess the patient's abnormal experiences from their own perspective, and

Stanghellini, Giovanni		y: Its Use in Psychiatric Treatment				<p>more importantly, a science responsible for delimiting the object of psychiatry. Recently, the frontiers of phenomenological psychopathology have expanded to the productive development of therapeutic strategies that target the whole of existence in their actions. In this article, we present an overview of the current state of this discipline, summing up some of its key concepts, and highlighting its importance to clinical psychiatry today. Phenomenological psychopathology understands mental disorders as modifications of the main dimensions of the life-world: lived time, lived space, lived body, intersubjectivity, and selfhood. Psychopathological symptoms are the expression of a dialectical modification of the proportions of certain domains of the life-world or of the lived experience. The far-reaching relevance of the concepts of proportion and dialectics for the clinical agenda is explored. The article presents two contemporary models for clinical practice based on phenomenological psychopathology: Dialectical-proportional oriented approach and Person-centered dialectic approach (P.H.D. method). The main characteristics of these approaches are considered, as well as the new perspectives they bring to the challenges of psychiatric care in the twentieth-first century.</p>
Messer, Erica P.; Eismann, Emily A.; Folger, Alonzo T.; Grass, Alex; Bemmer, Julie; Bensman, Heather	2022	Comparative effectiveness of parent-child interaction therapy based on trauma exposure and attrition	Psychological Trauma: Theory, Research, Practice, and Policy		No Paginat ion Specified -No Paginat ion Specified	<p>Objective: To determine whether Parent-Child Interaction Therapy (PCIT) is as effective at reducing behavior problems for children with a history of trauma and for those who do not complete therapy. Method: Retrospective chart review of patients between 2.5 and 6.5 years of age who participated in PCIT between January 1, 2012, and December 1, 2019, at a child advocacy center within a large Midwestern children's hospital was performed. Demographics, trauma history, and Eyberg</p>

							<p>Child Behavior Inventory (ECBI) and parenting confidence scores were collected. Changes in child behavior and parenting confidence over time were compared between patients with and without trauma exposure using separate generalized estimating equation models for those who did and did not complete PCIT. Results: Of the 212 PCIT participants, 116 (54.72%) had a trauma history and 96 (45.28%) did not, and 98 (46.23%) completed PCIT and 114 (53.77%) did not. Patient demographics were fairly diverse and representative of the region. Patients with trauma exposure were significantly less likely to complete PCIT (38.79%) than patients without trauma exposure (55.21%). ECBI intensity scores significantly decreased over time among both patients who did and did not complete PCIT. The change in ECBI intensity scores over time did not differ between patients with and without trauma exposure regardless of whether or not they completed PCIT. Parenting confidence significantly improved over time regardless of trauma exposure or attrition. Conclusions: Standard PCIT can be used effectively with children with trauma exposure and results in significant improvement even for those who do not complete therapy. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Messina, Irene; Gelo, Omar C. G.; Sambin, Marco; Bianco, Francesca; Mosconi, Andrea; Fenelli, Antonio; Curto, Marcello; Gullo,	2018	Trainees' self-evaluation of their development as psychotherapists: An Italian contribution to an international collaborative	Clinical psychology & psychotherapy	25	2	338–347	<p>This study presents a pilot contribution to the new collaborative, multinational study of psychotherapy trainee development that was undertaken by the Society for Psychotherapy Research Interest Section on Therapist Training and Development (see Orlinsky, Strauss, R?nnestad, et al.,). Although the main project is longitudinal in design, this preliminary study investigated cross-sectional differences between trainees in different years of training and explored the influence of core</p>

Salvo; Orlinsky, David		study on psychotherapy training					training experiences?including supervision and personal therapy?on their perceived development as therapists. Using the trainee current-progress report that was designed for the Society for Psychotherapy Research Interest Section on Therapist Training and Development project, 90 trainees at 4 different 4-year training programs in Italy provided self-evaluations of their development and of their therapeutic work experiences. Perceived development included overall change, progress, deterioration, overcoming past limitations, and realization of potential as a therapist. Therapeutic work experiences were assessed using scales of healing and stressful involvement (Orlinsky & R?nnestad,). Year in training and support in supervision predicted perceived development and healing involvement, whereas experiencing criticism in supervision was associated with stressful involvement. Having had personal therapy, and especially ratings of benefit from personal therapy, was also associated with perceived development and healing involvement. Results are discussed with regard of their implications for psychotherapy training.
Messman, Brett A.; Rafiuddin, Hanan S.; Slavish, Danica C.; Weiss, Nicole H.; Contractor, Ateka A.	2022	Examination of daily-level associations between posttraumatic stress disorder symptoms and COVID-19 worries	Psychological Trauma: Theory, Research, Practice, and Policy	14	3	497-506	Objective: Stressors and worries related to the COVID-19 pandemic have contributed to the onset and exacerbation of psychological symptoms such as posttraumatic stress disorder (PTSD). Using a microlongitudinal framework, we uniquely investigated bidirectional associations between daily-level PTSD symptoms and COVID-19 worries. Method: Data from 42 trauma-exposed university students (Mage = 22.67 ± 5.02, 86.7% female) were collected between March and August 2020. Participants completed daily surveys for 10 days to assess PTSD symptom severity and COVID-19 worries. Multilevel regression was conducted to examine both

							<p>lagged and simultaneous models of daily person-centered mean PTSD symptom severity predicting COVID-19 worries, and vice-versa. Results: Days with greater COVID-19 worries were associated with greater same-day ($b = .53$, $SE = .19$, $p = .006$) and next-day ($b = .65$, $SE = .21$, $p = .003$) PTSD symptom severity. Additionally, days with greater PTSD symptom severity were associated with greater same-day COVID-19 worries ($b = .06$, $SE = .02$, $p = .006$). Conclusions: COVID-19 worries may influence same-day and next-day PTSD symptoms, and PTSD symptoms may influence same day COVID-19 worries. Findings substantiate the interplay between ongoing stress related to the COVID-19 pandemic and posttrauma symptoms and support therapeutically targeting COVID-19 stress in PTSD treatments to potentially impact posttrauma symptoms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Meyer, Kristina; Hindi Attar, Catherine; Fiebig, Jana; Stamm, Thomas; Bassett, Tyler R.; Bauer, Michael; Dannlowski, Udo; Ethofer, Thomas; Falkenberg, Irina; Jansen, Andreas; Juckel,	2023	Daring to Feel: Emotion-Focused Psychotherapy Increases Amygdala Activation and Connectivity in Euthymic Bipolar Disorder-A Randomized Controlled Trial	Biological psychiatry. Cognitive neuroscience and neuroimaging	8	7	750–759	<p>BACKGROUND In bipolar disorder (BD), the alternation of extreme mood states indicates deficits in emotion processing, accompanied by aberrant neural function of the emotion network. The present study investigated the effects of an emotion-centered psychotherapeutic intervention on amygdala responsivity and connectivity during emotional face processing in BD.</p> <p>METHODS In a randomized controlled trial within the multicentric BipoLife project, euthymic patients with BD received one of two interventions over 6 months: an unstructured, emotion-focused intervention (FEST), where patients were guided to adequately perceive and label their emotions ($n = 28$), or a specific, structured, cognitive</p>

<p>Georg; Kircher, Tilo; Mulert, Christoph; Leicht, Gregor; Rau, Anne; Rauh, Jonas; Ritter, Dirk; Ritter, Philipp; Trost, Sarah; Vogelbacher, Christoph; Walter, Henrik; Wolter, Sarah; Hautzinger, Martin; Bempohl, Felix</p>							<p>behavioral intervention (SEKT) (n = 31). Before and after interventions, functional magnetic resonance imaging was conducted while patients completed an emotional face-matching paradigm (final functional magnetic resonance imaging sample of patients completing both measurements: SEKT, n = 17; FEST, n = 17). Healthy control subjects (n = 32) were scanned twice after the same interval without receiving any intervention. Given the focus of FEST on emotion processing, we expected FEST to strengthen amygdala activation and connectivity.</p> <p>RESULTS</p> <p>Clinically, both interventions stabilized patients' euthymic states in terms of affective symptoms. At the neural level, FEST versus SEKT increased amygdala activation and amygdala-insula connectivity at postintervention relative to preintervention time point. In FEST, the increase in amygdala activation was associated with fewer depressive symptoms ($r = 0.72$) 6 months after intervention.</p> <p>CONCLUSIONS</p> <p>Enhanced activation and functional connectivity of the amygdala after FEST versus SEKT may represent a neural marker of improved emotion processing, supporting the FEST intervention as an effective tool in relapse prevention in patients with BD.</p>
<p>Meyer, Kristina; Hindi Attar, Catherine; Fiebig, Jana; Stamm, Thomas; Bassett, Tyler R.; Bauer,</p>	<p>2023</p>	<p>Boosting the Theory of Mind Network: Specific Psychotherapy Increases Neural Correlates of</p>	<p>Biological psychiatry. Cognitive neuroscience and neuroimaging</p>	<p>8</p>	<p>5</p>	<p>572–580</p>	<p>BACKGROUND</p> <p>In bipolar disorder, impaired affective theory of mind (aToM) performance and aberrant neural activation in the ToM brain network partly explain social functioning impairments. However, it is not yet known whether psychotherapy of bipolar disorder influences neuroimaging markers of aToM.</p> <p>METHODS</p>

Michael; Dannlowski, Udo; Ethofer, Thomas; Falkenberg, Irina; Jansen, Andreas; Juckel, Georg; Kircher, Tilo; Mulert, Christoph; Leicht, Gregor; Rau, Anne; Ritter, Dirk; Ritter, Philipp; Trost, Sarah; Vogelbacher, Christoph; Walter, Henrik; Wolter, Sarah; Hautzinger, Martin; Bempohl, Felix		Affective Theory of Mind in Euthymic Bipolar Disorder					<p>In this study, conducted within the multicentric randomized controlled trial of the BipoLife consortium, patients with euthymic bipolar disorder underwent 2 group interventions over 6 months (mean = 28.45 weeks): 1) a specific, cognitive behavioral intervention (specific psychotherapeutic intervention [SEKT]) (n = 31) targeting impulse regulation, ToM, and social skills and 2) an emotion-focused intervention (FEST) (n = 28). To compare the effect of SEKT and FEST on neural correlates of aToM, patients performed an aToM task during functional magnetic resonance imaging before and after interventions (final functional magnetic resonance imaging sample of pre- and post-completers, SEKT: n = 16; FEST: n = 17). Healthy control subjects (n = 32) were scanned twice with the same time interval. Because ToM was trained in SEKT, we expected an increased ToM network activation in SEKT relative to FEST postintervention.</p> <p>RESULTS</p> <p>Both treatments effectively stabilized patients' euthymic state in terms of affective symptoms, life satisfaction, and global functioning. Confirming our expectations, SEKT patients showed increased neural activation within regions of the ToM network, bilateral temporoparietal junction, posterior cingulate cortex, and precuneus, whereas FEST patients did not.</p> <p>CONCLUSIONS</p> <p>The stabilizing effect of SEKT on clinical outcomes went along with increased neural activation of the ToM network, while FEST possibly exerted its positive effect by other, yet unexplored routes.</p>
Meyer, Thomas; Steuer, Melanie	2022	Practical limitations of	Medizinische Klinik,	117	7	517-524	The efficacy of pharmacotherapy is limited by the occurrence of adverse drug reactions and the

		medical clarification and informed consent in the context of drug therapy	Intensivmedizin und Notfallmedizin				interactions between several drugs in polypharmacy, which are difficult to predict. Taking into account the complex mode of action of drugs, including their specific profiles of side effects, high demands are placed on the medical information with respect to a proper and complete clarification of the risks and alternative information under the precept of patient-oriented comprehensibility; however, these requirements can hardly ever be fulfilled in everyday medical practice. This article discusses the practical limitations of the information provided prior to the initiation and monitoring of drug therapy on the basis of selected current case law. In particular, the potential for conflict between the Patients' Rights Act and the so-called right to non-knowledge is highlighted.
Meyerowitz-Katz, Julia	2019	Disquiet in the consulting room: everything/nothing that is said here is confidential	The Journal of analytical psychology	64	4	565–586	Writing from experiences in the consulting room in private practice in Australia, the author refers to the layered complexity of a conflict of ethical duty which has legal and social implications. The paper explores how the ethics that are congruent with creating a safe <i>vas bene claustrum</i> can be diametrically opposed to the social and legal structures and processes on which we all rely. It is suggested that within the <i>vas</i> , analysts and analysands engage in a shared process of emotionally connected, layered, symbolic thinking. Subpoenas directed at analysts are seeking concrete evidence that will stand up in court. The paper argues that this is a category error based on ignorance and misconceptions of what analytic work entails. The intrusion of a subpoena into the <i>vas</i> has the potential to cause havoc in the mental health and the lives of already vulnerable, possibly traumatized and isolated individuals. It can undermine a fundamental human right and undermine the profession of

						<p>psychotherapy as a whole. The paper proposes that analysts have an ethical obligation to protect the work contained within the vas from these category errors and to educate other professionals as to why we cannot provide the kind of evidence that the courts require. Ecrivain à partir d'expériences de sa pratique avec sa patientèle privée, en Australie, l'auteur souligne la complexité s'étageant sur plusieurs niveaux d'un conflit concernant un devoir éthique qui a des implications légales et sociales. L'article étudie comment l'éthique congruente avec la création d'un bon vas bene claustrum peut être diamétralement opposée aux structures et processus légaux et sociaux sur lesquels nous nous appuyons tous. Il est suggéré qu'à l'intérieur du vas, les analystes et les analysants sont impliqués dans un processus partagé de pensée symbolique, à plusieurs niveaux, et reliée aux émotions. Les assignations adressées à des analystes demandent des preuves concrètes qui tiendraient lors d'un procès. L'article argumente qu'il s'agit là d'une erreur de catégorie provenant de l'ignorance et de l'incompréhension sur ce que le travail analytique implique. L'intrusion d'une assignation dans le vas risque potentiellement de faire des ravages dans la santé psychique et la vie de personnes déjà vulnérables, et peut-être traumatisées ou isolées. Cela peut porter atteinte à un droit humain fondamental et saper la profession de psychothérapie dans son ensemble. L'article suggère que les analystes ont une obligation éthique de protéger le travail contenu dans le vas de ces erreurs de catégorie et d'éduquer les autres professions sur la question de pourquoi nous ne pouvons pas fournir la sorte de preuve dont les tribunaux ont besoin.</p>
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						<p>Ausgehend von den Erfahrungen im Sprechzimmer einer Privatpraxis in Australien verweist die Autorin auf die vielschichtige Komplexität eines Konfliktes ethischer Pflichten, der rechtliche und soziale Auswirkungen hat. Der Beitrag untersucht, wie die Ethik, die mit der Schaffung eines sicheren <i>vas bene claustrum</i> übereinstimmt, den sozialen und rechtlichen Strukturen und Prozessen, auf die wir uns alle verlassen, diametral entgegenstehen kann. Es wird davon ausgegangen, daß sich Analytiker und Analysanden innerhalb des <i>vas</i> auf einen gemeinsamen Prozeß des emotional verbundenen, geschichteten, symbolischen Denkens einlassen. An Analytiker ergehende juristische Vorladungen zielen auf konkrete Beweise, die vor Gericht standhalten können. Es wird dahingehend argumentiert, daß dies ein kategorialer Fehler ist, der auf Unwissenheit und falschen Vorstellungen darüber beruht, was analytische Arbeit beinhaltet. Das Eindringen einer Vorladung in das <i>vas</i> kann Chaos in die psychische Gesundheit und das Leben bereits schutzbedürftiger, möglicherweise traumatisierter und isolierter Personen bringen. Es kann ein grundlegendes Menschenrecht untergraben und die Psychotherapie als Beruf im ganzen unterminieren. Der Beitrag vertritt die Auffassung, daß Analytiker eine ethische Verpflichtung haben, die Arbeit, die im <i>vas</i> contained ist, vor diesen kategorialen Fehlern zu schützen und andere Fachrichtungen darüber aufzuklären, warum wir nicht die Art von Beweisen vorlegen können, die die Gerichte verlangen. Partendo dalle esperienze nella stanza di consultazione del suo studio privato in Australia, l'Autrice fa riferimento alla stratificata complessità di un conflitto etico, che ha implicazioni legali e sociali. L'articolo esplora come</p>
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						<p>l'etica congruente con la creazione di un sicuro <i>vas bene claustrum</i> possa essere diametralmente opposta alle strutture sociali e legali ed ai processi su cui noi tutti facciamo affidamento. Si suggerisce che all'interno del <i>vas</i>, analisti ed analizzandi prendono parte ad un processo condiviso di un pensiero simbolico, emozionalmente connesso e stratificato. Le citazioni in giudizio che coinvolgono gli analisti richiedono evidenze concrete che possano reggere in un'aula di tribunale. L'articolo sostiene che questo sia un errore basato sull'ignoranza e sul fraintendimento di cosa il lavoro analitico comporti. L'intrusione di una citazione in giudizio nel <i>vas</i> può causare confusione nello stato mentale e nelle vite di individui già vulnerabili, potenzialmente traumatizzati ed isolati. Può compromettere un fondamentale diritto umano e intaccare l'intera professione psicoterapeutica. L'articolo suggerisce che gli analisti abbiano l'obbligo etico di proteggere il lavoro contenuto all'interno del <i>vas</i> da questi errori e di aiutare altri professionisti a comprendere perché non sia possibile fornire il tipo di prove che un tribunale richiede.</p> <p>Автор, работая в частной практике в Австралии, говорит о многоуровневой сложности конфликта этических обязательств, которые имеют юридические и социальные значения. В статье исследуется, как этика, конкретная созданию безопасной <i>vas bene claustrum</i>, может быть диаметрально противоположна социальным и юридическим структурам и процессам, на которые мы полагаемся. Предполагается, что внутри <i>vas</i> аналитики и анализанды вовлечены в общий процесс эмоционально связанного, многослойного, символического мышления. Вызовы в</p>
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						<p>суд, которые приходят аналитикам, ищут конкретных доказательств, которые можно предъявить в суде. В статье обосновывается точка зрения, что эта ошибка категории является результатом незнания и неверного понимания аналитической работы. Вторжение повестки в аналитический сосуд (vas) может вызвать хаос в душевном здоровье и жизни и без того уязвимых, возможно, травмированных и изолированных людей. Вызов в суд может подрвать фундаментальное человеческое право и профессию психотерапевта в целом. В статье предлагается, что у аналитиков есть этическое обязательство защитить работу внутри аналитического сосуда от таких ошибок категории и информировать других профессионалов, что аналитики не могут давать показания в суде.</p> <p>A partir de experiencias en su práctica privada en Australia, la autora hace referencia a los distintos niveles de complejidad de un conflicto de deber ético que tiene implicancias sociales y legales. El trabajo explora como la ética congruente con la noción de crear un vas bene claustrum seguro puede ser diametralmente opuesta a las estructuras sociales y legales y a los procesos sobre los cuales todos nos apoyamos. Se sugiere que al interior del vas, analistas y analizandos se comprometen en un proceso compartido de pensamientos simbólico, emocionalmente conectado. Las citas dirigidas a analistas buscan evidencia concreta que se sostendrá en la corte. El presente trabajo argumenta que este es un error de categoría basado en la ignorancia y la incomprensión de lo que implica el trabajo analítico. La intrusión de una citación dentro del vas tiene el potencial de hacer estragos en la salud mental y en las vidas de individuos ya vulnerables, y posiblemente aislados y</p>
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							<p>traumatizados. Puede debilitar un derecho humano fundamental y la profesión de psicoterapia en su totalidad. El artículo propone que analistas tienen una obligación ética de proteger el trabajo contenido al interior del vas de estos errores categóricos, así como de educar a otros profesionales respecto a porqué no es posible proveer esta clase de evidencia que la corte requiere.</p> <p>作者基于在澳洲个人执业的咨询室中的经验写了这篇文章, 其中作者谈论了一个涉及法律和社会意义的、与伦理义务相关的冲突中, 那些多层次的复杂性。文章讨论了与伦理等同的“创造密闭容器”的过程, 这一过程可能与社会和法律架构、以及我们所赖以生存的程序完全相悖。文章提出, 在容器之内, 分析师与受分析者共同参与到一个情感联系、分层和象征化思考的过程中。人们在找寻在法庭上传召分析师的确凿证据支持。文章指出这是源于对分析工作必要方面的忽视和错误认识而产生的分类错误。侵入到容器中的传票对于心理健康以及原本已十分脆弱的生命有着潜在的巨大损害, 可能会让个体受创或是隔离。这会侵蚀基本的人权, 侵蚀心理治疗整体的专业性。文章提出分析师有伦理的责任, 去保护分析工作在容器之中, 不受这种分类错误的侵入, 并教育其他的专业人士为什么我们不能够依照法庭所要求的提供证据。</p>
Miegel, Franziska Sophia; Schröder,	2023	Expected increase in health competence	International journal of psychology : Journal	58	5	443-448	<p>Internet-based cognitive-behavioural interventions (iCBT) are a valuable alternative to face-to-face psychotherapy. An unguided iCBT program has shown to be efficacious for patients with obsessive-compulsive disorder (OCD).</p>

Johanna; Schultz, Josephine; Müller, Jana Christina; Jelinek, Lena		improves over modules of an unguided internet-based cognitive-behavioural therapy for obsessive-compulsive disorder	international de psychologie				However, the modules' mode of action is not well understood, which is the objective of the present study. Twenty-five patients with OCD who participated at the iCBT program for 8 weeks answered a questionnaire on their self-efficacy, motivation, expected increase in health competence and experiential avoidance before and after each module and were included in the present analyses. Linear mixed-effects models demonstrated that patients' expected increase in health competence improved over the course of the treatment. No within-module-specific effect was found. The iCBT program was able to improve patients' expected health competence. However, all other variables did not change. The iCBT program should be revised by focusing more strongly on the integration of the content to reduce experiential avoidance and to improve motivation.
Mikkola, Heidi; Dimitrow, Maarit; Hämeen-Anttila, Katri; Laukkanen, Emilia; Airaksinen, Marja	2023	Understanding medication-related burden from patient perspectives: a qualitative study testing the applicability of the conceptual model among chronically ill outpatients in Finland	BMJ open	13	12	e077214	OBJECTIVES: Disease self-management and medication therapy can cause burden to patients that can influence adherence. The conceptual model 'patients' lived experience with medicine' (PLEM) brings new insights into medication-related burden (MRB) from patient perspective. This study aimed to test the applicability of the PLEM model by interviewing chronically ill patients in Finland and to investigate the MRB experienced by the Finnish patients. DESIGN: Focus group discussion study conducted online via Zoom. Directed qualitative content analysis guided by the PLEM model. SETTING: Outpatient primary care in Finland. PARTICIPANTS: Chronically ill outpatients (n=14) divided into five focus groups according to their chronic condition: asthma (n=3), heart disease (n=3), diabetes (n=6), intestinal disease (n=2). RESULTS: Our findings were mainly in line with the PLEM model although some new contributing factors to MRB

						<p>emerged. In general, the participants were satisfied with their medication, and that it enabled them to live normal lives. The most common causes of MRB were medication routines and the healthcare system. The participants introduced two new aspects contributing to MRB: medication-related environmental anxiety associated with the waste resulting from medicine use, and the effect of medication use on their working life. Our findings are consistent with previous findings that a higher level of MRB may lead to independently modifying the medication regimen or not taking the medicine. CONCLUSIONS: Our findings provide further evidence that the PLEM model is an applicable tool also in the Finnish context for gaining better understanding of MRB in chronically ill patients self-managing their long-term medications. The model provides a promising tool to understand the connection between MRB and the rationale for not always taking medicines as prescribed. Further research is needed to explore the potential of the model in extending patient perspectives in chronic disease management.</p>
Miles, Shannon R.; Thompson, Karin E.	2016	Childhood trauma and posttraumatic stress disorder in a real-world Veterans Affairs clinic: Examining treatment preferences and dropout	Psychological Trauma: Theory, Research, Practice, and Policy	8	4	<p>Objective: The Department of Veterans Affairs (VA) has promoted large-scale dissemination efforts of evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD). In spite of efforts to make gold-standard treatments available to veterans, few veterans with PTSD receive a full course of psychotherapy. It is unclear if type of trauma experienced is related to treatment initiation and completion. This study aimed to identify patient factors, including experiencing childhood trauma that related to treatment preferences and dropout in a real-world VA PTSD clinic. Method: A chart review was conducted for veterans who were referred for individual EBPs for PTSD (N = 199). Extracted variables included</p>

						demographics, PTSD symptoms, treatment preferences, and treatment completion/dropout. Results: Veterans choose to engage in individual EBP (48%), group treatment (11%), nontrauma focused psychotherapy (15%), or no psychotherapy (26%). Slightly over half of the veterans who began individual EBP completed it, with no statistical differences in completion rates for prolonged exposure and cognitive processing therapy. Childhood trauma was the second-most common type of trauma experienced, next to combat exposure. Those who completed EBP had higher rates of combat trauma (88%) than noncompleters (70%), and noncompleters (50%) had higher rates of childhood trauma than completers (29%). Regardless of trauma experienced, those who completed an EBP experienced substantial reductions in PTSD symptoms. Conclusions: Assessing veterans for childhood trauma and emotion regulation difficulties may be beneficial even in VA clinics where treatment is most often focused on combat trauma. (PsycINFO Database Record (c) 2019 APA, all rights reserved)	
Mileski, Michael; Baar Topinka, Joseph; Brooks, Matthew; Lonidier, Corie; Linker, Kelly; Vander Veen, Kelsey	2018	Sensory and memory stimulation as a means to care for individuals with dementia in long-term care facilities	Clinical interventions in aging	13		967-974	OBJECTIVE: The primary objective of this study was to identify and further examine the facilitators and barriers of utilizing sensory and memory stimulation as a means to care for individuals with dementia who live in long-term care settings. MATERIALS AND METHODS: The authors conducted a literature review of 30 academic articles found using the databases such as CINAHL, PubMed, and Academic Search Ultimate from the past 15 years. Facilitator and barrier themes were found within each article and analyzed for their relevance to sensory and memory stimulation therapies and their effects on individuals with dementia. RESULTS: The most common facilitator was improved communication. The top three

						barriers were access, staff training, and mixed results. DISCUSSION: Reminiscence therapy appears to provide a person-centered method of care for those who otherwise have problems communicating. These implementations will be more effective if they have the support of staff and management. CONCLUSION: The authors conclude that sensory and memory stimulation therapies have the potential to help improve many dementia-specific issues for individuals living in long-term care settings.
Miller, Brian; Sprang, Ginny	2017	A components-based practice and supervision model for reducing compassion fatigue by affecting clinician experience	Traumatology		10 85- 93 73(Ele ctr oni c)	153-164 Published approaches to compassion fatigue in psychotherapists typically emphasize clinician self-care strategies. Implicit in the self-care emphasis is the assumption that trauma therapy encounters are inherently fatiguing, and that recovery occurs during the clinician's off-duty time. In contrast, the components for enhancing clinician engagement and reducing trauma (CE-CERT) model addresses the experience of the clinician concurrent with the treatment encounter. The clinical skill components are synthesized from evidence within the psychological treatment and neurophysiology literature relating to the management of difficult emotional states. The 5 proposed components are synthesized into an integrated model for the purpose of positively affecting the experience of clinicians during trauma treatment. We propose that effective use of these evidence informed strategies will allow the clinician to remain emotionally regulated during treatment and, will, therefore, reduce compassion fatigue. The 5 skill categories comprising the components of the CE-CERT model are experiential engagement, managing rumination, intentional narrative, reducing emotional labor, and parasympathetic recovery strategies. These skills are defined and evidence is provided to support

							their use within the model. The model has immediate application for clinical training and supervision and can be used as a basis for operational definitions for use in effectiveness trials. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Miller, Emma; Mcnaught, Angela	2018	Exploring Decision Making Around Therapist Self-Disclosure in Cognitive Behavioural Therapy	Australian Psychologist	53	1	33-39	
Miller, Leslie; Hlastala, Stefanie A.; Mufson, Laura; Leibenluft, Ellen; Yenokyan, Gayane; Riddle, Mark	2018	Interpersonal psychotherapy for mood and behavior dysregulation: Pilot randomized trial	Depression and anxiety	35	6	574-582	<p>BACKGROUND Youth with chronic irritability and excessive reactivity, diagnosed as disruptive mood dysregulation disorder (DMDD), have social impairment in multiple settings (i.e., peers, school, and home). This paper presents a pilot randomized trial assessing the feasibility, acceptability, and preliminary efficacy of interpersonal psychotherapy (IPT) for mood and behavior dysregulation (IPT-MBD), an adapted version of IPT for depressed adolescents. IPT-MBD focuses on decreasing outbursts and irritability and improving interpersonal interactions.</p> <p>METHODS Nineteen adolescents (aged 12-17) with DMDD or its research precursor, severe mood dysregulation, were randomly assigned to IPT-MBD (n = 10) or treatment-as-usual (TAU, n = 9) in a 24-week psychosocial intervention study. Assessments of mood symptoms and overall functioning were conducted by an independent evaluator, blinded to treatment, every 4 weeks. Parent and self-report irritability measures were collected every 4 weeks.</p>

							<p>RESULTS Eighty percent of participants randomized to the IPT-MBD arm completed the study. Also, participants enrolled in the IPT-MBD arm attended >80% of therapy sessions. Parents and teens agreed that the frequency and duration of therapy were appropriate and were satisfied with IPT-MBD treatment. Clinical global impression scales for severity and improvement showed statistically greater improvement in the IPT-MBD group compared to TAU.</p> <p>CONCLUSIONS In this small pilot randomized trial, IPT-MBD was feasible and acceptable to parents and teens. There was significantly more improvement in the IPT-MBD group compared to TAU. IPT-MBD holds promise as a potentially effective psychosocial intervention for clinically impaired youth with DMDD and warrants further investigation in a larger randomized trial.</p>
Miller, Racheli; Hilsenroth, Mark J.; Hewitt, Paul L.	2017	Perfectionism and Therapeutic Alliance: A Review of the Clinical Research	Research in psychotherapy (Milano)	20	1	264	<p>In this review, we synthesize findings regarding the relationship between perfectionism and therapeutic alliance, most of which come from analyses by Blatt and colleagues. Results suggest what follows. First, patients' initial level of perfectionism negatively affects patients' bond with therapists and perception of therapists' Rogerian attributes (empathy, congruence, and regard) early in treatment and engagement in therapy later in treatment. Second, therapists' contribution to alliance is not seemingly affected by patients' initial perfectionism level. Third, individual patients of therapists who are perceived on average by their patients to be higher on Rogerian attributes experience greater decreases in perfectionism and symptoms. Fourth, more positive perceptions of therapists' Rogerian attributes early in treatment lead to greater symptom decrease for patients</p>

							with moderate perfectionism. Fifth, greater early patient engagement in therapy is related to greater decrease in perfectionism, but a strong relationship with the therapist may be necessary for an accompanied greater decrease in symptoms. The relationship between pre-treatment perfectionism and alliance is partially explained by higher levels of hostility and lower levels of positive affect. Sixth, the relationship between pre-treatment perfectionism and outcome is almost entirely explained by level of patient contribution to alliance and satisfaction with social network, highlighting the importance of focusing on social functioning for patients with high perfectionism (both in and outside of the session). Limitations include that most of the findings are from analyses of one large data set and a range of measurement issues. Future research should utilize different measures, perspectives, and populations and examine specific session process.
Miller-Bottome, Madeleine; Talia, Alessandro; Safran, Jeremy D.; Muran, J. Christopher	2018	Resolving alliance ruptures from an attachment-informed perspective	Psychoanalytic Psychology	35	2	175-183	In this article, we examine how the different attachment patterns enable or hinder the resolution of ruptures in the therapeutic alliance. We try to show that secure and insecure patients alike may experience ruptures in the therapeutic alliance, but that their ability to participate in resolving such ruptures differ markedly. Recent findings with the Patient Attachment Coding System (PACS) show that attachment classifications manifest in psychotherapy as distinct ways of communicating about present internal experience. Secure patients disclose their present experience openly and invite attunement from the therapist, while insecure patients either minimize their contributions to the dialogue (avoidant) or the contributions of the therapist (preoccupied). Using examples from session transcripts, we demonstrate how secure patients are particularly responsive to resolution

						strategies that focus on here-and-now experience, while insecure patients' characteristic ways of communicating pose significant challenges to the resolution process. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Miller-Matero, Lisa R.; Knowlton, Gregory; Vagnini, Kaitlyn M.; Yeh, Hsueh-Han; Rossom, Rebecca C.; Penfold, Robert B.; Simon, Gregory E.; Akinyemi, Esther; Abdole, Lana; Hooker, Stephanie A.; Owen-Smith, Ashli A.; Ahmedani, Brian K.	2023	The rapid shift to virtual mental health care: Examining psychotherapy disruption by rurality status	J Rural Health. (The Journal of Rural Health)	n/a	n/a	Abstract Background Given the low usage of virtual health care prior to the COVID-19 pandemic, it was unclear whether those living in rural locations would benefit from increased availability of virtual mental health care. The rapid transition to virtual services during the COVID-19 pandemic allowed for a unique opportunity to examine how the transition to virtual mental health care impacted psychotherapy disruption (i.e., 45+ days between appointments) among individuals living in rural locations compared with those living in nonrural locations. Methods Electronic health record and insurance claims data were collected from three health care systems in the United States including rurality status and psychotherapy disruption. Psychotherapy disruption was measured before and after the COVID-19 pandemic onset. Results Both the nonrural and rural cohorts had significant decreases in the rates of psychotherapy disruption from pre- to post-COVID-19 onset (32.5%±16.0% and 44.7%±24.8%, respectively, p < 0.001). The nonrural cohort had a greater reduction of in-person visits compared with the rural cohort (96.6%±45.0 vs. 98.0%±66.2%, respectively, p < 0.001). Among the rural cohort, those who were younger and those with lower education had greater reductions in psychotherapy disruption rates from pre- to post-COVID-19 onset. Several mental health disorders were associated with experiencing psychotherapy disruption. Conclusions Though the rapid transition to virtual mental health care decreased the rate of

							psychotherapy disruption for those living in rural locations, the reduction was less compared with nonrural locations. Other strategies are needed to improve psychotherapy disruption, especially among rural locations (i.e., telephone visits).
Mills, Jon	2021	Psychotherapy progress and outcome monitoring in the real world of private practice	Psychother Politics Int (Psychotherapy and Politics International)	19	1		
Mills, Katherine L.; Barrett, Emma; Back, Sudie E.; Cobham, Vanessa E.; Bendall, Sarah; Perrin, Sean; Brady, Kathleen T.; Ross, Joanne; Peach, Natalie; Kihass, Ivana; Cassar, Joanne; Schollar-Root, Olivia; Teesson, Maree	2020	Randomised controlled trial of integrated trauma-focused psychotherapy for traumatic stress and substance use among adolescents: trial protocol	BMJ open	10	11	e043742	<p>INTRODUCTION</p> <p>Post-traumatic stress disorder (PTSD) and substance use disorder frequently co-occur and tend to have their onset during adolescence. Although research has highlighted the importance of treating these disorders in an integrated fashion, there is a dearth of empirically validated integrated treatment options for adolescents with this comorbidity. This paper describes the study protocol for a randomised controlled trial (RCT) examining the efficacy of an integrated trauma-focused cognitive-behavioural treatment for traumatic stress and substance use among adolescents (Concurrent Treatment of PTSD and Substance Use Using Prolonged Exposure - Adolescent (COPE-A)), relative to a supportive counselling control condition (Person-Centred Therapy (PCT)).</p> <p>METHODS AND ANALYSIS</p> <p>A two-arm, parallel, single-blind RCT with blinded follow-up at 4 and 12 months poststudy entry will be conducted in Sydney, Australia. Participants (n~100 adolescents aged 12-18 years) and their caregivers (caregiver participation is optional) will be allocated to undergo</p>

							<p>either COPE-A or PCT (allocation ratio 1:1) using minimisation. Both therapies will be delivered individually by project psychologists over a maximum of 16 sessions of 60-90 min duration and will include provision of up to four 30 min optional caregiver sessions. The primary outcome will be between-group differences in change in the severity of PTSD symptoms from baseline to 4-month follow-up, as measured by the Clinician-Administered PTSD Scale for Children and Adolescents for DSM-5.</p> <p>ETHICS AND DISSEMINATION</p> <p>Ethical approval has been obtained from the human research ethics committees of the Sydney Children's Hospital Network (HREC/17/SCHN/306) and the University of Sydney (HREC 2018/863). Findings will be published in peer-reviewed journals and presented at scientific conferences.</p> <p>TRIAL REGISTRATION NUMBER ACTRN12618000785202; Pre-reults.</p> <p>PROTOCOL VERSION Version 1, 31 July 2017.</p>
Mirabella, Marta; Muzi, Laura; Franco, Anna; Urgese, Alessia; Rugo, Michele A.; Mazzeschi, Claudia; Speranza, Anna Maria; McWilliams, Nancy;	2023	From symptoms to subjective and bodily experiences: the contribution of the Psychodynamic Diagnostic Manual (PDM-2) to diagnosis and treatment monitoring in eating disorders	Eating and weight disorders : EWD	28	1	35	<p>PURPOSE: Atheoretical and descriptive conceptualizations of eating disorders (EDs) have faced substantial criticism due to their limited ability to assess patients' subjective characteristics and experiences, as needed to determine the most appropriate treatment options. The present article provides an overview of the clinical and empirical literature supporting the potential contribution of the Psychodynamic Diagnostic Manual (PDM-2) to both diagnostic assessment and treatment monitoring. METHODS: Following a discussion of the most relevant shortcomings of current diagnostic models of EDs and a description of the rationale and structure of the PDM-2, evidence supporting the core PDM-2</p>

Lingiardi, Vittorio							<p>dimensions of ED patients' subjective experiences (i.e., affective states, cognitive processes, relational patterns, somatic/bodily experiences and states) are examined, alongside their relevance to ED diagnosis and treatment. RESULTS: Overall, the reviewed studies support the diagnostic importance of these patterns of subjective experiences in EDs, highlighting their potential role as either predisposing or maintaining factors to target in psychotherapy. A growing body of multidisciplinary evidence also shows that bodily and somatic experiences are central to the diagnosis and clinical management of ED patients. Moreover, there is evidence that a PDM-based assessment may enable closer monitoring of patient progress during treatment, with regard to both subjective experiences and symptom patterns. CONCLUSIONS: The study suggests that current diagnostic frameworks for EDs would benefit from the addition of a person-centered perspective that considers not only symptoms, but also patients' full range of functioning-including their deep and surface-level emotional, cognitive, interpersonal, and social patterns-to improve patient-tailored interventions. LEVEL OF EVIDENCE: Level V, narrative review.</p>
Mishra, Vinaytosh; Samuel, Cherian; Sharma, S. K.	2018	Supply chain partnership assessment of a diabetes clinic	International journal of health care quality assurance	31	6	646-658	<p>Purpose Diabetes is one of the major healthcare challenges in India. The chronic nature of the disease makes the lifetime cost of the treatment exorbitantly high. The medicine cost contributes a major size of expense in diabetes management. To make healthcare available to poorest of the poor, it is imperative to control the rising cost of diabetes treatment. The earlier research works done in this area focuses more on inventory management techniques to control the cost of healthcare. Less interest is shown in the role of better supply chain partnership</p>

							<p>(SCP) in reducing the cost of procurement of medicine. The purpose of this paper is to develop and use the SCP assessment framework for a diabetes clinic. The approach is generalized enough to be adopted for other similar organization. Design/methodology/approach This paper adopts self-assessment criteria of the European Foundation for Quality Management (EFQM) business excellence model for analysis of SCP in the supply chain of a private diabetes clinic in Varanasi. The paper uses analytic hierarchy process (AHP) method for calculation of weights of criteria. Findings The EFQM-based framework can be adopted as easy-to-use tool to make an objective assessment of the SCP. The proposed model in the study is a balanced model between enablers and results, which includes multiple assessment dimensions. The supply chain performance score of the diabetes clinic under study was found as the Tool Pusher, which means the effort in direction of SCP is not too good. The organization needs to clearly define the SCP goal and analyze the results to identify the gap areas. Originality/value The study is first of its kind and contributes to the literature by providing non-prescriptive and easy-to-use SCP assessment framework, for chronic disease care. The case study approach provides a procedure for the healthcare organization willing to adopt this approach.</p>
Mitchels, Barbara	2017	Person-Centred Counselling and Psychotherapy Handbook: Origins, Developments and Current	Couns and Psychother Res (Counselling and Psychotherapy Research)	17	3	248–249	

		Applications, edited by ColinLago, and DivineCharura, London, United Kingdom, Open University Press, 2016, 416 pp., £23.19 (paperback), ISBN 978 0 33 526354 7, £20.29 (e-book), ISBN 978 0 33 526355 4					
Mller, Gregor; Sachse, Rainer	2018	Klrungsorientierte Paartherapie	Verhaltenstherapie und Verhaltensmedizin	39	4	381–397	Die Klrungsorientierte Paartherapie (KOPT) wird dargestellt. Eingegangen wird auf folgende Aspekte: Prinzipien der KOPT; Paarprobleme als Interaktionsprobleme; Zielzustand einer Partnerschaft; zentrale Problembereiche in Partnerschaften (Reziprozitt; Kompromissbereitschaft; Kommunikation; Beziehungsmotive; Schemata; Macht und Status; Bereitschaft zum Verzeihen); Ablauf und Phasen einer KOPT.
Mller, Gregor; Sachse, Rainer	2016	Klrungsorientierte Paartherapie					Dargestellt wird die Klrungsorientierte Paartherapie (KOPT), die aus der Klrungsorientierten Psychotherapie (KOP) abgeleitet ist und denselben Grundstzen folgt. Ziel der KOPT ist ein vertieftes Verstdnis beider Partner freinander, was als Grundlage einerseits einer Entschrfung der Konfliktdynamik und -spannung und zu einem respekt- und verstdnisvolleren Umgang beider Partner miteinander fhrt. Behandelt werden folgende Punkte: (1) Prinzipien der KOPT, (2) Paarprobleme als

							Interaktionsprobleme, (3) Zielzustand einer Partnerschaft, (4) zentrale Probleme in Partnerschaften (Reziprozität, Kompromissbereitschaft, Kommunikation, Beziehungsmotive, Schemata, Macht und Status, Bereitschaft zum Verzeihen), (5) Ablauf und Phasen einer KOPT (Einzelsitzungen; Erarbeitung der Problemliste; Bearbeitung der aktuellen Konflikte und Probleme; Verstehenstraining/Vertieftes Verständnis; Klärung biografischer Schemata).
Müller-Sari, Heidemarie	2018	Drogen- und Medikamentenabhängigkeit					In diesem Kapitel dreht sich alles um Sucht und Medikamentenabhängigkeit. Mit Sucht ist ein Verhalten gemeint, das den Konsum von Suchtmitteln und Medikamenten einschließt und dem Ziel dienen soll, eine unangenehme Ausgangslage bzw. Grundstimmung zu bewältigen, ohne sich dabei mit der als negativ erlebten Befindlichkeit auseinandersetzen zu müssen. Der Drang nach Veränderung der Ausgangslage stellt dabei etwas so Einengendes und Bestimmendes dar, dass alternative Handlungsmöglichkeiten nicht in Betracht gezogen werden können. Drogenabhängigkeit meint die durch Toleranz- und damit verbundener Dosissteigerung erworbene seelische und/oder körperliche Abhängigkeit von zentralnervs wirkenden Substanzen, die eine periodische oder chronische Vergiftung hervorrufen. (c) Springer-Verlag GmbH Deutschland
Moehrlen, Ueli; Ochsenbein-Kölbl, Nicole; Stricker, Sarah; Moehrlen, Theres; Mazzone, Luca; Krähenmann,	2023	Prenatal Spina Bifida Repair: Defendable Trespassing of MOMS Criteria Results in Commendable	Fetal diagnosis and therapy	50	6	454-463	INTRODUCTION: We hypothesize that after publication of the quintessence of the MOMS trial, eligibility criteria for prenatal spina bifida (SB) repair may be modified if a tenable argumentation underlies this decision. METHODS: Our first 154 fetal surgery patients were analyzed with particular focus on how many, which, and why the original eligibility criteria, set forth by the MOMS Trial Protocol, were disobeyed, and what the eventually

<p>Franziska; Vonzun, Ladina; Zimmermann, Roland; Meuli, Martin</p>		<p>Personalized Medicine</p>				<p>detectable, negative and positive impacts of these deviations on outcomes were. RESULTS: A total of 152 patients (2 missing consent) were included (100%). In 69 patients (45.4%), a total of 89 eligibility criteria were disobeyed. In 54 (35.6%) cases, the following maternal criteria were concerned: gestational age at operation of >25+6 weeks in 17 (11.2%), uterine pathologies in 13 (8.6%) women, preoperative BMI ≥35 kg/m² in 12 (7.9%), previous hysterotomy in 7 (4.6%), previous prematurity in 3 (2%), HIV/hepatitis B in 2 (1.3%), psychosocial issues in 2 (1.3%), and placenta praevia in 1 (0.7%). In 32 (21.1%) cases, fetal criteria were disobeyed 34 times: Fetal anomaly unrelated to SB in 19 (12.5%), no/minimal evidence of hindbrain herniation in 13 (8.6%), and severe kyphosis in 2 (1.3%). We could not identify cases where non-observation of criteria led to clear-cut maternal and/or fetal disadvantages. CONCLUSION: This study shows that MOMS trial eligibility criteria for prenatal SB repair should be modified or even abandoned with adequate medical and ethical argumentation, and with written parental informed consent after non-directive, full disclosure counseling. This clear-cut change of paradigm is a necessity as it leads toward personalized medicine, allowing more fetuses to benefit from fetal surgery than would have benefitted with the former, published, MOMS criteria in place.</p>
<p>Moeller, Cathrine M.; Valledor, Andrea Fernandez; Oren, Daniel; Rubinstein, Gal;</p>	<p>2024</p>	<p>Evolution of Mechanical Circulatory Support for advanced heart failure</p>	<p>Progress in cardiovascular diseases</p>			<p>This comprehensive review highlights the significant advancements in Left Ventricular Assist Device (LVAD) therapy, emphasizing its evolution from the early pulsatile flow systems to the cutting-edge continuous-flow devices, particularly the HeartMate 3 (HM3) LVAD. These advancements have notably improved survival rates, reduced complications, and enhanced the quality of life</p>

Sayer, Gabriel T.; Uriel, Nir							<p>(QoL) for patients with advanced heart failure. The dual role of LVADs, as a bridge-to-transplantation and destination therapy is discussed, highlighting the changing trends and policies in their application. The marked reduction in hemocompatibility-related adverse events (HRAE) with the HM3 LVAD, compared to previous models signifies ongoing progress in the field. Challenges such as managing major infections are discussed, including innovative solutions like energy transfer systems aimed at eliminating external drivelines. It explores various LVAD-associated complications, including HRAE, infections, hemodynamic-related adverse events, and cardiac arrhythmias, and underscores emerging strategies for predicting post-implantation outcomes, fostering a more individualized patient care approach. Tools such as the HM3 risk score are introduced for predicting survival based on pre-implant factors, along with advanced imaging techniques for improved complication prediction. Additionally, the review highlights potential new technologies and therapies in LVAD management, such as hemodynamic ramp tests for optimal speed adjustment and advanced remote monitoring systems. The goal is to automate LVAD speed adjustments based on real-time hemodynamic measurements, indicating a shift towards more effective, patient-centered therapy. The review concludes optimistically that ongoing research and potential future innovations hold the promise of revolutionizing heart failure management, paving the way for more effective and personalized treatment modalities.</p>
Moertl, Kathrin; Giri, Himanshu; Angus, Lynne;	2017	Corrective Experiences of	J. Clin. Psychol. (Journal of	73	2	182–191	<p>Although the concept of corrective experiences (CEs) is usually linked to the process of change in psychotherapy patients, we investigated them in the professional</p>

Constantino, Michael J.		Psychotherapists in Training	clinical psychology)				development of therapists-in-training. Inasmuch as psychotherapy is a relational process, it is important to look closely at how therapists reach the position of a competent partner in corrective experiencing. In this study, we interviewed 10 therapists-in-training undergoing their own training therapy. Responses to these semistructured interviews were analyzed using a computer-assisted grounded theory method. The 499 first-level categories were grouped into 5 main themes: therapist characteristics, therapist technical interventions, therapist relational interventions, relationship experience, and outcome experience. Two core categories representing corrective experiencing were (a) unexpected unconditional support from and trust in their own therapist and (b) unexpected confrontation and limitation with their therapist as well as awareness of self?other boundaries. Results are discussed in the broader context of the CE literature, relational theory, and relational practice.
Moggia, Danilo; Saxon, David; Lutz, Wolfgang; Hardy, Gillian E.; Barkham, Michael	2023	Applying precision methods to treatment selection for moderate/severe depression in person-centered experiential therapy or cognitive behavioral therapy	Psychotherapy research : journal of the Society for Psychotherapy Research			1-16	OBJECTIVE: To develop two prediction algorithms recommending person-centered experiential therapy (PCET) or cognitive-behavioral therapy (CBT) for patients with depression: (1) a full data model using multiple trial-based and routine variables, and (2) a routine data model using only variables available in the English NHS Talking Therapies program. METHOD: Data was used from the PRaCTICED trial comparing PCET vs. CBT for 255 patients meeting a diagnosis of moderate or severe depression. Separate full and routine data models were derived and the latter tested in an external data sample. RESULTS: The full data model provided the better prediction, yielding a significant difference in outcome between patients receiving their optimal vs. non-optimal treatment at 6-

							(Cohen's $d = .65$ [.40, .91]) and 12 months ($d = .85$ [.59, 1.10]) post-randomization. The routine data model performed similarly in the training and test samples with non-significant effect sizes, $d = .19$ [-.05, .44] and $d = .21$ [-.00, .43], respectively. For patients with the strongest treatment matching ($d \geq 0.3$), the resulting effect size was significant, $d = .38$ [.11, .64]. CONCLUSION: A treatment selection algorithm might be used to recommend PCET or CBT. Although the overall effects were small, targeted matching yielded somewhat larger effects.
Mohaupt, Henning; Selbekk, Anne Schanche	2024	Positioning and self-presentation as fathers by men in treatment for intimate partner violence	Psychology of Violence				Objective: Treatment for intimate partner violence (IPV) is a context that assigns moral positions to a person with a violence problem. How men who use IPV present themselves in this context may affect treatment. This has been studied focusing on the adult relationship but to little extent on the father-child relationship. We examined how men used discourses on parenting to present themselves in the context of IPV treatment. Method: Thirty-six men in IPV treatment were screened for parental mentalizing, alcohol and substance use, lifetime single and complex trauma, and interviewed on their relationship to one of their children. We qualitatively analyzed the interviews from 19 participants who reported problematic alcohol use in addition to their use of IPV. We performed a critical discourse analysis, based on positioning theory. Results: Participants had low mentalization scores and high prevalence of relational trauma. They presented contradictory and incoherent storylines typical of "remedial work" but also expressed confusion and difficulties understanding themselves and their children. Men positioned themselves as a positive influence on their children by using available discourses on fathering and family. Problems in the father-child

							relationship were presented as arising from the child's personality. The impact of IPV on partner and child was seldom reflected upon. Conclusions: The present article suggests that clients' self-presentation in IPV therapy may reflect their challenges with mentalization and offer ports of entry for intervention. Men in IPV treatment may use available discourses on fathering that permit them to refrain from mentalizing their children's experience. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Mojs, Ewa; Warchoł- Biedermann, Katarzyna; Samborski, Włodzimierz	2017	What do we know about psychological outcomes of lymphoma in adults?	European Psychologist	22	2	121–131	The goal of this review is to present the results of research on the influence of lymphoma on patients' emotional status and cognitive functioning. A literature search was conducted to identify articles in English that investigated short- and long-term psychological outcomes of lymphoma and lymphoma treatment. Studies published prior to July 2016 were located by an electronic search using relevant databases such as ScienceDirect and PubMed. The search terms used included both medical subject headings and keywords such as "Hodgkin lymphoma," "non-Hodgkin lymphoma," "therapy," "treatment," "malignant," "psychology," "cognitive function," "emotion," "psychological adaptation," "depression," and "anxiety." The retrieved publications were independently evaluated by two reviewers. Articles were selected based on the applicable titles and abstracts. The lists of eligible publications were compared and disagreements were resolved by discussion. Of the 1,418 articles identified in the search, we chose 39 publications, which in our opinion could be interesting or useful for psychologists. Studies show that lymphoma and its treatment lead to severe distress. Thirty-six percent of patients manifest symptoms of

							<p>anxiety and depression, which are most often associated with the so-called “B-symptoms,” which mark poor prognosis or with side effects of chemotherapy such as nausea or vomiting. Reports also indicate that lymphoma patients may develop mild to severe cognitive decline. Its manifestations may range from benign problems with attention, thinking, and memory to severe cognitive impairment, that is, subcortical dementia. The etiology of intellectual deterioration in lymphoma has not been well described yet, but it may be related to the disease process or to the treatment. Additionally, literature demonstrates that lymphoma may lead to adverse changes in patient’s professional life such as resignation or early retirement. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
<p>Molist-Brunet, N.; Sevilla-Sánchez, D.; González-Bueno, J.; Garcia-Sánchez, V.; Segura-Martín, L. A.; Codina-Jané, C.; Espauella-Panicot, J.</p>	2021	<p>Therapeutic optimization through goal-oriented prescription in nursing homes</p>	<p>International journal of clinical pharmacy</p>	43	4	990–997	<p>Background People living in nursing homes are highly vulnerable and frail. Polypharmacy and inappropriate prescription (IP) are also common problems. Objectives The objectives of the study are (i) to study the baseline situation and calculate the frailty index (FI) of the residents, (ii) to assess the results of routine clinical practice to do a pharmacotherapy review (patient-centred prescription (PCP) model) (Molist Brunet et al., Eur Geriatr Med. 2015;6:565-9) and (iii) to study the relationship between IP and frailty, functional dependence, advanced dementia and end-of-life situation. Setting Two nursing homes in the same geographical area in Catalonia (Spain). Method This was a prospective, descriptive and observational study of elderly nursing home residents. Each patient's treatment was analysed by applying the PCP model, which centres therapeutic decisions on the patient's global assessment and individual therapeutic goal. Main outcome measure Prevalence of</p>

							<p>polypharmacy and IP. Results 103 patients were included. They were characterized by high multimorbidity and frailty. Up to 59.2% were totally dependent. At least one IP was identified in 92.2% of residents. Prior to the pharmacological review, the mean number of chronic medications prescribed per resident was 6.63 (SD 2.93) and after this review it was 4.97 (SD 2.88). Polypharmacy decreased from 72.55% to 52.94% and excessive polypharmacy fell from 18.62% to 5.88%.The highest prevalence of IP was detected in people with a higher FI, in those identified as end-of-life, and also in more highly dependent residents ($p < 0.05$). Conclusions People who live in nursing homes have an advanced frailty. Establishing individualized therapeutic objectives with the application of the PCP model enabled to detect 92.2% of IP. People who are frailer, are functionally more dependent and those who are end-of-life are prescribed with inappropriate medication more frequently.</p>
Moller, Naomi Petra; Ryan, Gemma; Rollings, Jasmine; Barkham, Michael	2019	The 2018 UK NHS Digital annual report on the Improving Access to Psychological Therapies programme: a brief commentary	BMC psychiatry	19	1	252	<p>This commentary examines publicly available information on 2017-2018 outcomes in the UK government's Improving Access to Psychological Therapies (IAPT) programme, a National Health Service (NHS) primary care mental health programme in England. In that year there were 1.4 million referrals into IAPT and over 500,000 people completed a course of treatment. The IAPT database collects routine session-by-session outcome monitoring data for this population, including outcomes for depression and anxiety in a stepped care model which includes a range of psychological therapies, among them Cognitive Behavioural Therapy (CBT) and Person-centred Experiential Therapy, known in the IAPT programme as Counselling for Depression (CfD).In 2017-18, 32% of all referrals were for anxiety and stress disorders, 26% for</p>

						depression, and 35% were unspecified. The definition of treatment completion is receipt of 2 sessions or more and on this basis 60% of all referrals in 2017-18 did not complete treatment, predominantly because they failed to attend the initial appointment, or ended after only one session. Four years of data on outcomes for CBT and CfD suggests these therapies are broadly comparable in terms of both recovery rate and average number of sessions, though the number of referrals to each therapy varied widely. Data on treatment choice and satisfaction was favourable but there were issues with low return rates and invalid data. Information on outcomes for ethnicity, sexual orientation, disability and religion, as well as a measure of local economic deprivation, indicate lower outcomes for a number of patient groups. Data on employment status outcomes suggest little overall change, including for the category of those on benefits payments. The data published alongside the annual IAPT reports mean there is an increasing amount of information in the public domain about IAPT performance, but it is time consuming to extract and evaluate. This report highlights a number of points of concern which suggest the need for improvement on multiple axes. We suggest that improved researcher access to the huge IAPT dataset can allow for more detailed evaluations of IAPT that can inform policy/decision-making to improve outcomes for clients.
Montiel, Catalina; Newmark, Rebecca L.; Clark, Crystal T.	2022	Perinatal use of lurasidone for the treatment of bipolar disorder	Experimental and Clinical Psychopharmacology	30	2	Atypical antipsychotics are commonly prescribed for the treatment of severe mental illnesses during pregnancy. Evidence regarding the impact of physiologic changes during pregnancy on the concentration of atypical antipsychotics is limited, specifically in the case of lurasidone. Data to guide dosing in pregnancy that

							<p>maximizes efficacy and minimizes adverse effects are lacking. This case report presents perinatal changes in the concentration of lurasidone and the implications for Bipolar Disorder (BD) illness course in a primiparous woman. Monitoring of lurasidone serum concentrations and recurrence of BD symptoms after the second trimester of pregnancy until the third postpartum month was completed. Lurasidone serum concentrations ranged from 0 to 4.7 ng/mL during pregnancy and increased to 10–12 ng/mL postpartum. The subject presented with worsening anxiety and depressive symptoms during the second trimester of pregnancy which resulted in a 40 mg daily dose increase during the second half of her pregnancy. Despite the decrease in lurasidone to the preconception dose post-delivery, the concentrations were higher postpartum compared to pregnancy. The decrease in lurasidone serum concentrations during pregnancy may increase the risk of worsening BD symptoms and suggests the need for determination of whether therapeutic monitoring and dose titration during pregnancy decreases illness exacerbation. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Moodi, Saba; Mehrbakhsh, Zahra; Amtaeh, Fatemeh; Moghasemi, Sedigheh	2022	The Comparison of the Effects of Training Self-awareness and Problem-solving Skills on Marital Satisfaction of Married Women: A Randomized Controlled Trial	International journal of community based nursing and midwifery	10	3	184–196	<p>BACKGROUND: One of the most important causes of marital dissatisfaction is the lack of life skills. This study aimed to compare the effects of training self-awareness and problem-solving skills on marital satisfaction of married women. METHODS: This study was a randomized field trial conducted in Gorgan since October 2019 to September 2020. A total of 105 married women were allocated to one of two interventions or a control group based on triplex block randomization. Data collection tools were the Persian version of the self-awareness questionnaire, problem-solving questionnaire and Four</p>

						ENRICH Couple Scales. The participants completed the questionnaires before (T1), immediately (T2), and one month after the intervention completion (T3). The first intervention group received self-awareness skills training and the second received problem-solving skills training one session per week for four weeks. The control group did not receive any training. Data were analyzed using One-way ANOVA, Kruskal-Wallis, Chi-square, Fishers exact test, exact test, repeated measure ANOVA, and Bonferroni test, using SPSS 16. A P value <0.05 was considered significant. RESULTS: The mean score of ENRICH Scales in the three groups, immediately and one month after the intervention, were not statistically significant (P>0.05). However, in the problem-solving group, the scale of marital satisfaction was significantly different at T2 and T3 (31.40±4.55, 33±5.21, P=0.008). In the self-awareness training group at T1 and T3, the mean of the conflict resolution scale (32.60±63.28, 33.94±5.74, P=0.03) was significantly different. CONCLUSION: The results showed that problem-solving skills training was more effective in increasing the score of marital satisfaction compared to self-awareness skills training. Trial Registration Number: IRCT20190721044290N1.
Moodi, Saba; Mehrbakhsh, Zahra; Amtaeh, Fatemeh; Moghasemi, Sedigheh	2023	Comparing the self-awareness and problem-solving skills training on sexual desire of newly married women: A field trial study	Journal of education and health promotion	12	226	BACKGROUND: Sexual desire of women is one of the most important factors affecting marital and sexual satisfaction. Regarding the association of life skills level with sexual dissatisfaction and sexual desire, the present study aims to compare the effect of self-awareness and problem-solving skills training on the sexual desire of newly married women. MATERIALS AND METHODS: This was an experimental field trial study conducted since October 2019 to September 2020. The participants

						<p>included 105 married women with a history of up to 5 years of cohabitation assigned randomly to either of the two intervention or control groups. The data collection tools include a demographic form, Hulbert index of sexual desire (HISD), and ENRICH couple scale that were completed by the participants before (T1), immediately (T2), and one month after the intervention (T3). The first intervention group received self-awareness skills training, whereas the second one received problem-solving skills training (four sessions of 90 min) weekly. On the other hand, the control group received no training. Statistical analyses were performed using SPSS 16 software and descriptive-analytical statistical tests including one-way ANOVA, Kruskal-Wallis, Bonferroni test, tests of within-subjects effects, and analysis test with repeated measures. P value < 0.05 was considered significant.</p> <p>RESULTS: The effect of time (statistic test: 51.24, P-value < 0.001) and the interaction effects of Time and Group on sexual desire (statistic test: 2.87, P-value: 0.03) were statistically significant. The mean score of sexual desire both in interventions and control groups showed statistically significant improvement. The mean score of sexual desire in the self-awareness group was 44.31 ± 9.08 (T1), 51.34 ± 10.92 (T2), and 59.48 ± 13.76 (T3) ($P < 0.001$); in the problem-solving group was 48.74 ± 10.21 (T1), 52.08 ± 10.59 (T2), and 57.40 ± 12.40 (T3) ($P < 0.001$); and in the control group was 47.74 ± 11.60 (T1), 50.08 ± 10.04 (T2), and 54.94 ± 12.15 (T3) ($P = 0.02$).</p> <p>CONCLUSION: The present study showed the effectiveness of both self-awareness and problem-solving skills training on newly married women's sexual desire. Moreover, this study showed simply participating</p>
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							in a study related to sexual desire as a control group could be effective on women's sexual desire.
Moody, Kevin; Nieuwkerk, Pythia T.; Bedert, Maarten; Nellen, Jeannine F.; Weijsenfeld, Annouschka; Sigaloff, Kim C. E.; Laan, Laura; Bruins, Claire; van Oers, Hedy; Haverman, Lotte; Geerlings, Suzanne E.; van der Valk, Marc	2023	Optimising HIV care using information obtained from PROMs: protocol for an observational study	BMJ open	13	11	e073758	INTRODUCTION: Successful antiviral therapy has transformed HIV infection into a chronic condition, where optimising quality of life (QoL) has become essential for successful lifelong treatment. Patient-reported outcome measures (PROMs) can signal potential physical and mental health problems related to QoL. This study aims to determine whether PROMs in routine clinical care improve quality of care as experienced by people with HIV (PWH). METHODS AND ANALYSIS: We report the protocol of a multicentre longitudinal cohort studying PWH at Amsterdam University Medical Centres in the Netherlands. PROMs are offered annually to patients via the patient portal of the electronic health record. Domains include anxiety, depression, fatigue, sleep disturbances, social isolation, physical functioning, stigma, post-traumatic stress disorder, adherence, drug and alcohol use and screening questions for sexual health and issues related to finances, housing and migration status. Our intervention comprises (1) patients' completion of PROMs, (2) discussion of PROMs scores during annual consultations and (3) documentation of follow-up actions in an individualised care plan, if indicated. The primary endpoint will be patient-experienced quality of care, measured by the Patient Assessment of Chronic Illness Care, Short Form (PACIC-S). Patients will provide measurements at baseline, year 1 and year 2. We will explore change over time in PACIC-S and PROMs scores and examine the sociodemographical and HIV-specific characteristics of subgroups of patients who participated in all or only part of the intervention to ascertain whether benefit has been achieved from our

							intervention in all subgroups. ETHICS AND DISSEMINATION: Patients provide consent for the analysis of data collected as part of routine clinical care to the AIDS Therapy Evaluation in the Netherlands study (ATHENA) cohort through mechanisms described in Boender et al. Additional ethical approval for the analysis of these data is not required under the ATHENA cohort protocol. The results will be presented at national and international academic meetings and submitted to peer-reviewed journals for publication.
Moore, Bret A.; Tedeschi, Richard G.; Greene, Taryn C.	2021	A preliminary examination of a posttraumatic growth-based program for veteran mental health	Practice Innovations	6	1	42–54	Prevalence studies of combat veterans from the recent conflicts in Iraq and Afghanistan reveal that up to 20% experience some type of psychiatric disorder as a result of their combat experiences. One of the more notable psychiatric conditions for combat veterans is posttraumatic stress disorder (PTSD). Currently, trauma-focused, manualized psychotherapies are the prominent interventions for PTSD. These interventions, however, have significant limitations related to effectiveness, tolerance, and adherence. Consequently, alternative interventions should be considered. The present study provides longitudinal data over 18 months on an integrative approach that is based on the principles of posttraumatic growth. Outcomes related to psychiatric symptoms, quality of life, stress and emotion management, psychological flexibility, and psychological growth are reported. The application of these principles by practitioners is reviewed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Moore, Heather; Donohue, Gráinne	2016	The impact of suicide prevention on	Couns and Psychother Res (Counselling and	16	1	24–34	

		experienced Irish clinicians	Psychotherapy Research)				
Morgan, Emily; Nutt Williams, Elizabeth	2021	A qualitative study of psychotherapists' in-session tears	Psychotherapy	58	1	150–159	<p>There is little empirical research on the topic of psychotherapists crying with or in front of clients (Blume-Marcovici, 2017); however, therapists crying in therapy appears to happen more frequently than previously believed (t' Lam, Vingerhoets, & Bylsma, 2018). Although many clients believe that crying in session improves their relationship with their therapist (Zingaretti, Genova, Gazzillo, & Lingiardi, 2017), it is unclear how therapists' tears impact the psychotherapy process. For example, as some research has suggested that tearful individuals may be seen as less competent (van de Ven, Meijs, & Vingerhoets, 2017), it is possible that therapist tears are potential detriment to psychotherapy. However, therapists' tears might also have a positive effect on the therapeutic relationship if they are seen as evidence of therapist genuineness. To more deeply understand therapists' experiences of crying during a psychotherapy session, 8 practicing psychotherapists of varying theoretical orientations were interviewed using Consensual Qualitative Research (Hill, 2012; Hill et al., 2005; Hill, Thompson, & Williams, 1997). Overall, the therapists had a consistent positive perception of the consequences of their own tears, both on therapy in general as well as on the client–therapist relationship. However, they also acknowledged a lack of training in how to manage their own tears in session, confirming previous results (Blume-Marcovici, Stolberg, & Khademi, 2013) and suggesting that psychotherapists may not be fully prepared to manage tears in counseling. Implications for psychotherapists as well as directions for</p>

							future research are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Morgan, Preston C.; Wittenborn, Andrea K.; Edwards, Caitlin	2023	Session-to-session bidirectional associations of alliance with depressive symptoms and relationship satisfaction	Family process	62	4	1439–1458	The relationship between therapeutic alliance and treatment outcomes is one of the most widely studied topics in psychotherapy research. Research has primarily considered a unidirectional model whereby alliance predicts outcomes, which implies that building alliance early in therapy results in later symptom improvement and ignores the possibility that early symptom improvement could also subsequently lead to improved alliance. This study explored the bidirectional associations of alliance and outcomes session-to-session for 15 sessions among a sample of 24 couples randomized to emotionally focused therapy or treatment as usual for depression and relationship dissatisfaction. Multilevel models tested associations between the prior week's alliance and the following week's clinical outcomes (i.e., depressive symptoms and relationship satisfaction) and the prior week's clinical outcomes with the following week's alliance. Findings indicated that the prior week's alliance was associated with the following week's relationship satisfaction, but not depressive symptoms, when controlling for the prior week's depressive symptoms and relationship satisfaction in each respective model. In addition, the prior week's depressive symptoms and relationship satisfaction were both associated with the following week's alliance, when controlling for the prior week's alliance. Only one of these associations differed by sex: previous week's higher relationship satisfaction was associated with higher therapeutic alliance the following week for males than females. These bidirectional associations did not differ by treatment condition. This study contributes to the

							emerging empirical support suggesting bidirectionality among alliance and treatment outcomes.
Morrell, C. J.; Warner, R.; Slade, P.; Dixon, S.; Walters, S.; Paley, G.; Brugha, T.	2009	Psychological interventions for postnatal depression: cluster randomised trial and economic evaluation. The PoNDER trial	Health Technology Assessment	13	30	iii-iv, xi-xiii, 1-153	<p>OBJECTIVES</p> <p>To investigate outcomes for postnatal women attributed to special training for health visitors (HVs) in systematically identifying postnatal depression and delivering psychologically informed interventions, and to establish the cost-effectiveness of the intervention.</p> <p>DESIGN</p> <p>A pragmatic randomised cluster trial with clusters allocated to experimental HV training arms or control, with an 18-month follow-up.</p> <p>SETTING</p> <p>GP practices in the former Trent Regional Health Authority.</p> <p>PARTICIPANTS</p> <p>Women registered with participating GP practices who became 36 weeks pregnant during the recruitment phase of the trial, had a live baby and were on a collaborating HV's caseload for 4 months postnatally.</p> <p>INTERVENTION</p> <p>HV training in the assessment of postnatal women, combined with either cognitive behavioural approach (CBA) or person-centred approach (PCA) sessions for eligible women, plus the option of a selective serotonin reuptake inhibitor if indicated.</p> <p>MAIN OUTCOME MEASURES</p> <p>The primary outcome was the proportion of at-risk women with a 6-month Edinburgh Postnatal Depression Scale (EPDS) score > or = 12. The primary comparison was between at-risk women in the combined clusters randomised to HV training and women in practices randomised to provide HV usual care. The secondary</p>

						<p>comparison was to determine any differences between the proportions of women with a 6-month EPDS score > or = 12 in the CBA and PCA groups.</p> <p>RESULTS</p> <p>HVs in 101 clusters in 29 primary care trusts collaborated in the study. From 7649 eligible women 4084 (53.4%) consented to take part: 17.3% (595/3449) of women who returned a 6-week questionnaire had a 6-week EPDS score > or = 12 and were at-risk women; 70.3% (418/595) of at-risk women had a 6-month EPDS score available. In total, 45.6% (67/147) of control group (CG) at-risk women had a 6-month EPDS score > or = 12 versus 33.9% (93/271) of intervention group (IG) women (p = 0.036). A total of 32.9% (46/140) of at-risk women in the CBA group versus 35.1% (46/131) in the PCA group had a 6-month EPDS score > or = 12 (p = 0.74). The CG mean 6-month EPDS score for at-risk women was 11.3 (SD 5.8) versus 9.2 (SD 5.4) for the IG (p = 0.002) and this remained statistically significant after adjusting for 6-week variables (p = 0.001). In total, 16.4% (150/914) of all women in the CG had a 6-month EPDS score > or = 12 compared with 11.7% (205/1745) in the IG (p = 0.003). The CG mean 6-month EPDS score for all women was 6.4 (SD 5.2) compared with 5.5 (SD 4.7) for the IG (p < 0.001). The economic analysis results showed a consistent pattern of psychological approaches being cost-effective at funding levels used by the National Institute for Health and Clinical Excellence.</p> <p>CONCLUSIONS</p> <p>HV training was effective compared with HV usual care in reducing the proportion of at-risk women with a 6-month EPDS score > or = 12, with a wide confidence interval for the estimated intervention effect, suggesting that the true</p>
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							treatment effect may be small. The effect remained for 1 year. The economic evaluation demonstrated that the HV intervention was highly likely to be cost-effective compared with the control. There was no difference in outcomes between the CBA and the PCA groups.
Morrey, Tara; Larkin, Michael; Rolfe, Alison	2020	What claims are made about clients and therapists' experiences of psychotherapy environments in empirical research? A systematic mixed-studies review and narrative synthesis	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	4	666-679	
Morrow, Mary R.; Smith, Marlaine C.	2022	A Life in Nursing Science: A Dialogue With Dr. Marlaine C. Smith	Nursing science quarterly	35	2	170-175	The year 2022 is Nursing Science Quarterly's 35th year in publication, and we are dialoging with nurse theorists. We hope to uncover influences and origins of their theoretical thinking and hear about their current projects related to nursing science. In this scholarly dialogue column, we dialogue with Dr. Marlaine C. Smith, nurse theorist, Professor Emeritus, Christine E. Lynn College of Nursing, Florida Atlantic University, and president of the Society of Rogerian Scholars. Her contribution to nursing science began with her own inquisitiveness, the influence of nursing faculty and mentors, and an academic career based steeped in leadership and nursing theory. Her middle-range theory of unitary caring synthesizes her

							work in the science of unitary human beings and caring science.
Moscara, Maria; Bergonzini, Elisa	2021	Integrating the principles of transference-focused psychotherapy with psychiatric consultation for patients admitted to a general hospital: A clinical application of a psychotherapeutic tool	Appl Psychoanal Studies (International Journal of Applied Psychoanalytic Studies)	18	1	18-29	
Muir, Heather J.; Coyne, Alice E.; Morrison, Nicholas R.; Boswell, James F.; Constantino, Michael J.	2019	Ethical implications of routine outcomes monitoring for patients, psychotherapists, and mental health care systems	Psychotherapy	56	4		Although psychotherapy is generally efficacious, a substantial number of patients fail to improve meaningfully, whereas still others deteriorate. Moreover, psychotherapists have difficulty forecasting which patients are at risk for nonresponse or deterioration, especially when relying predominantly on their judgment. These limitations have implications for the ethical practice of psychotherapy, and they call for remediation strategies. One such strategy involves the use of routine outcomes monitoring (ROM), or the regular collection of core patient progress information that can be fed back to the clinician and patient in real time. ROM-informed analytics outperform clinical judgment in predicting patients who are on or off track for treatment success, which can help psychotherapists plan and responsively adjust their interventions. Additionally, research

						<p>demonstrates that ROM-generated feedback improves treatment outcomes for the average case who receives versus does not receive it. ROM data can also uncover between-therapist differences in general efficacy, as well as scientifically highlight clinicians' own relative strengths and weaknesses in treating different mental health problems. In light of such evidence, we submit that the research on ROM has matured to the point that it should occupy a central role in discussions of, and guidelines about, the ethical practice of psychotherapy. In this vein, we discuss ROM at patient, psychotherapist, and mental health care systems levels; namely, for each of these stakeholders, we review the extant empirical support before turning to possible ethical implications. Finally, we offer concluding thoughts on the expanding relevance of ROM for helping psychologists fulfill their ethical practice obligations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
<p>Mujica, Christin; Alvarez, Kiara; Tendulkar, Shalini; Cruz-Gonzalez, Mario; Alegría, Margarita</p>	<p>2020</p>	<p>Association between patient-provider racial and ethnic concordance and patient-centered communication in outpatient mental health clinics</p>	<p>Journal of Psychotherapy Integration</p>	<p>30</p>	<p>3</p>	<p>Patient-centered communication (PCC) has been identified in the literature as central to providing quality care to patients. Some evidence suggests that racial/ethnic patient-provider concordance may be associated with increased PCC because of perceived similarity between the patient-provider match. This study examines whether there are differences in emotion focused PCC between racial/ethnic concordant (n = 55) and discordant (n = 36) dyads in a sample of behavioral health providers (n = 34) and their patients (n = 91) recruited from community mental health care settings as part of a larger study. PCC was measured using three items from a novel third-party coding system on whether providers "identified feelings," "accepted feelings," and "encouraged emotional expression" of the patient. Three</p>

							<p>separate mixed linear regression analyses were conducted to assess relationships between racially/ethnically concordant or discordant dyads and each of the communication items: (a) $\beta = .20$, $p = .12$; (b) $\beta = 0.12$, $p = .39$; and (c) $\beta = -0.05$, $p = .75$. No significant differences were found between groups in the three items, suggesting that racial/ethnic concordance may not be linked to PCC measures related to emotion. It is possible that racially/ethnically discordant providers may compensate for cultural barriers to communication through additional emotion-focused communication strategies, or that other aspects of patient-provider similarity are more salient to PCC. Continuing to identify the characteristics and circumstances that lead to improved PCC may be a way to bridge the gaps in the quality of behavioral health care received by underserved communities, particularly communities of color. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Mukwege, Denis; Berg, Marie	2016	A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care	PLoS medicine	13	10	e1002156	<p>Denis Mukwege and Marie Berg describe the One Stop Centre at Panzi Hospital in Eastern Democratic Republic of Congo that provides care for girls and women who have been raped in combination with extreme bodily harm.</p>
Mülder, Lina Marie; Schimek,	2022	Distinct Patterns of	Frontiers in psychology	13		895930	<p>Job crafting has been established as a bottom-up work design instrument for promoting health and well-being in</p>

<p>Sonja; Werner, Antonia Maria; Reichel, Jennifer L.; Heller, Sebastian; Tibubos, Ana Nanette; Schäfer, Markus; Dietz, Pavel; Letzel, Stephan; Beutel, Manfred E.; Stark, Birgit; Simon, Perikles; Rigotti, Thomas</p>		<p>University Students Study Crafting and the Relationships to Exhaustion, Well-Being, and Engagement</p>					<p>the workplace. In recent years, the concepts of job crafting have been applied to the university student context, proving to be positively related to student well-being. Building on person-centered analyses from the employment context, we assessed approach study crafting strategy combinations and the relationships to students' exhaustion, study engagement, and general well-being. Data from 2,882 German university students were examined, collected online during the summer term in 2020. Using latent profile analysis, we found five distinct crafting groups, which showed discriminate validity with regard to emotional exhaustion, engagement, and well-being. The results underscore the positive role of study crafting for students' health and well-being. They further indicate a less important role of increasing social resources for emotional exhaustion when combined with a moderate increase in structural resources and a moderate increase in challenging demands. Our findings imply that interventions to promote study crafting should be considered to promote student health and well-being.</p>
<p>Müller, Gregor; Sachse, Rainer; Langer, Katja; Claus, Benedikt Bernd; Bonnet, Udo</p>	<p>2022</p>	<p>Evaluation of the Effectiveness of the Clarification-Oriented Psychotherapy in Persons with a Narcissistic Personality Disorder According to DSM-IV - A</p>	<p>Fortschritte der Neurologie-Psychiatrie</p>	<p>90</p>	<p>9</p>	<p>396–405</p>	<p>BACKGROUND: The treatment of patients diagnosed with a narcissistic personality disorder (NPS) is considered to be extra challenging. Well-controlled studies on the effectiveness of psychotherapy in NPS patients are not available; so many interventions are based on theoretical constructs. The clarification-oriented psychotherapy (COP) is a psychotherapeutic approach, which emerged from concepts of the cognitive behavioral therapy, client-centered psychotherapy and various process-oriented procedures. The present ambulatory therapy-evaluation of COP aimed to evaluate the effectiveness of a psychotherapeutic treatment for patients suffering from NPS. METHODS AND RESULTS: Retrospective cohort-</p>

		Naturalistic Longitudinal Study with Pre-Post Design					study including 173 treatment-seeking NPS-patients. Via pre-post per-protocol-analysis, significant improvements mostly with medium effect sizes were found in all relevant parameters after completion of the COP (58.6±10.5 sessions). In particular, the ambitious/narcissistic personality style in the "Personality Style and Disorders Inventory (PSSI)" (primary outcome) was improved (medium effect size: $d=-0.49$ [-0.67; -0.31], $p<0.001$). Analyses revealed even high effect sizes in terms of the improvement of depressive "states" and "traits", neuroticism as well as self-acceptance. The lowest effect sizes however were found for improvements in self-regulation ($d=0.2$ [0.03; 0.36], $p=0.02$). DISCUSSION: As no intention-to-treat analysis has been carried out, the effect sizes of COP in the treatment of NPS might be overestimated. Nevertheless, our findings support the use of COP for the treatment of NPS. In light of evidence-based medicine, the present so far most comprehensive study on this topic warranted an increase of the evidence of COP in the treatment of NPS from level IV to level III.
Mullins-Sweatt, Stephanie N.; Hopwood, Christopher J.; Chmielewski, Michael; Meyer, Neil A.; Min, Jiwon; Helle, Ashley C.; Walgren, Maggie D.	2020	Treatment of personality pathology through the lens of the hierarchical taxonomy of psychopathology: Developing a research agenda	Personality and mental health	14	1	123-141	Despite the emphasis on evidence-based treatment for psychological disorders, to date, there has been limited research examining treatment for nine of the 10 categorical personality disorders in DSM-5 Section 2. This is perhaps not surprising given the complex heterogeneity and co-morbidity within personality pathology. The hierarchical taxonomy of psychopathology (HiTOP) was proposed to address limitations within the traditional categorical model of the diagnostic system. Within this system are five spectra: detachment, antagonistic externalizing, disinhibited externalizing, thought disorder and internalizing. These foundational personality traits potentially have direct and specific treatment

						implications. The purpose of this paper is to highlight potential psychotherapeutic and pharmacological treatment recommendations within the personality spectra. Additionally, we outline the advantages of considering the personality science found within dimensional models of psychopathology in clinical assessment and intervention to aid in treatment planning. © 2019 John Wiley & Sons, Ltd.
Munroe, Melanie; Al-Refae, Mohamed; Chan, Helen W.; Ferrari, Michel	2022	Using self-compassion to grow in the face of trauma: The role of positive reframing and problem-focused coping strategies	Psychological Trauma: Theory, Research, Practice, and Policy	14	S1	Objective: Recent research has shown a link between self-compassion, posttraumatic growth (PTG), and emotion-focused coping strategies (i.e., positive reframing and acceptance). Studies have also found evidence for the use of problem-focused strategies (i.e., active coping, planning, and instrumental support) as mediators between self-compassion and stress, and the use of these strategies has been found to predict PTG. However, no studies have directly examined the relationship between self-compassion, PTG, and the use of problem-focused coping strategies. This study investigated the association between self-compassion, emotion- and problem-focused coping, and PTG in trauma survivors. Method: Participants were 111 emerging adults aged 18 to 29, from Canada and the United States, who completed an online survey that included measures of coping, PTG, and self-compassion. Results: Self-compassion and PTG were both correlated with three coping styles, active coping, instrumental support, and positive reframing. All three coping styles predicted PTG over and above self-compassion and played multiple mediating roles between self-compassion and PTG, with no differences between the three coping styles in their mediating effects. Conclusions: These findings indicate that problem-

						focused coping strategies are also influential in mediating the development of PTG from self-compassion. Self-compassion reduces one's tendency to overidentify with negative emotions through positive reframing. The use of active coping and instrumental support also allows individuals to feel more capable in dealing with their traumatic events. Incorporating problem-focused self-compassion-based practices in cognitive behavioral and exposure-based therapies may offer additional benefits by reducing self-criticism to better promote active recovery from traumatic events. (PsycInfo Database Record (c) 2022 APA, all rights reserved)	
Muntigl, Peter	2019	Managing Distress Over Time in Psychotherapy: Guiding the Client in and Through Intense Emotional Work	Frontiers in psychology	10		3052	<p>Clients who seek psychotherapeutic treatment have had personal experiences involving some form of distress. Although research has shown that the client's ability to experience and express painful emotions during therapy can have a therapeutic benefit, it has also been argued that displaying distress may convey a form of helplessness and vulnerability, and thus, clients may be reluctant to cast themselves in this light. Using the methods of conversation analysis, this paper explores how a client's upsetting experience is managed over the course of a single session of client-centered therapy. The main analytic focus will be on (1) the different therapist practices used to orient to the client's distress, (2) the varying forms of client opposition to the therapist's attempts to work with the distress, and (3) the context sensitivity of orienting to distress and how certain practices may be uniquely shaped by what had occurred in prior talk. It was found that, whereas certain types of therapist responses tended to be endorsed by the client, others were forcefully rejected as inappropriate displays of understanding or empathy. By focusing on repeated</p>

							sequential episodes over time in which a client conveys distress, followed by the therapist's response, this paper sheds light on the interactional trajectory through which a client and therapist are able to resolve impasses to emotional exploration and to successfully secure extended and intense emotional work.
Muntigl, Peter; Horvath, Adam O.; Bänninger- Huber, Eva; Angus, Lynne	2020	Responding to self-criticism in psychotherapy	Psychotherapy research : journal of the Society for Psychotherapy Research	30	6	800–814	<p>OBJECTIVE: We explored the interactive process in which therapists respond to client self-critical positions.</p> <p>METHODS: Drawing from the resources of conversation analysis (CA), we examined a corpus of in-session self-critical sequences of talk occurring in different kinds of treatments: Client Centered Therapy, (CCT), Emotion Focused Therapy (EFT), Psychoanalytic Psychotherapy (PP) and in different cultural contexts.</p> <p>RESULTS: It was found that client self-critical talk performed various functions pertaining to diminished control, accountability (e.g., failed obligations leading to self-blame) and disparaging evaluations of self (contempt or disgust). Further, therapists were found to respond in ways that targeted the client's report of having diminished control or of being accountable for their negative attributes by providing a more optimistic reading of the client's experience, one that is more open to positive outcomes and the possibility of change. Our sequential analysis not only shows how clients may resist these optimistic readings, but also how therapists work towards successfully achieving moments of re-affiliation.</p> <p>CONCLUSION: We anticipate that the fine-grained sequential analysis of therapy interaction can provide therapists with a more detailed understanding of the options and challenges therapists face when working with clinical challenges of clients' self-critical positions.</p>

Murphy, David; Elliott, Robert; Carrick, Lorna	2019	Identifying and developing therapeutic principles for trauma-focused work in person-centred and emotion-focused therapies	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	497–507	
Murphy, David; Irfan, Nisha; Barnett, Harriet; Castledine, Emma; Enescu, Lily	2018	A systematic review and meta-synthesis of qualitative research into mandatory personal psychotherapy during training	Couns and Psychother Res (Counselling and Psychotherapy Research)	18	2	199–214	
Murphy, David; Liao, Faith; Slovak, Petr; Holle, Lisa-Marie; Jackson, Dan; Olivier, Patrick; Fitzpatrick, Geraldine	2020	An evaluation of the effectiveness and acceptability of a new technology system to support psychotherapy helping skills training	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	2	324–335	
Murphy, Jennifer; Rowell,	2017	Developing a model of	Couns and Psychother Res	17	1	56–70	

Lucy; McQuaid, Anne; Timulak, Ladislav; O'Flynn, Rosie; McElvaney, James		working with worry in emotion-focused therapy: A discovery-phase task analytic study	(Counselling and Psychotherapy Research)				
Murphy, Rick; Schofield, Matt	2024	How do counselling trainees describe group process and does this change over time?	Couns and Psychother Res (Counselling and Psychotherapy Research)	24	1	219-229	
Murray, Hannah; Medin, Evelina; Brown, Gary	2021	Treatment of survivor guilt after trauma using imagery rescripting: a proof-of-concept study	Behavioural and cognitive psychotherapy	49	1	124-128	Survivor guilt can arise after surviving a trauma in which others die. No studies have systematically investigated psychological treatment for survivor guilt. The present study was a proof-of-concept investigation of treatment of survivor guilt using imagery rescripting. Thirteen participants with post-traumatic stress disorder and self-reported survivor guilt attended two consecutive imagery therapy sessions, to first elaborate and then rescript related imagery. Significant improvements were observed on idiographic process measures of cognitions, emotions and distress related to survivor guilt following the rescripting session. The study provides preliminary evidence that imagery rescripting can be used as an experiential technique to treat survivor guilt.
Murray-Swank, Aaron B.	2019	The cracks where the light gets in:	Journal of Psychotherapy Integration	29	2		Limited research has addressed the impact of personal loss on psychotherapists' practice and professional identities. The goal of this article is to share a first-person

		Exploring therapist transformation following the loss of a family member to suicide					account of my experience after losing a family member to suicide, focusing particularly on ways in which this loss impacted my professional identity and practice as a psychotherapist. Three primary themes are discussed, including (a) the challenges of integrating this personal experience into my professional identity; (b) my enhanced awareness of traditional masculine gender roles in psychotherapy; and (c) processes related to the experience of self-compassion and how this has impacted my practice of psychotherapy. These themes are discussed in the context of my professional development and transformation as a psychotherapist following this loss. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Myers, Ursula S.; Haller, Moira; Angkaw, Abigail C.; Harik, Juliette M.; Norman, Sonya B.	2019	Evidence-based psychotherapy completion and symptom improvement among returning combat veterans with PTSD	Psychological Trauma: Theory, Research, Practice, and Policy	11	2	216–223	Objective: Despite the availability of evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD) in the Veterans Health Administration, treatment completion rates are low and not all veterans benefit from these treatments. Understanding factors associated with PTSD EBP completion and symptom improvement is critical to improving completion rates and effectiveness. Method: This chart review study used the Andersen Behavioral Model to examine whether predisposing characteristics (nonmodifiable characteristics such as demographics), enabling factors (modifiable logistic variables that can facilitate or impede treatment use), and need factors (clinical characteristics such as symptom severity or comorbidities) predicted treatment completion or symptom improvement following PTSD EBP treatment among 82 Iraq and Afghanistan combat veterans. Logistic regression was used to examine treatment completion, and repeated measures analysis of variance was used to examine changes in PTSD and

							depression symptoms following treatment. Results: EBP completers had greater improvement in PTSD symptoms than did EBP dropouts. Need factors (lack of comorbid substance use disorders and having problems with family members/significant others) were related to treatment completion, whereas enabling resources (receiving individual rather than group treatment) were related to symptom improvement. Conclusions: This is one the first studies to use a comprehensive model to examine factors relevant to treatment completion and symptom improvement. Results suggest that nonmodifiable predisposing characteristics do not drive treatment completion and symptom improvement, underscoring the potential importance of targeting enabling resources and needs factors for intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Myung, Hannah S.; Furrow, James L.; Lee, Nicholas A.	2022	Understanding the emotional landscape in the withdrawer re-engagement and blamer softening EFCT change events	Journal of marital and family therapy	48	3	758-776	The heart of change in emotionally focused couple therapy (EFCT) involves accessing key emotions and using them to redefine the self and create new relational responses. Two EFCT change events, withdrawer re-engagement and blamer softening, represent the emotion and relationship restructuring process with couples who are stuck in blame-withdraw interactions. These change events involve facilitating greater accessibility, responsiveness, and emotional engagement between more avoidant and anxious partners. This study tracked in-session emotional states and sequences in each of these change events. Findings highlight the importance of primary and softer emotional expressions. Specific emotional states characterize the two EFCT change events with adaptive grief/hurt being unique to withdrawer re-engagement and rejecting anger distinguishing blamer softening. Sequential patterns of

							emotional states were identified particularly for withdrawer re-engagement where grief/hurt was followed by acceptance and agency. Clinical implications consider the role of emotional transformation and emotional expansion in the EFCT change process.
Najafian Jazi, Ali; Sultzer, David; Lumley, Mark; Osato, Sheryl; Yarns, Brandon	2019	EMOTIONAL AWARENESS AND EXPRESSION THERAPY OR COGNITIVE BEHAVIOR THERAPY FOR THE TREATMENT OF CHRONIC MUSCULOSKELETAL PAIN IN OLDER VETERANS: A PILOT RANDOMIZED CLINICAL TRIAL	The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry	27	3	S153-S154	
Nakamura, Kaori; Iwakabe, Shigeru	2018	Corrective emotional experience in an integrative affect-focused therapy: Building a preliminary model using task analysis	Clinical psychology & psychotherapy	25	2	322-337	OBJECTIVE: The present study constructed a preliminary process model of corrective emotional experience (CEE) in an integrative affect-focused therapy. METHOD: Task analysis was used to analyse 6 in-session events taken from 6 Japanese clients who worked with an integrative affect-focused therapist. The 6 events included 3 successful CEEs and 3 partially successful CEEs for comparison. RESULTS: A rational-empirical model of CEE was generated, which consisted of two parallel client change processes, intrapersonal change and

							<p>interpersonal change, and the therapist interventions corresponding to each process. Therapist experiential interventions and therapist affirmation facilitated both intrapersonal and interpersonal change processes, whereas his relational interventions were associated with the interpersonal change process. The partially successful CEEs were differentiated by the absence of the component of core painful emotions or negative beliefs in intrapersonal change process, which seemed crucial for the interpersonal change process to develop. CONCLUSIONS: CEE is best represented by a preliminary model that depicts two parallel yet interacting change processes. Intrapersonal change process is similar to the sequence of change described by the emotional processing model (Pascual-Leone & Greenberg,), whereas interpersonal change process is a unique contribution of this study. Interpersonal change process was facilitated when the therapist's active stance and use of immediacy responses to make their relational process explicit allowed a shared exploration. Therapist affirmation bridged intrapersonal change to interpersonal change by promoting an adaptive sense of self in clients and forging a deeper emotional connection between the two.</p>
Napel-Schutz, Marieke C. ten; Abma, Tineke A.; Bamelis, Lotte L. M.; Arntz, Arnoud	2017	How to Train Experienced Therapists in a New Method: A Qualitative Study into Therapists' Views	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	24	2	359–372	<p>Background Implementation of new effective treatments involves training, supervision and quality control of therapists, who are used to utilize other methods. Not much is known about therapists' views on how new psychotherapy methods should be taught. Objective The purpose of this study is to get insight in how experienced therapists experience the training in a new method so that training methods for experienced therapists can be improved. Method Qualitative research using focus</p>

						<p>groups. For an RCT on the effectiveness of schema therapy (ST) for six personality disorders more than 80 therapists were trained in ST. They applied the ST-protocol after 4-day training, with peer supervision and limited expert supervision. Sixteen of these trained ST therapists from seven health institutions participated in the focus groups. The transcripts and records of the focus groups were analyzed on repeating themes and subthemes and in terms of higher order categories. Results Therapists appreciated didactical learning methods but particularly valued experiential learning. Especially, novice ST therapists missed role plays, feedback to learn required skills and attitudes, and attention to their resistance to new techniques (e.g., empathic confrontation and imagery). Peer supervision gave emotional recognition, but therapists lacked regular advice from an ST-expert. Conclusions In teaching a new therapeutic method didactic teaching is necessary, but experiential learning is decisive. Experiential learning includes practicing the new therapy and reflecting on one's experiences, including resistance against new methods. Emphatic confrontation, case conceptualization, role play, peer supervision and opportunities to ask an expert supervisor during peer supervision are found to be helpful. Copyright ? 2016 John Wiley & Sons, Ltd. Key Practitioner Message Especially by Eperiential learning besides didactic learning. By practicing with many role plays including feedback. By reflecting on one's experiences including resistance against ingredients of the new method. By peer supervision with opportunities to ask an expert supervisor.</p>
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<p>Nasim, Ron; Shimshi, Sharon; Ziv-Beiman, Sharon; Peri, Tuvia; Fernández-Navarro, Pablo; Oliveira, João Tiago; Gonçalves, Miguel M.</p>	<p>2019</p>	<p>Exploring innovative moments in a brief integrative psychotherapy case study</p>	<p>Journal of Psychotherapy Integration</p>	<p>29</p>	<p>4</p>	<p>359–373</p>	<p>The present study examined the emergence of innovative moments in a successful case of Brief Integrative Psychotherapy (BIP) based on Hill’s 3-stage model. Hill’s model suggests that optimally therapeutic processes involve exploration (based on client-centered therapy), insight (based on psychoanalytic therapy), and action (based on behavioral therapy). Innovative moments are exceptions to the problematic pattern of meaning that brought the client to therapy. Previous studies showed that their occurrences in the therapeutic conversation were related to symptomatic improvement in different therapeutic models; nevertheless, they have not yet been explored in integrative psychotherapy, and especially psychotherapy that contains explicit psychodynamic components. The aim of the study was to examine the relations between innovative moments, on the one hand, and (a) symptomatic improvement, (b) therapist’s interventions, and (c) client’s subjective experience, session by session, on the other. A 12-session case study of a 27-year-old female client was coded according to the Innovative Moments Coding System. Outcome improvement was measured by the Outcome Questionnaire (OQ-45.2). Therapist’s interventions were coded according to the Helping Skills Scale (HSS). The subjective experience for each session was measured by the Session Evaluation Questionnaire (SEQ). The findings suggest that innovative moments are related to symptomatic change. Exploration and insight interventions were related to the emergence of more elementary innovative moments, whereas action interventions were found to be related to more highly developed innovative moments. Finally, innovative moments were strongly associated with 3 out of the 4</p>
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							dimensions of client's subjective experience of the session (depth, smoothness, and positivity). These results should be further explored at a sample level. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Navab, Mojgan; Dehghani, Akram; Salehi, Mehrdad	2019	Effect of compassion-focused group therapy on psychological symptoms in mothers of attention-deficit hyperactivity disorder children: A pilot study	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	2	149-157	
Nave, Ohad; Trautwein, Fynn-Mathis; Ataria, Yochai; Dor-Ziderman, Yair; Schweitzer, Yoav; Fulder, Stephen; Berkovich-Ohana, Aviva	2021	Self-Boundary Dissolution in Meditation: A Phenomenological Investigation	Brain sciences	11	6		A fundamental aspect of the sense of self is its pre-reflective dimension specifying the self as a bounded and embodied knower and agent. Being a constant and tacit feature structuring consciousness, it eludes robust empirical exploration. Recently, deep meditative states involving global dissolution of the sense of self have been suggested as a promising path for advancing such an investigation. To that end, we conducted a comprehensive phenomenological inquiry into meditative self-boundary alteration. The induced states were systematically characterized by changes in six experiential features including the sense of location, agency, first-person perspective, attention, body sensations, and affective valence, as well as their interaction with meditative technique and overall degree of dissolution. Quantitative analyses of the relationships

						<p>between these phenomenological categories highlighted a unitary dimension of boundary dissolution. Notably, passive meditative gestures of "letting go", which reduce attentional engagement and sense of agency, emerged as driving the depth of dissolution. These findings are aligned with an enactive approach to the pre-reflective sense of self, linking its generation to sensorimotor activity and attention-demanding processes. Moreover, they set the stage for future phenomenologically informed analyses of neurophysiological data and highlight the utility of combining phenomenology and intense contemplative training for a scientific characterization of processes giving rise to the basic sense of being a bounded self.</p>
Nees, Frauke	2021	<p>Den inneren Kritiker zum Lachen bringen!. Selbstliebe und Selbstmitgefhl gewinnen. 80 bungen aus dem Improvisationstheater fr Psychotherapie, Beratung und Coaching</p>				<p>In einem Kartenset fr den Einsatz in Psychotherapie, Beratung und Coaching werden 80 bungen zum Umgang mit dem inneren Kritiker und zur Strkung der Selbstliebe geboten. Mit den interaktiven, krper- und erfahrungsorientierten bungen aus Improvisations- und Bewegungstheater, Schauspiel und Hypnose lernen Patientinnen und Patienten ihren inneren Kritiker kennen, indem sie mit ihm tanzen, ihn zum Lachen zu bringen, ihn verfhren, ihn ablenken, und ihn schlielich in ihren besten Freund verwandeln. In der Psychotherapie ist das Thema Selbstliebe bei Patientinnen und Patienten wichtig, da es bei vielen Strungsbildern, aber auch Lebensproblemen mitschwingt. Mit den Ideen und bungen gelingt es den Patientinnen und Patienten, spielerisch die Beziehung ihrer inneren Anteile sowie der Beziehung zu ihrem Selbst und zu anderen zu verbessern. Die Karten knnen in der Einzelarbeit und in der Gruppe eingesetzt werden. - Inhalt: <a href="https://d-</p>

							nb.info/1231247339/04">https://d-nb.info/1231247339/04
Negt, Philip; Brakemeier, Eva-Lotta; Michalak, Johannes; Winter, Lotta; Bleich, Stefan; Kahl, Kai G.	2016	The treatment of chronic depression with cognitive behavioral analysis system of psychotherapy: a systematic review and meta-analysis of randomized-controlled clinical trials	Brain and behavior	6	8	e00486	<p>BACKGROUND</p> <p>Chronic depression is a severe and disabling condition. Compared to an episodic course, chronic depression has been shown to be less responsive to psychopharmacological and psychological treatments. The cognitive behavioral analysis system of psychotherapy (CBASP) has been developed as a specific psychotherapy for chronic depression. However, conflicting results concerning its efficacy have been reported in randomized-controlled trials (RCT). Therefore, we aimed at examining the efficacy of CBASP using meta-analytical methods.</p> <p>METHODS</p> <p>Randomized-controlled trials assessing the efficacy of CBASP in chronic depression were identified by searching electronic databases (PsycINFO, PubMed, Scopus, Cochrane Central Register of Controlled Trials) and by manual searches (citation search, contacting experts). Searching period was restricted from the first available entry to October 2015. Identified studies were systematically reviewed. The standardized mean difference Hedges' g was calculated from posttreatment and mean change scores. The random-effects model was used to compute combined overall effect sizes. A risk of publication bias was addressed using fail-safe N calculations and trim-and-fill analysis.</p> <p>RESULTS</p> <p>Six studies comprising 1.510 patients met our inclusion criteria. The combined overall effect sizes of CBASP versus other treatments or treatment as usual (TAU) pointed to a significant effect of small magnitude</p>

							<p>(g = 0.34-0.44, P < 0.01). In particular, CBASP revealed moderate-to-high effect sizes when compared to TAU and interpersonal psychotherapy (g = 0.64-0.75, P < 0.05), and showed similar effects when compared to antidepressant medication (ADM) (g = -0.29 to 0.02, ns). The combination of CBASP and ADM yielded benefits over antidepressant monotherapy (g = 0.49-0.59, P < 0.05).</p> <p>LIMITATIONS</p> <p>The small number of included studies, a certain degree of heterogeneity among the study designs and comparison conditions, and insufficient data evaluating long-term effects of CBASP restrict generalizability yet.</p> <p>CONCLUSIONS</p> <p>We conclude that there is supporting evidence that CBASP is effective in the treatment of chronic depression.</p>
Neidhart, Ela	2017	Der geschlagene Bub. Fallstudie mit Fokus auf der Adaptation und der Weiterentwicklung von EM?DR	psychopraxis. neuropraxis	20	4	175-178	<p>"Herr F.", ein heute 60 Jahre alter Mann, hat durch jahrelange Gewalterfahrungen in frhester Kindheit und durch sexuelle bergriffe im Jugendalter vielfache Schwierigkeiten im Sozialkontakt. Sein Alltag ist geprgt von Impulsdurchbrchen und Flashbacks einzelner traumatischer Erlebnisse. Die Fallstudie zeigt, wie der Patient in 3,5 Jahren Gestaltpsychotherapie zunehmend innere Sicherheit gewinnt und Flashbacks abnehmen oder gnzlich verschwinden. Zudem diskutiert die Einzelstudie die Herausforderungen im Umgang mit einem detaillierten EMDR-Manual im Rahmen gestalttherapeutischer Psychotherapie, was zu einer experimentellen Weiterentwicklung basierend auf aktuellen Studien fhrt, zur dualen Fokus-Arbeit (DFA), die sich als effiziente Methode zur Behandlung dieser posttraumatischen Belastungsstrung erweist. Fr die Praxis heit das unter anderem: Keine positive Verankerung mit EMDR. Die Eingangssequenz des EMDR-Protokolls</p>

							wird nur dann in hnlicher Weise angewandt, wenn der Klient zu wenig emotional involviert ist. Die gewhlte Methode der Aufmerksamkeitsbindung kann/muss sich nach dem individuellen Patienten richten.
Nekar, Daekook M.; Kang, Hye-Yun; Lee, Jae-Won; Oh, Sung-Yeon; Yu, Jae-Ho	2023	Effects of Cooperative, Competitive, and Solitary Exergames on Cognition and Anxiety Levels in Children with Developmental Disabilities	Games for health journal	12	5	405–413	Objective: Exergames are playing an important role in person-centered therapy, health care services, and in the rehabilitation field. This study aimed to compare the effects of cooperative, competitive, and solitary exergames on cognition and anxiety levels in children with developmental disabilities (DD). Materials and Methods: This study was a randomized controlled trial pretest-posttest including 36 children with DD who were allocated to the cooperative exergame group (CGG), competitive exergame group (CmGG), and solitary exergame group (SGG). The exergame program was performed two times a week for 8 weeks and the outcome measurements were conducted before and after the program. A paired sample t-test and one-way analysis of variance (ANOVA) were used to analyze the changes within and between the groups. Results: The result indicated a significant improvement in memory, attention, and visual perception in all groups; the CGG and CmGG showed a high increase in attention compared with the SGG. However, only the CGG presented a significant improvement in the language subscale. In terms of anxiety, only the CGG presented substantial improvements in all anxiety subscales. The CmGG showed improvement in social phobia and the SGG in physical injury fears, social phobia, and general anxiety fears. Conclusion: The findings suggest that cooperative and competitive exergames may be used to effectively improve cognitive functions; cooperative exergames can be applied as the most effective method to reduce

							anxiety compared with the other game types for children with DD.
Neufeld, Marc	2018	Spiritualitt, Symbol, Beziehung	Gestalttherapie	32	1	96–120	<p>Ausgehend von der Fallbeschreibung einer Patientin mit einer depressiven Episode und sozialer Phobie wird mithilfe der Stufen des Glaubens nach James W. Fowler untersucht, wie durch die Religiositt einer Person ihre zentralen Beziehungsmuster herausgearbeitet werden knnen. Nach Vorbemerkungen zum Themenkreis Spiritualitt/Religiositt wird der Fall der Patientin beschrieben, wobei insbesondere auf ihre Kontaktschwierigkeiten eingegangen wird. Dann werden Fragen vorgestellt, mit denen in der Anamnese auf die Religiositt/Spiritualitt einer Person eingegangen werden kann. Nach einer Darstellung der einzelnen Stufen des Glaubens nach Fowler erfolgt eine Verortung der Patientin sowie eine Darstellung der Entwicklung auf den Glaubensstufen im Verlauf der Therapie.</p> <p>Zusammenfassend wird gefolgert, dass durch die Erfragung der Beziehungsdimensionen einer Person und deren Einordnung in die Stufen des Glaubens das Symbolverstndnis und die Beziehungsmuster der Person diagnostiziert werden knnen und dadurch Krisen und Konflikte deutlicher werden.</p>
Neumann, Eva; Michalek, Silke; Pressentin, Markus; Hölscher, Stefanie; Grässner, Marion; Rademacher, Jörg	2023	A Clinical Trial of Psychodynamic-Interactional and Body Therapy in Somatoform Pain Disorders - Positive Interpersonal	Zeitschrift für Psychosomatische Medizin und Psychotherapie	69	3	278–292	<p>Objectives: The aim of this clinical trial was to explore whether psychodynamic-interactional therapy leads to a better outcome in the treatment of somatoform pain disorders when combined with body therapy. Methods: 30 patients diagnosed with this disorder took part in outpatient group therapies with 25 sessions. In the intervention condition, sessions based on psychodynamic-interactional and body therapy took place in weekly change, while in the control condition all sessions were based on psychodynamic-interactional</p>

		Experiences for Patients with Early Trauma					therapy. Data were collected with self-report measures at the beginning and end of therapy and at the 6-months follow-up. Results: Under both conditions somatic and psychological symptoms merely remained stable from the first to the third measurement time. However, patients expressed a high level of satisfaction with the relationships in the group. Conclusions: Contrary to the assumptions, the two therapy conditions did not differ in the treatment outcome. Both conditions proved successful in providing patients with supporting interpersonal experiences.
Neumann, Stefanie; Northoff, Robert; Franke, Andreas G.	2016	Ältere Menschen in der psychosozialen Beratung - eine Fallstudie	Gesprächspsychotherapie und Personzentrierte Beratung	47	1	30-33	An einem Fallbeispiel wird ein kostenloses psychosoziales Beratungsangebot (HEL.P) für ältere Menschen vorgestellt. Beschrieben wird die Beratung einer 73-jährigen Klientin mit psychiatrischen und somatischen Diagnosen, die das Angebot über fünf Monate parallel zu einer gerontopsychiatrischen Therapie nutzte. Anhand einer Darstellung der Ausgangssituation und des Beratungsverlaufs werden Stärken und Grenzen der Beratung aufgezeigt und ihr Einsatz als Ergänzung zu einer medizinisch-psychiatrischen Behandlung diskutiert.
Neureiter-Penn, Susanne	2021	Die "Ressourcen-Insel" in der Psychodrama-Psychotherapie mit traumatisierten Menschen. Ein psychodramatisches Tool in der ressourcenorientierten Arbeit	Zeitschrift für Psychodrama und Soziometrie	20	Suppl 1	93-102	Im folgenden Artikel der Zeitschrift für Psychodrama und Soziometrie wird das psychodramatische Tool der "Ressourcen-Insel" vorgestellt, welches in der Arbeit mit Menschen mit Traumafolgestörungen entwickelt wurde. Ziel der Arbeit ist es, in der psychodramatischen Arbeit im Gruppensetting die Ressourcen der TeilnehmerInnen zu entdecken, wahrzunehmen und zu fördern. Jede Teilnehmerin und jeder Teilnehmer gestaltet für sich eine Insel und bringt dabei die eigenen Ressourcen mittels einer Aufstellung von Intermediarobjekten auf die Bühne. In Feedback- und Sharing-Runden erfolgt ein Austausch und ein gemeinsames Arbeiten auf der Gruppenebene.

							Weiters wird die Möglichkeit des Einsatzes der Ressourcen-Insel im Einzelsetting beschrieben. (c) Springer Fachmedien Wiesbaden GmbH
Newberger, Noam G.; Hinds, Zig; Mahoney, Colin T.; Bryant, William T.; Herbitter, Cara; Livingston, Nicholas A.	2022	Real-time associations between discrimination, cannabis use, and mood among sexual and gender minority individuals	Psychology of Addictive Behaviors	36	5	491–498	Objective: Sexual and gender minority (SGM) individuals experience high rates of discrimination, which is associated with increased cannabis use. Studies have also linked daily SGM discrimination to event-based mood states, but none have examined the degree to which cannabis buffers or potentially exacerbates mood in response to discrimination in real time. Method: Fifty SGM individuals participated in a 2-week ecological momentary assessment study. Participants completed a baseline assessment and then received six daily prompts assessing SGM discrimination, cannabis use, and current mood. We investigated the immediate associations between SGM discrimination and mood, and how cannabis use differentially moderated these associations. Results: SGM discrimination was associated with increased negative mood and decreased positive mood. Among those who experienced discrimination, individuals who used cannabis reported feeling less anxious and depressed, and happier and more relaxed, in the 2 hr following an SGM discrimination experience compared to those that did not use cannabis. Conclusions: These findings uncover some of the acute within-day effects of both daily SGM discrimination and cannabis use on mood. These findings build on the current understanding of minority stress, in real time, and suggest avenues for prevention, and intervention efforts to offset risk for psychological distress and cannabis use among SGM individuals who experience minority stress. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Newman, Michelle G.; Schwob, Jeremy T.; Rackoff, Gavin N.	2022	Within-day sudden gains and generalized anxiety disorder psychotherapy outcome	Psychotherapy	59	3		<p>According to dynamic systems theory, initial symptom instability is necessary for long-term stable change to occur from psychotherapy. Such instability may be assessed using within-day sudden gains (SGs), sudden losses (SLs), and reversals. The present study examined these symptom change patterns and their association with treatment outcome using intensive diary assessment across three psychotherapies for generalized anxiety disorder (GAD). In a secondary analysis of Borkovec and Costello (1993), 59 clients diagnosed with GAD were randomly assigned to applied relaxation (AR; n = 21), cognitive behavioral therapy (CBT; n = 20), or nondirective (ND) therapy (n = 18). Clients completed thrice daily anxiety ratings while receiving psychotherapy. The occurrence of SGs, SLs, and reversals assessed for each individual was calculated using changes between each assessment. We examined the association between occurrence of SGs, SLs, and reversals and symptom change from pretreatment to posttreatment, and 6-month, and 1-year follow-up. Clients in ND (61.1%) were more likely to experience SGs than clients in CBT (20.0%) or AR (38.0%). 92.9% of SGs were followed by a reversal. Experiencing SGs was associated with less symptom change from pretreatment to follow-up in ND and not associated with outcome in CBT or AR. SLs and reversals were not associated with outcome. When measured at a within-day level, SGs are very likely to be reversed and may be associated with poorer long-term outcome in ND. Within-day SGs may have a fundamentally different meaning than session-to-session SGs. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)</p>
Newman, Michelle G.;		Time-varying moderation of	Journal of consulting and	87	3		Objective: To extend the sparse literature on moderators, we used time-varying effect modeling (TVEM; Tan, Shiyko,

Shin, Ki Eun; Lanza, Stephanie T.		treatment outcomes by illness duration and comorbid depression in generalized anxiety disorder	clinical psychology				Li, Li, & Dierker, 2012) to examine how depressive symptoms and duration of generalized anxiety disorder (GAD) moderated effects of 3 treatments for GAD (applied relaxation [AR], cognitive-behavioral therapy [CBT], and nondirective therapy [ND]) over time using intensive repeated measures. Method: In a secondary analysis of Borkovec and Costello (1993), 66 GAD clients were randomly assigned to AR (n = 23), CBT (n = 23), or ND (n = 20). Clients received 12 therapy sessions over 6 weeks, and after 2 weeks of posttreatment assessment, had 2 additional weekly fading sessions. They completed thrice daily anxiety ratings during this 10-week period. GAD duration (Anxiety Disorders Interview Schedule-Revised) and depressive symptoms (Hamilton Depression Rating Scale) were assessed at baseline. Results: Longer GAD duration predicted less anxiety reduction in CBT and ND relative to AR. These effects were pronounced in the later phase of treatment, suggesting benefits of focused relaxation practice for clients with longer duration. Higher depression predicted better response to CBT than AR and ND. The moderation effects were also more noticeable in the later phase. In multilevel analyses, a similar moderation pattern held at 1-year follow-up on clinician-rated measures. Conclusion: GAD clients with long-standing symptoms may benefit more from repeatedly practicing fewer skills than learning multiple skills. On the other hand, clients with comorbid depression may respond better to CBT than AR, perhaps because CBT includes cognitive interventions that can generalize to depression. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Ng, Ka Ying Bonnie;	2018	A randomised controlled trial	BMC women's health	18	1	196	BACKGROUND: Lifestyle, in particular obesity and smoking has significant impacts on fertility and an

<p>Wellstead, Susan; Cheong, Ying; Macklon, Nick</p>		<p>of a personalised lifestyle coaching application in modifying periconceptional behaviours in women suffering from reproductive failures (iPLAN trial)</p>				<p>important focus for the treatment of reproductive failures is the optimisation of periconceptional lifestyle behaviours. The preimplantation intrauterine environment within the uterus is also key for embryo development and early programming. Although the benefits a healthy periconceptional lifestyle are well described, there remains a paucity of data demonstrating the efficacy of interventions designed to optimise preconceptional lifestyle behaviours and choices. METHODS: This study is a prospective randomised controlled trial which aims to address the question of whether an online personalised lifestyle coaching application is an effective means of delivering periconceptional advice in women suffering from reproductive failures. Women suffering from subfertility or recurrent miscarriages attending the outpatient clinic will be randomised into either the intervention arm (personalised online lifestyle coaching application) or the control arm (standard periconceptional advice including information from NHS websites). Both groups will be asked to complete a validated lifestyle questionnaire at baseline, and 6, 12, 18 and 24 weeks after randomisation. The primary outcome is the composite dietary and lifestyle risk score at 12 weeks. The secondary outcomes will include compliance with the program, proportion achieving spontaneous conception during the study period and the dietary and lifestyle risk score at 24 weeks. DISCUSSION: With this study, we aim to clarify whether a personalised online based lifestyle coaching application is more effective at improving behaviours than standard advice offered by National Health Service (NHS) resources. A personalised lifestyle coaching application may represent an empowering and cost effective means of delivering</p>
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							periconceptional advice in women with subfertility or recurrent miscarriages. TRIAL REGISTRATION: The iPLAN trial was retrospectively registered (ISRCTN 89523555).
Ng, Mei Yi; DiVasto, Katherine A.; Cootner, Samantha; Gonzalez, Nazca-ru; Weisz, John R.	2023	What do 30 years of randomized trials tell us about how psychotherapy improves youth depression? A systematic review of candidate mediators	Clin Psychol Sci Pract (Clinical Psychology: Science and Practice)	30	4	396–419	
Nguyen, Jack V. K.; McKay, Adam; Ponsford, Jennie; Davies, Katie; Makdissi, Michael; Drummond, Sean P. A.; Reyes, Jonathan; Willmott, Catherine	2022	Interdisciplinary Rehabilitation for Concussion Recovery (i-RECOVer): protocol of an investigator-blinded, randomised, case series with multiple baseline design to evaluate the feasibility and preliminary efficacy of a 12-week treatment for persistent	Pilot and feasibility studies	8	1	198	<p>BACKGROUND</p> <p>Up to 25% of concussed individuals experience persistent post-concussion symptoms (PPCSs) which may interfere with the return to pre-injury activities and cause significant stress. Given that multiple etiological factors are thought to contribute to PPCSs, an interdisciplinary approach is recommended. This pilot study aims to primarily investigate the feasibility of a novel interdisciplinary treatment for PPCSs. Given this intervention is novel, uncertainty exists in terms of potential recruitment and retention rates, adverse events, and treatment adherence and fidelity. These factors will be explored to inform the feasibility of a phase-2 randomised controlled trial. Preliminary efficacy of this intervention will also be explored.</p> <p>METHODS</p> <p>Fifteen individuals with mild traumatic brain injury and PPCSs will receive up to 12 weeks of interdisciplinary</p>

		<p>post-concussion symptoms</p>				<p>treatments including psychology, physiotherapy, and medical interventions. Primary feasibility outcomes including data on recruitment and retention rates and treatment adherence will be explored descriptively. The cognitive therapy rating scale will be used to assess treatment fidelity. A single-case series with multiple baseline design will be used to explore preliminary efficacy. Participants will be randomly assigned to baseline phases of 2, 4, or 6 weeks. Regarding patient-centred secondary outcomes, the Rivermead Post-Concussion Symptoms Questionnaire will be assessed three times a week during baseline and treatment phases. Secondary outcomes also include measures of mood, sleep and fatigue, physical functioning, return to activity, and health-related quality of life. Patient-centred outcomes will be assessed at baseline, pretreatment, post-treatment, and one- and three-month follow-up. Thematic analysis of participant experiences will be explored through qualitative interviews.</p> <p>DISCUSSION</p> <p>Results from this trial will inform the feasibility and preliminary efficacy of this interdisciplinary concussion intervention and whether proceeding to a future definitive phase-2 randomised controlled trial is worthwhile. Understanding the end-user perspective of the treatment will also enable modifications to the treatment protocol for future trials to best suit the needs of individuals with PPCSs after mTBI. Outcomes from this trial can be directly translated into community rehabilitation programmes.</p> <p>TRIAL REGISTRATION</p> <p>ANZCTR, ACTRN12620001111965. Registered 27 October 2020,</p>
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						https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=379118 .
Nguyen, Michelle; Chhun, Peter; McCauley, Christina; Grant-Beuttler, Marybeth; Jonathan, Naveen	2022	Alumni perspectives on interprofessional experiential learning and interprofessional collaborative practice in health care settings	Families, Systems, & Health	40	4	<p>Introduction: Interprofessional collaborative practice (ICP) is essential for optimizing patient outcomes in health care settings. Experiential learning (EL) is a method of modeling ICP to students during their education. No studies have evaluated the lasting impact of EL on self-reported clinical practice after students graduate. The aims of this study are to (a) examine what opportunities for ICP are available for alumni in current health care settings and (b) explore the early career impact of interprofessional EL on self-reported current clinical practice. Methods: This study utilized a mixed-methods design using descriptive statistics and a phenomenological approach. Participants included Doctor of Physical Therapy (DPT) and Master of Arts in Marriage and Family Therapy (MAMFT) alumni who previously participated as graduate students in Balanced Families (BF), an interprofessional EL program. Sixty-four alumni were contacted through e-mail, of which 17 (27%) agreed to be interviewed. Results: Quantitative data were analyzed utilizing descriptive statistics to describe demographics and summarize Likert scale responses. Qualitative data were analyzed using an interpretative phenomenological analysis approach. Five major themes were reflected in the transcripts: (a) The impact of interprofessional experiential learning on future clinical practice, (b) The value of holistic approaches, (c) The collaboration in holistic care, (d) The interconnected health care system and family system, and (e) The development of empathy for patients and their families. Discussion: Interprofessional EL positively impacted DPT and MAMFT alumni, improving interprofessional</p>

							communication skills and leading to more holistic approaches to care. Study outcomes support continued implementation of interprofessional EL in health care graduate study programs. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Nieder, T. O.; Güldenring, A.; Köhler, A.; Briken, P.	2017	Trans healthcare : Between depsychopathol ogization and a needs-based treatment of accompanying mental disorders	Der Nervenarzt	88	5	466–471	BACKGROUND: Historically, the function of psychiatry and psychotherapy in the healthcare treatment of transsexualism has been impaired by the basic assumption that non-conforming gender experiences and behavior are automatically considered as expressions of psychopathology. OBJECTIVE: In line with revision of the diagnostic criteria and changing standards of care and treatment recommendations, the therapeutic relationship between mental healthcare professionals and transgender individuals is critically discussed aiming at providing a needs-based psychiatric and psychotherapeutic treatment and a patient-centered approach for trans persons. MATERIAL AND METHODS: Literature search focusing on the prevalence of trans persons and the presence of accompanying mental disorders. Discussion of professional experiences with mental healthcare of trans persons. RESULTS: Trans persons without clinically relevant mental distress do not need any kind of psychiatric or psychotherapeutic treatment; however, trans people with clinically relevant mental impairment need safe access to mental healthcare without linking the trans identity a priori to a mental disorder. CONCLUSION: In order to ensure individual trans healthcare in the long term, the therapeutic relationship should take into account both the body knowledge and self-determination of trans persons as well as the clinical expertise of mental healthcare professionals.

Nieforth, Leanne O.; Craig, Elizabeth A.	2021	Patient-Centered Communication (PCC) in Equine Assisted Mental Health	Health communication	36	13	1656–1665	Experiencing trauma can lead to a variety of chronic and acute symptoms, including post-traumatic stress disorder (PTSD), anxiety, depression, substance abuse, and poor social skills. Given the variety of causes for trauma incorporating individualized treatment options is important for efficacy. Equine assisted mental health (EAMH) - a team approach incorporating equines, clients, and practitioners - has been successful in treating those who have experienced trauma, including veterans and individuals with PTSD, at-risk youth, victims of sexual violence, and children who have been neglected. Although researchers and practitioners understand some about how EAMH treatment results in positive outcomes for these individuals, little is known about the communicative processes that support them. The current study included 19 in-depth interviews with EAMH therapists and practitioners to explore the role of equine communication (i.e., congruence, ongoing positive regard, and empathy) as a communicative process that is integral to the facilitation of EAMH as individualized therapeutic treatment. Using tenets of patient-centered communication (PCC) and principles of client-centered therapy, implications for human-horse communication in therapeutic contexts and client-centered care are discussed.
Nijdam, Mirjam J.; Martens, Irene J. M.; Reitsma, Johannes B.; Gersons, Berthold P. R.; Olf, Miranda	2018	Neurocognitive functioning over the course of trauma-focused psychotherapy for PTSD: Changes in verbal memory	The British journal of clinical psychology	57	4	436–452	OBJECTIVES Individuals with post-traumatic stress disorder (PTSD) have neurocognitive deficits in verbal memory and executive functioning. In this study, we examined whether memory and executive functioning changed over the course of treatment and which clinical variables were associated with change. DESIGN

		and executive functioning				<p>Neuropsychological assessments were administered at baseline and endpoint of a randomized controlled trial as secondary outcome.</p> <p>METHODS Trauma survivors (n = 88) diagnosed with PTSD received trauma-focused psychotherapy within a 17-week randomized controlled trial. Neuropsychological tests were the California Verbal Learning Test, Rivermead Behavioural Memory Test, Stroop Color Word Test, and Trail Making Test.</p> <p>RESULTS Significant, small- to medium-sized improvements in verbal memory, information processing speed, and executive functioning were found after trauma-focused psychotherapy (Cohen's d 0.16-0.68). Greater PTSD symptom decrease was significantly related to better post-treatment neurocognitive performance (all p < .005). Patients with comorbid depression improved more than patients with PTSD alone on interference tasks (p < .01). No differences emerged between treatment conditions and between patients on serotonergic antidepressants and those who were not.</p> <p>CONCLUSIONS This study suggests that neurocognitive deficits in PTSD can improve over the course of trauma-focused psychotherapy and are therefore at least partly reversible. Improvements over treatment are in line with previous neuropsychological and neuroimaging studies and effect sizes exceed those of practice effects. Future research should determine whether these changes translate into improved functioning in the daily lives of the patients.</p> <p>PRACTITIONER POINTS Patients with PTSD have difficulties performing verbal</p>
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							memory tasks (e.g., remembering a grocery list, recall of a story) and executive functioning tasks (e.g., shifting attention between two tasks, ignoring irrelevant information to complete a task). Verbal memory, information processing speed, and executive functioning significantly improved in patients with post-traumatic stress disorder over the course of trauma-focused psychotherapy. Improvements were equal in size for two different trauma-focused psychotherapies (Eye movement desensitization and reprocessing therapy and brief eclectic psychotherapy for PTSD). Medium-sized effects were found for recall of a story, whereas effects in other aspects of verbal memory, information processing speed, and executive functioning were small-sized. No causal attributions can be made because we could not include a control group without treatment for ethical reasons. Findings may be more reflective of patients who completed treatment than patients who prematurely dropped out as completers were overrepresented in our sample.
Nikendei, C.; Dinger, U.; Dck, J.; Ehrenthal, J. C.; Storck, T.; Taubner, S.; Friederich, H.‑ C.; Schauenburg, H.; Schultz, J.-H.; Montan, I.	2021	Konzeption des longitudinalen DYNAMIK-Curriculums. Vermittlung psychodynamischer Interventionskompetenzen in der Ausbildung psychologischer Psychotherapeuten	Psychotherapeut	66	3	247-257	Hintergrund: Durch die Einfhrung des neuen "Psychotherapiestudiums" zum Herbst 2020 und die Wnsche bisheriger Ausbildungsteilnehmer an psychotherapeutischen Ausbildungsinstituten ist die Notwendigkeit gegeben, erfahrungsbasierte und kompetenzorientierte Lehre in das zuknftige Studium und die nachfolgende Weiterbildung werdender Psychotherapeuten zu integrieren. Material und Methode: Orientiert am Kern-Zyklus, einem bedeutenden Modell zur Curriculumsentwicklung, werden die Entwicklung, Konzeptionalisierung und Implementierung eines longitudinalen Curriculums zur Vermittlung psychodynamischer Interventionskompetenzen

							(DYNAMIK-Curriculum) in die derzeitige Ausbildung zum psychologischen Psychotherapeuten vorgestellt. Ergebnisse: Es wurde ein longitudinales Curriculum mit acht Modulen zur Vermittlung allgemeiner und spezifischer psychodynamischer Interventionskompetenzen mithilfe von Peer-Rollenspielen und standardisierten Patienten entwickelt. Dieses stellt seit Mitte 2019 einen integralen Bestandteil der Ausbildung zum tiefenpsychologisch fundierten Psychotherapeuten am Heidelberger Institut für Psychotherapie (HIP) dar. Schlussfolgerung: Das DYNAMIK-Curriculum ist der erste wichtige Schritt in Richtung der longitudinalen erfahrungsorientierten, praxisnahen Kompetenzorientierung in der derzeitigen Ausbildung und dem zukünftigen Studium mit nachfolgender Weiterbildung von psychologischen Psychotherapeuten. Es resultiert die Notwendigkeit zur Wirksamkeitsberpfung solcher Curricula und zur praktischen Prfung von Interventionskompetenzen.
Nikendei, Christoph; Huber, Julia; Ehrenthal, Johannes C.; Herzog, Wolfgang; Schauenburg, Henning; Schultz, Jobst-Hendrik; Dinger, Ulrike	2019	Intervention training using peer role-play and standardised patients in psychodynamic psychotherapy trainees	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	508–522	
Nilsson, Thomas;	2021	Exploring termination	Journal of consulting and	89	9	762–772	Objective: Termination in psychodynamic therapy (PDT) is a potentially conflictual and turbulent phase for patients,

Falkenström, Fredrik; Perrin, Sean; Svensson, Martin; Johansson, Håkan; Sandell, Rolf		setback in a psychodynamic therapy for panic disorder	clinical psychology				with a risk for increases in symptoms. However, few studies of PDT have assessed symptoms frequently enough during the treatment to determine whether such setbacks are in fact common in PDT. Method: In a doubly randomized clinical preference trial, 217 adults, female = 163; M age = 34.8 (12.6), with panic disorder with or without agoraphobia were treated with panic-focused psychodynamic psychotherapy (PFPP) or panic control treatment (PCT), a form of cognitive behavioral therapy. Participants completed the Panic Disorder Severity Scale Self-Report (PDSS-SR) weekly during treatment (Weeks 1–12), and 6, 12, and 24 months after treatment. Using piecewise latent growth curve modeling, we tested the trajectories of change focusing on the termination phase in PFPP. Results: Week-to-week improvement on the PDSS-SR stopped (a termination setback [TS]) in PFPP during Weeks 10–12, whereas PCT participants continued to improve. Larger symptom reductions up to Week 10 in PFPP predicted a more severe TS. Less avoidant attachment and less severe interpersonal problems also predicted more severe TS. The TSs tended to last, as evidenced by inferior outcomes, up to the 12-month follow-up. Conclusions: This study provides evidence of a TS in PDT. Resurgence of symptoms as termination approached was more common in PFPP than in PCT. Studies involving weekly assessment of primary and comorbid symptoms, as well as qualitative analyses of the patient experiences of the therapeutic process during termination, in different forms of PDT, are warranted. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Norcross, John C.; Zimmerman,	2017	Do all therapists do that when	Psychotherapy	54	1	66–75	This study aimed to identify core termination behaviors of psychotherapists across theoretical orientations in a

<p>Barrett E.; Greenberg, Roger P.; Swift, Joshua K.</p>		<p>saying goodbye? A study of commonalities in termination behaviors</p>					<p>successful course of treatment. Sixty-five experts from diverse theoretical traditions reported the frequency with which they used 80 tasks in a planned, mutually agreed termination of individual psychotherapy. Fifty-one items reached a positive consensus, 27 items did not obtain consensus, and 2 items were consensually employed infrequently. Termination behaviors/tasks achieving the strongest consensus concerned supporting the client's progress, promoting client growth posttermination, following the ethics code, consolidating gains made, and highlighting patient's recognition of competence. Only a few differences in self-reported use of termination behaviors were found across theoretical orientations, indicating some uniqueness but largely commonality in practice. Principal components analyses of all tasks identified 8 robust factors: process feelings of patient and therapist, discuss patient's future functioning and coping, help patient use new skills beyond therapy, frame personal development as invariably unfinished, anticipate posttherapy growth and generalization, prepare explicitly for termination, reflect on patient gains and consolidation, and express pride in patient's progress and mutual relationship. These findings integrate multiple models of termination and provide a pantheoretical consensus that can inform practice, training, and research. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Nordström, Elisa; Luutonen, Sinikka; Paananen, Jenny; Koffert, Tarja; Keinänen,</p>	<p>2023</p>	<p>Interaction between multisensory information and emotional activation in</p>	<p>Couns and Psychother Res (Counselling and Psychotherapy Research)</p>				

Matti; Suomalainen, Karita; Hietala, Jarmo		video-facilitated psychotherapy					
Nordstrom, Kimberly; Berlin, Jon S.; Nash, Sara Siris; Shah, Sejal B.; Schmelzer, Naomi A.; Worley, Linda L. M.	2019	Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document	The western journal of emergency medicine	20	5	690–695	The treatment of severe mental illness has undergone a paradigm shift over the last 50 years, away from a primary emphasis on hospital-based care and toward community-based care. Some of the forces driving this deinstitutionalization have been scientific and patient-centered, such as better differentiation between acute and subacute risk, innovations in outpatient and crisis care (assertive community treatment programs, dialectical behavioral therapy, treatment-oriented psychiatric emergency services), gradually improving psychopharmacology, and an increased appreciation of the negative effect of coercive hospitalization, except when risk is very high. On the other hand, some of the forces have been less focused on patient needs: budget-driven cuts in public hospital beds divorced from population-based need; managed care's profit-driven impact on private psychiatric hospitals and outpatient services; and purported patient-centered approaches promoting non-hospital care that may under-recognize that some extremely ill patients need years of painstaking effort to make a community transition. The result has been a reconfiguration of the country's mental health system that, at times, leaves large numbers of people without adequate mental health and substance abuse services. Often their only option is to seek care in medical emergency departments (ED) that have not been designed for the needs of mentally ill patients. Increasingly, many of those individuals end up waiting in EDs for appropriate care and disposition for hours or

							days. This overflow phenomenon has become so prevalent that it has been given a name: "boarding." This practice is almost certainly detrimental to patients and staff, and it has spawned efforts on multiple fronts to understand and resolve it. When considering solutions, both ED-focused and systemwide considerations must be explored. This resource document provides an overview and recommendations regarding this complex topic.
Nordstrom, Kimberly; Berlin, Jon S.; Nash, Sara Siris; Shah, Sejal B.; Schmelzer, Naomi A.; Worley, Linda L. M.	2023	Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document	Focus (American Psychiatric Publishing)	21	1	74-79	The treatment of severe mental illness has undergone a paradigm shift over the last fifty years, away from a primary emphasis on hospital-based care and toward community-based care. Some of the forces driving this deinstitutionalization have been scientific and patient-centered, such as better differentiation between acute and subacute risk, innovations in outpatient and crisis care (assertive community treatment programs, dialectical behavioral therapy, treatment-oriented psychiatric emergency services), gradually improving psychopharmacology, and an increased appreciation of the negative effect of coercive hospitalization, except when risk is very high. On the other hand, some of the forces have been less focused on patient needs: budget-driven cuts in public hospital beds divorced from population-based need; managed care's profit-driven impact on private psychiatric hospitals and outpatient services; and purported patient-centered approaches promoting non-hospital care that may under-recognize that some extremely ill patients need years of painstaking effort to make a community transition. The result has been a reconfiguration of the country's mental health system that, at times, leaves large numbers of people without adequate mental health and substance abuse services. Often their only option is to seek care in medical

							<p>emergency department's (ED's) that are not designed for their needs. Increasingly, many of those individuals end up waiting in ED's for appropriate care and disposition for hours or days. This overflow phenomenon has become so prevalent in ED's that it has been given a name: "boarding". This practice is almost certainly detrimental to patients and staff, and it has spawned efforts on multiple fronts to understand and resolve it. When considering solutions, both ED-focused and system-wide considerations must be explored. This resource document provides an overview and recommendations regarding this complex topic. Reprinted with permission from American Psychiatric Association. Copyright © 2019.</p>
Noroña, Carmen Rosa; Acker, Michelle L.	2016	IMPLEMENTATION AND SUSTAINABILITY OF CHILD-PARENT PSYCHOTHERAPY: THE ROLE OF REFLECTIVE CONSULTATION IN THE LEARNING COLLABORATIVE MODEL	Infant mental health journal	37	6	701–716	<p>Recent implementation science in mental health has focused on identifying the most effective strategies to disseminate and implement evidence-based treatments (EBTs) into real-world practice settings. The learning collaborative training methodology and its use of expert trainers/consultants have become increasingly popular as one of these approaches. Moreover, there is preliminary evidence that ongoing expert consultation may increase the adoption, learning, and sustainability of EBTs by an already practicing workforce and, consequently, help trainers, practitioners, and organizations address implementation barriers. This article describes the authors' experiences in facilitating Child-Parent Psychotherapy (CPP) training and explores the role of reflective clinical consultation as an active process that supports the implementation of a rich, but complex, model that requires sophisticated knowledge and skills from practitioners. It examines the intricate range of the CPP consultant's functions, which ultimately</p>

							support clinicians' reflective practice as they learn and adopt this EBT. Reflective consultation is proposed as an essential component for the integration of knowledge, experience, and emotions in practitioners and as a catalyst for organizational change. Using their voices as trainers-consultants and those of their trainees, the authors discuss the implications of reflective consultation for the effective implementation and sustainability of CPP. Reflections are offered on lessons learned.
Norton, Aaron L.; Tan, Tony Xing	2019	The relationship between licensed mental health counselors' political ideology and counseling theory preference	American Journal of Orthopsychiatry	89	1	86–94	Given the current political climate in the United States, it is ever more important to understand the role political ideology plays in the counseling profession. Our study examined the role of political ideologies in 467 licensed mental health counselors' preferred counseling theories in clinical practice. We found (a) most participants reported liberal political ideologies; (b) the participants preferred cognitive-behavior therapy (CBT), humanistic/constructivist/existentialist, and mindfulness-based theories over systemic, psychodynamic, and experiential theories; and (c) self-identification as conservative, registration with the Republican Party, and endorsement of Libertarian beliefs predicted a preference for CBT, self-identified liberal ideology predicted a preference for psychodynamic theory, and lower levels of libertarian beliefs predicted a preference for humanistic theories. Implications for research, practice, and education are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Nossek, Alexa; Werning, Anna; Otte, Ina;	2021	Evolution of Peer Support Workers' Roles	Community mental health journal	57	3	589–597	Peer support workers (PSWs) use their experiential knowledge and specific skills to support patients in their recovery process. The aim of our study was to examine

Vollmann, Jochen; Juckel, Georg; Gather, Jakob		in Psychiatric Hospitals: A Longitudinal Qualitative Observation Study					the integration and role-finding process of PSWs in adult psychiatric hospitals in Germany. We conducted open nonparticipant observations of 25 multiprofessional team meetings and 5 transregional peer support worker meetings over a period of six months. The data were analyzed using qualitative content analysis. Regarding the integration of PSWs into multiprofessional teams, we identified three subcategories: "Features of success," "challenges" and "positioning between team and patients." Concerning the PSWs' roles, we developed two subcategories: "Offers" and "self-perception." The PSWs' specific roles within a multiprofessional mental healthcare team evolve in a process over a longer period of time. This role-finding process should be supported by a framework role description which leaves sufficient freedom for individual development. Regular opportunities for mutual exchange among PSWs can help to address specific support needs at different points in time.
Notsu, Haruka; Iwakabe, Shigeru; Thoma, Nathan C.	2023	Enhancing working alliance through positive emotional experience: A cross-lag analysis	Psychotherapy research : journal of the Society for Psychotherapy Research	33	3	328–341	Although psychotherapy research has traditionally focused on decrease in distress, emotion research suggests the important role of positive emotional experience in healing and growing. Objective: The present study investigates the relationship between positive emotional experiences and working alliance. Method: We chose to investigate this relationship in accelerated experiential dynamic psychotherapy (AEDP), taking advantage of the modality's focus on both negative and positive emotional experiences. Fifty-eight clients receiving 16-sessions individual AEDP reported on their post-session levels of working alliance and positive emotions (enlivenment affect, positive relational affect, and peacefulness). The alliance-emotion relationship for

							<p>each emotional categories was tested with separate disaggregated cross-lagged panel models. Results: Across the three categories, higher positive emotions at the end of the previous session were associated with higher working alliance at the end of the next session. On the other hand, working alliance did not contribute to any of the positive emotions in the next time point. Furthermore, the three emotion categories showed different patterns of development. Conclusion: The findings suggest that fostering positive emotions may be a promising venue to enhance working alliance. Furthermore, differentiating specific positive emotions is likely important both for research and practice.</p>
Nourisaeed, Azam; Ghorban-Shiroudi, Shohreh; Salari, Arsalan	2021	Comparison of the effect of cognitive-behavioral therapy and dialectical behavioral therapy on perceived stress and coping skills in patients after myocardial infarction	ARYA atherosclerosis	17	2	1-9	<p>BACKGROUND Among the cardiovascular diseases (CVDs), myocardial infarction (MI) is one of the main causes of mortality around the world. A diagnosis of MI may be followed by psychological problems, such as depression, anxiety, and stress. Therefore, psychological interventions can be beneficial in routine treatment. The purpose of this study was to compare the effect of cognitive-behavioral therapy (CBT) and dialectical behavioral therapy (DBT) on perceived stress and coping skills in patients after MI.</p> <p>METHODS This study was a randomized clinical trial with a pretest-posttest design and control group. The statistical population consisted of 45 patients after MI who referred to Noor Heart Clinic in Rasht, Iran, between 2018 and 2019. They were randomly divided into 3 groups of 15 individuals (2 interventions including CBT and DBT, and 1 control group). In the intervention groups, participants underwent 8 weekly 90-minute sessions. Data were collected using a 3 part self-report questionnaire</p>

							<p>including a demographic information form, the Ways of Coping Questionnaire (WCQ), and the Perceived Stress Scale-14 (PSS-14). The statistical methods used for data analysis included chi-square test, one-way ANOVA, repeated-measures ANOVA, and post hoc Bonferroni test.</p> <p>RESULTS</p> <p>We found significant main effects of group ($F(2,42)=6.11$; $P=0.005$) and time ($F(2,84)=28.48$; $P<0.001$), and a significant group-by-time interaction ($F(4,84)=8.97$; $P<0.001$) on perceived stress scores. For problem-focused coping scores, findings indicated significant main effects of group ($F(2,42)=7.33$; $P=0.002$) and time ($F(2,84)=30.71$; $P<0.001$), and a significant group-by-time interaction ($F(4,84)=12.86$; $P<0.001$). For emotion-focused coping scores, the results also indicated significant main effects of group ($F(2,42) = 17.41$; $P < 0.001$) and time ($F(2,84)=31.74$; $P<0.001$), and a significant group-by-time interaction ($F(4,84)=14.90$; $P<0.001$).</p> <p>CONCLUSION</p> <p>The current study revealed that DBT was more effective in improving emotion-focused coping than CBT.</p>
Nuding, Dagmar; Aich, Gernot; Behr, Michael; Jakob, Theresa	2018	Das Elterngesprch - Problemerleben und Bedrfnislagen bei Lehrkrften. Implikationen fr eine bessere Qualifizierung	Gesprchspsych ootherapie und Personzentrierte Beratung	49	4	191-197	<p>Erhoben werden das Problemerleben und die Bedrfnisse von Lehrkrften in Bezug auf Elterngesprche. Einfhrend wird betont, dass sich eine gelingende Kooperation zwischen Elternhaus und Schule positiv auf die Entwicklung von Kindern und Jugendlichen auswirke. Empirische Untersuchungen weisen jedoch darauf hin, dass Lehrpersonen die Kommunikation mit Eltern oft als problematisch wahrnehmen. Um das Belastungserleben und die spezifischen Bedrfnisse von Lehrkrften zu identifizieren, wurden 17 erfahrene Lehrerinnen und Lehrer im Rahmen von halbstrukturierten Interviews</p>

							befragt. Aus den in der Inhaltsanalyse induktiv erstellten Kategorien wurden drei Cluster von Implikationen für die Aus- und Weiterbildung sowie für die praktische Umsetzung von Elterngesprächen abgeleitet: Diese beziehen sich auf (1) den Umgang mit mangelndem Interesse der Eltern, (2) den Erwerb von Gesprächsführungskompetenz und (3) die Schaffung von Unterstützungssystemen.
Nußbaum, René; Lucht, Sarah; Jockwitz, Christiane; Moebus, Susanne; Engel, Miriam; Jöckel, Karl-Heinz; Caspers, Svenja; Hoffmann, Barbara	2020	Associations of Air Pollution and Noise with Local Brain Structure in a Cohort of Older Adults	Environmental health perspectives	128	6	67012	<p>BACKGROUND: Despite the importance of understanding associations of air pollution and noise exposure with loss of neurocognitive performance, studies investigating these exposures and local brain structure are limited.</p> <p>OBJECTIVE: We estimated associations of residential air pollution and noise exposures with neurocognitive test performance and the local gyrification index (LGI), a marker for local brain atrophy, among older adults.</p> <p>METHODS: For n = 615 participants from the population-based 1000BRAINS study, based on the German Heinz Nixdorf Recall study, we assessed residential exposures to particulate matter (PM10, PM2.5, PM2.5abs), accumulation mode particle number (PNAM), and nitrogen oxides (NOx, NO2), using land-use regression and chemistry transport models. Weighted 24-h and nighttime noise were modeled according to the European noise directive. We evaluated associations of air pollution and noise exposure at the participants' 2006-2008 residential addresses with neurocognitive test performance and region-specific LGI values (n = 590) from magnetic resonance imaging, both assessed in 2011-2015, using linear regression and adjusting for demographic and personal characteristics.</p> <p>RESULTS: Air pollution and noise were associated with language and short-term/working memory and with local atrophy of the</p>

							fronto-parietal network (FPN), a functional resting-state network associated with these cognitive processes. For example, per 2- $\mu\text{g}/\text{m}^3$ PM10, local brain atrophy was more pronounced in the posterior brain regions of the FPN, with a - 0.02 [95% confidence interval (CI): - 0.04, 0.00] lower lGI. In contrast, in the anterior regions of the FPN, weighted 24-h and nighttime noise were associated with less local brain atrophy [e.g., 0.02 (95% CI: 0.00, 0.04) for 10 dB(A) 24-h noise]. CONCLUSIONS: Air pollution and noise exposures were associated in opposite directions with markers of local atrophy of the FPN in the right brain hemisphere in older adults, suggesting that both chronic air pollution and noise exposure may influence the physiological aging process of the brain. https://doi.org/10.1289/EHP5859 .
Nye, Arthur; Connell, Janice; Haake, Rinda; Barkham, Michael	2019	Person-centred experiential therapy (PCET) training within a UK NHS IAPT service: experiences of selected counsellors in the PRaCTICED trial	British Journal of Guidance & Counselling	47	5	619–634	
O'Connell Kent, Julie Anne; Jackson, Aaron; Robinson, Mark; Rashleigh, Chuck; Timulak, Ladislav	2021	Emotion-focused therapy for symptoms of generalised anxiety in a student population: An	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	2	260–268	

		exploratory study				
Obeid, Nicole; Carlucci, Samantha; Brugnera, Agostino; Compare, Angelo; Proulx, Genevieve; Bissada, Hany; Tasca, Giorgio A.	2018	Reciprocal influence of distress and group therapeutic factors in day treatment for eating disorders: A progress and process monitoring study	Psychotherapy	55	2	Eating disorders (EDs) are chronic mental illnesses with high levels of psychological, social, and health burden. Day treatment programs (DTP) are effective group-based partial hospital models that have been used to treat EDs for several decades. However, few studies have examined the factors associated with reduced distress in ED patients who participate in DTP groups. Related to this is whether change in distress is preceded by change in positive group processes, or vice versa. In this study, we examine the reciprocal relationship between growth of group therapeutic factors and change in distress in an ED sample. Participants were patients with an ED (n = 156) who took part in a 12-week DTP at a tertiary care hospital center. On a weekly basis, patients completed progress- and process-monitoring measures. We hypothesized: (a) positive changes in distress and in group therapeutic factors across weeks of DTP and (b) a bidirectional relationship between change in distress and group therapeutic factors. We found a significant growth of group therapeutic factors and decline in distress over the 12 weeks of DTP. We also found evidence for a reciprocal relationship between change in group therapeutic factors and change in distress. Group therapists working in DTPs for patients with EDs can enhance the benefits of treatment by focusing on group therapeutic processes, which in turn reduces distress, which then acts to enhance the ability of an individual to benefit from group interactions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Obendiek, Jan	2020	Gruppentherapie systemisch gesehen	PiD - Psychotherapie im Dialog	21	2	35-39	Aus systemischer Sicht werden Konzepte und Gestaltungsmöglichkeiten für die Gruppenpsychotherapie vorgestellt. Als Orientierungsmöglichkeit werden zunächst die dynamischen Parameter Identitätssicherung und Akzeptanz erleben, Lokomotion und Aufgabenorientierung, Distanz- und Nheregulation sowie die Kohäsion der Gruppe beschrieben. Dann wird als zentraler Aspekt die Haltung des Therapeuten beleuchtet. Anschließend wird das praktische Vorgehen bei der Gestaltung der Gruppensitzung dargestellt. Als emotionsfokussierte Interventionen werden abschließend Aufstellungen, Skulpturen und das Grundmodell der gewaltfreien Kommunikation skizziert. (c) ZPID.
Oberreiter, David	2022	Selbst-Grenzen-Strung unter besonderer Beachtung struktureller Empathie	Gesprächspsychotherapie und Personzentrierte Beratung	53	4	5-10	Empathie bezieht sich meist auf das Verstehen oder Verstehen-Wollen von inhaltlichen Bedeutungen. Bei schweren psychischen Strungen, bei denen nicht nur Denkinhalte, sondern auch die Struktur des Empfindens und Denkens verändert sind, muss der empathische Zugang erweitert werden. Zusätzlich zum Verständnis für Themen und Inhalte muss die Veränderung in der Struktur des Denkens und die Auswirkung für die Betroffenen Beachtung finden. Am Beispiel der Selbst-Grenzen-Strung wird die bedeutsame Veränderung in der Struktur des Erlebens dargestellt. Zur Verdeutlichung werden philosophische Aussagen zum Thema des Selbst genutzt. Aus den theoretischen Überlegungen ergibt sich ein klares Bild der Therapiestrategie.
Oberreiter, David	2018	Der Wahn und seine Behandlung zwischen Vanitas, Sensus	Person	22	2	123-135	In der Psychotherapie mit Menschen mit psychotischen Strungen stellt der Umgang mit wahnhaftem Geschehen eine besondere Herausforderung dar. Nach theoretischer Annäherung an das Thema werden die Pathophysiologie und eine mögliche personzentrierte Sichtweise des Phänomens diskutiert. Konkretes psychotherapeutisches

		communis und Paraposition					Handeln soll daraus abgeleitet werden. Es werden jene Besonderheiten in der Kontaktaufnahme dargestellt, die in der Psychotherapie mit Menschen, die unter wahnhaften Symptomen leiden, beachtet werden müssen.
Oberreiter, David	2021	Carl Rogers und Psychose. Schizophrenie und psychotische Strungen in den Texten von Carl Rogers	Person	25	1	5-17	Im schriftlichen Werk von Carl Rogers werden Schizophrenie und psychotische Symptome über 2300-mal erwähnt. In der Verwendung der Begriffe spiegeln sich die zum jeweiligen Zeitpunkt vorherrschenden theoretischen Hintergründe und die praktischen Erfahrungen von Carl Rogers wider. So ist im zeitlichen Verlauf der Publikationen eine Veränderung des Zugangs zu psychotischen Phänomenen beobachtbar. In früheren Jahren sieht Rogers Psychose grundlegend anders als neurotische oder "normale" Zustände an. Er betont das Unvermögen von Psychotherapie bei Psychose. Dieser Blickwinkel ändert sich mit der theoretischen Weiterentwicklung des personenzentrierten Ansatzes. Das Konzept der Dichotomie von Neurose und Psychose wird verworfen. Rogers distanziert sich zunehmend von diagnostischer Etikettierung. Es gelingt ihm Psychose als verstehbaren Prozess darzustellen und dadurch der Psychotherapie zugänglich zu machen. Die Beschreibung möglicher Gefahren in der therapeutischen Beziehung werden zunächst noch betont, verlieren aber an Bedeutung zugunsten eines starken Vertrauens in die Möglichkeiten des personenzentrierten Ansatzes.
O'Brien, Charlotte V.; Charura, Divine	2023	Refugees, asylum seekers, and practitioners' perspectives of embodied trauma: A	Psychological Trauma: Theory, Research, Practice, and Policy	15	7	1115-1127	Introduction: Individuals seeking refuge and asylum commonly present to health care practitioners with embodiment of mental distress resulting from the traumatic nature of their migration experiences. The number of displaced individuals has doubled over the past decade due to the impacts of war, religious and political conflict, climate change, and COVID-19. Studies

		comprehensive scoping review					point towards the need for a comprehensive scoping review to fully explicate the concept of embodied trauma, bridging the gap between phenomenological lived experience and the many treatments available. Objectives: To inform psychotherapy guidelines by identifying the evidence for embodied trauma, clarifying key terms, examining how research is conducted, and identifying gaps in the knowledge. Method: A five-stage scoping review protocol was operationalized to explore and analyze the existing literature and associated terminology by (a) identifying the research question, (b) identifying the relevant literature, (c) selecting the studies, (d) charting the data, and (e) collating, summarizing, and reporting the results. Results: Highlight the need for a clear definition of terms, the development of a culturally informed assessment and formulation for individuals experiencing embodied trauma, and reveal a gap in the research for the best treatment approach(es). Conclusion: Proposal of a clear definition of embodied trauma and key themes for future research including culturally informed care, psychosocial support, language considerations, relational belonging, and inclusion of sexual, spiritual, and existential factors, moving away from purely Westernized diagnoses and treatments towards culturally informed care. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
O'Brien, Connor G.; Ozen, Mehmet Ozgun; Ikeda, Gentaro; Vaskova, Evgeniya; Jung, Ji Hye; Bayardo,	2021	Mitochondria-Rich Extracellular Vesicles Rescue Patient-Specific Cardiomyocytes From	JACC. CardioOncology	3	3	428–440	BACKGROUND: Anthracycline-induced cardiomyopathy (AIC) is a significant source of morbidity and mortality in cancer survivors. The role of mesenchymal stem cells (MSCs) in treating AIC was evaluated in the SENECA trial, a Phase 1 National Heart, Lung, and Blood Institute-sponsored study, but the mechanisms underpinning efficacy in human tissue need clarification. OBJECTIVES:

<p>Nathan; Santoso, Michelle Rai; Shi, Liye; Wahlquist, Christine; Jiang, Zewen; Jung, Yunshin; Zeng, Yitian; Egan, Elizabeth; Sinclair, Robert; Gee, Adrian; Witteles, Ronald; Mercola, Mark; Svensson, Katrin J.; Demirci, Utkan; Yang, Phillip C.</p>		<p>Doxorubicin Injury: Insights Into the SENECA Trial</p>					<p>The purpose of this study was to perform an in vitro clinical trial evaluating the efficacy and putative mechanisms of SENECA trial-specific MSCs in treating doxorubicin (DOX) injury, using patient-specific induced pluripotent stem cell-derived cardiomyocytes (iCMs) generated from SENECA patients. METHODS: Patient-specific iCMs were injured with 1 µmol/L DOX for 24 hours, treated with extracellular vesicles (EVs) from MSCs by either coculture or direct incubation and then assessed for viability and markers of improved cellular physiology. MSC-derived EVs were separated into large extracellular vesicles (L-EVs) (>200 nm) and small EVs (<220nm) using a novel filtration system. RESULTS: iCMs cocultured with MSCs in a transwell system demonstrated improved iCM viability and attenuated apoptosis. L-EVs but not small EVs recapitulated this therapeutic effect. L-EVs were found to be enriched in mitochondria, which were shown to be taken up by iCMs. iCMs treated with L-EVs demonstrated improved contractility, reactive oxygen species production, ATP production, and mitochondrial biogenesis. Inhibiting L-EV mitochondrial function with 1-methyl-4-phenylpyridinium attenuated efficacy. CONCLUSIONS: L-EV-mediated mitochondrial transfer mitigates DOX injury in patient-specific iCMs. Although SENECA was not designed to test MSC efficacy, consistent tendencies toward a positive effect were observed across endpoints. Our results suggest a mechanism by which MSCs may improve cardiovascular performance in AIC independent of regeneration, which could inform future trial design evaluating the therapeutic potential of MSCs.</p>
<p>O'Brien, Katie; O'Keeffe, Nora;</p>	<p>2019</p>	<p>Emotion- focused</p>	<p>Psychotherapy research :</p>	<p>29</p>	<p>4</p>	<p>524–540</p>	<p>OBJECTIVE: The classification of generalized anxiety disorder (GAD) is influenced by the tradition of</p>

<p>Cullen, Hannah; Durcan, Aoife; Timulak, Ladislav; McElvaney, James</p>		<p>perspective on generalized anxiety disorder: A qualitative analysis of clients' in- session presentations</p>	<p>journal of the Society for Psychotherapy Research</p>			<p>conceptualizing disorders in the context of their clinical presentation and subsequent professional thinking around them. Our qualitative, descriptive-interpretative study uses a theoretical framework drawn from emotion-focused therapy (EFT) as the basis of our interpretation of GAD clients' presentation of their difficulties. METHOD: The current research consists of an investigation into the GAD presentation based on a multiple case study observational qualitative design. In total, 93 video/audio-taped sessions from 14 clients were used for the analyses. The sessions were analyzed using an EFT case conceptualization framework. RESULTS: The findings capture common themes across the cases covering the EFT framework domains: triggers of emotional pain (e.g., trauma, rejection), problematic self-treatment (e.g., worry, self-criticism, self-interruption), global distress (e.g., anxiety, low mood, somatic symptoms), apprehension/anxiety (fear of triggers and chronic painful emotions), emotional avoidance (e.g., self-distraction), behavioral avoidance (e.g., avoidance of conflict, over-compliance), core painful feelings (e.g., sadness/loneliness, shame, fear), and unmet needs (e.g., to be loved, to be acknowledged, to be protected). CONCLUSIONS: Discussion focuses on examining findings in the context of existing psychological models of GAD. The implications for practice as well as limitations of the study are also discussed. Clinical or methodological significance of this article: This is an attempt to provide an in-depth case conceptualization based on the EFT theoretical framework of the clients with GAD that attended EFT. Thus, it should contribute to clinical understanding of the presentation of the clients with GAD. Methodologically, the study uses an original</p>
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							qualitative approach, in which in-session presentations of 14 clients are thoroughly tracked and analyzed within an existing theoretical framework, the domains of which serve as the domains of inquiry.
O'Brien, William H.; Goetz, Paul; O'Brien, Aaron T.; McCarren, Heather; Delaney, Eileen	2021	Respiratory sinus arrhythmia predicts perceived therapy process of a group-based acceptance and commitment therapy intervention	Bulletin of the Menninger Clinic	85	1	9-22	Engagement in psychotherapy is partially contingent on present-moment focus, mindfulness, and emotion regulation skills. These skills can be linked to parasympathetic functioning with theoretical explanations provided by polyvagal and neurovisceral integration theories. The specific aims of this project were to evaluate relationships between a measure of parasympathetic functioning (respiratory sinus arrhythmia [RSA]) and measures of client reports of engagement in an experiential and emotionally evocative group-based intervention. Twenty-one community residents received group-based acceptance and commitment therapy (ACT) for work stress. RSA was measured 1 week before the intervention. Client ratings of relationship support, task focus, and hindering experiences were assessed after each session. Results indicated that clients perceived the ACT intervention to be supportive, task-focused, and without significant therapy-hindering experiences. Higher levels of RSA were significantly associated with higher levels of relationship support. These results support predictions derived from the polyvagal and neurovisceral integration theories.
O'Daffer, Alison; Comiskey, Liam; Scott, Samantha R.; Zhou, Chuan; Bradford, Miranda C.; Yi-	2023	Protocol for the promoting resilience in stress management (PRISM) intervention: a	BMC palliative care	22	1	60	BACKGROUND: Adolescents and young adults (AYAs) with cancer are at high risk of poor psychosocial outcomes, and evidence-based interventions designed to meet their psychosocial and communication needs are lacking. The main objective of this project is to test the efficacy of a new adaptation of the Promoting Resilience in Stress Management intervention for AYAs with

Frazier, Joyce P.; Rosenberg, Abby R.	multi-site randomized controlled trial for adolescents and young adults with advanced cancer				<p>Advanced Cancer (PRISM-AC). METHODS/DESIGN: The PRISM-AC trial is a 2-arm, parallel, non-blinded, multisite, randomized controlled trial. 144 participants with advanced cancer will be enrolled and randomized to either usual, non-directive, supportive care without PRISM-AC ("control" arm) or with PRISM-AC ("experimental" arm). PRISM is a manualized, skills-based training program comprised of four 30-60 min, one-on-one sessions targeting AYA-endorsed resilience resources (stress-management, goal-setting, cognitive-reframing, and meaning-making). It also includes a facilitated family meeting and a fully equipped smartphone app. The current adaptation includes an embedded advance care planning module. English- or Spanish-speaking individuals 12-24 years old with advanced cancer (defined as progressive, recurrent, or refractory disease, or any diagnosis associated with < 50% survival) receiving care at 4 academic medical centers are eligible. Patients' caregivers are also eligible to participate in this study if they are able to speak and read English or Spanish, and are cognitively and physically able to participate. Participants in all groups complete surveys querying patient-reported outcomes at the time of enrollment and 3-, 6-, 9-, and 12-months post-enrollment. The primary outcome of interest is patient-reported health-related quality of life (HRQOL) and secondary outcomes of interest include patient anxiety, depression, resilience, hope and symptom burden, parent/caregiver anxiety, depression and health-related quality of life, and family palliative care activation. We will conduct intention-to-treat analysis to compare the group means of primary and secondary outcomes between PRISM-AC arm and control arm with regression models. DISCUSSION: This study will</p>
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						provide methodologically rigorous data and evidence regarding a novel intervention to promote resilience and reduce distress among AYAs with advanced cancer. This research has the potential to offer a practical, skills-based curriculum designed to improve outcomes for this high-risk group. TRIAL REGISTRATION: ClinicalTrials.gov Identifier NCT03668223, September 12, 2018.
O'Doherty, L.; Whelan, M.; Carter, G. J.; Brown, K.; Tarzia, L.; Hegarty, K.; Feder, G.; Brown, S. J.	2023	Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood	Cochrane Database of Systematic Reviews	10(10):CD013456. doi:10.1002/1465-1858.CD013456.pub2	10	Abstract - Background Exposure to rape, sexual assault and sexual abuse has lifelong impacts for mental health and well-being. Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and Eye Movement Desensitisation and Reprocessing (EMDR) are among the most common interventions offered to survivors to alleviate post-traumatic stress disorder (PTSD) and other psychological impacts. Beyond such trauma-focused cognitive and behavioural approaches, there is a range of low-intensity interventions along with new and emerging non-exposure based approaches (trauma-sensitive yoga, Reconsolidation of Traumatic Memories and Lifespan Integration). This review presents a timely assessment of international evidence on any type of psychosocial intervention offered to individuals who experienced rape, sexual assault or sexual abuse as adults. Objectives To assess the effects of psychosocial interventions on mental health and well-being for survivors of rape, sexual assault or sexual abuse experienced during adulthood. Search methods In January 2022, we searched CENTRAL, MEDLINE, Embase, 12 other databases and three trials registers. We also checked reference lists of included studies, contacted authors and experts, and ran forward citation searches. Selection criteria Any study that allocated individuals or clusters of individuals by a random or quasi-random method to a psychosocial

						<p>intervention that promoted recovery and healing following exposure to rape, sexual assault or sexual abuse in those aged 18 years and above compared with no or minimal intervention, usual care, wait-list, pharmacological only or active comparison(s). We classified psychosocial interventions according to Cochrane Common Mental Disorders Group's psychological therapies list. Data collection and analysis We used the standard methodological procedures expected by Cochrane. Main results We included 36 studies (1991 to 2021) with 3992 participants randomly assigned to 60 experimental groups (3014; 76%) and 23 inactive comparator conditions (978, 24%). The experimental groups consisted of: 32 Cognitive Behavioural Therapy (CBT); 10 behavioural interventions; three integrative therapies; three humanist; five other psychologically oriented interventions; and seven other psychosocial interventions. Delivery involved 1 to 20 (median 11) sessions of traditional face-to-face (41) or other individual formats (four); groups (nine); or involved computer-only interaction (six). Most studies were conducted in the USA (n = 26); two were from South Africa; two from the Democratic Republic of the Congo; with single studies from Australia, Canada, the Netherlands, Spain, Sweden and the UK. Five studies did not disclose a funding source, and all disclosed sources were public funding. Participants were invited from a range of settings: from the community, through the media, from universities and in places where people might seek help for their mental health (e.g. war veterans), in the aftermath of sexual trauma (sexual assault centres and emergency departments) or for problems that accompany the experience of sexual violence (e.g. sexual health/primary</p>
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						<p>care clinics). Participants randomised were 99% women (3965 participants) with just 27 men. Half were Black, African or African-American (1889 participants); 40% White/Caucasian (1530 participants); and 10% represented a range of other ethnic backgrounds (396 participants). The weighted mean age was 35.9 years (standard deviation (SD) 9.6). Eighty-two per cent had experienced rape or sexual assault in adulthood (3260/3992). Twenty-two studies (61%) required fulfilling a measured PTSD diagnostic threshold for inclusion; however, 94% of participants (2239/2370) were reported as having clinically relevant PTSD symptoms at entry. The comparison of psychosocial interventions with inactive controls detected that there may be a beneficial effect at post-treatment favouring psychosocial interventions in reducing PTSD (standardised mean difference (SMD) - 0.83, 95% confidence interval (CI) -1.22 to -0.44; 16 studies, 1130 participants; low-certainty evidence; large effect size based on Cohen's D); and depression (SMD - 0.82, 95% CI -1.17 to -0.48; 12 studies, 901 participants; low-certainty evidence; large effect size). Psychosocial interventions, however, may not increase the risk of dropout from treatment compared to controls, with a risk ratio of 0.85 (95% CI 0.51 to 1.44; 5 studies, 242 participants; low-certainty evidence). Seven of the 23 studies (with 801 participants) comparing a psychosocial intervention to an inactive control reported on adverse events, with 21 events indicated. Psychosocial interventions may not increase the risk of adverse events compared to controls, with a risk ratio of 1.92 (95% CI 0.30 to 12.41; 6 studies; 622 participants; very low-certainty evidence). We conducted an assessment of risk of bias using the RoB 2 tool on a total of 49 reported</p>
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						<p>results. A high risk of bias affected 43% of PTSD results; 59% for depression symptoms; 40% for treatment dropout; and one-third for adverse events. The greatest sources of bias were problems with randomisation and missing outcome data. Heterogeneity was also high, ranging from $I^2 = 30%$ (adverse events) to $I^2 = 87%$ (PTSD). Authors' conclusions Our review suggests that survivors of rape, sexual violence and sexual abuse during adulthood may experience a large reduction in post-treatment PTSD symptoms and depressive symptoms after experiencing a psychosocial intervention, relative to comparison groups. Psychosocial interventions do not seem to increase dropout from treatment or adverse events/effects compared to controls. However, the number of dropouts and study attrition were generally high, potentially missing harms of exposure to interventions and/or research participation. Also, the differential effects of specific intervention types needs further investigation. We conclude that a range of behavioural and CBT-based interventions may improve the mental health of survivors of rape, sexual assault and sexual abuse in the short term. Therefore, the needs and preferences of individuals must be considered in selecting suitable approaches to therapy and support. The primary outcome in this review focused on the post-treatment period and the question about whether benefits are sustained over time persists. However, attaining such evidence from studies that lack an active comparison may be impractical and even unethical. Thus, we suggest that studies undertake head-to-head comparisons of different intervention types; in particular, of novel, emerging therapies, with one-year plus follow-up periods. Additionally, researchers should focus on the</p>
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						<p>therapeutic benefits and costs for subpopulations such as male survivors and those living with complex PTSD.</p> <p>Plain language summary How helpful to recovery and healing are support and psychological interventions after exposure to sexual violence and abuse? Key messages • We found evidence that psychological or social (collectively known as ‘psychosocial’) interventions may reduce symptoms of post-traumatic stress disorder (PTSD) and depression in survivors of rape, sexual assault and abuse experienced during adulthood. • Our review suggests that interventions did not worsen symptoms or lead to unwanted effects. However, as large numbers of participants dropped out of treatments or did not complete studies’ assessments, these findings are unclear. More recent studies were better at reporting information about participant safety, and reasons why survivors did not complete treatments or health and wellbeing assessments after the interventions. • As the studies brought diverse groups of participants together, future research is needed to improve understanding about which interventions are most suited to particular groups of survivors, including those with long-term or complex trauma, as well as men and gender minorities. ‘Emerging’ interventions, which have potential to expand treatment choices for survivors, also warrant more evaluation. What is ‘sexual violence and abuse’? ‘Sexual violence and abuse’ means any sexual activity or act that happened without consent. It includes rape, sexual assault, sexual abuse and sexual harassment. It causes emotional and physical health problems that can be long-lasting. The effects are often made worse by fear, shame, feelings of self-blame and the negative responses of others. How is sexual violence and abuse treated?</p>
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							Survivors have a range of physical, sexual health and forensic care needs in the aftermath of rape, sexual assault or abuse. Psychosocial interventions may be offered in response to these needs at different stages in survivors' recovery journeys. Some interventions aim to assist survivors by carefully re-exposing them to aspects of the original trauma to 'process' what happened (e.g. Trauma-focused Cognitive Behavioural Therapy (CBT)). Other treatments focus less on the traumatic memories, instead helping survivors cope with life after abuse (e.g. different forms of counselling; education about mental health; and support for a range of needs). What did we want to find out? We wanted to know whether psychosocial interventions help to relieve the mental health impact experienced by survivors as a result of rape, sexual assault or sexual abuse in adulthood. We also wanted to know if some types of interventions were more helpful than others. What did we do? We searched for studies comparing the effects of psychosocial interventions for individuals who had been subjected to rape, sexual assault or sexual abuse from the age of 18 years, with a control group (a group of participants who did not receive the intervention but instead were given their usual care, were placed on a waiting-list for treatment, or received very minimal assistance, such as leaflets). We looked for differences between groups on trauma and depression symptoms after receiving the intervention; dropout from
Odyniec, Patrizia; Probst, Thomas; Göllner, Richard;	2019	An exploratory study of patients' sudden losses during	Journal of clinical psychology	75	10	1790–1809	OBJECTIVE Patients' sudden deterioration in symptomatology, also called sudden losses, is a rarely explored phenomenon. METHOD Psychological distress of 1,763 patients treated by 140

Margraf, Jürgen; Willutzki, Ulrike		outpatient CBT and therapists' experience of difficulties					therapists was monitored after every therapy session. Patient-reported outcome measures and patients' therapy satisfaction was assessed. Therapists rated their experience of difficulties for every patient repeatedly over the course of therapy. RESULTS More than one-quarter of patients (26.5%) experienced at least one sudden loss during therapy. Patients with sudden losses did not differ significantly in psychotherapy outcome and therapy satisfaction from patients without sudden shifts. Therapists did not experience professional self-doubt more often when working with sudden loss patients. CONCLUSION Sudden losses were not necessarily harmful for the outcome of psychotherapy and patients' global therapy satisfaction. The results suggest that sudden losses can be compensated over the course of treatment.
Oelrich, Claudia	2016	Beratung von Flchtlingen mit unsicherem Aufenthaltsstat us: Rechtliche Hintergrnde, (psycho-)soziale Konsequenzen und die Bedeutung des Personzentrierte n Ansatzes	Gesprchpsych otherapie und Personzentrierte Beratung	47	4	223–227	Ein Einblick in die personzentrierte Beratung von Flchtlingen mit unsicherem Aufenthaltsstatus in Deutschland wird gegeben. Zunchst werden Zahlen und Fakten zum Thema Flchtlinge weltweit und innerhalb der EU prsentiert, gefolgt von einem Exkurs zu asylrechtlichen und aufenthaltsrechtlichen Bestimmungen und deren psychosozialen Konsequenzen fr die Betroffenen. Daran anschlieend werden berlegungen zum personzentrierten Umgang mit asylspezifischen Sorgen und Nten in Beratung und Therapie dargestellt.
Oforeh, Kenneth; Nkemjika,	2022	Role of suboptimal psychiatric	Sports Psychiatry: Journal of	1	2		Presents a case report of a 24-year-old African American male, single, unemployed, college graduate with unclear past psychiatric history and cannabis use disorder, who

<p>Stanley; Olayinka, Olaniyi; Azim, Shiraz</p>		<p>evaluation in the development of first episode psychosis in an athlete: A case report</p>	<p>Sports and Exercise Psychiatry</p>			<p>was escorted by his outpatient psychiatrist to the psychiatric emergency department for evaluation. Per report, the patient presented for his monthly psychiatry outpatient appointment but was observed to be acutely psychotic as he exhibited disorganized behavior in the form of paranoid delusions and endorsed auditory hallucinations. The patient suffered a groin injury but played through the season without seeking medical attention as he was a “key” player in his team. Following chronic aggravation of the injury which sidelined him from playing basketball, he reported feeling “depressed” which he described as low mood, lack of concentration, and low motivation. Subsequently, he developed auditory hallucinations which he described as hearing voices of multiple people simultaneously. He reported seeking treatment from the school’s sports psychologist and his primary care physician, which gave partial therapeutic effect at the time, however, his continued absence from the basketball court led to a cascade of worsening of depressive symptoms, social withdrawal, compensatory cannabis use, increased severity of auditory hallucination, and suicidal ideations but without specific plans or intent to act. After the semester, he reported feeling isolated because he could not travel back home to visit his family due to lack of financial support. Consequently, he stopped eating and started using other illicit substances, one of which he thinks was “intravenous heroin”. On presentation in the psychiatric emergency unit, the patient seemed to be responding to internal stimuli as he appeared to be interacting with himself. Paranoia was also elicited as evidenced by how he gazed at people suspiciously. The inpatient psychiatry team continued his outpatient aripiprazole daily for</p>
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						psychosis, but up titrated during his admission to ensure therapeutic effect. The patient's presenting features resolved following treatment regimen and he was discharged back to the community. He appeared motivated to continue with his mental health care as an outpatient. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ogg, Julia; Volpe, Robert; Rogers, Maria	2016	Understanding the relationship between inattention and early literacy trajectories in kindergarten	School Psychology Quarterly	31	4	The purpose of this study was to examine the relationship between inattention, academic enabling behaviors (i.e., motivation, engagement, and interpersonal skills), and early literacy outcomes. Kindergarten students (N = 181; 55.2% male; 62% white) from two research sites (Southeastern U.S. and Eastern Canada) were assessed using the Letter Naming and Letter Sound Fluency AIMSweb Tests of Early Literacy (Shinn & Shinn, 2012) at three points across the school year. Their teachers provided information on the level of attention-deficit/hyperactivity disorder symptoms (ADHD Symptom Checklist-4; Gadow & Sprafkin, 2008) and academic enabling behaviors (Academic Competence Evaluation Scales; DiPerna & Elliott, 2000). Structural equation modeling (SEM) was used to determine predictors of initial level and growth in early literacy. Specifically, a series of models were tested to determine if a multidimensional model of academic enablers (AEs) mediated the relationship. Engagement predicted students' initial levels of early literacy, suggesting that this is an important mediator to consider between inattention and early literacy skills. Motivation related positively to engagement. Inattention also predicted both motivation and interpersonal skills in the negative direction. These findings suggest that AEs play an important role in the relationship between inattention and early literacy. AEs

							provide malleable targets for intervention and should be considered when developing intervention for youth at risk for academic failure. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
O'Hara, Michael W.; Pearlstein, Teri; Stuart, Scott; Long, Jeffrey D.; Mills, James A.; Zlotnick, Caron	2019	A placebo controlled treatment trial of sertraline and interpersonal psychotherapy for postpartum depression	Journal of affective disorders	245		524-532	BACKGROUND: The purpose of the present study was to test the efficacy of sertraline and Interpersonal Psychotherapy (IPT) relative to pill placebo in a two site randomized controlled trial over a period of 12 weeks. It was hypothesized that sertraline and IPT would be more efficacious than pill placebo with respect to depression and social adjustment. METHODS: 162 breastfeeding and non-breastfeeding women experiencing a major depressive episode in the first year postpartum from two sites in Iowa and Rhode Island were randomly assigned to IPT, sertraline-clinical management (CM), or pill placebo-CM. CM included infant-focused psychoeducation. Interview-based and self-report measures of depression and social adjustment were obtained at baseline, 4-weeks, 8-weeks, and 12-weeks of treatment. Linear mixed effects regression (LMER) was used for the longitudinal data analysis. RESULTS: There was no significant effect for treatment condition associated with the primary outcome measure, the HamD-17, but there was a significant effect for sertraline-CM relative to the IPT and placebo conditions over the duration of the trial based on the General Depression scale of the Inventory of Depression and Anxiety Symptoms. There was a main effect for time in that study subjects across all three conditions showed significant improvement for the duration of the trial. LIMITATIONS: Limitations of the present study included significant non-engagement with assigned condition and differential effects of IPT across the two study sites. CONCLUSIONS: There was

							improvement for all postpartum women in all conditions. The results do suggest that active interventions with or without medication delivered over a period of twelve weeks can lead to significant improvement in depression and social adjustment among postpartum women. ClinicalTrials.gov identifier: NCT00602355.
Okahashi, Sayaka; Noguchi, Taiji; Ishihara, Masumi; Osawa, Aiko; Kinoshita, Fumie; Ueda, Ikue; Kamiya, Masaki; Nakagawa, Takeshi; Kondo, Izumi; Sakurai, Takashi; Arai, Hidenori; Saito, Tami	2024	Dyadic Art Appreciation and Self-Expression Program (NCGG-ART) for People with Dementia or Mild Cognitive Impairment and Their Family Caregivers: A Feasibility Study	Journal of Alzheimer's disease : JAD				BACKGROUND: Non-pharmacological interventions effective for depressive mood and bilateral relationships among persons with cognitive impairment (PwCI) and their family caregivers (FCGs) have not been established. OBJECTIVE: To examine the feasibility of a newly developed group-based art appreciation and self-expression program (NCGG-ART) for dyads of PwCI and their FCGs. METHODS: This pilot randomized control trial included 34 dyads of PwCI diagnosed with mild to moderate Alzheimer's disease or mild cognitive impairment, and their FCGs, from an outpatient rehabilitation service (Holistic Physio-Cognitive Rehabilitation [HPCR]). Participants were randomly divided equally into the HPCR (control group) or NCGG-ART and HPCR (intervention group) groups. Both included 1-hour weekly, 6-week programs. The primary outcome was depressive symptoms among FCGs assessed using the Patient Health Questionnaire-9 (PHQ-9). Feasibility outcomes included participant satisfaction and motivation. FCGs were interviewed about their experiences and feelings regarding the program, which were analyzed using content analysis. RESULTS: Thirty-two dyads (intervention group:16; control group:16) completed the study period. High participation rates, satisfaction, and motivation were demonstrated throughout the intervention. Scores in the PHQ-9 among FCGs did not show positive effects: mean changes in the

							score were 1.3 for the intervention group and -0.8 for the control group (Cohen d:0.56). However, the qualitative analysis revealed favorable experiences and feelings of the FCGs, such as positive emotions, social interactions, and person-centered attitudes to and positive relationships with PwCI. CONCLUSIONS: This program demonstrated high feasibility with FCGs' favorable responses to emotions and relationships with PwCI, ensuring future investigations with a confirmatory study design.
Öksüz, Çiğdem; Akel, Burcu Semin; Aran, Orkun Tahir; Sığırtmaç, İlkem Ceren; Leblebicioğlu, A. Gürsel	2017	Do hand outcome measures reflect cultural influences?	Acta orthopaedica et traumatologica turcica	51	4	325–330	OBJECTIVE: The aim of this study was to compare the activities listed in DASH, MHQ, QuickDASH with the activities listed in Canadian Occupational Performance Measure (COPM) in a Turkish patient population with hand injury. METHODS: COPM questionnaire was administered to 163 participants (61 male and 102 female; mean age 40.72 ± 13.70 years). The activities that were stated in COPM were categorized and checked whether they were present in DASH-T, MHQ, QuickDASH. RESULTS: The highest rated stated activities were "carrying a heavy object" (39.2%), "cleaning the house" (25.7%) and "writing" (15.9%). DASH reflects 30% whereas MHQ and QuickDASH reflect 16.32% and 10.2% of the problematic activities, respectively. CONCLUSION: None of three questionnaires have satisfactory results for reflecting the problematic activities among hand injured Turkish people. Open ended interviews should be irrevocable part of assessment process in order to describe a person-center treatment program.
Oldershaw, Anna; Basra, Randeep Singh;	2023	Specialist psychotherapy with emotion for anorexia in Kent	European eating disorders review : the journal of the Eating				OBJECTIVE Anorexia nervosa (AN) is a serious eating disorder treated using psychological interventions, yet outcomes remain limited. Emotional difficulties are recognised as a

Lavender, Tony; Startup, Helen		and Sussex: An intervention development and non- randomised single arm feasibility trial	Disorders Association				<p>treatment target. This research programme developed and evaluated feasibility of an emotion-focused therapy for adults with AN.</p> <p>METHODS Phase One intervention development utilised 'intervention mapping'. Qualitative research drew on lived experience highlighting objectives for change. Empirical evidence was synthesised into hypotheses of core emotional difficulties and an associated model of change. Relevant psychotherapeutic theory-based change methods were integrated to form the Specialist Psychotherapy with Emotion for Anorexia in Kent and Sussex (SPEAKS) intervention, guidebook and clinician training package. Phase Two tested SPEAKS in a single-arm, multisite feasibility trial across two specialist services, utilising prespecified progression criteria, and embedded process evaluation.</p> <p>RESULTS SPEAKS was 9-12 months (40 sessions) of weekly individual psychotherapy, drawing on a range of psychotherapeutic modalities, predominantly Emotion Focused Therapy and Schema Therapy. Forty-six participants consented to feasibility trial participation; 42 entered the trial and 34 completed. Thirteen of 16 feasibility criteria were met at green level and three at amber, highlighting areas for improving model adherence.</p> <p>CONCLUSIONS A randomised controlled trial is indicated. Therapist training and guidebook adjustments to improve model adherence are suggested.</p>
Oldershaw, Anna; Lavender,	2018	Are socio- emotional and neurocognitive	European eating disorders review : the journal of	26	4	346–359	Abstract Background Emotional, social, and neurocognitive factors are theorised to maintain anorexia nervosa (AN). Yet whether they predict outcomes or relate

Tony; Schmidt, Ulrike		functioning predictors of therapeutic outcomes for adults with anorexia nervosa?	the Eating Disorders Association				to clinical change remains unclear. Methods Seventy-one consecutive adult outpatient eating disorder service referrals presenting with AN, who participated in a randomised controlled trial comparing 2 psychotherapies, were assessed for emotional processing, social cognition, and neurocognition pretherapy and posttherapy. Intention-to-treat analysis employed maximum-likelihood methods to model missing data. Baseline self-reported emotional processing, social cognitive, or neurocognitive task performance was entered into forward stepwise regression models with posttreatment clinical outcomes (weight, eating disorder psychopathology, psychosocial functioning) as dependent variables. Correlation analyses examined relationships between clinical and self-report/task score change. Results Self-reported emotional avoidance (behavioural/cognitive avoidance, low acceptance) and submissive behaviour predicted clinical outcomes. Social cognitive (emotion recognition, emotional theory of mind) and neurocognitive performance (set-shifting, detail focus) had limited predictive ability. Conclusions Emotional avoidance and submissiveness may represent maintenance factors for AN.
Oldershaw, Anna; Startup, Helen; Lavender, Tony	2019	Anorexia Nervosa and a Lost Emotional Self: A Psychological Formulation of the Development, Maintenance,	Frontiers in psychology	10		219	In this paper, we argue that Anorexia Nervosa (AN) can be explained as arising from a 'lost sense of emotional self.' We begin by briefly reviewing evidence accumulated to date supporting the consensus that a complex range of genetic, biological, psychological, and socio-environmental risk and maintenance factors contribute to the development and maintenance of AN. We consider how current interventions seek to tackle these factors in psychotherapy and potential limitations. We then

		and Treatment of Anorexia Nervosa					propose our theory that many risk and maintenance factors may be unified by an underpinning explanation of emotional processing difficulties leading to a lost sense of 'emotional self.' Further, we discuss how, once established, AN becomes 'self-perpetuating' and the 'lost sense of emotional self' relentlessly deepens. We outline these arguments in detail, drawing on empirical and neuroscientific data, before discussing the implications of this model for understanding AN and informing clinical intervention. We argue that experiential models of therapy (e.g., emotion-focused therapy; schema therapy) be employed to achieve emergence and integration of an 'emotional self' which can be flexibly and adaptively used to direct an individual's needs and relationships. Furthermore, we assert that this should be a primary goal of therapy for adults with established AN.
Oldfield, Benjamin J.; Muñoz, Nicolas; McGovern, Mark P.; Funaro, Melissa; Villanueva, Mercedes; Tetrault, Jeanette M.; Edelman, E. Jennifer	2019	Integration of care for HIV and opioid use disorder	AIDS (London, England)	33	5	873–884	OBJECTIVE: We sought to identify optimal strategies for integrating HIV- and opioid use disorder-(OUD) screening and treatment in diverse settings. DESIGN: Systematic review. METHODS: We searched Ovid MEDLINE, PubMed, Embase, PsycINFO and preidentified websites. Studies were included if they were published in English on or after 2002 through May 2017, and evaluated interventions that integrated, at an organizational level, screening and/or treatment for HIV and OUD in any care setting in any country. RESULTS: Twenty-nine articles met criteria for inclusion, including 23 unique studies: six took place in HIV care settings, 12 in opioid treatment settings, and five elsewhere. Eight involved screening strategies, 22 involved treatment strategies, and seven involved strategies that encompassed screening and treatment. Randomized controlled studies demonstrated low-to-moderate risk of bias and observational studies

							<p>demonstrated fair to good quality. Studies in HIV care settings (n = 6) identified HIV-related and OUD-related clinical benefits with the use of buprenorphine/naloxone for OUD. No studies in HIV care settings focused on screening for OUD. Studies in opioid treatment settings (n = 12) identified improving HIV screening uptake and clinical benefits with antiretroviral therapy when provided on-site. Counseling intensity for OUD medication adherence or HIV-related risk reduction was not associated with clinical benefits. CONCLUSION: Screening for HIV can be effectively delivered in opioid treatment settings, yet there is a need to identify optimal OUD screening strategies in HIV care settings. Strategies integrating the provision of medications for HIV and for OUD should be expanded and should not be contingent on resources available for behavioral interventions. REGISTRATION: A protocol for record eligibility was developed a priori and was registered in the PROSPERO database of systematic reviews (registration number CRD42017069314).</p>
O'Leary, Charles J.	2018	Paar- und Familientherapie					<p>Viele Autorinnen und Autoren, die der Personzentrierten Psychotherapie nahestehen, haben auch bei Paar- und Familientherapie geschrieben. Mittlerweile haben sich auf der Basis ausführlicher empirischer Untersuchungen auch zwei Versionen der emotionsfokussierten Paartherapie entwickelt, welche die personzentrierten therapeutischen Grundhaltungen mit einem stufenweisen emotionsfokussierten Vorgehen kombinieren. Die inhaltlichen Schwerpunkte dieser Entwicklung können darin gesehen werden, dass zunächst versucht wurde, die Erfordernisse der therapeutischen Arbeit mit mehr als einem Klienten zu reflektieren, aber auch verschiedene Konzepte und Techniken der Paar- und</p>

							Familientherapie mit den sechs Bedingungen der Personzentrierten Therapie zu verbinden. Bei den emotionsfokussierten Paar- und Familientherapien wird hingegen die experienzielle Therapie in Form eines systemisch orientierten, therapeutengeleiteten Ansatzes angewendet. (c) Springer-Verlag GmbH Deutschland
Oliver-Africano, Patricia; Murphy, Declan; Tyrer, Peter	2009	Aggressive behaviour in adults with intellectual disability: defining the role of drug treatment	CNS drugs	23	11	903–913	A complex form of aggression, commonly expanded as 'aggressive challenging behaviour', is reported in one in four adults with intellectual disability and is often treated with antipsychotics, mood stabilizers and antidepressants. Psychological treatments, including anger and behavioural management, person-centred planning and manipulation of the environment (nidotherapy), have also been used when available but to a lesser extent. In this article, the evidence for efficacy for each intervention is examined, with data from randomized controlled trials given primacy. Very little evidence, based on limited data, can be found for the interventions of anger and behavioural management and also for the atypical antipsychotic drug, risperidone; the data available on these interventions come primarily from studies conducted in children in whom the behaviour is part of the autistic spectrum. Antipsychotic drugs, particularly the atypical group, have been the most commonly used interventions in recent years, but a recent independent randomized trial showed no benefits for either risperidone or haloperidol compared with placebo, with some evidence of a better response to placebo than either active drug in the reduction of aggression. In the light of this uncertainty, the clinician must return to the task of collecting a careful history and mental state examination, including awareness of the setting in which the behaviour is shown, which will help

						with diagnosis and appropriate intervention. The choice of intervention should not be a casual one and is not likely to be chosen well if the clinician relies only on standard guidelines. The paucity of randomized trial evidence is preventing progress in the treatment of persistent aggressive behaviour. On present evidence, the use of drug treatment should be much more sparing and reserved for those patients who are putting themselves and others at particular risk as a consequence of their behaviour; such treatment should be regarded as temporary and as adjunctive to other forms of management. There is an urgent need for larger, randomized studies of psychological interventions, which at present appear to have a higher benefit-risk ratio than drug treatment but that also have a poor evidence base. More care should be taken to avoid the term 'aggressive challenging behaviour' being used as a portmanteau diagnostic pseudonym when it merely represents a diverse oppositional repertoire of many aetiologies.
Olmos, Alexandre; Tirado-Muñoz, Judit; Farré, Magí; Torrens, Marta	2018	The efficacy of computerized interventions to reduce cannabis use: A systematic review and meta-analysis	Addictive behaviors	79	52–60	BACKGROUND AND AIMS: Cannabis is the most widely consumed illicit drug. Although it is too early to confirm the impact of legalization, the use of cannabis appears to be on the rise in some countries due to its authorization for medical/recreational purposes. Among different types of therapeutic approaches to reduce cannabis use, computerized interventions are becoming a new treatment option. To assess their efficacy, a systematic review and meta-analysis was conducted. METHODS: A systematic review and meta-analysis was performed employing randomized controlled clinical trials indexed in MEDLINE and PsycINFO. The principal outcome measure was cannabis use, and the secondary one was the use of other substances during interventions. A subgroup

							analysis was conducted by length of follow-up, number of sessions, age group, type of analysis, and type of control condition. RESULTS: The meta-analysis included nine studies with 2963 participants. Computerized interventions resulted in significant reductions in the use of cannabis (standardized mean difference [SMD]: -0.19; 95% CI: -0.26, -0.11) and other substances (SMD: -0.27; 95% CI: -0.46, -0.08). CONCLUSIONS: Computerized interventions examined in the present study reduced the frequency of cannabis and other substance use. Limitations included the recalculation of dichotomous and continuous data as SMD and the lower number of studies included in the secondary outcome. Computerized interventions could be a viable option to reduce cannabis use.
Olofsson, Malin E.; Oddli, Hanne W.; Hoffart, Asle; Eielsen, Hanna P.; Vrabel, KariAnne R.	2020	Change processes related to long-term outcomes in eating disorders with childhood trauma: An explorative qualitative study	Journal of Counseling Psychology		19 39- 21 68(Ele ctr oni c), 00 22- 01 67(Pri nt)	51-65	To date, eating disorder (ED) treatments are lacking for ED patients with psychiatric sequelae of childhood trauma, and successful outcomes are scarce. Therefore, the aim of this study was to explore therapeutic change processes from a patient perspective in relation to good versus poor long-term ED outcome at 1-year follow-up. Outcome categories were based on clinician assessment of ED behavior and diagnoses, body mass index, and Eating Disorder Examination Questionnaire scores. Eleven White, cisgendered female ED patients with childhood trauma were interviewed after a 3-month inpatient treatment: data was analyzed with elements from grounded theory and interpretative phenomenological analysis. The qualitative analysis rendered change-related descriptions (9 subcategories) and obstacles to change (6 subcategories), and 3 process-related domains differentiated good from poor long-term outcome: trauma exposure (4 subcategories),

							<p>patient agency (6 subcategories), and patient–therapist dynamics (3 subcategories). First, sensory and emotional trauma exposure in good outcome informants was contrasted with avoiding or not addressing trauma and body in poor outcome informants. Second, promotion of patient agency while receiving support in the good outcome group was contrasted to an orientation toward others’ needs, distrust in own abilities, and difficulties showing vulnerability in the poor outcome group. Third, poor outcome informants described either a distanced or immersed/idealizing relationship to their therapist, as opposed to more balanced between self-assertion and vulnerability in good outcome informants. Our findings raise new hypotheses that trauma work, fostering patient agency, and focusing on relational dynamics in patient–therapist dyad may be important in producing enduring ED outcomes for these patients. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Olson, Trevor; Tisdale, Theresa Clement; Davis, Edward B.; Park, Elizabeth A.; Nam, Jiyun; Moriarty, Glendon L.; Davis, Don E.; Thomas, Michael J.; Cuthbert, Andrew D.; Hays, Lance W.	2016	God image narrative therapy: A mixed-methods investigation of a controlled group-based spiritual intervention	Spirituality in Clinical Practice	3	2	77–91	<p>We report findings from a controlled, manualized 10-week group-based spiritual intervention designed to improve God images, attachment to God, and narrative identity, using primarily narrative and experiential interventions. Participants were 61 Christian adults (n = 32 intervention, n = 29 matched controls) from the student population of 2 faith-based universities. Quantitative results (including data from self-report measures and quantified data from God-representation figure drawings) yielded nonsignificant findings. However, in posttest journal entries and during debriefing interviews, intervention participants reported experiencing positive changes in God images, God attachment, and narrative identity. These discrepant results are discussed in terms of the existing literature,</p>

							with a focus on measurement issues. We also discuss the potential of using qualitative and mixed-methods research to study God images and God attachment, particularly (a) in the context of outcome research and (b) if non-self-report methods (e.g., projective measures, narrative methods) are utilized more heavily than self-report methods. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
O'Neill, Sylvia	2020	The Function of Work on the Countertransference in a Case with Constricted Discourse and Autistic Features	Brit J Psychotherapy (British Journal of Psychotherapy)	36	4	548–562	
Ong, Jiawen; Gosavi, Arundhati; Biswas, Arijit; Choolani, Mahesh	2019	Trisomy 21 in both fetuses in a DCDA twin pregnancy	BMJ case reports	12	4		A woman's chances of having a child with Down syndrome increases with age. By age 40, the risk of conceiving a child with Down syndrome is about 1 in 100. We report a rare case of dizygotic dichorionic diamniotic twin pregnancy conceived via in vitro fertilisation, with both twins having trisomy 21. Both fetuses were independently detected to be at high risk of autosomal trisomy, initially via first-trimester screening and subsequently via invasive definitive diagnostic tests (ie, chorionic villus sampling and amniocentesis).Diagnosis of trisomy 21 has to be made via initial non-invasive prenatal screening, followed by further rigorous and accurate invasive pregnancy testing for confirmation. The gravity of the results necessitates high detection rates and high specificity of prenatal screening tests. Management of the patient must be multidisciplinary and

							supportive in nature, involving extensive and non-directive pregnancy counselling and management, genetic counselling and management of psychological distress.
Onken, Katrin	2020	"Fr was sind Sie heute hier?". Eine focusingorientierte Art der Auftragsklärung in Therapiesprachen	Gesprächspsychotherapie und Personenzentrierte Beratung	51	1	22–23	Vorgestellt wird eine Methode, während einer Therapiesitzung die derzeitige Therapiemotivation und spezifische Ziele im Bezug auf die Sitzung zu klären. Dabei wird die Frage gestellt, fr was die Patientin/der Patient heute hier sei. Antworten erlaubten häufig einen Rückschluss auf zugrunde liegende Problematiken und boten einen guten Einstieg in eine schwierige Thematik, aber auch fragliche Motive konnten aufgedeckt werden, die zuvor nicht direkt angesprochen wurden. Eingegangen wird auch auf die Besonderheit einer zugleich psychotherapeutisch und physiotherapeutisch ausgerichteten Praxis. Häufig berichteten PatientInnen dabei zunächst den Wunsch nach Schmerzlinderung, um dann aber auf persönliche Probleme zu sprechen zu kommen.
Opiyo, Elizabeth; Onger, Linnet; Rota, Grace; Verdeli, Helen; Neylan, Thomas; Meffert, Susan	2016	Collaborative Interpersonal Psychotherapy for HIV-Positive Women in Kenya: A Case Study From the Mental Health, HIV and Domestic Violence (MIND) Study	J. Clin. Psychol. (Journal of clinical psychology)	72	8	779–783	We examine the efficacy of nonspecialists delivering interpersonal psychotherapy (IPT) to HIV-positive (HIV+) women. We describe a case in which local personnel without prior mental health training delivered IPT for the treatment of depression and posttraumatic stress disorder in an HIV+ woman who reported experiencing gender-based violence and was enrolled in HIV care at the Family AIDS, Care, Education and Services program in Kisumu, Kenya.
Opoka, Sandra M.; Ludwig, Lea;	2018	A systematic review of trials	Zeitschrift für Psychologie	226	3	142–151	Negative affect and impaired emotion regulation skills are prevalent in patients with delusions and contribute to

Lincoln, Tania M.		targeting depression and anxiety in patients with delusions. An emotion-focused perspective					delusion formation and maintenance. This review evaluates existing research on interventions targeting negative affect and emotional processes as a causal mechanism on the pathway to delusions. A MEDLINE and PsycINFO search identified 7,909 articles. Five studies with randomized-controlled designs and three with uncontrolled designs met the inclusion criteria. Interventions comprised cognitive-behavioral and compassion-focused techniques. Overall, the review studies found positive intervention effects on negative affect and delusions. Where significant, controlled effect sizes ranged from small to large for negative affect and from moderate to large for delusions. Thus, existing research indicates that negative affect in patients with delusions can be modified by psychological therapy and points toward a carryover effect from the reduction of negative affect to a reduction of delusions. More large-scale randomized-controlled studies are needed to be able to draw valid conclusions on which types of interventions are most beneficial.
O'Reilly, Michelle; Lester, Jessica	2019	Applied conversation analysis for counselling and psychotherapy researchers	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	2	97-101	
Orkibi, Hod; Keisari, Shoshi; Sajnani, Nisha L.; Witte, Martina de	2023	Effectiveness of drama-based therapies on mental health outcomes: A systematic review and	Psychology of Aesthetics, Creativity, and the Arts			No Paginat ion Specified -No Paginatio	Psychodrama and drama therapy are organized health professions where credentialed professionals intentionally employ experiential drama processes and techniques to ameliorate health and well-being within a therapeutic relationship. These drama-based therapies are used for mental health treatment across a range of clients and in various healthcare settings. The aims of this

		meta-analysis of controlled studies				n Specified	systematic review and meta-analysis were to (a) aggregate and synthesize the evidence on drama-based therapies, (b) assess the strength of the effects of drama-based therapies on mental health outcomes, and (c) examine which outcome, study, sample, or intervention characteristics moderated the strength of the effect on the outcomes. Inclusion criteria were randomized control trials and clinical control trials, mental health outcomes, and therapy interventions. The protocol for this study was registered at PROSPERO and seven databases were searched: Cochrane Library, Web of Science, Embase, Wiley Online Library, PubMed, PsycINFO, and Scopus. Risk of bias in the included studies was assessed and a multilevel meta-analysis was performed, containing 30 controlled studies, 144 effect sizes, and 1,567 participants. The results showed an overall medium effect of drama-based therapies on both psychological and behavioral mental health outcomes ($d = .501, [.36, .64]$). There was no statistically significant difference between psychodrama and drama therapy, and other selected characteristics did not have a statistically significant impact on treatment effectiveness. Although this meta-analysis was not restricted to randomized controlled trails, these findings suggest that group psychodrama and drama therapy are effective in contributing to clients' mental health, with similar overall effects as shown in other psychotherapies. Implications for future research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Orlinsky, David E.	2018	Lessons from literature for psychotherapy	Journal of clinical psychology	74	2	213–217	Insights from the study of literature can inform and clarify concepts to guide psychotherapy practice and research. The author offers instances from narrative fiction (Durrell's Alexandria Quartet) and poetry (Hopkins,

		practice and research1					Baudelaire) to illustrate how the formulation of experience in words that are evocative (vs. ordinary), original (vs. trite), and precise (vs. approximate) are able to capture attention, move the emotions, and challenge beliefs; and how linkages among experiences, vividly and precisely expressed, create and enhance narrative meaning-revealing the inherent relativity of individual meanings and the need to consider the aggregate of relevant perspectives in every interpersonal situation.
Orlinsky, David E.; Messina, Irene; Hartmann, Armin; Willutzki, Ulrike; Heinonen, Erkki; Rønnestad, Michael Helge; Löffler-Stastka, Henriette; Schröder, Thomas	2023	Ninety psychotherapy training programmes across the globe: Variations and commonalities in an international context	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Ørtenblad, Lisbeth; Maribo, Thomas; Quistgaard, Britta; Madsen, Ellen; Handberg, Charlotte	2023	The ambiguity of goal-setting: a study of patients' perspectives on goal-setting in outpatient multidisciplinary rehabilitation of patients with	Disability and rehabilitation	45	20	3342–3351	PURPOSE: Spinal cord injury (SCI) is a complex health condition requiring long-term rehabilitation. Person-centred goal-setting is a central component of rehabilitation. However, knowledge of patients' perspectives on the goal-setting in SCI rehabilitation is scarce. The purpose was therefore to explore patients' perspectives on goal-setting in multidisciplinary SCI rehabilitation. MATERIALS AND METHODS: An anthropological study combining participant-observation and individual interviews. Data were analysed using reflexive thematic analysis. The COREQ checklist was

		spinal cord injury					<p>used to report study quality. RESULTS: Patients with SCI perceived goal-setting as ambiguous. On the one hand, they considered it insignificant, because it was complicated to transform complex needs of everyday life to recommended criteria of goals being measurable, specific, and realistic. On the other hand, they considered it a potentially useful guiding tool. Patients were uncertain of impact of goals and perceived goal-setting as vague during rehabilitation. Patient involvement was challenged by insufficient integration of patients' experience-based knowledge of everyday life and clinicians' profession-based knowledge. CONCLUSIONS: Goal-setting in rehabilitation is not the patients' need but they accept it as the clinicians' framework for rehabilitation. For goal-setting to become meaningful to patients with SCI, patient involvement should be strengthened by equally integrating the patients' perspectives in the goal-setting process. Implications for rehabilitation Health-care professionals have to strengthen patient involvement in SCI rehabilitation by to a greater extent integrating the patients' knowledge of their everyday life and preferences rather than primarily focusing on profession-based knowledge. Health-care professionals must support patients in setting goals which are practically meaningful and relevant to the patients' everyday life and achievable and if needed go beyond the structured measurement of SMART goals. In an acknowledgement of the dynamic nature of goal-setting, clinicians should emphasise formulating goals in a flexible and non-directive manner, thereby providing room for patients' changing needs and challenges over time. Goals in SCI rehabilitation cover a wide range from broad, value-based goals to more</p>
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							specific goals, and the health-care professionals must ensure inclusion of such a wide range of goals.
Osoro, Andrea; Villalobos, Dolores; Tamayo, Jos Antonio	2022	Efficacy of emotion-focused therapy in the treatment of eating disorders: A systematic review	Clinical psychology & psychotherapy	29	3	815–836	The high incidence of eating disorders (EDs) means that its treatment is approached from various perspectives, among which we find emotion-focused therapy (EFT). Therefore, the main objective of this systematic review was to know the effectiveness of EFT for eating disorders. A systematic review of PubMed, the Cochrane Library and the Psychology and Behavioural Sciences Collection was carried out without a time limit and in a population with an eating disorder diagnosis. Eight studies fulfilled the eligibility criteria: (1) six studies treated the population with binge eating disorder (BED) five were group treatments, and four included the combined modality; (2) one with BED, bulimia nervosa (BN) and Eating Disorder No Otherwise Specified (EDNOS); and (3) one for a single case of anorexia nervosa (AN). The duration of treatments ranged from 12?weeks to 18?months, and all studies used the original EFT protocol. Specific variables of each type of eating disorder were studied, as well as comorbid symptoms. It seems that the results coincide in the existence of post-treatment improvements both in eating psychopathology and in affective symptoms, although with variable data during follow-up. More research is needed to affirm the efficacy of EFT as an empirically validated treatment for EDs. 2021 John Wiley & Sons, Ltd.
Ovenstad, Kristianne S.; Ormhaug, Silje M.; Shirk, Stephen R.; Jensen, Tine K.	2020	Therapists' behaviors and youths' therapeutic alliance during trauma-focused cognitive	Journal of consulting and clinical psychology	88	4	350–361	Objective: Trauma-focused cognitive-behavioral therapy (TF-CBT) is a recommended treatment for posttraumatic stress (PTS) in youth, and a strong therapeutic alliance predicts reductions of PTS in TF-CBT. However, little is known of how therapists can build a strong alliance. This study seeks to understand which therapist behaviors are associated with the strength of alliance in TF-CBT.

		behavioral therapy					<p>Method: Participants were 65 youth (M age = 15.1, SD = 2.19; 77% girls) engaged in TF-CBT and their therapists (n = 24). The alliance was assessed midtreatment using the Therapeutic Alliance Scale for Children-revised. Therapists' behaviors were coded using the Adolescent Alliance-Building Scale—revised, and youth engagement behavior was coded using the Behavioral Index of Disengagement Scale. Linear mixed-effects models were used to evaluate clients' and therapists' in-session behaviors as predictors of the alliance, in addition to assessing the potential moderating effects of youth behaviors. Results: Rapport-building behaviors were significantly predictive of higher alliance scores (Est. = 1.81, 95% CI [0.11, 3.52], p = .038), whereas there was no predictive effect of treatment socialization or trauma-focusing behavior on alliance scores. Initial youth behavior significantly moderated the effect of trauma-focusing on the alliance (p = .007); greater focus on trauma was associated with higher alliance scores among passively disengaged youth (Est. = 4.92, 95% CI [1.80, 8.05], p = .003). Conclusions: Rapport-building behaviors are associated with a stronger alliance in TF-CBT. Gradual exposure through initial trauma-eliciting does not appear to undermine alliance formation but is rather associated with higher alliance-scores among passively disengaged youth. (PsyInfo Database Record (c) 2023 APA, all rights reserved)</p>
Overholser, James C.	2019	Graduate training in psychotherapy: The importance of ongoing clinical activity	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	3	264–273	

		for the training faculty					
Owen, G. S.; Gergel, T.; Stephenson, L. A.; Hussain, O.; Rifkin, L.; Keene, A. Ruck	2019	Advance decision-making in mental health - Suggestions for legal reform in England and Wales	International journal of law and psychiatry	64		162-177	This paper argues that existing English and Welsh mental health legislation (The Mental Health Act 1983 (MHA)) should be changed to make provision for advance decision-making (ADM) within statute and makes detailed recommendations as to what should constitute this statutory provision. The recommendations seek to enable a culture change in relation to written statements made with capacity such that they are developed within mental health services and involve joint working on mental health requests as well as potential refusals. In formulating our recommendations, we consider the historical background of ADM, similarities and differences between physical and mental health, a taxonomy of ADM, the evidence base for mental health ADM, the ethics of ADM, the necessity for statutory ADM and the possibility of capacity based 'fusion' law on ADM. It is argued that the introduction of mental health ADM into the MHA will provide clarity within what has become a confusing area and will enable and promote the development and realisation of ADM as a form of self-determination. The paper originated as a report commissioned by, and submitted to, the UK Government's 2018 Independent Review of the Mental Health Act 1983.
Owen, Jesse; Coleman, Jeremy; Drinane, Joanna M.; Tao, Karen; Imel, Zac; Wampold,	2021	Psychotherapy racial/ethnic disparities in treatment outcomes: The role of university racial/ethnic composition	Journal of Counseling Psychology	68	4	418-424	Objective: Mental health disparities between racial/ethnic minorities (REM) and White individuals are well documented. These disparities extend into psychotherapy and have been observed among clients receiving care at university/college counseling centers. However, less is known about if campus RE composition affects outcomes from psychotherapy for REM and White clients. Method: This study examined psychotherapy

Bruce; Kopta, Mark							<p>outcomes from 16,011 clients who engaged in services at 33 university/college counseling centers. Each of these clients completed the Behavioral Health Measure as a part routine practice. Campus RE composition was coded from publicly available data. Results: The results demonstrated that White clients had better therapy outcomes than REM clients when they were at campuses where there were more White students. For universities 1 SD below the mean percentage of White students, the average difference in therapy outcomes for White and REM clients was Cohen's $d = .21$ (with White students experiencing more improvement); however, for universities 1 SD above the mean, the between group outcome disparity was greater (Cohen's $d = .38$). Conclusion: Therapists and higher education professionals should consider environmental impacts on counseling services. Implications for higher education, counseling centers, and mental health disparities are provided. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
Owen, Jesse; Miller, Scott D.; Seidel, Jason; Chow, Daryl	2016	The working alliance in treatment of military adolescents	Journal of consulting and clinical psychology	84	3	200–210	<p>Objective: Although the working alliance-outcome association is well-established for adults, the working alliance has accounted for 1% of the variance in adolescent therapy outcomes. How the working alliance unfolds in therapy and is modeled in therapy studies may substantially affect how much variance is attributed to the working alliance. Method: The sample included 2,990 military youth who were treated by 98 therapists and attended at least 8 therapy sessions. The average age was 14.91 years ($SD = 1.79$). Each session, clients completed the Outcome Rating Scale as a measure of psychological well-being/distress and the Session Rating Scale as a measure of working alliance. We utilized 3 models to</p>

							examine the working alliance-outcome association in therapy: (a) mono-method model (i.e., 1 rating of working alliance correlated with outcomes), (b) aggregate-assessment model (i.e., multiple sessions aggregated and correlated with outcomes), and (c) change-based model (i.e., changes in working alliance scores correlated with outcomes). Results: Findings supported the change-based model. The amount of variance explained in youth outcomes via growth in working alliance scores in the change-based model was approximately 9.8%, which suggests that a key mechanism of client-perceived change for adolescents in therapy may be the continual development of the working alliance over the course of treatment. Conclusions: The monitoring of and continual promotion of the working alliance among military youth in the early phases of therapy may help therapists improve treatment outcomes. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Oxnam, Paul; Gardner, Emma	2019	Treatment for Emotional Difficulties Related to Offending for People with an Intellectual Disability				357–372	
Oyake, Kazuaki; Sue, Keita; Sumiya, Motofumi; Tanaka, Satoshi	2023	Physical Therapists Use Different Motivational Strategies for Stroke Rehabilitation	Physical therapy	103	6		OBJECTIVE: Various strategies are used to motivate individuals with stroke during rehabilitation. However, how physical therapists select the motivational strategies that they use for each individual is yet to be established. Therefore, this study aimed to explore how physical therapists use different motivational strategies for individuals in stroke rehabilitation programs. METHODS:

		Tailored to an Individual's Condition: A Qualitative Study					<p>A criterion sample of 15 physical therapists who have worked in rehabilitation for over 10 years and were interested in an individual's motivation participated in one-on-one semi-structured online interviews. The interviews explored their perspectives and experiences regarding the motivational strategies used depending on each individual's condition. The collected data were analyzed with thematic analysis. RESULTS: A total of 9 themes emerged from the data upon thematic analysis and inductive coding. Participants used different strategies to encourage individuals' active participation in physical therapy depending on (1) their mental health, (2) their physical difficulties, (3) their level of cognitive function, (4) their personality, (5) their activities and participation, (6) their age, (7) their human environment, and (8) the type of rehabilitation service where the individual underwent treatment. For example, in cases where an individual lost self-confidence, participants offered practice tasks that the individual could achieve with little effort to make them experience success. The interviews also revealed (9) motivational strategies used regardless of the individual's condition. For instance, patient-centered communication was used to build rapport with individuals, irrespective of their condition. CONCLUSION: This qualitative study suggests that physical therapists use different strategies depending on the individual's mental health conditions, physical problems, level of cognitive function, personality, activities and participation, age, human environment, and the type of rehabilitation service where the individual undergoes treatment to motivate individuals with stroke during physical therapy. IMPACT: The findings of this study can provide experience-based recommendations</p>
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							regarding the selection of motivational strategies for stroke rehabilitation.
Paccione, Charles Ethan; Diep, Lien My; Stubhaug, Audun; Jacobsen, Henrik Børsting	2020	Motivational nondirective resonance breathing versus transcutaneous vagus nerve stimulation in the treatment of fibromyalgia: study protocol for a randomized controlled trial	Trials	21	1	808	<p>BACKGROUND: Chronic widespread pain (CWP), including fibromyalgia (FM), affects one in every ten adults and is one of the leading causes of sick leave and emotional distress. Due to an unclear etiology and a complex pathophysiology, FM is a condition with few, if any, effective and safe treatments. However, current research within the field of vagal nerve innervation suggests psychophysiological and electrical means by which FM may be treated. This study will investigate the efficacy of two different noninvasive vagal nerve stimulation techniques for the treatment of FM.</p> <p>METHODS: The study will use a randomized, single-blind, sham-controlled design to investigate the treatment efficacy of motivational nondirective resonance breathing (MNRB™) and transcutaneous vagus nerve stimulation (Nemos® tVNS) on patients diagnosed with FM. Consenting FM patients (N = 112) who are referred to the Department of Pain Management and Research at Oslo University Hospital, in Oslo, Norway, will be randomized into one of four independent groups. Half of these participants (N = 56) will be randomized to either an experimental tVNS group or a sham tVNS group. The other half (N = 56) will be randomized to either an experimental MNRB group or a sham MNRB group. Both active and sham treatment interventions will be delivered twice per day at home, 15 min/morning and 15 min/evening, for a total duration of 2 weeks (14 days). Participants are invited to the clinic twice, once for pre- and once for post-intervention data collection. The primary outcome is changes in photoplethysmography-measured heart rate variability. Secondary outcomes include self-reported</p>

							<p>pain intensity on a numeric rating scale, changes in pain detection threshold, pain tolerance threshold, and pressure pain limit determined by computerized pressure cuff algometry, blood pressure, and health-related quality of life. DISCUSSION: The described randomized controlled trial aims to compare the efficacy of two vagal nerve innervation interventions, MNRB and tVNS, on heart rate variability and pain intensity in patients suffering from FM. This project tests a new and potentially effective means of treating a major public and global health concern where prevalence is high, disability is severe, and treatment options are limited. TRIAL REGISTRATION: ClinicalTrials.gov NCT03180554 . Registered on August 06, 2017.</p>
<p>Paccione, Charles Ethan; Stubhaug, Audun; Diep, Lien My; Rosseland, Leiv Arne; Jacobsen, Henrik Børsting</p>	2022	<p>Meditative-based diaphragmatic breathing vs. vagus nerve stimulation in the treatment of fibromyalgia-A randomized controlled trial: Body vs. machine</p>	<p>Frontiers in neurology</p>	13		1030927	<p>IMPORTANCE: Vagus nerve innervation via electrical stimulation and meditative-based diaphragmatic breathing may be promising treatment avenues for fibromyalgia. OBJECTIVE: Explore and compare the treatment effectiveness of active and sham transcutaneous vagus nerve stimulation (tVNS) and meditative-based diaphragmatic breathing (MDB) for fibromyalgia. DESIGN: Participants enrolled from March 2019-October 2020 and randomly assigned to active tVNS (n = 28), sham tVNS (n = 29), active MDB (n = 29), or sham MDB (n = 30). Treatments were self-delivered at home for 15 min/morning and 15 min/evening for 14 days. Follow-up was at 2 weeks. SETTING: Outpatient pain clinic in Oslo, Norway. PARTICIPANTS: 116 adults aged 18-65 years with severe fibromyalgia were consecutively enrolled and randomized. 86 participants (74%) had an 80% treatment adherence and 107 (92%) completed the study at 2 weeks; 1 participant dropped out due to adverse effects from active tVNS. INTERVENTIONS:</p>

						<p>Active tVNS is placed on the cymba conchae of the left ear; sham tVNS is placed on the left earlobe. Active MDB trains users in nondirective meditation with deep breathing; sham MDB trains users in open-awareness meditation with paced breathing. MAIN OUTCOMES AND MEASURES: Primary outcome was change from baseline in ultra short-term photoplethysmography-measured cardiac-vagal heart rate variability at 2 weeks. Prior to trial launch, we hypothesized that (1) those randomized to active MDB or active tVNS would display greater increases in heart rate variability compared to those randomized to sham MDB or sham tVNS after 2-weeks; (2) a change in heart rate variability would be correlated with a change in self-reported average pain intensity; and (3) active treatments would outperform sham treatments on all pain-related secondary outcome measures. RESULTS: No significant across-group changes in heart rate variability were found. Furthermore, no significant correlations were found between changes in heart rate variability and average pain intensity during treatment. Significant across group differences were found for overall FM severity yet were not found for average pain intensity. CONCLUSIONS AND RELEVANCE: These findings suggest that changes in cardiac-vagal heart rate variability when recorded with ultra short-term photoplethysmography in those with fibromyalgia may not be associated with treatment-specific changes in pain intensity. Further research should be conducted to evaluate potential changes in long-term cardiac-vagal heart rate variability in response to noninvasive vagus nerve innervation in those with fibromyalgia. CLINICAL TRIAL REGISTRATION:</p>
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							https://clinicaltrials.gov/ct2/show/NCT03180554 , Identifier: NCT03180554.
Padmanabhanu nni, Anita; Campbell, Jerome; Pretorius, Tyrone B.	2017	Gendered role of appraisals of safety in psychological outcome in relation to trauma	Psychological Trauma: Theory, Research, Practice, and Policy	9	5	518–525	Objective: This study investigated gender differences in the role of appraisals of safety in the relationship between exposure to violence and trauma-related symptoms among South African adolescents living in low socioeconomic settings. Limited research exists in developing contexts on the role of cognitive appraisals in mitigating outcome following exposure to violence. Given the prevalence of violence in South Africa and the vulnerability of youth, this type of research is valuable in identifying adolescents at risk of negative psychological outcome following exposure, and in informing intervention efforts. Method: Adolescents (N = 498) completed an adapted version of the Harvard Trauma Questionnaire (Mollica et al., 1992) and the Safety Index (Ward, Flisher, Zissis, Muller, & Lombard, 2001). Results: The results indicate a significant positive relationship between all violence subscales and trauma-related symptoms, whereas a significant negative relationship was found between sense of safety and trauma-related symptoms. Important gender differences were identified in the role of appraisals of safety, with more effects noted for women than men. For men, the obtained results only demonstrated a health-sustaining role. For women, the results indicated a health-sustaining role, an indirect effect, and a stress-reducing role. Conclusion: These findings stress the necessity of gender-specific interventions. Assessment of psychological trauma, particularly among female adolescents, needs to include measures of cognitive appraisals related to safety. Therapeutic techniques that may be particularly beneficial to adolescent girls are those focusing on

							promoting sense of safety and targeting dysfunctional threat appraisals. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Palareti, L.; Melotti, G.; Cassis, F.; Nevitt, S. J.; Iorio, A.	2020	Psychological interventions for people with hemophilia	Cochrane Database of Systematic Reviews	3(3): CD0 1021 5. doi: 10.1 002/ 1465 1858 .CD0 1021 5.pu b2	3		Abstract - Background Managing hemophilia is challenging both in terms of medical treatment and its broad impact on many aspects of the individual's life, including self-perception. Several psychosocial issues are potentially relevant in the clinical management of hemophilia, including it being a chronic and incurable condition; e.g. people with hemophilia must adapt to optimally interact with peers and to practice sports - even choosing a sport represents an issue for perceived limitations, expectations and cultural influences on the individual and their family. People with hemophilia can react by denying their condition and its manifestations and not adhering to treatment. Due to the complexity of relationships surrounding genetic diseases, parents and relatives may have their own issues that contribute to making life easier or more difficult for the person with hemophilia. Anxiety, sadness and depression resulting in mental health disorders are reported in this population and may influence quality of life (QoL) depending on cultural background, religious beliefs, family support and other variables. Objectives Primarily to assess the effectiveness of psychological therapies for improving the ability of people with hemophilia to cope with their chronic condition. Search methods We aimed to identify trials from the Cochrane Cystic Fibrosis and Genetic Disorders Group's Coagulopathies Trials Register, Embase and PsycINFO, CINAHL, MEDLINE and trial registries. We searched reference lists of included publications. Most recent search of the Group's register: 13 June 2019. Selection criteria Randomized controlled

						<p>trials (RCTs) and quasi-RCTs in people with hemophilia of any age or gender, type A or B, any severity, with or without inhibitors, with or without HIV or hepatitis C virus. All psychological interventions for promoting emotional, intellectual and spiritual wellness. Individual, group or family group therapy interventions were eligible. Data collection and analysis We independently assessed trials, extracted data and assessed the risk of bias and assessed the quality of the evidence using GRADE. Main results Seven trials were included (362 participants randomized, data from 264 participants available for analysis); six of parallel design and one a partial cross-over design. One multicenter trial was conducted in Canada; the remaining six were single centre undertaken in the UK, USA, Iran and in the Netherlands. All trials had a high risk of bias for participant blinding and use of patient-reported outcomes. Evidence was retrieved on four interventions: psycho-education (DVD plus information booklet versus information booklet alone; computerised learning versus no intervention); cognitive therapy (auto-hypnosis (self-hypnosis) versus control); and behavioural therapy (relaxation (progressive or self control) versus no treatment). We also aimed to assess psychodynamic therapy and systemic therapy, but no trials were identified. Heterogeneity of the outcome measures and measurements precluded meta-analyses. No trial reported the cost of the psychological intervention and family adjustment. DVD plus information booklet compared to information booklet alone One trial (108 participants) showed coping strategies may lower pre-contemplation scores and negative thoughts, mean difference (MD) -0.24 (95%CI -0.48 - 0.00, low-certainty evidence), however, other measures of coping strategies</p>
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						<p>in the same trial suggest little or no difference between groups, e.g. contemplation, MD (-0.09, 95%CI -0.32 – 0.14, low-certainty evidence). The same trial measured QoL and showed little or no difference between treatment groups for the physical domain, MD 0.59 (95% CI -3.66 to 4.84, low-certainty evidence), but may improve scores in the mental health domain for those receiving the booklet plus DVD compared to booklet alone, MD (4.70, 95% CI 0.33 to 9.07, low-certainty evidence). Mood or personal well-being were not reported. Computerised learning compared to no intervention Two trials (57 participants) reported on interventions aimed at children and adolescents and their impact on promoting a sense of self-efficacy (primary outcome 'Mood and personal well-being'), but only one showed an increase, MD 7.46 (95%CI 3.21 to 11.71, 17 participants, very low-certainty evidence); the second did not report control group data. One trial (30 participants) showed the intervention did not improve self-efficacy in adults, but appropriate data could not be extracted. Two trials (47 participants) reported coping strategies; one only reported within-group differences from baseline, the second showed an increase from baseline in coping strategies in the Internet program group compared to the no intervention group (disease-specific knowledge, MD 2.45 (95% CI 0.89 to 4.01); self-management ability and transition readiness, MD 19.90 (95% CI 3.61 to 36.19; low-certainty evidence). One trial reported QoL but with insufficient information to calculate changes from baseline; no difference in post-treatment scores was seen between groups, MD -8.65, 95% CI -18.30 to 1.00, very low-certainty evidence). Auto-hypnosis (self-hypnosis) compared to control There were two older trials that reported on this intervention (50</p>
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						<p>participants) focusing mainly on the secondary outcome 'physical health'; only one trial reported the primary outcome 'mood and personal well-being' (only within-group differences in the treatment group). Coping strategies and QoL were not assessed in the trials. Relaxation (progressive or self control) compared to no treatment Only one trial (seven participants) from 1985, was included which focused on 'physical health' and did not report on any of our primary outcomes. Authors' conclusions Not all of the seven included trials analysed the effects of the interventions on our primary outcomes (mood and personal well-being, coping strategies and QoL). Three trials were conducted in the 1970s and 1980s using techniques of auto-hypnosis or relaxation and, in accordance with the needs and therapeutic possibilities of the time, they focused on secondary outcomes, e.g. frequency of bleeding (physical health) and adherence to the intervention. The four newer trials assessed psycho-educational interventions all mediated by the use of technologies (DVD or computer) and often created according to age needs of the target group. In these cases, attention was shifted to our pre-defined primary outcomes. This review has identified low- and very low-certainty evidence, prompting caution in its interpretation. The major problem we encountered was the heterogeneity of trial designs, of interventions and of outcome measures used across the trials. We strongly suggest that researchers consider developing a core outcome set to streamline future research; randomization was proven to be safe and acceptable, and blinding should be considered for those assessing patient-reported outcomes. Plain language summary Psychological interventions for people living with</p>
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						<p>hemophilia Review question Do psychological interventions improve the quality of life in people with hemophilia? Background Hemophilia is an inherited bleeding disorder. Affected individuals bleed in their joints, and, if untreated, develop crippling joint damage occurring from recurrent joint bleeds. Depending on treatment availability, people living with hemophilia may or may not be able to enjoy a 'normal' or fulfilling life, and often present limitations in the range of physical activity, sports participation, family-life planning and undertaking education and work attainment. Psychological interventions are often claimed to be important in order to minimise the impact of hemophilia and its affect on the quality of life of individuals living with the condition. Search date The evidence is current to 13 June 2019. Study characteristics We included trials comparing people with hemophilia receiving any psychological intervention compared with other individuals receiving a different intervention or no intervention at all. We found seven trials with 362 people with hemophilia aged between 6 and 65 years of age . Trials compared either a DVD plus information booklet or computerised learning or auto-hypnosis (self-hypnosis) or relaxation techniques to no treatment and people were selected for one treatment or the other randomly. The trials lasted from one to six months. Key results All treatments were safe, no major side effects were reported. Psycho-educational interventions in children and adolescents seemed to promote a sense of self-efficacy and better self-management skills, but the quality of the evidence suggests that more rigorous experimental design is required. One trial in adults did not show any effect. Self-hypnosis and relaxation techniques were not tested for</p>
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							<p>the primary outcome but were useful in decreasing the number and severity of joint bleeds when drug treatment was not available. The effects of these interventions on quality of life vary. The major problem we encountered in this review is the difference in trial designs, interventions and outcome measures used across the trials. We strongly suggest that researchers in the field consider developing a core outcome set to streamline future research. Randomization was proven to be safe and acceptable in this research field, and blinding of outcome assessors should be considered in the presence of patient-reported outcomes. Quality of the evidence The overall quality of the evidence was low to very low.</p>
Palermo, Tonya M.; Kerns, Robert D.	2020	Psychology's role in addressing the dual crises of chronic pain and opioid-related harms: Introduction to the special issue	American Psychologist	75	6	741-747	<p>Chronic pain is considered a public health crisis due to its high prevalence, impact, costs, and disparities in pain prevalence and treatment. In parallel, drug overdose, particularly due to opioids, has become an epidemic in the United States, prompting a public health crisis concerning harms associated with both prescribed opioid therapy for chronic pain and illicit opioid use. The purpose of this special issue is to highlight state-of-the-art psychological research that addresses the combined issues of chronic pain and harms associated with opioids. Articles included in this special issue focus on 2 related areas. The 1st set of innovative articles focuses on risk factors for chronic pain, characterization of patterns of opioid use and misuse, assessment of opioid risk, and identification of moderating factors in populations ranging from adolescents to older adults. The 2nd set of articles includes exemplary research on psychological approaches for management of chronic pain and opioid risk mitigation; integration of psychological approaches in patient-centered, evidence-based, multimodal and</p>

						interdisciplinary plans of pain care; and treatment of co-occurring chronic pain and opioid use disorder. Last, the issue includes a guest editorial highlighting psychological research and the participation of psychologists in the National Institutes of Health's Helping to End Addiction Long-Term (HEAL) initiative. In this introduction, the guest editors highlight the objectives in this special issue are to stimulate additional research to develop psychological approaches to reduce opioid misuse behaviors, to help educate providers on opioid prescribing that is equitable and minimizes risk of harms, and to address co-occurring chronic pain and opioid use disorder in vulnerable populations. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Pallanti, Stefano; Zohar, Joseph; Kasper, Siegfried; Möller, Hans-Jürgen; Hollander, Eric	2023	Revisiting benzodiazepines (GABA Enhancers): A transdiagnostic and precision medicine approach	Journal of psychiatric research	170	65–72	Since the mid 1980's, there has been an increased focus on the side effects of benzodiazepines (GABA enhancers), and as a result there has been a decrease in their use. We have systematically reviewed recent studies of GABA enhancers in psychiatry, and highlight evidence of their utility which may impact their negative conceptualization in clinical practice. We propose a new perspective on the appropriate use of these medications and describe clinical reasoning underpinning the use of benzodiazepine (GABA enhancers) based on their effect on specific receptors. A translational approach, involving a more comprehensive characterization of GABA receptors and their neuroscience-based mechanisms allows for a more precise use of this medication class. By adopting a precision person-centered approach, instead of a categorical approach, supports the prescribing of GABA enhancers when a cross-cutting transdiagnostic assessment shows anxiety symptoms associated with clinical impairment.

<p>Pallini, Susanna; Terrinoni, Arianna; Iannello, Sara; Cerutti, Rita; Ferrara, Mauro; Fantini, Fiorella; Laghi, Fiorenzo</p>	<p>2020</p>	<p>Attachment-Related Representations and Suicidal Ideations in Nonsuicidal Self-Injury Adolescents with and without Suicide Attempts: A Pilot Study</p>	<p>Suicide & life-threatening behavior</p>	<p>50</p>	<p>4</p>	<p>909–920</p>	<p>OBJECTIVES Consistent with the debate surrounding the association between nonsuicidal self-injury (NSSI), suicidal intent, and suicidal behavior, and between NSSI and dysregulation processes, we attempted to analyze suicide intent and emotion dysregulation in NSSI adolescents, in the framework of the attachment representations and exploring these clues of emotion dysregulation characteristics of insecure attachment. Furthermore, we intended to focus on these attachment-related segregated systems regarding death and suicidal ideations, to explore how differently they would characterize self-injuring adolescents with and without suicide attempts.</p> <p>METHODS Thirty-four NSSI inpatient adolescents, 17 with suicide attempts, 17 without suicide attempts, and 17 healthy controls (age 11-17) were assessed using Adult Attachment Projective, which allows for the classification of attachment status and related emotion dysregulation and segregated systems.</p> <p>RESULTS The majority of the NSSI group with and without suicide attempts showed unresolved (disorganized) attachment-related representations and clues of damaged reflective functions, whereas only the NSSI with suicide attempts showed clues of impaired interpersonal relationships. The two clinical groups used words expressing suicidal intent, whereas the healthy group did not.</p> <p>CONCLUSIONS Therapists are encouraged not to underestimate suicidal ideation in NSSI regardless of whether or not they have already attempted suicide.</p>
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Palmeira, Lara; Cunha, Marina; Pinto-Gouveia, José	2019	Processes of change in quality of life, weight self-stigma, body mass index and emotional eating after an acceptance-, mindfulness- and compassion-based group intervention (Kg-Free) for women with overweight and obesity	Journal of health psychology	24	8	1056–1069	This study examined the effectiveness of Kg-Free: an acceptance-, mindfulness- and compassion-based group intervention for women with overweight and obesity at post-treatment and 3-month follow-up and explored the psychological processes that underlie changes in quality of life, weight self-stigma, body mass index and emotional eating at post-treatment. Overall, 53 women completed Kg-Free. At post-treatment and 3-month follow-up, participants reported increased quality of life, mindfulness and self-compassion abilities and decreased weight self-stigma, emotional eating, shame, weight-related experiential avoidance, self-criticism and body mass index. Shame and self-criticism reductions were important mediators of changes in health-related outcomes, whereas weight-related experiential avoidance, mindfulness and self-compassion mediated changes in weight and eating-related outcomes.
Palmeira, Lara; Pinto-Gouveia, José; Cunha, Marina	2017	Exploring the efficacy of an acceptance, mindfulness & compassionate-based group intervention for women struggling with their weight (Kg-Free): A randomized controlled trial	Appetite	112		107–116	This randomized-controlled trial aims to test the efficacy of a group intervention (Kg-Free) for women with overweight or obesity based on mindfulness, ACT and compassion approaches. The intervention aimed to reduce weight self-stigma and unhealthy eating patterns and increase quality-of-life (QoL). Seventy-three women, aged between 18 and 55 years old, with BMI ≥ 25 without binge-eating seeking weight loss treatment were randomly assigned to intervention or control groups. Kg-Free comprises 10 weekly group sessions plus 2 booster fortnightly sessions, of 2h30 h each. The control group maintained Treatment as Usual (TAU). Data was collected at baseline and at the end of the Kg-Free intervention. Overall, participants enrolled in Kg-Free found the intervention to be very important and helpful when dealing with their weight-related unwanted internal

						<p>experiences. Moreover, when compared with TAU, the Kg-Free group revealed a significant increased health-related QoL and physical exercise and a reduction of weight self-stigma, unhealthy eating behaviors, BMI, self-criticism, weight-related experiential avoidance and psychopathological symptoms at post-treatment. Results for self-compassion showed a trend towards significance, whereas no significant between-groups differences were found for mindfulness. Taken together, evidence was found for Kg-Free efficacy in reducing weight-related negative experiences and promoting healthy behaviors, psychological functioning, and QoL.</p>	
Palmer Kelly, Elizabeth; Hyer, Madison; Payne, Nicolette; Pawlik, Timothy M.	2020	A mixed-methods approach to understanding the role of religion and spirituality in healthcare provider well-being	Psychology of Religion and Spirituality		19 43- 15 62(Electronic), 19 41- 10 22(Print)	487-493	<p>The objective of the current study was to define the religious and spiritual (R&S) beliefs of healthcare providers and examine how those beliefs translate into clinical practice. A mixed-methods approach was used to administer and analyze an online survey that included individual-level, occupational, and R&S demographic questions, The Duke University Religion Index, and open-ended questions about the use of R&S in clinical practice. Analyses included descriptive statistics (quantitative [QUAN]), content analysis (qualitative [QUAL]), and chi-square test of independence and Fisher's exact test (QUAN + QUAL). The final analytic cohort was composed of 387 participants. Providers included primary care (26.9%), nurses (27.1%), allied health (23.5%), and mental health (22.5%) professionals. Most participants reported being religious and spiritual (42.9%), followed by only spiritual (36.6%) or neither (20.3%). More providers acknowledged using R&S for coping with work-related stress rather than for clinical decision-making. Still, the use of R&S associated with patient morbidity, mortality, and end-of-life issues emerged as a subtheme for both</p>

							<p>topics. Overall, there was no difference among provider groups relative to the use of R&S in clinical decision-making and in coping ($p = .350$ and $p = .746$, respectively). Among respondents who did use R&S, there were differences among provider groups on how R&S beliefs were used (both $ps < .05$). Understanding the role of R&S among healthcare providers may be necessary for addressing and targeting interventions to improve symptoms of burnout and healthcare provider well-being. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
<p>Palstam, Annie; Larsson, Anette; Löfgren, Monika; Ernberg, Malin; Bjersing, Jan; Bileviciute-Ljungar, Indre; Gerdle, Björn; Kosek, Eva; Mannerkorpi, Kaisa</p>	<p>2016</p>	<p>Decrease of fear avoidance beliefs following person-centered progressive resistance exercise contributes to reduced pain disability in women with fibromyalgia: secondary exploratory analyses from a randomized controlled trial</p>	<p>Arthritis research & therapy</p>	<p>18</p>	<p>1</p>	<p>116</p>	<p>BACKGROUND Fibromyalgia (FM) is characterized by persistent widespread pain, increased pain sensitivity and tenderness. Women with FM also report disability, in terms of negative consequences on activities of daily living. Our recent randomized controlled trial (RCT) is the first study of resistance exercise to show positive effects on pain disability. The resistance exercise program of our RCT emphasized active involvement of participants in planning and progression of the exercise, using the principles of person-centeredness, to support each participant's ability to manage the exercise and the progress of it. The aim of this sub-study was to investigate explanatory factors for reduced pain disability in women with FM participating in a 15-week person-centered progressive resistance exercise program.</p> <p>METHODS A total of 67 women with FM were included in this sub-study of an RCT examining the effects of person-centered progressive resistance exercise performed twice a week for 15 weeks. Tests of physical capacity and health-related questionnaires were assessed at baseline and</p>

						<p>after the intervention period. Multivariable stepwise regression was used to analyze explanatory factors for improvements in pain disability.</p> <p>RESULTS</p> <p>Reduced pain disability was explained by higher pain disability at baseline together with decreased fear avoidance beliefs about physical activity ($R^2 = 28$, $p = 0.005$). The improvements in the disability domains of recreation and social activity were explained by decreased fear avoidance beliefs about physical activity together with higher baseline values of each disability domain respectively ($R^2 = 32$, $p = 0.025$ and $R^2 = 30$, $p = 0.017$). The improvement in occupational disability was explained by higher baseline values of occupational disability ($R^2 = 19$, $p = 0.001$).</p> <p>CONCLUSION</p> <p>The person-centered resistance exercise intervention, based on principles of self-efficacy, had a positive effect on recreational, social and occupational disability. The reduced pain disability seemed to be mediated by decreased fear avoidance beliefs. Age, symptom duration, pain intensity, and muscle strength at baseline had no explanatory value for reduced pain disability, indicating that the person-centered resistance exercise program has the potential to work for anyone with FM who has interest in physical exercise. The trial was registered on October 21, 2010 with ClinicalTrials.gov identification number: NCT01226784 .</p>	
Pan, David; Huey, Stanley J. [JR]; Heflin, Lara H.	2019	Ethnic differences in response to directive vs. non-directive	Psychotherapy research : journal of the Society for	29	2	186-197	<p>OBJECTIVE: Analog research suggests that directive interventions might increase treatment engagement for non-symptomatic Asian American (AA) students; however, no studies have assessed whether directiveness improves therapy processes or clinical outcomes for AAs</p>

		brief intervention for subsyndromal depression	Psychotherapy Research				<p>with mental health symptoms. This study tested the comparative efficacy of brief directive vs. non-directive intervention for AAs and European Americans (EAs) with subsyndromal depression. METHOD: Participants were randomly assigned directive, non-directive, or cultural values interview conditions, and assessed three times over six months. Directive and non-directive treatment involved meeting with a therapist for a single, 20-minute session to receive psychoeducation and personalized feedback on depressive symptoms and coping strategies. Cultural values participants also met with a therapist. RESULTS: Although results were mixed for the overall sample, directive treatment was generally superior to non-directive treatment and cultural values at addressing depressive symptoms, coping behavior, and working alliance. Ethnicity did moderate treatment effects for some outcomes, but in an unexpected manner. At six-month follow-up, the directive intervention was more effective than cultural values at reducing depressive symptoms for AAs; however, the cultural values condition was more effective than the non-directive intervention at reducing depressive symptoms for EAs. CONCLUSION: Mixed evidence was found for directiveness as an Asian-specific treatment enhancement. Clinical or methodological significance of this article: This article adds to a complicated body of research and clinical work aiming to inform best practices for ethnic minorities. We found some evidence that a directive therapeutic style may be a "culturally invariant" clinical technique that could be beneficial to Asian American and European American populations alike. Yet, other findings suggest that directiveness might be uniquely advantageous for</p>
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							Asian Americans, particularly for long-term improvement of depressive symptoms.
Papadimitriou, G.	2017	The "Biopsychosocial Model": 40 years of application in Psychiatry	Psychiatrike = Psychiatriki	28	2	107-110	In 1977, the American pathologist and psychiatrist George Engel (1913-1999) published in the Journal Science his paper "The need for a new medical model: A challenge for biomedicine", introducing the term Biopsychosocial Model. This model based on the results of Engel's studies in ulcerative colitis, depression and psychogenic pain, constituted a challenge for biomedicine and the biomedical model. The basic principles of the model included the biological, psychological and social dimensions of the person's life and the perception that the person suffers as a whole and not as isolated organs. The doctor should use a holistic approach regarding illness and should consider his/her relation with the patient socially equal. The personality and the emotional reserves of the patient, as well as the particular environmental conditions in which the person lives in should be taken into account. There is no doubt that the biopsychosocial model has established a more empathetic and compassionate approach in medical practice. Already since 1936, the general adaptation syndrome had been proposed by the Austrian-Canadian endocrinologist Hans Selye (1907-1982), who emphasized that psychological stressful factors may have injurious consequences on health, while the response systems to stress may be dysregulated not only by genetic factors, but also from experiences and stressful life events, as well as by harmful behaviors such as smoking, alcohol consumption and lack of physical exercise. Psychosocial factors may co-determine the patient's vulnerability and

						<p>the illness's severity and course. The biopsychosocial model considers the interactions with genetic susceptibility, personality, stressful events and, generally, with the patient's social context. Environmental factors increase the probability of the clinical expression of a mental disorder, play a role in the time of onset of an illness's manifestation, and they can also protect a vulnerable person from the disease. Stressful experiences modify immunological response and influence treatment compliance. Non-adherence to pharmacotherapy, as well as to the psychosocial interventions, may cause defective recovery of psychosocial functioning, recurrence of the disorder, as well as insufficient use of health resources and a higher health care cost. The psychoeducation of patients and their relatives by the application of the biopsychosocial model plays an important role in psychiatric therapeutics, and it may also be used via Internet in the frame of telepsychiatry. Results from neuroimaging studies have shown that the different kinds of human experiences, traumatic or therapeutic, have measurable influences on the brain function. Psychotherapy may modify the neuronal connections of the brain in the frame of its plasticity, as was found by the discovery of synaptogenesis in response to learning and can, thus, be considered not only as a strictly psychological but also as a biopsychosocial form of treatment. Among the disadvantages of the biopsychosocial model have been reported the lack of a concise theoretical framework regarding its function and content, that it is complicated, difficulties in its coordination and assignment of responsibilities, as well as problems with the education on it being multifaceted.</p>
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							<p>The biopsychosocial model has been criticized that it does not constitute a scientific or philosophical model, it does not provide an answer to the crucial question of how the biological, psychological and social variables interact in the disease's expression, that it does not provide guidance on the exact time of its application and, finally, that it allows for a wide range of interventions without providing specific guidelines of a concrete therapeutic scheme. The person-centered diagnosis is based on the biopsychosocial model, connects science with humanism and uses all the possible ways so that the clinicians, the patients and their families collaborate for a more effective management of the disease. This approach has been established by the World Psychiatric Association (WPA, 2007) as the program "Psychiatry for the Person". Psychiatry in everyday practice presents particularities versus other medical disciplines due to the complexity and polymorphism. Psychiatry in everyday practice presents particularities versus other medical disciplines due to the complexity and polymorphism of the expression of mental disorders, their close relation to psychosocial factors, the lack of explicit pathognomonic elements and the stigmatization of mental illness. For these reasons, the biopsychosocial model is particularly applicable in psychiatric disorders, but it should not be overlooked also in somatic illnesses. The biopsychosocial model, despite the criticism it was subjected to, continues to offer valuable clinical, educational and research services, as well as to provide an important contribution to the formation of health policies, not only for psychiatry, but for the whole of medicine as well.</p>
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Papola, Davide; Purgato, Marianna; Gastaldon, Chiara; Bovo, Chiara; van Ommeren, Mark; Barbui, Corrado; Tol, Wietse A.	2020	Psychological and social interventions for the prevention of mental disorders in people living in low- and middle-income countries affected by humanitarian crises	The Cochrane database of systematic reviews	9	9	CD012417	<p>BACKGROUND People living in 'humanitarian settings' in low- and middle-income countries (LMICs) are exposed to a constellation of physical and psychological stressors that make them vulnerable to developing mental disorders. A range of psychological and social interventions have been implemented with the aim to prevent the onset of mental disorders and/or lower psychological distress in populations at risk, and it is not known whether interventions are effective.</p> <p>OBJECTIVES To compare the efficacy and acceptability of psychological and social interventions versus control conditions (wait list, treatment as usual, attention placebo, psychological placebo, or no treatment) aimed at preventing the onset of non-psychotic mental disorders in people living in LMICs affected by humanitarian crises.</p> <p>SEARCH METHODS We searched the Cochrane Common Mental Disorders Controlled Trials Register (CCMD-CTR), the Cochrane Drugs and Alcohol Review Group (CDAG) Specialized Register, Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (OVID), Embase (OVID), PsycINFO (OVID), and ProQuest PILOTS database with results incorporated from searches to February 2020. We also searched the World Health Organization's (WHO) International Clinical Trials Registry Platform and ClinicalTrials.gov to identify unpublished or ongoing studies. We checked the reference lists of relevant studies and reviews.</p> <p>SELECTION CRITERIA All randomised controlled trials (RCTs) comparing psychological and social interventions versus control</p>
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						<p>conditions to prevent the onset of mental disorders in adults and children living in LMICs affected by humanitarian crises. We excluded studies that enrolled participants based on a positive diagnosis of mental disorder (or based on a proxy of scoring above a cut-off score on a screening measure).</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>We calculated standardised mean differences for continuous outcomes and risk ratios for dichotomous data, using a random-effects model. We analysed data at endpoint (zero to four weeks after therapy) and at medium term (one to four months after intervention). No data were available at long term (six months or longer). We used GRADE to assess the quality of evidence.</p> <p>MAIN RESULTS</p> <p>In the present review we included seven RCTs with a total of 2398 participants, coming from both children/adolescents (five RCTs), and adults (two RCTs). Together, the seven RCTs compared six different psychosocial interventions against a control comparator (waiting list in all studies). All the interventions were delivered by paraprofessionals and, with the exception of one study, delivered at a group level. None of the included studies provided data on the efficacy of interventions to prevent the onset of mental disorders (incidence). For the primary outcome of acceptability, there may be no evidence of a difference between psychological and social interventions and control at endpoint for children and adolescents (RR 0.93, 95% CI 0.78 to 1.10; 5 studies, 1372 participants; low-quality evidence) or adults (RR 0.96, 95% CI 0.61 to 1.50; 2 studies, 767 participants; very low quality evidence). No information on adverse events related to the interventions was available. For</p>
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						<p>children's and adolescents' secondary outcomes of prevention interventions, there may be no evidence of a difference between psychological and social intervention groups and control groups for reducing PTSD symptoms (standardised mean difference (SMD) -0.16, 95% CI -0.50 to 0.18; 3 studies, 590 participants; very low quality evidence), depressive symptoms (SMD -0.01, 95% CI -0.29 to 0.31; 4 RCTs, 746 participants; very low quality evidence) and anxiety symptoms (SMD 0.11, 95% CI -0.09 to 0.31; 3 studies, 632 participants; very low quality evidence) at study endpoint. In adults' secondary outcomes of prevention interventions, psychological counselling may be effective for reducing depressive symptoms (MD -7.50, 95% CI -9.19 to -5.81; 1 study, 258 participants; very low quality evidence) and anxiety symptoms (MD -6.10, 95% CI -7.57 to -4.63; 1 study, 258 participants; very low quality evidence) at endpoint. No data were available for PTSD symptoms in the adult population. Owing to the small number of RCTs included in the present review, it was not possible to carry out neither sensitivity nor subgroup analyses.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Of the seven prevention studies included in this review, none assessed whether prevention interventions reduced the incidence of mental disorders and there may be no evidence for any differences in acceptability. Additionally, for both child and adolescent populations and adult populations, a very small number of RCTs with low quality evidence on the review's secondary outcomes (changes in symptomatology at endpoint) did not suggest any beneficial effect for the studied prevention interventions. Confidence in the findings is hampered by the scarcity of prevention studies eligible for inclusion in the review, by</p>
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							risk of bias in the studies, and by substantial levels of heterogeneity. Moreover, it is possible that random error had a role in distorting results, and that a more thorough picture of the efficacy of prevention interventions will be provided by future studies. For this reason, prevention studies are urgently needed to assess the impact of interventions on the incidence of mental disorders in children and adults, with extended periods of follow-up.
Parker, Daisy; Byng, Richard; Dickens, Chris; McCabe, Rose	2020	"Every structure we're taught goes out the window": General practitioners' experiences of providing help for patients with emotional concerns'	Health & social care in the community	28	1	260–269	Up to 40% of general practitioners (GP) consultations contain an emotional component. General practitioners (GPs) have to provide care with limited time and resources. This qualitative study aimed to explore how GPs care for patients experiencing emotional concerns within the constraints of busy clinical practice. Seven GPs participated in three focus groups. Groups were recorded, transcribed and analysed thematically. Three themes were identified. (a) Collaboratively negotiated diagnosis: How patients' emotional concerns are understood and managed is the result of a negotiation between patient and GP belief models and the availability of treatments including talking therapy. (b) Doctor as drug: Not only is a continuous relationship between GPs and patients therapeutic in its own right, it is also necessary to effectively diagnose and engage patients in treatment as patients may experience stigma regarding emotional concerns. (c) Personal responsibility and institutional pressure: GPs feel personally responsible for supporting patients through their care journey, however, they face barriers due to lack of time and pressure from guidelines. GPs are forced to prioritise high-risk patients and experience an emotional toll. In conclusion, guidelines focus on diagnosis and a stepped-care model, however, this assumes diagnosis is relatively straightforward. GPs

							and patients have different models of psychological distress. This and the experience of stigma mean that establishing rapport is an important step before the GP and patient negotiate openly and develop a shared understanding of the problem. This takes time and emotional resources to do well. Longer consultations, continuity of care and formal supervision for GPs could enable them to better support patients.
Parolin, Laura; Carli, Pietro de; Solomon, Federica; Locati, Francesca	2017	Emotional aspects of metacognition in anxious rumination: Clues for understanding the psychotherapy process	Journal of Psychotherapy Integration	27	4	561–576	Current theorizations of the therapeutic relationship assume that this broad concept depends on mutual and continuous interactions between the patient and therapist and their individual characteristics (Horvath, 2001). One of these characteristics, metacognition, has recently acquired great importance in clinical psychology and has been recognized as an essential skill for the therapeutic relationship development (Dimaggio, Semerari, Carcione, Nicolò, & Procacci, 2007). The aim of the present study was to systematically examine the metacognition construct and its connection with the therapeutic relationship in a patient with a neurotic ruminating attitude who had a descriptive diagnosis of anxiety disorder not otherwise specified. A total of 82 sessions of a weekly psychodynamic psychotherapy were coded with the Metacognition Assessment Scale—Revised version (Carcione et al., 2010) and Psychotherapy Process Q-Set (Jones, 1985); subsequently, they were evaluated through time series analyses. Results showed that the patient’s understanding of the other’s mind and mastery abilities improved with time. With respect to the association between metacognitive functioning and the therapeutic relationship, results showed a significant positive effect of an authentic and empathic relationship on the patient’s mastery abilities. On these grounds, we

							then reasoned that the above association might depend on the specific metacognitive function. Results confirmed this hypothesis and showed that the emotional side of metacognition, rather than the cognitive side, was associated with the empathic relationship. Overall, these findings suggest that improvement in the therapeutic relationship leads to a better comprehension of the patient's emotional state, which may in turn have a positive effect on the patient's coping strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Parrish, Danielle E.; Sternberg, Kirk von; Castro, Yessenia; Velasquez, Mary M.	2016	Processes of change in preventing alcohol exposed pregnancy: A mediation analysis	Journal of consulting and clinical psychology	84	9	803–812	<p>OBJECTIVE: To examine mechanisms of the treatment effect for CHOICES, a motivational intervention to reduce risk of alcohol exposed pregnancy (AEP). Grounded in constructs from the transtheoretical model (TTM) and motivational interviewing (MI), the intervention targeted: risk drinking (>4 drinks/day or >7 drinks/week); ineffective contraception; and AEP risk (both behaviors). The experiential and behavioral processes of change (POC), posited to describe the mechanisms through which individual behavior change occurs, were examined. It was hypothesized that each of the targeted treatment outcomes at 9-month follow-up would be mediated by the experiential POC at 3 months, and that these would then be mediated by the behavioral POC at 9 months.</p> <p>METHOD: Eight hundred thirty women at-risk for AEP were randomized to CHOICES (information plus counseling; IPC) condition (n = 416) or information only (IO) condition (n = 414). Primary outcomes and proposed mediators (POC) were assessed at 3 and 9 months. Path analyses using weighted least squares estimation with mean- and variance-adjusted chi-square statistic were conducted separately for each outcome. RESULTS: Model fit indices</p>

							indicated good fit, and the indirect effect of treatment on outcome via POC was significant for hypothesized models predicting risky drinking and ineffective contraception. The indirect effect of treatment on AEP risk through POC for ineffective contraception was significant, but the indirect effect of POC for risky drinking was not. CONCLUSIONS: These findings support the temporal relationship between experiential and behavioral POC consistent with the TTM. Opportunistic, motivation-based interventions may benefit from directly targeting experiential POC early in treatment and behavioral POC later in treatment. (PsycINFO Database Record
Parry, Sarah; Simpson, Jane	2016	How Do Adult Survivors of Childhood Sexual Abuse Experience Formally Delivered Talking Therapy? A Systematic Review	Journal of child sexual abuse	25	7	793–812	This systematic review explored how adult survivors of child sexual abuse experienced nonspecific and trauma-focused talking therapies. Following extensive systematic searches of academic databases, 23 qualitative empirical studies were chosen for review. Using a line-by-line thematic synthesis, four analytical themes developed. These themes were: The Therapeutic Process as a Means for Forming Connections, which discusses therapeutic relationships; Developing a Sense of Self Through the Therapeutic Processes, which identifies stages of developmental recovery; Therapeutic Lights and Black Holes in the Shadows of child sexual abuse, which reflects on how a history of child sexual abuse influenced experiences of therapy; and Healing or Harrowing: Connecting With Others and First-time Experiences, which explores what was helpful, hindering, and new throughout the therapeutic journey. Findings related to participants developing new options for interpersonal relationships through the experience of authentic trust and the experiential learning of control and choice.

							Recommendations are discussed in relation to developing therapeutic practice and future research.
Partow, Sara; Cook, Roger; McDonald, Rachael	2021	Coping with stigmatization and discrimination related to blindness and low vision	Rehabilitation Psychology	66	4	576–588	<p>Purpose/Objective: Research suggests that effective coping with stress related to stigmatization and discrimination might protect the stigmatized persons against poor mental health outcomes associated with experiencing stress. Despite this, research specifically on coping with social stigma among people who are blind or have low vision has received less attention. We addressed this gap in the literature, by exploring the lived experiences of people who are blind or have low vision with regard to their perceptions of stigma and their coping responses. Research Method/Design: We employed a qualitative research method using an Interpretative Phenomenological Analysis (IPA). Participants were 11 Australians who were blind or had low vision, aged between 18 to 65 years, and were recruited via advertisement. Data was collected using in-depth interviews and was subjected to data analysis using IPA. Results: Two sets of themes emerged from the data analysis which we classified under 2 superordinate themes labeled as Ways of Coping and Coping Skills and Resources. Conclusions/Implications: This study highlights the significance of personal and contextual aspects of coping with stigma and discrimination by demonstrating the complex nature of how people who are blind or have low vision cope with stigma. Coping efforts might be tenuous and require cognitive and/or behavioral skills and psychological resources and as such, individuals experiencing stigma might benefit from interventions aimed at improving coping skills and resources, such as self-advocacy, assertion, or positive</p>

							reinterpretation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Pascual-Leone, A.; Yeryomenko, N.; Sawashima, T.; Warwar, S.	2019	Building emotional resilience over 14 sessions of emotion focused therapy: Micro-longitudinal analyses of productive emotional patterns	Psychotherapy research: journal of the Society for Psychotherapy Research	29	2	171-185	<p>Pascual-Leone and Greenberg's sequential model of emotional processing has been used to explore process in over 24 studies. This line of research shows emotional processing in good psychotherapy often follows a sequential order, supporting a saw-toothed pattern of change within individual sessions (progressing "2-steps-forward, 1-step-back"). However, one cannot assume that local in-session patterns are scalable across an entire course of therapy. Thus, the primary objective of this exploratory study was to consider how the sequential patterns identified by Pascual-Leone, may apply across entire courses of treatment. Intensive emotion coding in two separate single-case designs were submitted for quantitative analyses of longitudinal patterns. Comprehensive coding in these cases involved recording observations for every emotional event in an entire course of treatment (using the Classification of Affective-Meaning States), which were then treated as a 9-point ordinal scale. Applying multilevel modeling to each of the two cases showed significant patterns of change over a large number of sessions, and those patterns were either nested at the within-session level or observed at the broader session-by-session level of change. Examining successful treatment cases showed several theoretically coherent kinds of temporal patterns, although not always in the same case. Clinical or methodological significance of this article: This is the first paper to demonstrate systematic temporal patterns of emotion over the course of an entire treatment. (1) The study offers a proof of concept that longitudinal patterns in the micro-processes of emotion can be objectively derived and quantified. (2)</p>

							It also shows that patterns in emotion may be identified on the within-session level, as well as the session-by-session level of analysis. (3) Finally, observed processes over time support the ordered pattern of emotional states hypothesized in Pascual-Leone and Greenberg's (2007) model of emotional processing.
Patriarca, Eleonora; Tanzilli, Annalisa; Brusadelli, Emanuela; Lingiardi, Vittorio; Grenyer, Brin F. S.	2023	A multidimensional assessment of therapeutic outcomes: Toward a Psychodynamic Diagnostic Manual (PDM-2)-oriented approach to psychotherapy research	Psychoanalytic Psychology	40	2	128–133	The Psychodynamic Diagnostic Manual–2nd edition (PDM-2) stresses the importance of putting the complex person back at the center of the diagnostic, therapeutic, and research process, fostering the integration between categorical and dimensional classifications, and emphasizing both individual variations and commonalities. Accordingly, the manual aims to promote a new impetus in the psychotherapy research field, trying to bridge the gap between empirical and clinical perspectives. In the present study, a sample of 12 patients diagnosed with borderline personality disorder (BPD), who underwent 1 year of transference-focused psychotherapy, was interviewed using the Adult Attachment Interview (AAI) at baseline and after treatment. The Psychodiagnostic Chart–2 (PDC-2) of the PDM-2 was applied to AAI, specifically focusing on the level of personality organization and mental functioning capacities (M-Axis). The Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Axis II Personality Disorders was also used to provide a categorical measure of therapeutic outcomes. As expected, a significant reduction in the DSM BPD criteria number was observed after treatment. More importantly, there were improvements in terms of overall level of personality severity in almost all PDC-2 M-Axis domains. To the best of our knowledge, this is the first study to show psychodynamic therapeutic outcomes

							using the PDM-2 framework. Findings underline the importance of promoting a multidimensional approach that integrates descriptive and functional understandings of treatment outcomes, highlighting the relevant contribution of the clinically sensitive and diagnostically accurate PDM-2 approach. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Paul, Jennifer J.; Dardar, Shaleah; River, Laura M.; St John-Larkin, Celeste	2022	Telehealth adaptation of perinatal mental health mother-infant group programming for the COVID-19 pandemic	Infant mental health journal	43	1	85–99	The COVID-19 pandemic and ensuing isolation stressed pregnant and postpartum women and their families pervasively. This necessitated addressing young families' mental health needs while protecting both patients and providers from COVID-19 exposure. Our experience of rapidly adapting Pregnancy, Maternal Postpartum Peer Support, and Mother-Infant Postpartum Group interventions to high-quality telehealth modalities elucidates benefits and challenges of mother-infant dyadic treatment amidst the pandemic. This study compares 2019 in-person and 2020 telehealth services during the period from mid-March through mid-December in each year. Initial program Warmline contacts were similar across years despite pandemic-related restrictions, with 2020 program contacts surpassing the 147 unique patient outreaches during the commensurate 2019 period. Pregnancy Group enrollment remained consistent. Maternal Postpartum Peer Support Group participation increased with transition to telehealth with 27 individuals with over 100 group-based visits in 2020. Twenty-five mother-infant Postpartum pairs initially enrolled in the 12-week multicomponent Mother-Infant Therapy Group (M-ITG) during 2019 in-person services, and 16 completed the program (36% non-completion rate). During 2020 telehealth, 15 of 18 mother-infant pairs completed the program (17% non-completion rate); a

							greater than 50% reduction in non-completion. We further compare pre-/post-pandemic onset M-ITG participant demographics, enrollment, and Edinburgh Postnatal Depression Scale (EPDS) scores.
Paveltchuk, Fernanda; Mourão, Sabrina Emely de Queiroz; Keffer, Stella; da Costa, Rafael Thomaz; Nardi, Antonio Egídio; Carvalho, Marcele Regine de	2022	Negative effects of psychotherapies: A systematic review	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	2	267–278	
Paz, Clara; Adana-Díaz, Lila; Evans, Chris	2020	Clients with different problems are different and questionnaires are not blood tests: A template analysis of psychiatric and psychotherapy clients' experiences of the CORE-OM	Couns and Psychother Res (Counselling and Psychotherapy Research)	20	2	274–283	Abstract Aim To explore the constructions users of mental health services have of outcome and change measures, contrasting those of hospital psychiatric patients with psychotic experiences versus psychotherapy clients in private practice who have not had psychotic experiences. Method Twenty-four participants, 12 from each setting, were interviewed about their experiences when answering the Clinical Outcomes in Routine Evaluation-Outcome Measure. Template analysis was used to analyse transcripts from a pragmatic and contextualist position. Findings Participants from both settings understood all the items of the CORE-OM and generally saw it as useful to assess the psychological distress and to appreciate the progress within the treatment. However, experience of emotions such as sadness and hopelessness, a focus on functioning and an emphasis on impartiality of the person who offers the questionnaire were themes that emerged

						only for the hospital participants. This is the first study explicitly comparing the experiences of two types of users of mental health care services when answering the CORE-OM; with the increasing routine use of change measures, reactions of these groups to such measures need to be explored in more detail qualitatively as well as quantitatively. Clinicians in all settings should think carefully about the explanations for the use of change measures, being sure that they address the primary concerns of participants. Scores are not like blood test results, and they arise in the relational context, a construction that includes both local organisational and cultural location.
Pedersen, Geir; Kvarstein, Elfrida H.; Wilberg, Theresa; Folmo, Espen J.; Burlingame, Gary M.; Lorentzen, Steinar		The Group Questionnaire (GQ)—Psychometric properties among outpatients with personality disorders	Group Dynamics: Theory, Research, and Practice	27	2	Objective: Relational and emotional vulnerability represent essential problems among patients with personality disorder (PD). Group psychotherapy is a central component of evidence-based PD treatments. Generally, patient and therapist interrelationships predict improvement in therapy. However, although treatment of patients with PD is a more complex process, group processes are poorly elaborated in PD research. Documentation of the psychometric quality of group process measures in PD samples is an important precursor of such research. The Group Questionnaire—GQ is based on concepts of group cohesion and climate, empathy, and alliance and aims to capture the quality of member–member, member–group, and member–leader relationships in group therapy. A three latent factor structure (positive bond, positive work, and negative relationship) has generally been supported. This study aimed to perform a psychometric analysis of GQ administered in a clinical population of patients with PD. Method: The study included 369 patients with PDs

							attending group psychotherapy in 14 outpatient treatment units on a specialist mental health service level within the Norwegian Network of Personality Disorders in the period 2017–2020. Psychometric analyses included three latent factors and eight subfacets. Results: The three latent factors, positive bond, positive work, and negative relationship, were replicated. Psychometric integrity of the tripartite relationship structure—member–member, member–group, and member–leader, with eight subfacets, was supported. Conclusion: The GQ with three latent factors and eight subfacets can be recommended for future research and clinical practice in patient populations with PD. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Pelletier, Chelsea A.; Pousette, Anne; Ward, Kirsten; Fox, Gloria	2020	Exploring the perspectives of community members as research partners in rural and remote areas	Research involvement and engagement	6		3	BACKGROUND: Community engagement in research has the potential to support the development of meaningful health promotion interventions to address health inequities. People living in rural and remote areas face increased barriers to participation in health research and may be unjustly excluded from participation. It is necessary to understand the process of patient and public engagement from the perspective of community members to support partnered research in underserved areas. The aim of this project was to increase understanding on how to include community members from rural and remote areas as partners on research teams. METHODS: Using purposive sampling, we completed semi-structured interviews with a representative sample of 12 community members in rural and remote areas of northern British Columbia, Canada. Interviews were audio recorded and transcribed verbatim. Following an integrated knowledge translation approach, an inductive thematic analysis was completed to

							<p>incorporate researcher and knowledge user perspectives. RESULTS: The factors important to community members for becoming involved in research include: 1) relevance; 2) communication; and 3) empowering participation. The analysis suggests projects must be relevant to both communities and individuals. Most participants stated that they would not be interested in becoming partners on research projects that did not have a direct benefit or value for their communities. Participants expressed the need for clear expectations and clarification of preferred communication mechanisms. Communication must be regular, appropriate in length and content, and written in a language that is accessible. It is essential to ensure that community members are recognized as subject matter experts, to provide appropriate training on the research process, and to use research outcomes to support decision making. CONCLUSIONS: To engage research partners in rural and remote communities, research questions and outcomes should be co-produced with community members. In-person relationships can help establish trust and bidirectional communication mechanisms are prudent throughout the research process, including the appropriate sharing of research findings. Although this project did not include community members as research team members or in the co-production of this research article, we present guidelines for research teams interested in adding a patient or public perspective to their integrated knowledge translation teams.</p>
Peluso, Paul R.; Freund, Robert R.	2018	Therapist and client emotional expression and psychotherapy	Psychotherapy	55	4	461-472	<p>Although emotion has long been considered important to psychotherapeutic process, empirical assessment of its impact has emerged only recently. The present study applied two meta-analyses to explore the association</p>

		outcomes: A meta-analysis					between therapist expression of emotion and psychotherapy outcome, and client expression of emotion and psychotherapy outcome. Overall, 66 studies (13 for the therapist meta-analysis and 43 for the client meta-analysis) were included. A significant medium effect size was found between the therapist's emotional expression and outcomes ($d = 0.56$) and a significant medium-to-large effect size between the client's emotional expression and outcomes ($d = 0.85$). Third-party rating of emotional expression emerged as a significant moderator of outcomes. Limitations of the research, diversity considerations, and therapeutic practices that conclude the article are then presented. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Peranteau, William H.; Flake, Alan W.	2020	The Future of In Utero Gene Therapy	Molecular diagnosis & therapy	24	2	135-142	Significant advances in the safety and efficacy of gene therapy have sparked a new frontier in therapeutics for genetic diseases as evidenced by the greater than 700 active gene therapy investigational new drug applications reported by the NIH and the US Food and Drug Association. Although postnatal gene therapy trials are encouraging, limitations to effective therapy including an immune barrier and initiation of treatment after disease onset can exist. Advances in prenatal diagnostics provide hope that many genetic abnormalities will be able to be diagnosed before birth. Prenatal gene therapy has the potential to take advantage of normal developmental properties of the fetus and overcome some of the current limitations to efficient postnatal gene therapy. The rationale for prenatal gene therapy includes the small fetal size, the tolerogenic fetal immune system, the presence of highly proliferative and accessible stem/progenitor cells of multiple organs, and, ultimately,

							<p>the ability to treat diseases in which irreversible pathology begins prior to birth. This rationale is based on and supported by a number of published animal studies. Unique ethical considerations exist in the context of prenatal gene therapy, including the importance of rigorous evaluation of the effect of the therapy on fetal germ cells and developing organs as well as the mother. To date, animal studies have not demonstrated any significant germline or maternal effect of prenatal gene therapy. Finally, practical considerations of future clinical prenatal gene therapy will include, but not be limited to, determining the initial target disease characteristics and the importance of non-directive prenatal counseling of families carrying a fetus with a genetic diagnosis.</p>
Perchtold-Stefan, Corinna M.; Rominger, Christian; Fink, Andreas	2023	Depressive Symptoms are Positively Linked to Malevolent Creativity: A Novel Perspective on the Maladaptive Nature of Revenge Ideation	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	57	2	319–330	<p>ABSTRACT Depressed mood has attracted little attention in creativity research. By comparison, psychotherapeutic studies have repeatedly associated depressive symptomatology with increased revenge ideation. Combining creativity and retaliatory ideation, the present study examined whether self-reported subclinical depressive symptoms are linked to malevolent creativity ? creativity used for the purpose of damaging others ? in a psychometric test. In a sample of n = 259 participants, overall depressive symptoms were positively associated with malevolent creativity. Sensitivity analyses confirmed this link for motivational and interactional symptoms, but not cognitive symptoms of depression. As a gender-specific finding, malevolent creativity was positively linked to emotional symptoms of depression in women, but not men. Our findings hint at the possibility that mood impairments through depressive symptoms may facilitate malevolent creative ideation through increased impulsivity, reduced self-regulation, and protracted anger</p>

							<p>rumination. Following recommendations regarding more focused investigations into the vast research complex of psychopathology and creativity, this study emphasizes negative mood as a risk factor for the occurrence of harmful creative ideation, and thus, presents a novel perspective on the intricate link between internalizing and externalizing symptomatology.</p>
Perelman, Michael A.	2016	Psychosexual therapy for delayed ejaculation based on the Sexual Tipping Point model	Translational andrology and urology	5	4	563–575	<p>The Sexual Tipping Point(®) (STP) model is an integrated approach to the etiology, diagnosis and treatment of men with delayed ejaculation (DE), including all subtypes manifesting ejaculatory delay or absence [registered trademark owned by the MAP Educational Fund, a 501(c)(3) public charity]. A single pathogenetic pathway does not exist for sexual disorders generally and that is also true for DE specifically. Men with DE have various bio-psychosocial-behavioral & cultural predisposing, precipitating, maintaining, and contextual factors which trigger, reinforce, or worsen the probability of DE occurring. Regardless of the degree of organic etiology present, DE is exacerbated by insufficient stimulation: an inadequate combination of "friction and fantasy". High frequency negative thoughts may neutralize erotic cognitions (fantasy) and subsequently delay, ameliorate, or inhibit ejaculation, while partner stimulation (friction) may prove unsatisfying. Assessment requires a thorough sexual history including inquiry into masturbatory methods. Many men with DE engage in an idiosyncratic masturbatory style, defined as a masturbation technique not easily duplicated by the partner's hand, mouth, or vagina. The clinician's most valuable diagnostic tool is a focused sex history (sex status). Differentiate DE from other sexual problems and review the conditions under which the man can ejaculate. Perceived partner</p>

							<p>attractiveness, the use of fantasy during sex, anxiety-surrounding coitus and masturbatory patterns require meticulous exploration. Identify important DE causes by juxtaposing an awareness of his cognitions and the sexual stimulation experienced during masturbation, versus a partnered experience. Assist the man in identifying behaviors that enhance immersion in excitation and minimize inhibiting thoughts, in order to reach ejaculation in his preferred manner. Discontinuing, reducing or altering masturbation is often required, which evokes patient resistance. Coaching tips are offered on how to ensure adherence to this suspension, manage resistance and facilitate success. Depending on motivation level, masturbation interruption may be compromised and negotiated. Encourage a man who continues to masturbate to alter style ("switch hands") and to approximate the stimulation likely to be experienced with his partner. Success will require most men to be taught to learn bodily movements and fantasies that approximate the thoughts and sensations experienced in masturbation. Fertility issues, as well as patient/partner anger are important causational factors, which often require individual and/or conjoint consultation. Drug treatment would benefit men particularly with severe DE, regardless of concomitant psychosocial-behavioral and cultural complications. When and if a safe effective medication for DE becomes available, this author's transdisciplinary perspective supports appropriate medication use when integrated with counseling. This approach emphasizes the utility of a biopsychosocial-cultural perspective combined with special attention to the patient's narrative. Treatment is patient-centered, holistic and integrates a variety of therapies as needed.</p>
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<p>Perestelo-Perez, Lilisbeth; Rivero-Santana, Amado; Sanchez-Sanchez-Afonso, Juan Antonio; Perez-Ramos, Jeanette; Castellano-Fuentes, Carmen Luisa; Sepucha, Karen; Serrano-Aguilar, Pedro</p>	<p>2017</p>	<p>Effectiveness of a decision aid for patients with depression: A randomized controlled trial</p>	<p>Health expectations : an international journal of public participation in health care and health policy</p>	<p>20</p>	<p>5</p>	<p>1096–1105</p>	<p>BACKGROUND Shared decision making is an important component of patient-centred care and decision aids are tools designed to support patients' decision making and help patients with depression to make informed choices.</p> <p>OBJECTIVE The study aim was to assess the effectiveness of a web-based decision aid for patients with unipolar depression.</p> <p>DESIGN Randomized controlled trial.</p> <p>SETTING AND PARTICIPANTS Adults diagnosed with a major depressive disorder and recruited in primary care centres were included and randomized to the decision aid (n=68) or usual care (n=79).</p> <p>INTERVENTION Patients in the decision aid group reviewed the decision aid accompanied by a researcher.</p> <p>OUTCOME MEASURES Knowledge about treatment options, decisional conflict, treatment intention and preference for participation in decision making. We also developed a pilot measure of concordance between patients' goals and concerns about treatment options and their treatment intention.</p> <p>RESULTS Intervention significantly improved knowledge (P<.001) and decisional conflict (P<.001), and no differences were observed in treatment intention, preferences for participation, or concordance. One of the scales developed to measure goals and concerns showed validity issues.</p> <p>CONCLUSION The decision aid "Decision making in depression" is</p>
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						effective improving knowledge of treatment options and reducing decisional conflict of patients with unipolar depression. More research is needed to establish a valid and reliable measure of concordance between patients' goals and concerns regarding pharmacological and psychological treatment, and the choice made.
Pérez-Rojas, Andrés E.; Brown, Rebecca; Cervantes, Alejandro; Valente, Tania; Pereira, Steve R.	2019	"Alguien abrió la puerta:" The phenomenology of bilingual Latinx clients' use of Spanish and English in psychotherapy	Psychotherapy	56	2	There has been a growing recognition of the role that various aspects of culture play in the theory and practice of psychotherapy. One aspect of culture that has received little attention, however, is language. Specifically, we lack comprehensive understanding of the value bilingual clients find in expressing thoughts, feelings, and experiences in two languages. Research that enhances understanding of the role that bilingualism plays in psychotherapy may thus help improve the quality of services that bilingual clients receive. To this end, we interviewed eight bilingual Latinx people (seven of Mexican descent and one Puerto Rican) between the ages of 20 and 37 about their experience using Spanish and English in psychotherapy. Using descriptive phenomenological analysis, we identified and interpreted 250 meaning units that were grouped into five overarching themes: (a) Enhancing Expression and Understanding, (b) An Affirming Experience, (c) Facilitating Therapeutic Processes, (d) Utility of a Therapist Bilingual Orientation, and (e) Strengthening the Therapeutic Relationship. Findings speak to the value for bilingual Latinx clients of being able to use both of their languages in psychotherapy. Implications for multicultural psychotherapy research and practice are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Pergola, Giovanni de; Zupo, Roberta; Lampignano, Luisa; Paradiso, Silvia; Murro, Isanna; Cecere, Annagrazia; Bartolomeo, Nicola; Ciccone, Marco M.; Giannelli, Gianluigi; Triggiani, Vincenzo	2020	Effects of a Low Carb Diet and Whey Proteins on Anthropometric, Hematochemical, and Cardiovascular Parameters in Subjects with Obesity	Endocrine, metabolic & immune disorders drug targets	20	10	1719–1725	BACKGROUND: The best way to lose body weight, without using drugs and/or suffering hunger and stress, has not yet been defined. The present study tested a low carbohydrate diet, enriched with proteins, in subjects with overweight and obesity. METHODS: The study enrolled 22 uncomplicated overweight and obese subjects. Several parameters were examined before and after 6 weeks of a low-carbohydrate diet, enriched with 18 g of whey proteins. Anthropometric (body mass index, waist circumference) variables, fasting hormones (insulin, TSH, FT3, FT4), and metabolic (glucose, prealbumin, and lipid levels) parameters were measured. 25-OH-vitamin D (25 (OH) D), parathyroid hormone (PTH) and osteocalcin, were also quantified. Body composition parameters (fat mass, fat-free mass, body cell mass, total body water) were measured by electrical bioimpedance analysis. As cardiovascular parameters, blood pressure, endothelium flow-mediated dilation (FMD), and common carotid artery intima-media thickness were also measured. RESULTS: The low-carbohydrate diet integrated with proteins induced a significant decrease in body weight ($P < 0.001$), waist circumference ($P < 0.001$), fat mass ($P < 0.001$), diastolic blood pressure ($P < 0.01$), triglycerides ($P < 0.001$), total cholesterol ($P < 0.001$), prealbumin ($P < 0.001$), insulin ($P < 0.001$), HOMAIR ($P < 0.001$), FT3 ($P < 0.05$), and c-IMT ($P < 0.001$), and a significant increase in FMD ($P < 0.001$) and 25 (OH) D ($P < 0.001$) was also observed. CONCLUSION: All these results suggest that a short-term non-prescriptive low carbohydrate diet, enriched with whey proteins, may be a good way to start losing fat mass and increase health.
Perry, Amanda E.; Martyn-St	2019	Interventions for drug-using	The Cochrane database of	10	10	CD010901	BACKGROUND This review represents one from a family of three reviews

<p>James, Marrison; Burns, Lucy; Hewitt, Catherine; Glanville, Julie M.; Aboaja, Anne; Thakkar, Pratish; Santosh Kumar, Keshava Murthy; Pearson, Caroline; Wright, Kath; Swami, Shilpi</p>		<p>offenders with co-occurring mental health problems</p>	<p>systematic reviews</p>			<p>focusing on interventions for drug-using offenders. Many people under the care of the criminal justice system have co-occurring mental health problems and drug misuse problems; it is important to identify the most effective treatments for this vulnerable population.</p> <p>OBJECTIVES</p> <p>To assess the effectiveness of interventions for drug-using offenders with co-occurring mental health problems in reducing criminal activity or drug use, or both. This review addresses the following questions.</p> <ul style="list-style-type: none"> • Does any treatment for drug-using offenders with co-occurring mental health problems reduce drug use? • Does any treatment for drug-using offenders with co-occurring mental health problems reduce criminal activity? • Does the treatment setting (court, community, prison/secure establishment) affect intervention outcome(s)? • Does the type of treatment affect treatment outcome(s)? <p>SEARCH METHODS</p> <p>We searched 12 databases up to February 2019 and checked the reference lists of included studies. We contacted experts in the field for further information.</p> <p>SELECTION CRITERIA</p> <p>We included randomised controlled trials designed to prevent relapse of drug use and/or criminal activity among drug-using offenders with co-occurring mental health problems.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>We used standard methodological procedures as expected by Cochrane .</p> <p>MAIN RESULTS</p> <p>We included 13 studies with a total of 2606 participants. Interventions were delivered in prison (eight studies; 61%), in court (two studies; 15%), in the community (two</p>
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						<p>studies; 15%), or at a medium secure hospital (one study; 8%). Main sources of bias were unclear risk of selection bias and high risk of detection bias. Four studies compared a therapeutic community intervention versus (1) treatment as usual (two studies; 266 participants), providing moderate-certainty evidence that participants who received the intervention were less likely to be involved in subsequent criminal activity (risk ratio (RR) 0.67, 95% confidence interval (CI) 0.53 to 0.84) or returned to prison (RR 0.40, 95% CI 0.24 to 0.67); (2) a cognitive-behavioural therapy (one study; 314 participants), reporting no significant reduction in self-reported drug use (RR 0.78, 95% CI 0.46 to 1.32), re-arrest for any type of crime (RR 0.69, 95% CI 0.44 to 1.09), criminal activity (RR 0.74, 95% CI 0.52 to 1.05), or drug-related crime (RR 0.87, 95% CI 0.56 to 1.36), yielding low-certainty evidence; and (3) a waiting list control (one study; 478 participants), showing a significant reduction in return to prison for those people engaging in the therapeutic community (RR 0.60, 95% CI 0.46 to 0.79), providing moderate-certainty evidence. One study (235 participants) compared a mental health treatment court with an assertive case management model versus treatment as usual, showing no significant reduction at 12 months' follow-up on an Addictive Severity Index (ASI) self-report of drug use (mean difference (MD) 0.00, 95% CI -0.03 to 0.03), conviction for a new crime (RR 1.05, 95% CI 0.90 to 1.22), or re-incarceration to jail (RR 0.79, 95% CI 0.62 to 1.01), providing low-certainty evidence. Four studies compared motivational interviewing/mindfulness and cognitive skills with relaxation therapy (one study), a waiting list control (one study), or treatment as usual (two studies). In comparison</p>
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						<p>to relaxation training, one study reported narrative information on marijuana use at three-month follow-up assessment. Researchers reported a main effect $< .007$ with participants in the motivational interviewing group, showing fewer problems than participants in the relaxation training group, with moderate-certainty evidence. In comparison to a waiting list control, one study reported no significant reduction in self-reported drug use based on the ASI (MD -0.04, 95% CI -0.37 to 0.29) and on abstinence from drug use (RR 2.89, 95% CI 0.73 to 11.43), presenting low-certainty evidence at six months (31 participants). In comparison to treatment as usual, two studies (with 40 participants) found no significant reduction in frequency of marijuana use at three months post release (MD -1.05, 95% CI -2.39 to 0.29) nor time to first arrest (MD 0.87, 95% CI -0.12 to 1.86), along with a small reduction in frequency of re-arrest (MD -0.66, 95% CI -1.31 to -0.01) up to 36 months, yielding low-certainty evidence; the other study with 80 participants found no significant reduction in positive drug screens at 12 months (MD -0.7, 95% CI -3.5 to 2.1), providing very low-certainty evidence. Two studies reported on the use of multi-systemic therapy involving juveniles and families versus treatment as usual and adolescent substance abuse therapy. In comparing treatment as usual, researchers found no significant reduction up to seven months in drug dependence on the Drug Use Disorders Identification Test (DUDIT) score (MD -0.22, 95% CI -2.51 to 2.07) nor in arrests (RR 0.97, 95% CI 0.70 to 1.36), providing low-certainty evidence (156 participants). In comparison to an adolescent substance abuse therapy, one study (112 participants) found significant reduction in re-arrests up to 24 months (MD</p>
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							<p>0.24, 95% CI 0.76 to 0.28), based on low-certainty evidence. One study (38 participants) reported on the use of interpersonal psychotherapy in comparison to a psychoeducational intervention. Investigators found no significant reduction in self-reported drug use at three months (RR 0.67, 95% CI 0.30 to 1.50), providing very low-certainty evidence. The final study (29 participants) compared legal defence service and wrap-around social work services versus legal defence service only and found no significant reductions in the number of new offences committed at 12 months (RR 0.64, 95% CI 0.07 to 6.01), yielding very low-certainty evidence.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Therapeutic community interventions and mental health treatment courts may help people to reduce subsequent drug use and/or criminal activity. For other interventions such as interpersonal psychotherapy, multi-systemic therapy, legal defence wrap-around services, and motivational interviewing, the evidence is more uncertain. Studies showed a high degree of variation, warranting a degree of caution in interpreting the magnitude of effect and the direction of benefit for treatment outcomes.</p>
Perryman, Kristi L.; Moss, Rochelle C.; Anderson, Leslie	2016	Sandtray supervision: An integrated model for play therapy supervision	International Journal of Play Therapy	25	4	186–196	<p>The current article proposes the use of sandtray through the use of person-centered and Gestalt approaches as a play therapy supervision technique. These theories are discussed in the context of play therapy supervision, and a 3-phase model for utilizing sandtray techniques in the play therapy supervision process is described. The phases—introductory, working, and culminating—guide the supervisor through multiple aspects of a play therapy session. This model offers a creative approach for enhancing the supervisory working alliance, while</p>

							deepening the supervisee's self-awareness and promoting counselor development. The authors offer support for sandtray supervision and review commonly utilized supervision models, making a case for play therapy supervision through the use of sandtray as a play medium. Suggestions are included for pairing the technique with specific aspects of supervision by combining discrimination and integrated developmental models of supervision. A case example is also provided to illustrate the model as utilized with a beginning practicum supervisee. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Peter, Burkhard; Bbel, Eva; Hagl, Maria; Richter, Mario; Kazn, Miguel	2018	Unterschiede in den Persönlichkeitsstilen von psychotherapeutisch Tätigen in Deutschland, sterreich und der Schweiz in Abhngigkeit vom psychotherapeutischen Verfahren und der Verwendung von Hypnose	Hypnose	13	2	169-192	In einer 2015 durchgefhrten Online-Erhebung machten 1027 psychotherapeutisch Tätige aus Deutschland, sterreich und der Schweiz Angaben zu ihrer Person und beruflichen Tätigkeit und beantworteten 56 Fragen der Kurzversion des "Persnlichkeits-Stil- und Strungsinventars". In den Persönlichkeitsprofilen zeigten sich folgende Unterschiede: (1) Deutsche psychotherapeutisch Tätige sind weniger ahnungsvoll/schizotypisch als die in sterreich und der Schweiz. (2) ltere psychotherapeutisch Tätige, die berwiegend mit Psychoanalyse, mit anderen analytischen Verfahren oder mit Gesprchpsychotherapie arbeiten, sind im Vergleich zu den jngeren, die berwiegend mit Verhaltenstherapie oder systemischer Therapie arbeiten, mehr zurckhaltend/schizoid, mehr ehrgeizig/narzisstisch und mehr ahnungsvoll/ schizotypisch. (3) Psychoanalytisch Tätige sind mehr eigenwillig/paranoid als die mit Verhaltenstherapie Arbeitenden. (4) Verhaltenstherapeutisch Tätige sind weniger ahnungsvoll/schizotypisch als mit Gesprchpsychotherapie oder "sonstigen Verfahren"

						<p>Arbeitende. (5) Mit "sonstigen Verfahren" Arbeitende sind mehr optimistisch/rhapsodisch als psychoanalytisch oder mit anderen analytischen Verfahren Arbeitende. (6) Jene, die auch Hypnose anwenden, sind weniger passiv/depressiv, aber mehr optimistisch/rhapsodisch. Die Ergebnisse widersprechen insgesamt populärwissenschaftlichen Annahmen und zeigen die psychotherapeutisch Tätigen als gesunde und "gestandene" Persönlichkeiten.</p>	
<p>Peter, Sebastian von; Göppert, Lena; Ziegenhagen, Jenny; Beeker, Timo; Glück, Rosa; Groth, Birte; Groß, Uwe; Reinholdt, Arne; Boerma, Robin; Heißler, Matthias; Habicht, Juri; Schwarz, Julian</p>	2021	<p>Supported Employment, Participation at Work, and Peer Support: A Qualitative, Participatory Case Study Report of the Geesthacht Model</p>	<p>Frontiers in psychiatry</p>	12		634080	<p>Background: For people who have experienced mental health crises or psychosocial disabilities, it is considerably more difficult to receive support to participate in work on an equal basis with others. In the town of Geesthacht, in Northern Germany, an integrative care network was implemented that allows for acute psychiatric treatment as well as participation in work and activities. This paper aims to explore the principles, advantages, and challenges of this innovative project. Methodology: Within the context of a participatory and collaborative process evaluation of a prospective controlled cohort study (PsychCare), researchers with and without experiential expertise conducted expert interviews and focus groups to evaluate the experiences of 37 employees, with and without lived experience, from various institutions associated with this care network. The data was analyzed using qualitative content analysis. Results: It was the change from financial compensation paid on a daily basis to a global treatment budget that allowed for a significant reduction of hospital beds in Geesthacht and freed up resources to implement a complex care network. Since then, various possibilities for participation, work, and activities for former service users, some of which are compensated financially, have</p>

						<p>been made available. These developments now allow for a less bureaucratic and often smooth transition from being a service user to involvement in participatory activities in the role of a peer, which is frequently perceived to be empowering and beneficial by participants with lived experience. At the same time, this care model has led to multiple role conflicts and different challenges for all parties involved. Conclusion: This innovative project in Geesthacht demonstrates the multifaceted potential of a global treatment budget system in the field of mental health care. To address certain downsides of the Geesthacht model, further development is necessary.</p>
<p>Peter, Sebastian von; Krispin, Helene; Kato Glück, Rosa; Ziegenhagen, Jenny; Göppert, Lena; Jänchen, Patrick; Schmid, Christine; Neumann, Anne; Baum, Fabian; Soltmann, Bettina; Heinze, Martin; Schwarz, Julian; Beeker, Timo; Ignatyev, Yuriy</p>	2022	<p>Needs and Experiences in Psychiatric Treatment (NEPT)- Piloting a Collaboratively Generated, Initial Research Tool to Evaluate Cross-Sectoral Mental Health Services</p>	Frontiers in psychiatry	13	781726	<p>BACKGROUND: Research tools to evaluate institutions or interventions in the field of mental health have rarely been constructed by researchers with personal experience of using the mental health system ("experiential expertise"). This paper presents a preliminary tool that has been developed within a participatory-collaborative process evaluation as part of a controlled, multi-center, prospective cohort study (PsychCare) to evaluate psychiatric flexible and integrative treatment, FIT for short, models in Germany. METHOD: The collaborative research team consisting of researchers with and without experiential expertise developed 12 experiential program components of FIT models by an iterative research process based on the Grounded Theory Methodology. These components were transformed into a preliminary research tool that was evaluated by a participatory expert panel, and during a pilot and validation study, the latter using a random sample of 327 users from 14 mental health departments. Internal consistency of the tool was tested using</p>

							<p>Cronbach's alpha. Construct validity was evaluated using a Principal Components Analysis (PCA) and a Jonckheere Terpstra test in relation to different implementation levels of the FIT model. Concurrent validity was tested against a German version of the Client Satisfaction Questionnaire (ZUF-8) using correlation analysis and a linear regression model. RESULTS: The evaluation of the expert panel reduced 29 initial items to 16 that were further reduced to 11 items during the pilot study, resulting into a research tool (Needs and Experiences in Psychiatric Treatment-NEPT) that demonstrated good internal consistency (Cronbach's alpha of 0.89). PCA yielded a 1-component structure, which accounted for 49% of the total variance supporting the unidimensional structure of the tool. The total NEPT score increased alongside the increasing implementation of the FIT model ($p < 0.05$). There was evidence ($p < 0.001$) for convergent validity assessed against the ZUF-8 as criterion measure. CONCLUSIONS: The NEPT tool seems to be promising for further development to assess the experiences with and fulfillment of needs of psychiatric care models from the perspective of users. This paper demonstrates that it is possible to use a participatory-collaborative approach within the methodologically rigorous confines of a prospective, controlled research design.</p>
Peterson, Carol B.; Berg, Kelly C.; Crosby, Ross D.; Lavender, Jason M.; Accurso, Erin C.; Ciao, Anna C.; Smith, Tracey L.;	2017	The effects of psychotherapy treatment on outcome in bulimia nervosa: Examining indirect effects	The International journal of eating disorders	50	6	636-647	<p>OBJECTIVE The purpose of this investigation was to examine the indirect effects of Integrative Cognitive-Affective Therapy (ICAT-BN) and Cognitive-Behavioral Therapy-Enhanced (CBT-E) on bulimia nervosa (BN) treatment outcome through three hypothesized maintenance variables: emotion regulation, self-directed behavior, and self-discrepancy.</p>

<p>Klein, Marjorie; Mitchell, James E.; Crow, Scott J.; Wonderlich, Stephen A.</p>		<p>through emotion regulation, self-directed behavior, and self-discrepancy within the mediation model</p>				<p>METHOD Eighty adults with BN were randomized to 21 sessions of ICAT-BN or CBT-E. A regression-based bootstrapping approach was used to test the indirect effects of treatment on outcome at end of treatment through emotion regulation and self-directed behavior measured at mid-treatment, as well as the indirect effects of treatment at follow-up through emotion regulation, self-directed behavior, and self-discrepancy measured at end of treatment.</p> <p>RESULTS No significant differences in outcome between treatment conditions were observed, and no significant direct or indirect effects were found. Examination of the individual paths within the indirect effects models revealed comparable treatment effects. Across treatments, improvements in emotion regulation and self-directed behavior between baseline and mid-treatment predicted improvements in global eating disorder scores but not binge eating and purging frequency at end of treatment. Baseline to end of treatment improvements in emotion regulation and self-directed behavior also predicted improvements in global eating disorder scores at follow-up. Baseline to end of treatment improvements in emotion regulation predicted improvements in binge eating and baseline to end of treatment increases in positive self-directed behavior predicted improvements in purging at follow-up.</p> <p>DISCUSSION These findings suggest that emotion regulation and self-directed behavior are important treatment targets and that ICAT-BN and CBT-E are comparable in modifying</p>
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							these psychological processes among individuals with BN.
Peterson, Carol B.; Engel, Scott G.; Crosby, Ross D.; Strauman, Timothy; Smith, Tracey L.; Klein, Marjorie; Crow, Scott J.; Mitchell, James E.; Erickson, Ann; Cao, Li; Bjorlie, Kayla; Wonderlich, Stephen A.	2020	Comparing integrative cognitive-affective therapy and guided self-help cognitive-behavioral therapy to treat binge-eating disorder using standard and naturalistic momentary outcome measures: A randomized controlled trial	The International journal of eating disorders	53	9	1418–1427	<p>OBJECTIVE Innovative treatments and outcome measures are needed for binge-eating disorder (BED). This randomized controlled trial compared Integrative Cognitive-Affective Therapy (ICAT-BED), an individual psychotherapy targeting momentary behavioral and emotional precipitants of binge eating, with an established cognitive-behavioral guided self-help (CBTgsh) treatment using standard and ecological momentary assessment (EMA) outcome measures.</p> <p>METHOD A total of 112 participants were randomized to 17 weeks of treatment (21 sessions for ICAT-BED and 10 sessions for CBTgsh). Binge-eating frequency was assessed with the Eating Disorder Examination (EDE) as well as EMA using cell phone-based real-time, naturalistic assessment at end of treatment (EOT) and 6-month follow-up. Hypothesized maintenance mechanisms were assessed using self-report questionnaires.</p> <p>RESULTS Binge-eating frequency as measured by the EDE and real-time assessment showed significant reductions at EOT and follow-up, with no significant differences between treatments. Hypothesized maintenance mechanisms, including emotion regulation, cognitive self-discrepancy, self-directed style, as well as measures of associated eating disorder psychopathology, depression, anxiety, impulsivity, and negative affect, showed similar improvement at EOT and follow-up with no differences between treatments. Abstinence rates at EOT (ICAT-BED: 57.1%; CBTgsh: 42.9%) and 6-month follow-up (ICAT-</p>

							<p>BED: 46.4%; CBTgsh: 42.9%) were not significantly different. Treatment retention was significantly higher for ICAT-BED (87.5%) than CBTgsh (71.4%).</p> <p>DISCUSSION</p> <p>These findings suggest that ICAT-BED and CBTgsh were associated with similar improvements in binge eating, psychopathology, and putative maintenance mechanisms as measured by traditional self-report and momentary, naturalistic assessments and that these changes were generally sustained at 6-month follow-up.</p>
Petre, Daniel-Andrei	2024	The role of decor and clothing in psychotherapeutic practice and research	Couns and Psychother Res (Counselling and Psychotherapy Research)	24	1	75–85	<p>Abstract Research Questions The purpose of this study was to answer to the following research questions: (1) How do clients and psychotherapists understand their therapy experiences regarding clothes and decor? (2) Which of these experiences are considered beneficial for the psychotherapeutic process? (3) Which of these experiences are considered detrimental to the psychotherapeutic process? (4) Which of these experiences are considered irrelevant to the psychotherapeutic process? Method In this interpretative phenomenological analysis, an in-depth interview (M = 45?min) was used to collect data on experiences in psychotherapists' offices, related to decor or clothing, from clients (n = 10, 8 women; aged 18?24, Mdn = 21), as well as psychotherapists (n = 9 women psychotherapists; aged 29?58, Mdn = 30). The coding followed both the procedure of grounded theory emergent coding (exploratory inductive coding) and the procedure of framework analysis structured coding (deductive coding, which follows the research questions, with the aim of identifying causality). The interviews were coded by hand, after transcribing each interview verbatim. Coding was conducted in cycles, accompanied by memo writing</p>

							(Birks et al., 2005). Results Collected data were organised into three themes: ?positive psychotherapy experiences related to decor and clothing,? ?negative psychotherapy experiences related to decor and clothing,? and ?irrelevance of decor and clothing to psychotherapy experiences? (13 subthemes). Discussions Results were compared with the recent qualitative studies on this topic and with the empirical studies regarding decor and clothing in counselling and psychotherapy (since the 1950s).
Petrocchi, Nicola; Cheli, Simone	2019	The social brain and heart rate variability: Implications for psychotherapy	Psychology and psychotherapy	92	2	208–223	<p>PURPOSE Humans evolved within the mammalian line as a highly social species. Indeed, sociality has been a major driver of human social intelligence. From birth, social relationships have emotional and self-regulating properties and operate through different body systems. This paper will explore how heart rate variability (HRV), an index of the vagal regulation of the heart and a central element of the physiological underpinnings of sociality, is related to mental health problems, with important implications for psychotherapy.</p> <p>METHODS We conducted a narrative review of the literature on the bi-directional links between prosocial motivations, HRV, and psychophysiological functioning.</p> <p>RESULTS HRV is associated not only with the ability to downregulate physiological arousal, but also with a variety of psychological and behavioural variables which are usually the target of psychotherapeutic interventions. A modern neurovisceral integration model can be employed to explain the complex intercorrelation between HRV and psychophysiological functioning. In</p>

							<p>particular, the link between HRV, the experience of inter- and intrapersonal safeness, and the inhibitory function of the prefrontal cortex will be explored in the context of prosocial motives, such as compassion, that alleviate and help prevent mental health difficulties.</p> <p>CONCLUSIONS</p> <p>Our knowledge of the social brain and its physiological underpinnings might influence important elements of a therapeutic intervention, from the initial assessment of patient's difficulties to the evaluation of therapy outcomes.</p> <p>PRACTITIONER POINTS</p> <p>Social relationships have emotional and self-regulating properties. The experience of inter- and intrapersonal safeness is connected to prosocial motives, such as compassion, and the inhibitory function of the prefrontal cortex. Social relationships and compassion influence different body systems, such as the vagus nerve. Many forms of psychopathology represent the activation of evolved, defensive strategies especially in contexts where there are few stimuli indicating safeness and social support. Heart rate variability predicts psychotherapy outcome.</p>
Petter, Erik	2018	"Organismus" und "Gesellschaftlichkeit" - eine Erwiderung auf Klaus Webers Kritik am Personzentrierten Ansatz	Gesprächspsychotherapie und Personzentrierte Beratung	49	4	207–211	<p>Vorgelegt wird eine Replik auf eine kritische Abhandlung von Klaus Weber über den Personenzentrierten Ansatz (PZA). Zunächst wird die von Weber aus der Perspektive der Kritischen Psychologie angeführte Kritik zusammenfassend dargelegt und in großen Teilen entkräftet. Zwei Punkte werden jedoch herausgegriffen und näher diskutiert: Dies betrifft zum einen die Konzepte des "wahren Selbst" und des "Organismus" sowie den Vorwurf eines fehlenden Begriffes von Gesellschaftlichkeit bei</p>

							Rogers. Anhand der vorgetragenen Reflexionen werden Entwicklungspotenziale fr den PZA aufgezeigt.
Petty, Stephanie; Denning, Tom; Griffiths, Amanda; Coleston, Donna Maria	2019	Importance of personal and professional experience for hospital staff in person-centred dementia care: a cross-sectional interview study using freelistig in a UK hospital ward	BMJ open	9	4	e025655	OBJECTIVE: To detail how hospital staff with differing personal and professional caregiving experiences approach the care of patients with dementia, in order to make practical recommendations for practice. DESIGN: Cross-sectional qualitative interviews. SETTING: A UK hospital ward providing dementia care. PARTICIPANTS: A complete hospital ward staff team, constituting 47 hospital staff from 10 professions. METHODS: Hospital staff were asked to list their approaches to emotion-focused care in individual, ethnographic freelistig interviews. Cultural consensus analysis was used to detail variations in approaches to dementia care between staff subgroups. MAIN OUTCOME MEASURES: The most salient listed descriptions of care emphasised by staff members with personal experience of dementia caregiving when compared with staff members without such experience, and descriptions from staff newer to the profession compared with staff with more years of professional dementia caregiving experience. RESULTS: Subgroups of hospital staff showed different patterns of responses both in how they noticed the emotional distress of patients with dementia, and in prioritised responses that they deemed to work. Hospital staff with professional experience of dementia caregiving and staff with fewer years of professional experience prioritised mutual communication and getting to know each patient. CONCLUSIONS: Subgroups of hospital staff with personal caregiving experiences and fewer years of professional care experience were more likely to describe person-centred care as their routine ways of working with patients with dementia. It is recommended that personal

							experience and the novice curiosity of hospital staff be considered as valuable resources that exist within multidisciplinary staff teams that could enhance staff training to improve the hospital care for patients with dementia.
Pezzotti, Giuseppe	2017	Raman spectroscopy of biomedical polyethylenes	Acta biomaterialia	55		28–99	With the development of three-dimensional Raman algorithms for local mapping of oxidation and plastic strain, and the ability to resolve molecular orientation patterns with microscopic spatial resolution, there is an opportunity to re-examine many of the foundations on which our understanding of biomedical grade ultra-high molecular weight polyethylenes (UHMWPEs) are based. By implementing polarized Raman spectroscopy into an automatized tool with an improved precision in non-destructively resolving Euler angles, oxidation levels, and microscopic strain, we become capable to make accurate and traceable measurements of the in vitro and in vivo tribological responses of a variety of commercially available UHMWPE bearings for artificial hip and knee joints. In this paper, we first review the foundations and the main algorithms for Raman analyses of oxidation and strain of biomedical polyethylene. Then, we critically re-examine a large body of Raman data previously collected on different polyethylene joint components after in vitro testing or in vivo service, in order to shed new light on an area of particular importance to joint orthopedics: the microscopic nature of UHMWPE surface degradation in the human body. A complex scenario of physical chemistry appears from the Raman analyses, which highlights the importance of molecular-scale phenomena besides mere microstructural changes. The availability of the Raman microscopic probe for visualizing oxidation patterns unveiled striking findings related to the chemical

							<p>contribution to wear degradation: chain-breaking and subsequent formation of carboxylic acid sites preferentially occur in correspondence of third-phase regions, and they are triggered by emission of dehydroxylated oxygen from ceramic oxide counterparts. These findings profoundly differ from more popular (and simplistic) notions of mechanistic tribology adopted in analyzing joint simulator data. Statement of Significance This review was dedicated to the theoretical and experimental evaluation of the commercially available biomedical polyethylene samples by Raman spectroscopy with regard to their molecular textures, oxidative patterns, and plastic strain at the microscopic level in the three dimensions of the Euclidean space. The main achievements could be listed, as follow: (i) visualization of molecular patterns at the surface of UHMWPE bearings operating against metallic components; (ii) differentiation between wear and creep deformation in retrievals; (iii) non-destructive mapping of oxidative patterns; and, (iv) the clarification of chemical interactions between oxide/non-oxide ceramic heads and advanced UHMWPE liners.</p>
Pfeifer, Eric	2021	Die geistige Dimension in der sinnorientierten Psychotherapie	Psychotherapeutenjournal	20	2	113–119	<p>Existenzanalyse und Logotherapie (EALT) als sinnorientierte Psychotherapie wurde von Viktor E. Frankl begründet. Sie gilt als Dritte Wiener Richtung der Psychotherapie nach Freuds Psychoanalyse und Adlers Individualpsychologie. Das von Frankl innerhalb der EALT beschriebene Menschenbild bezieht neben der physischen und psychischen auch die geistige (noetische) Dimension mit ein. Es werden grundlegende Aspekte der geistigen Dimension menschlichen Daseins erlutert und unter Berücksichtigung des logotherapeutischen Modells der Sinnverwirklichung</p>

							beleuchtet. Vor dem Hintergrund eines im klinischen Kontext angesiedelten Fallbeispiels einer 16-jährigen, unheilbar erkrankten Patientin werden geistige Dimension bzw. Person als Therapeutikum und Co-Therapeutin in der Psychotherapie erhellt.
Pham, Tony V.; Koirala, Rishav; Kohrt, Brandon A.	2020	Satisfaction in the Soul: Common Factors Theory Applied to Traditional Healers in Rural Nepal	Ethos (Berkeley, Calif.)	48	1	93-128	To explore the relationship between traditional healers and conventional psychotherapy, we conducted a combined ethnographic study and structured observational rating of healers in the middle hill region of central Nepal. We conducted in-depth interviews and ethnographic observations of healing with 84 participants comprising 29 traditional healers and 55 other community members. Overall, our observations and participant responses yielded a range of interventions that improved health through belief, satisfaction in the soul, social support, transference, and symbolic narration. The findings from our overall ethnography suggest that healers offer a platform for their patients to accept a disease state, cope with it, and to experience palliation of distress. We additionally focused on one participant who saw multiple healers for a case study, during which we rated healing behavior using an observational measure of empathy, emotional validation, and therapeutic alliance. Using this measure, healers who were perceived as successful, scored high on alliance, empathy, promoting expectations of recovery, and use of cultural models of distress. The results of our structured observation suggest healers draw upon processes also observed in psychotherapy. Further research is needed to explore if these practices can be generalized to healers in other parts of Nepal and other settings. [spirituality, mental health, ethnopsychology, shamanism, mind-body relations].

Phillips, John	2022	Rogerian Theoretical Musings on Wellbecoming	Nursing science quarterly	35	4	475–476	The concept of infinity mind loops was created to enhance understanding of wellbecoming through use of pandimensional awareness patterning processes of human field hugs, image, and vision. Infinity mind loops may be the cutting edge in one's changing wellbecoming.
Phillips, John R.	2017	New Rogerian Theoretical Thinking About Unitary Science	Nursing science quarterly	30	3	223–226	A theory of pandimensional awareness-integral presence is presented. The relation of wellbecoming and integral presence contributes to the theory, as well as discussion of human field image and human field hugs. Unitary patterning processes offer ways to participate in wellbecoming. New ways are suggested for education, practice, and research in a unitary science perspective.
Phillips, John R.	2022	A Rogerian Vision of Gender in a Pandimensional Universe	Nursing science quarterly	35	3	321–326	Rogers' science of unitary human beings is used to present a unitary process in the origin of humans and the evolution of gender. It is suggested that the increasing diversity of gender may be indicative of the future of humankind. Human field image and Barrett's power theory are used to understand gender identity, experience, and expression for wellbecoming.
Phillips, John R.	2022	Elizabeth Ann Manhart Barrett, RN; PhD; FAAN	Nursing science quarterly	35	1	9–10	
Picariello, Federica; Moss-Morris, Rona; Macdougall, Iain C.; Chilcot, Joseph	2018	'It's when you're not doing too much you feel tired': A qualitative exploration of fatigue in end-stage kidney disease	British journal of health psychology	23	2	311–333	BACKGROUND: Fatigue is commonly experienced in end-stage kidney disease (ESKD) patients. In order to develop patient-centred psychosocial interventions to help patients manage fatigue symptoms, a more in-depth understanding regarding the experience of fatigue is needed. OBJECTIVE: The objective of this study was to explore renal patients' experiences of fatigue, across renal replacement therapy (RRT) modalities. METHODS: Twenty-five in-depth semi-structured interviews were conducted. Interviews were audio-taped, transcribed, and analysed using inductive thematic analysis.

						<p>RESULTS: Main themes included the strong role of the illness and treatment in the aetiology of fatigue. Two contrasting streams of illness-fatigue interpretations emerged: catastrophizing versus normalizing. Participants emphasized the importance of having a sense of purpose in facilitating active management of fatigue. Many participants described the consequences of fatigue on their functioning. Low mood, frustration, and anger were common emotional consequences of fatigue. Three dominant fatigue management strategies emerged: one related to accommodation of activities around fatigue, another on increasing activities to counteract fatigue, and the third one revolved around self-compassion. Social support emerged as an important aspect of the fatigue experience, serving as a source of motivation, yet participants were wary of becoming a burden to others. CONCLUSION: Findings identify casual attributions, behavioural and emotional reactions, management strategies, and facilitators of active management of fatigue in ESKD. Untying fatigue from the illness and treatment may help patients to develop alternative less catastrophic perceptions of fatigue, increase their perception of control over fatigue, and facilitate active fatigue management. Statement of contribution What is already known on this subject? Fatigue is persistent and debilitating in end-stage kidney disease (ESKD), with no consistent treatment model. Promising evidence is available for psychological fatigue interventions in other chronic conditions. There is a gap in studies looking at the fatigue experiences of patients with ESKD across renal replacement therapies. What does this study add? Fatigue is not inherently negative, but shaped by patients' beliefs and behaviours. Findings provide</p>
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							novel insights, for example, on the important role social support seems to play in fatigue. An in-depth understanding of fatigue may help to inform a future patient-centred intervention in ESKD.
Piccirilli, Amanda M.; Pos, Alberta Eveline	2023	Does emotional processing predict 18-month post-therapy outcomes in the experiential treatment of major depression?	Psychotherapy research : journal of the Society for Psychotherapy Research	33	2	198–210	Objective: This study tested whether emotion-focused therapy's (EFT) emotion processing theory serves as a predictor of 18-month post-therapy outcomes for major depressive disorder (MDD), independent of experiential therapy received. Method: We examined sequences of emotion episodes using the THEME™ sequential analysis of emotional processing in 55 clients who provided 18-month post-therapy Beck Depression Inventory reports after receiving experiential treatment in the York I and II trials, either emotion-focused or client-centered therapy. Archival Classification of Affective Meaning States (CAMS) ratings of emotion episodes of clients' working-phase sessions were analyzed using THEME™ sequential analyses of emotions coded during emotion episodes. Results: According to THEME™, poor outcome clients (Beck Depression Inventory at 18 months ≥ 10) expressed more emotion episode sequences containing secondary, or self-protective emotions, than good outcome clients. Good outcome clients expressed more emotion sequences with needs, hurt/grief, and assertive anger than poor outcome clients. Conclusions: EFT sequential emotional processing theory appears to offer good basic assumptions for experiential long-term therapy outcomes after receiving therapy for MDD. Generalization of the theory for other treatments is desired.
Pichlhfer, Christine	2021	Interkulturelle Kompetenz in der Arbeit mit traumatisierten	Zeitschrift fr Psychodrama und Soziometrie	20	Su ppl 1	229–242	Im Artikel der Zeitschrift fr Psychodrama und Soziometrie wird die psychotherapeutische Arbeit mit traumatisierten Menschen mit Fluchterfahrung, unter anderem auch anhand von Fallvignetten, besprochen. Es geht um die

		Menschen mit Fluchterfahrung					<p>Begegnung mit Menschen, die ihr Leben bisher in einem anderen Land verbracht haben und sich aufgrund zerbrochener Sicherheiten dazu gezwungen sahen, dieses zu verlassen. Flucht ist nie freiwillig. Wie viel muss ich über eine andere Kultur wissen und wie kann ich mich gleichzeitig vor verallgemeinernden Vorannahmen bewahren? Oft ist es ein therapeutisches Arbeiten mit traumatisierten Menschen mit ungeklärtem Aufenthaltsstatus und damit auch mit fehlender Sicherheit. Die Suche nach Ressourcen im Inneren ist ein intensiver Prozess, jene im Außen eine Herausforderung. Begegnung auf Augenhöhe und der gemeinsame Prozess des Findens eines passenden therapeutischen Prozesses erfordern ein besonderes Einlassen in uns oft unbekannte Welten.</p>
Pierce, Bradford S.; Perrin, Paul B.; McDonald, Scott D.	2020	Demographic, organizational, and clinical practice predictors of U.S. psychologists' use of telepsychology	Professional Psychology: Research and Practice	51	2	184-193	<p>Although many people use videoconferencing technology to eliminate distance concerns as they conduct personal and professional activities, a large majority of psychologists have never used telepsychology. This is a barrier to mental health services for millions of people needing help but are limited by time or distance from traditional in-person therapy. The purpose of this study was to identify demographic, organizational, and clinical statistical predictors of psychologists' use of telepsychology in their clinical practice. The sample consisted of 1,791 psychologists currently practicing psychotherapy, representing all 50 U.S. states, and averaging more than 26 years in practice. Results suggested that psychologists were much more likely to use telepsychology if they practiced in organizations where policies supporting telepsychology exist, more likely if they had received telepsychology training, and less likely if they were practicing in rural areas.</p>

						<p>Psychologists were more likely to use telepsychology if they practiced in Veterans Affairs Medical Centers or within an individual or group practice. Use of telepsychology was higher for psychologists focusing on sports performance and life coaching, as well as lower for psychologists providing testing and evaluation and when treating grief. The implications for psychologists and the settings they practice within are considered. Organizations interested in encouraging telepsychology use should adopt policies supporting the use of telepsychology and provide adequate training to do so. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Piers, Ryan J.; Farchione, Todd J.; Wong, Bonnie; Cronin-Golomb, Alice		Telehealth cognitive behavioral therapy for depression in Parkinson's disease: A case study	Psychotherapy	59	2	<p>Parkinson's disease (PD) is characterized as a motor disorder, but the majority of individuals with PD also suffer from nonmotor symptoms, including mental health difficulties, such as depression, anxiety, and apathy, as well as decreased cognitive function, daily function, sleep quality, and quality of life. Cognitive behavioral therapy (CBT) is an effective treatment for depression in PD, but motor disability, work schedule, transportation issues, and care partner burden may cause difficulty in attending weekly face-to-face therapy sessions. A promising avenue in the delivery of CBT is telehealth. CBT administered live via videoconference technology may circumvent many of the barriers that prevent those with PD from receiving treatment. This case study evaluates the preliminary efficacy, feasibility, and acceptability of 12-week telehealth CBT for depression in PD. CBT administered via telehealth was feasible, acceptable, and efficacious for a study participant with PD and major depressive disorder. In addition to effectively treating depression, the telehealth intervention improved quality</p>

							of life and aspects of cognitive functioning, as well as symptoms of anxiety, apathy, and subjective cognitive impairment, all of which are prevalent nonmotor symptoms of PD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Pietrzak, Tania; Lohr, Christina; Jahn, Beverly; Hauke, Gernot	2018	Embodied Cognition and the Direct Induction of Affect as a Compliment to Cognitive Behavioural Therapy	Behavioral sciences (Basel, Switzerland)	8	3		We make the case for the possible integration of affect experience induced via embodiment techniques with CBT for the treatment of emotional disorders in clinical settings. Theoretically we propose a possible integration of cognitive behavioural theory, neuroscience, embodied cognition and important processes of client change outcomes such as the therapeutic alliance to enhance client outcomes. We draw from evidence of bidirectional effects between embodiment modes of bottom-up (sensory-motor simulations giving rise to important basis of knowledge) and top-down (abstract mental representations of knowledge) processes such as CBT in psychotherapy. The paper first describes the dominance and success of CBT for the treatment of a wide range of clinical disorders. Some limitations of CBT, particularly for depression are also outlined. There is a growing body of evidence for the added value of experiential affect-focused interventions combined with CBT. Evidence for the embodied model of cognition and emotion is reviewed. Advantages of embodiment is highlighted as a complimentary process model to deepen the intensity and valence of affective experience. It is suggested that an integrated embodiment approach with CBT enhances outcomes across a wide range of emotional disorders. A description of our embodiment method integrated with CBT for inducing affective experience, emotional regulation, acceptance of unwanted emotions and emotional mastery is given. Finally, the paper highlights

							the importance of the therapeutic alliance as a critical component of the change process. The paper ends with a case study highlighting some clinical strategies that may aid the therapist to integrate embodiment techniques in CBT that can further explore in future research on affective experience in CBT for a wider range of clinical disorders.
Piga, Antonio	2017	Impact of bone disease and pain in thalassemia	Hematology. American Society of Hematology. Education Program	2017	1	272-277	Conventional treatment of thalassemia, namely regular blood transfusion and iron chelation, improves perspectives and quality of life; however, successful treatment leads to more time in which long-term complications such as bone disease can develop. Thalassemia bone disease (TBD) is unique: all aspects, from bone anatomy and bone quality to mineral density, may be affected, with important morbidity including osteoporosis, fractures, spinal deformities, nerve compression, and pain. Clinical presentations include growth impairment, rickets-like features, back pain, spinal deformities, any sign of nerve compression, severe osteoporosis, and fragility fractures. Age, history, physical examination, and diagnostic tests support orientation on risk factors. These include bone marrow expansion, toxicity from iron overload and iron chelation, endocrine dysfunctions (hypogonadism, hypohyperparathyroidism, hypothyroidism, growth hormone deficiency, diabetes), and vitamin (D, C, K) and zinc deficiencies. Several of these may coexist in an individual for a long time and at different degrees, making clarification of the relative contribution and selection of the best therapeutic options a challenge. Milestones for prevention of TBD are early and full inhibition of bone marrow hyperplasia and iron toxicity. Empowering patients' positive resources is key for achieving long-term healthy habits with regard to diet,

							physical activity, sunlight exposure, and lifestyle. Pain, related or unrelated to bone disease, is frequent in thalassemia. The most important targets for the hematologist include having an expert orientation on disease-related causes of pain, driving differential diagnosis, providing effective pain relief and, where feasible, removing the cause.
Pile, Victoria; Smith, Patrick; Leamy, Mary; Blackwell, Simon E.; Meiser-Stedman, Richard; Stringer, Dominic; Ryan, Elizabeth G.; Dunn, Barnaby D.; Holmes, Emily A.; Lau, Jennifer Y. F.	2018	A brief early intervention for adolescent depression that targets emotional mental images and memories: protocol for a feasibility randomised controlled trial (IMAGINE trial)	Pilot and feasibility studies	4		97	BACKGROUND: Adolescent depression is common and impairing. There is an urgent need to develop early interventions to prevent depression becoming entrenched. However, current psychological interventions are difficult to access and show limited evidence of effectiveness. Schools offer a promising setting to enhance access to interventions, including reducing common barriers such as time away from education. Distressing negative mental images and a deficit in positive future images, alongside overgeneral autobiographical memories, have been implicated in depression across the lifespan, and interventions targeting them in adults have shown promise. Here, we combine techniques targeting these cognitive processes into a novel, brief psychological intervention for adolescent depression. This feasibility randomised controlled trial will test the feasibility and acceptability of delivering this imagery-based cognitive behavioural intervention in schools. METHODS/DESIGN: Fifty-six adolescents (aged 16-18) with high symptoms of depression will be recruited from schools. Participants will be randomly allocated to the imagery-based cognitive behavioural intervention (ICBI) or the control intervention, non-directive supportive therapy (NDST). Data on feasibility and acceptability will be recorded throughout, including data on recruitment, retention and adherence

						<p>rates as well as adverse events. In addition, symptom assessment will take place pre-intervention, post-intervention and at 3-month follow-up. Primarily, the trial aims to establish whether it is feasible and acceptable to carry out this project in a school setting. Secondary objectives include collecting data on clinical measures, including depression and anxiety, and measures of the mechanisms proposed to be targeted by the intervention. The acceptability of using technology in assessment and treatment will also be evaluated. DISCUSSION: Feasibility, acceptability and symptom data for this brief intervention will inform whether an efficacy randomised controlled trial is warranted and aid planning of this trial. If this intervention is shown in a subsequent definitive trial to be safe, clinically effective and cost-effective, it has potential to be rolled out as an intervention and so would significantly extend the range of therapies available for adolescent depression. This psychological intervention draws on cognitive mechanism research suggesting a powerful relationship between emotion and memory and uses imagery as a cognitive target in an attempt to improve interventions for adolescent depression. TRIAL REGISTRATION: ISRCTN85369879.</p>
<p>Pile, Victoria; Smith, Patrick; Leamy, Mary; Oliver, Abigail; Bennett, Eleanor; Blackwell, Simon E.; Meiser- Stedman,</p>	2021	<p>A feasibility randomised controlled trial of a brief early intervention for adolescent depression that targets emotional mental images</p>	<p>Behaviour research and therapy</p>	143	103876	<p>Brief, evidence-based interventions for adolescent depression are urgently required, particularly for school-settings. Cognitive mechanisms research suggests dysfunctional mental imagery and overgeneral memory could be promising targets to improve mood. This feasibility randomised controlled trial with parallel symptomatic groups (n = 56) compared a novel imagery-based cognitive behavioural intervention (ICBI) to non-directive supportive therapy (NDST) in school settings. Blind assessments (of clinical symptoms and cognitive</p>

Richard; Stringer, Dominic; Dunn, Barnaby D.; Holmes, Emily A.; Lau, Jennifer Y. F.		and memory specificity (IMAGINE)					mechanisms) took place pre-intervention, post-intervention and follow-up three months later. The trial aimed to evaluate the feasibility and acceptability of the methodology and interventions, and estimate the likely range of effects of the intervention on self-reported depression. The pre-defined criteria for proceeding to a definitive RCT were met: full recruitment occurred within eleven months; retention was 89%; ICBI acceptability was above satisfactory; and no harm was indicated. Intention-to-treat analysis found large effects in favour of ICBI (relative to NDST) at post-intervention in reducing depressive symptoms (d = -1.34, 95% CI [-1.87, -0.80]) and improving memory specificity (d = 0.79 [0.35, 1.23]), a key cognitive target. The findings suggest that ICBI may not only improve mood but also strengthen abilities associated with imagining and planning the future, critical skills at this life stage. A fully powered evaluation of ICBI is warranted. Trial Registration: https://www.isrctn.com/ ; ISRCTN85369879.
Pinheiro, Patrícia; Gonçalves, Miguel M.; Sousa, Inês; Salgado, João	2021	What is the effect of emotional processing on depression? A longitudinal study	Psychotherapy research : journal of the Society for Psychotherapy Research	31	4	507–519	Emotional processing is an empirically established predictor of pre-post therapy improvement in depression. However, its relationship to symptom alleviation over time requires clarification. To clarify the contribution of emotional processing to gradual symptom improvement, we explored both (1) the effect of emotional processing on pre-post therapy changes in depressive symptoms (final outcome) and (2) its association with the intensity of clinical symptoms across sessions (session-by-session outcome). These relationships were estimated in a sample of 50 depressed clients treated with cognitive-behavioral therapy (CBT) or emotion-focused therapy (EFT). Emotional processing was measured by the Experiencing Scale during Emotion Episodes in five

						<p>sessions taken across therapy. As expected, we found that a greater increase in emotional processing during treatment predicted a greater pre-post therapy improvement in depressive symptoms. Higher levels of emotional processing predicted next-session lower intensity on clinical symptoms, but the intensity of symptoms contributed to explaining the subsequent level of emotional processing achieved. Our observations suggest that clients' capabilities to process their emotions may both facilitate and be promoted by gradual improvement in symptoms. These results suggest the reciprocal predictive influence of emotional processing and symptoms on the therapeutic change in depression.</p>
<p>Pinheiro, Patrícia; Mendes, Inês; Silva, Sara; Gonçalves, Miguel M.; Salgado, João</p>		<p>Emotional processing and therapeutic change in depression: A case study</p>	<p>Psychotherapy</p>	<p>55</p>	<p>3</p>	<p>The association between clients' higher capability of emotional processing and good therapeutic outcome has been consistently observed in different therapeutic approaches. Despite previous studies that have reported an association between emotional processing and pre- to posttherapy change in symptoms, the session-by-session relation between emotional processing and therapeutic change needs further research. The current study explored, in a good-outcome case of depression, the session-by-session longitudinal association of the level of emotional processing with (a) clinical symptoms and (b) type of emotions aroused (adaptive or maladaptive). Using a time-series analysis, we observed a strong negative association between the intensity of clinical symptoms and the level of emotional processing in the same session, $r = -.71$, $p < .001$, but a nonsignificant association between emotional processing and the symptoms in the preceding session, $r = -.37$, $p = .101$, and the next session, $r = -.29$, $p = .180$. During the increase in the level of emotional processing, we</p>

						observed a change in the type of emotions aroused, from maladaptive to more adaptive. The results support that emotional processing is associated with therapeutic change, although not necessarily precedes such change, at least from one session to the next. As it is an exploratory study, the results must be interpreted carefully. (PsycInfo Database Record (c) 2020 APA, all rights reserved)	
Pinto, Kristina C.; Pinto, Sarah	2019	Converging through difference: A case of empathic incongruence in treatment of an elderly woman with psychosis	Journal of aging studies	51		100797	Contemporary person-centered psychotherapy often references empathy as a basic component of the therapeutic alliance and, thus, effective treatment, such that nascent clinicians study this basic skill early in training. However, the psychotherapy literature often presumes a collective agreement about how empathy manifests as a clinical tool, in the process institutionalizing the ideal of omnipresent alignment with a client, applied across populations of patients, regardless of their conditions, ages, and personal and cultural characteristics. Misalignments between clinicians and clients have the potential to bely broadly imagined ethics of empathy (and the notion of collective agreement about what it is) by demonstrating the ways tension, difference, and incongruence promote treatment. Through an autoethnography of a 12-month psychotherapy dyad with an elderly woman committed for treatment at a U.S. psychiatric hospital, we discuss how moments of incongruence between clinician and client expand conceptualizations of empathy in treatment of psychosis. Specifically, in this context, deployment of empathy-as-alignment becomes a fallacy of care, risking the effectiveness of treatment through impossible epistemological assumptions of and counterproductive joining with the client. As such, this transtheoretical

							discussion presents two types of incongruence in the dyad-developmental and subjective-as a backdrop for expressing empathy. This paper makes space for a theory of empathy as the practice of working in genuine and careful service of the client's psychology through acts of incongruence as much as alignment.
Pinzker, Inge	2017	Dolmetschvermittelte Personzentrierte Psychotherapie mit Flüchtlingen	Resonanzen	5	1	56-74	Auf der Basis einer qualitativen Studie werden Herausforderungen der dolmetschvermittelten personzentrierten Psychotherapie mit Flüchtlingen analysiert. Im Rahmen der Untersuchung wurden problemzentrierte Interviews mit drei personzentrierten Psychotherapeut/innen geführt und Feldbeobachtungen in therapeutischen Sitzungen durchgeführt. Als zentraler Faktor wurde identifiziert, wie die Rolle der Dolmetscherin verstanden wurde. Personzentrierte und experienzielle Grundhaltungen gegenüber Dolmetscher/innen und dem Setting werden vorgestellt. Vor dem Hintergrund der Ergebnisse wird empfohlen, die Triade als eigenständiges, erst zu konzipierendes Setting zu begreifen und sich von einem immer noch anzutreffenden dyadischen Denken - das Dolmetscher/innen als scheinbar unbeteiligte "bersetzungsmaschine" sieht - zu lösen.
Pinzker, Inge	2018	Personzentriertes und Experienzielles Verständnis triadischer Psychotherapie. Die Rolle der Dolmetscher*in und Aspekte der Beziehung	Person	22	2	89-100	Vor dem Hintergrund, dass sich immer mehr Psychotherapeut*innen und Dolmetscher*innen in einem triadischen Setting wiederfinden, auf welches sie in ihren Regelausbildungen kaum vorbereitet wurden, werden ein personzentriertes und experienzielles Verständnis der Rolle der Dolmetscher*in sowie erste Überlegungen zu einem entsprechenden Umgang mit dem triadischen Setting vorgestellt. Das Setting wird als eigenständig definiert und nicht mit der gewohnten Dyade verglichen, wie es in Theorie und Praxis immer noch überwiegend

		zwischen Psychotherapeut*in und Dolmetscher*in					geschieht. Es wird ein interdisziplinärer Zugang vertreten, der Erkenntnisse der Translationswissenschaft mit personenzentrierten und experientiellen Haltungen verknüpft.
Pitman, Seth R.; Hilsenroth, Mark J.; Goldman, Rachel E.; Levy, Saryn R.; Siegel, Deborah F.; Miller, Racheli	2017	Therapeutic technique of APA master therapists: Areas of difference and integration across theoretical orientations	Professional Psychology: Research and Practice	48	3	156-166	This study utilized the American Psychological Association (APA) PsycTHERAPY digital video database of therapy masters working with participants on problems related to either anxiety or depression. Thirty-four APA master sessions were included. Therapist primary orientation included Cognitive-Behavioral (CB), Psychodynamic-Relational (P/R), and Person Centered-Experiential (PC/E), the last of which served as a comparison group to contrast the former 2 samples. All sessions were evaluated using the Comparative Psychotherapy Process Scale (CPPS) by 4 independent clinical raters who demonstrated excellent (>.75; Fleiss, 1981) reliability in the rating of these sessions. Results demonstrated significant differences on the CPPS Psychodynamic-Interpersonal (CPPS-PI) and Cognitive-Behavioral (CPPS-CB) subscales in the expected directions between the APA master CB and P/R sessions. APA master PC/E sessions did not rate as highly on either CPPS-PI or CPPS-CB subscales than therapists from the respective modalities. A subsample Integrative (IN) group was created using APA master therapist secondary orientation to further analyze the relationship between technique use and integration. Findings demonstrated that IN master therapists utilized significantly more CPPS-CB techniques than P/R therapists, and significantly more CPPS-PI techniques than CB therapists, supporting the IN orientation. Further, CB-3rd wave (Schema, ACT, Mindfulness) APA master therapist sessions demonstrated a significantly greater integration (i.e., use)

							of CPPS-PI items, particularly those related to participant emotional expression and exploration, identifying patterns of experience, and facilitating insight, than the traditional CB APA master therapist sessions. Clinical implications with regard to training and practice will be discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Pitt, Melleia; Taylor, Peter; Dunlop, Brendan J.	2023	Bisexual women's experiences of receiving help for mental health difficulties through psychological therapy: A qualitative exploration	Psychology of Sexual Orientation and Gender Diversity			No Paginat ion Specified -No Paginat ion Specified	Bisexual women face higher rates of mental health difficulties and worse treatment outcomes from psychological therapies than other groups within the lesbian, gay, bisexual, transgender, and queer (LGBTQ +) community. Yet, research exploring treatment outcomes has predominantly investigated LGBTQ + individuals as a homogenous group. This study investigated bisexual women's experiences of receiving help for mental health difficulties through psychological therapy. Eight bisexual women participated in online, semistructured qualitative interviews that explored their experiences of receiving psychological therapy and views on how to improve services. Qualitative data were audio-recorded, transcribed, and inductively analyzed using Reflexive Thematic Analysis. Participants described challenges, such as experiences of discrimination, that came with being both bisexual and a woman, alongside exacerbating difficulties associated with being neurodivergent or part of a marginalized ethnic group. These experiences led them to anticipate biphobia from their therapist, which participants managed through strategies such as identity concealment. Negative help-seeking experiences included therapists pathologizing bisexuality. Positive experiences included where therapists adopted a nonjudgmental and collaborative approach. Participants emphasized the importance of feeling that their identity

						was understood but expressed differing opinions about whether client-therapist identity matching is necessary. Results highlight the challenges associated with navigating bisexuality within clinical encounters amongst other marginalized identities, alongside the need for bisexual women to actively manage these challenges to keep themselves safe. Clinical implications include the need for therapists to receive training about bisexual women's needs and to acknowledge the impact of social and systemic injustice relating to their marginalized identities within clinical formulations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Plante, Thomas G.	2022	Five spiritually based tools for clinical practice during challenging, stressful, and apocalyptic times	Spirituality in Clinical Practice	9	4	Stress in America and across the globe is high with so many ongoing societal problems. The COVID-19 global pandemic along with accelerating climate change, increasing economic instability and inequality, divisive politics and an increase in authoritarianism, racism, and discrimination against those who are oppressed and marginalized are just a few current examples. Evidence suggests that mental health problems and demand for services have exploded as well. Psychotherapists who are well versed in spiritual and religious integration in their clinical work can help. While therapists cannot solve the country's and world's numerous problems, they can help their clientele better cope and manage the distress that they experience though highlighting several spiritual and religiously based tools that are commonly available and supported among diverse spiritual and religious traditions. The purpose of this clinical reflection is to encourage clinicians to use five especially relevant spiritual and religious tools with their clientele that include (a) underscoring the sacredness of all; (b) learning to accept others, even with faults; (c) focusing on

							spiritual modeling; (d) encouraging virtues of forgiveness, kindness, gratitude, and compassion; and (e) incorporating ethics into daily decision-making. A brief explanation of each tool along with clinical case examples are presented here. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Plantholz, Markus	2018	Nach dem Gutachten des Wissenschaftlichen Beirates Psychotherapie: Rechtliche Auswirkungen auf die Gesprächspsychotherapie	Psychotherapeutenjournal	17	4	362–367	Eine juristische Einschätzung zur Frage, welche Konsequenzen das Gutachten des Wissenschaftlichen Beirates Psychotherapie (WBP) vom 11.12.2017 für die Gesprächspsychotherapie haben dürfte, wird präsentiert. Nach einer Darstellung der Abläufe rund um die Prüfung der Gesprächspsychotherapie als Richtlinienverfahren wird die gutachterliche Stellungnahme des WBP juristisch eingeordnet. Anschließend werden Auswirkungen auf folgende Bereiche der Gesprächspsychotherapie erörtert: (1) Approbation von Psychologischen Psychotherapeuten, (2) Aufhebung einer Anerkennung als Ausbildungsstätte und (3) Auswirkung für die Weiterbildung. Zusammenfassend wird festgehalten, dass der WBP keine verwaltungsrechtlichen Entscheidungen trifft; eine Umsetzung seines Gutachtens obliegt den Verwaltungsbehörden. Die Aberkennung von Approbationen sei nicht zu erwarten und Ausbildungsinstitute könnten ihre Tätigkeit fortsetzen.
Pluns, Jana	2023	Körper im Kontext . Körperorientierte systemische Therapie in der Praxis	Körper - tanz - bewegung	11	1	21–31	Körper- und erfahrungsorientierte Verfahren werden zunehmend populär in der Psychotherapielandschaft. Auch die systemische Therapie wendet sich vermehrt körperpsychotherapeutischen Zugängen zu und trifft dort auf einen äußerst fruchtbaren Boden. Körperorientierte systemische Therapie kombiniert die systemische Haltung mit körperpsychotherapeutischem Wissen und Methoden. In diesem Artikel möchte ich einen Einblick geben, warum diese Kombination so sinnvoll ist, und

							skizzieren, wie eine krperorientierte systemische Therapie konkret aussehen kann. Dafr greife ich vor allem auf meine praktischen Erfahrungen als Krperpsychotherapeutin in einer psychosomatischen Klinik zurck.
Podlogar, Tina; Poštuvan, Vita; Leo, Diego de; Žvelc, Gregor	2020	The model of dynamic balance in therapists' experiences and views on working with suicidal clients: A qualitative study	J. Psychiatr. Ment. Health Nurs. (Journal of psychiatric and mental health nursing)	27	6	977–987	Abstract Working with suicidal clients is frequently referred to as one of the most demanding and anxiety-provoking aspects of therapeutic work. The aim of this study was to obtain an in-depth understanding of therapists' experience in treating suicidal individuals and to develop a theoretical model of it. Eleven psychotherapists (four men and seven women) participated in individual semistructured interviews. The interviews were audiotaped, transcribed and analysed by the principles of grounded theory. We developed a model of dynamic balance in therapists' experiences and views on working with suicidal clients. The model includes six core themes, which represent aspects of therapists' experience and views where a dynamic balance is needed between two different poles. The core themes are as follows: (i) understanding of suicidality: the general versus specific; (ii) the role of alliance: protective factor versus no guarantees; (iii) attitudes: acceptant versus life-oriented; (iv) emotional response: worry versus trust; (v) responsibility: therapist's professionalism versus client's autonomy; and (vi) focus: suicidality versus individual as a person. The model takes into account other variables that are relevant to the process and outcomes of the therapy: factors, related to the therapist and the client, as well as system regulations and therapeutic setting. The presented model may be helpful for mental health professionals in reflecting on their experiences of working

							with suicidal clients, describing the relevant topics and the way they relate to each other.
Pohl, Daniel; Vavricka, Stephan; Fox, Mark; Madisch, Ahmed; Studerus, Diana; Wiesel, Paul; Heinrich, Henriette; Linas, Ioannis; Schoepfer, Alain; Schwizer, Alexandra; Wildj, Stephan	2023	Frequent Gastro-Intestinal Disorders: Management of Functional Dyspepsia and Irritable Bowel Syndrome in Clinical Practice	Praxis	112	5-6	304–316	Frequent Gastro-Intestinal Disorders: Management of Functional Dyspepsia and Irritable Bowel Syndrome in Clinical Practice Abstract: Functional dyspepsia (FD) and irritable bowel syndrome (IBS), two common gastrointestinal entities with overlapping symptoms, should be diagnosed according to Rome IV criteria. This includes one or more of the following symptoms: in FD, postprandial fullness, early satiation, epigastric pain or burning; in IBS, recurrent abdominal pain associated with defecation, change in frequency of stool or form of stool. To exclude structural diseases, attention should be paid to alarm symptoms. As far as treatment is concerned, a stepwise scheme proves to be effective for both diseases. Step 1: doctor-patient discussion with explanation of diagnosis and prognosis as well as clarification of therapy goals; lifestyle adaptations; use of phytotherapeutics; step 2: symptom-oriented medication: for FD, PPIs or prokinetics; for IBS, antispasmodics, secretagogues, laxatives, bile acid sequestrants, antidiarrheals, antibiotics, probiotics; step 3: visceral analgesics (antidepressants).
Poletti, Stefano; Abdoun, Oussama; Zorn, Jelle; Lutz, Antoine	2021	Pain regulation during mindfulness meditation: Phenomenological fingerprints in novices and experts practitioners	European journal of pain (London, England)	25	7	1583–1602	BACKGROUND: The way people respond to pain is based on psychological mechanisms, beliefs and expectations. Mindfulness meditation (MM) has been shown to regulate pain and mental suffering through different mechanisms such as positive reappraisal, attentional and emotional regulation. Yet, subjective experience and meaning of pain in connection with MM are still largely unexplored. METHODS: The present mixed-methods study combined an interpretative-phenomenological qualitative approach with an experimental thermal pain paradigm to explore

						<p>and compare the meaning of experiencing pain in 32 novices who received short meditation training and 30 experts in meditation practice (more than 10, 000 hr in life). We collected the qualitative data during in-depth semi-structured interviews where we probed participants' response strategies. During the pain task, we collected self-reports of intensity and unpleasantness, while after the task we collected self-reports of avoidance, openness, vividness and blissfulness. RESULTS: Five phenomenological clusters (PhC) emerged from the interviews, including three which described pain as an unpleasant sensation calling for: (1) experiential avoidance-suppression, (2) volitional agency-distanciation, or (3) a positive cognitive reappraisal and flexibility. Two additional clusters (4-5), containing mostly expert meditators, thematized pain sensation as an opportunity to gain metacognitive insights about mental processes, and to deconstruct one's suffering through these insights. PhC5 further integrates these insights with the recognition that suffering is part of the shared human experience and with the aspiration to relieve others from suffering. Each PhC was correlated to a unique profile of self-reports during the pain paradigm. CONCLUSION: These findings need to be replicated in patients and practicing MM. They also warrant the integration of this mixed-method approach with brain imaging data to refine the experiential neuroscience of pain. SIGNIFICANCE: We compared the meaning of experiencing and regulating pain in novices and expert meditators using qualitative interviews. We identified five phenomenological clusters describing relevant features implicated in pain response strategies and meditation. These clusters were organized along a pseudo-gradient, which captured meditation</p>
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							expertise and predicted self-reports related to a pain paradigm and psychometric scales associated with pain and its regulation. These findings advance our understanding of the metacognitive mechanisms and beliefs underlying mindfulness meditation and can inform pain treatment strategies.
Pollack, Deborah L.; Broudy, Carolyn A.; Coon, Tyler W.; Franco, Derek R.		The holding space: An experiential–dynamic group therapy for mothers with postpartum anxiety and depression	Group Dynamics: Theory, Research, and Practice				Objective: The Holding Space is a new experiential–dynamic group therapy (EDGT) developed by the authors for mothers with postpartum anxiety and depression that combine psychoeducation about emotions, anxiety, and defense mechanisms with psychodynamic group process interventions. A naturalistic case study was conducted of three Holding Space groups that were conducted simultaneously online. Method: The authors utilized a mixed-method design to collect and analyze quantitative outcome data and qualitative outcome and process data from 13 Holding Space group members who were experiencing some symptoms of anxiety and/or depression that started or worsened within 1-year postpartum. Results: Outcome data indicate small-to-medium effect sizes for decreases in overall postpartum depression (PPD) and subscale measures of anxiety, sleep, emotional lability, guilt, mental confusion, and suicidal ideation from pre- to post-intervention. Decreases in PPD, anxiety, sleep, and mental confusion were maintained at 6-month follow-up. Outcome data also indicate increases in self-compassion with small-to-medium effect sizes on subscale measures of self-kindness, self-judgment, and common humanity that were maintained at 6-month follow-up. Qualitative data suggest that the combination of psychoeducational components and interpersonal support was particularly helpful to the participants. When asked what changed for

							them as a result of the intervention, participants most frequently discussed themes about improved parenting, increased self-awareness, meaningful connections, more acceptance of self, and more acceptance of mixed feelings. Conclusion: The case study demonstrates that EDGT for mothers with postpartum anxiety and depression has the potential to help reduce symptoms of PPD, increase self-compassion, and improve confidence and anxiety around parenting. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Polosa, Lucilla	2018	Sexueller und emotionaler Missbrauch in der therapeutischen Beziehung					Erkenntnisse zur Relevanz von sexuellem und emotionalem Missbrauch in der therapeutischen Beziehung werden mit der Absicht präsentiert, psychotherapeutisch Tätige für diese Thematik zu sensibilisieren. Im Einzelnen werden dabei folgende Aspekte besprochen: (1) Die therapeutische Beziehung: Herzstück und Stolperstein im therapeutischen Prozess. (2) Wie oft kommen erotische Kontakte in der Psychotherapie vor? Die erschreckenden Zahlen. (3) Dynamik und Szenarien sexueller Intimität in der Psychotherapie. (4) Der narzisstische Missbrauch. (5) Charakteristika des Therapeuten/Therapeuten. (6) Charakteristika der Klientinnen/Opfer. (7) Auswirkungen sexueller Intimität in Therapien und emotionale Reaktionen missbrauchter Klientinnen. (8) Die Rolle der Therapieschulen und des Geschlechtes. (9) Umgang mit Geschlechtlichkeit im personenzentrierten Ansatz. (10) Ethische Aspekte. (11) Wo findet Prävention an? Ein wichtiges Thema für die Ausbildung.
Pomerantz, Andrew S.	2017	Treating PTSD in primary care: One small step is one giant leap	Families, systems & health : the journal of	35	4	505-507	Comments on an article by J. A. Cigrang et al. (see record 2017-56601-006). At first glance, the article by Cigrang et al. is another in a long line of randomized clinical trials of psychotherapy for a common condition. Under closer

			collaborative family healthcare				scrutiny, however, it is a groundbreaking study that challenges many commonly held beliefs about effective interventions for posttraumatic stress disorder (PTSD). Cigrang et al. have begun to change the status quo with this study within the DoD. The same protocol is now in the early stages of implementation as a pilot in the VA's Patient Aligned Care Team (VA equivalent of the Patient Centered Medical Home). In addition to treating PTSD, cognitive processing therapy (CPT) and prolonged exposure may provide relief for individuals suffering from symptoms significant enough to cause distress but not rising to the level of precision needed for a diagnosis of PTSD: the bread and butter of integrated primary care. Although a significant step forward, the study by Cigrang et al. is only a beginning. There is obviously a need for replication and possible enhancements of this exposure treatment. There are other condensed versions of CPT being developed and tested as well. Many questions remain. (PsycINFO Database Record
Pong, Lek Hon Edmond; Yu, Calvin Kai-Ching	2023	The application of the hill cognitive-experiential model of dream interpretation in Hong Kong	Dreaming			No Paginat ion Specified -No Paginat ion Specified	To date, no study, which examined the application of Hill Cognitive-Experiential Model of Dream Interpretation in Chinese clients, had considered client expectations and therapist input. This study fills this gap by investigating whether Hong Kong Chinese clients would benefit more from high therapist input to dreamwork, taking clients' expectations, subjective dream intensity as a trait, and Asian values into consideration. A total of 63 Hong Kong young adults were asked to complete the workbook designed by Hill to interpret their own dreams and after that, received either a high or low therapist input session online. The findings indicated that clients' expectations toward counseling and perceived therapist input can predict dreamwork outcomes. Specifically, perceived

							higher therapist input or a more directive approach would result in better dreamwork outcomes among Hong Kong Chinese clients. This relationship was even more robust in those clients with relatively strong Asian values. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Poom, Leo; Matin, Melina	2022	Priming and reversals of the perceived ambiguous orientation of a structure-from-motion shape and relation to personality traits	PloS one	17	8	e027377 2	We demonstrate contributions of top-down and bottom-up influences in perception as explored by priming and counts of perceived reversals and mixed percepts, as probed by an ambiguously slanted structure-from-motion (SFM) test-cylinder. We included three different disambiguated primes: a SFM cylinder, a still image of a cylinder, and an imagined cylinder. In Experiment 1 where the prime and test sequentially occupied the same location, we also administered questionnaires with the Big-5 trait openness and vividness of visual imagery to probe possible relations to top-down driven priming. Since influences of gaze or position in the prime conditions in Experiment 1 could not be ruled out completely, Experiment 2 was conducted where the test cylinder appeared at a randomly chosen position after the prime. In Experiment 2 we also measured the number of perceptual reversals and mixed percepts during prolonged viewing of our ambiguous SFM-cylinder, and administered questionnaires to measure all Big-5 traits, autism, spatial and object imagery, and rational or experiential cognitive styles, associated with bottom-up and top-down processes. The results revealed contributions of position-invariant and cue-invariant priming. In addition, residual contributions of low-level priming was found when the prime and test were both defined by SFM, and were presented at the same location, and the correlation between the SFM priming

							and the other two priming conditions were weaker than between the pictorial and imagery priming. As previously found with ambiguous binocular rivalry stimuli, we found positive correlations between mixed percepts and the Big-5 dimension openness to experience, and between reversals, mixed percepts and neuroticism. Surprisingly, no correlations between the scores from the vividness of imagery questionnaires and influence from any of the primes were obtained. An intriguing finding was the significant differences between the positive correlation from the experiential cognitive style scores, and the negative correlation between rational style and the cue invariant priming. Among other results, negative correlations between agreeableness and all priming conditions were obtained. These results not only support the notion of multiple processes involved in the perception of ambiguous SFM, but also link these processes in perception to specific personality traits.
Popolo, Raffaele; MacBeth, Angus; Canfora, Flaviano; Rebecchi, Daniela; Toselli, Cecilia; Salvatore, Giampaolo; Dimaggio, Giancarlo	2019	Metacognitive Interpersonal Therapy in group (MIT-G) for young adults with personality disorders: A pilot randomized controlled trial	Psychology and psychotherapy	92	3	342–358	Young adults with personality disorders (PD) other than borderline are in urgent need of validated treatments to help them in managing important life transitions. Therapeutic interventions focused upon social and interpersonal difficulties may facilitate these individuals in maximizing opportunities for employment, forming stable romantic relationships, and belong to social groups. It is also important that they are offered evidence-based, first-line time-limited treatments in order to maximize effectiveness and reduce costs. We developed a 16-session programme of group-based Metacognitive Interpersonal Therapy (MIT-G) including psychoeducation on the main interpersonal motives, an experiential component enabling practice of awareness of mental states; and use of mentalistic knowledge for purposeful

							<p>problem-solving. We report a feasibility, acceptability, and clinical significance randomized clinical trial. Participants meeting inclusion criteria were randomized to receive MIT-G (n = 10) or waiting list+TAU (n = 10). Dropout rate was low and session attendance high (92.19%). Participants in the MIT-G arm had symptomatic and functional improvements consistent with large effect sizes. In the MIT-G arm similarly large effects were noted for increased capacity to understand mental states and regulate social interactions using mentalistic knowledge. Results were sustained at follow-up. Our findings suggest potential for applying MIT-G in larger samples to further test its effectiveness in reducing PD-related symptoms and problematic social functioning.</p>
<p>Possemato, Kyle; Johnson, Emily M.; Emery, J. Bronte; Wade, Michael; Acosta, Michelle C.; Marsch, Lisa A.; Rosenblum, Andrew; Maisto, Stephen A.</p>	<p>2019</p>	<p>A pilot study comparing peer supported web-based CBT to self-managed web CBT for primary care veterans with PTSD and hazardous alcohol use</p>	<p>Psychiatric Rehabilitation Journal</p>	<p>42</p>	<p>3</p>	<p>305–313</p>	<p>Objective: Many combat veterans struggle with posttraumatic stress disorder (PTSD) and hazardous alcohol use and are hesitant to engage in behavioral health services. Combining peer support with an eHealth intervention may overcome many barriers to care. This pilot study investigated the feasibility of adding peer support to a web-based cognitive behavior therapy (CBT) targeting PTSD symptoms and hazardous drinking, called Thinking Forward. Method: Thirty primary care patients with PTSD and hazardous alcohol use were randomized to receive Thinking Forward with or without peer support. Participants were assessed at pretreatment, posttreatment, and 24-week follow-up. Feasibility was analyzed with descriptive statistics. Preliminary outcomes were analyzed with multilevel modeling and effect sizes are presented. Results: Peer support specialists can be feasibly trained to support the Thinking Forward intervention with good fidelity. Both participants and peers reported good satisfaction with the protocol;</p>

							although peers discussed a mismatch between the philosophies of peer support and diagnostically focused CBT. All participants experienced significant improvements in PTSD, quality of life, resiliency, and coping from pre- to posttreatment, with no differences between conditions. Pretreatment patient activation predicted outcomes regardless of whether participants received peer support. Conclusions and Implications for Practice: Peer support interventions to facilitate eHealth programs should strive to be consistent with the person-centered, recovery orientation of peer support, explicitly focus on patient activation, and consider characteristics of the patients, such as their level of problem recognition and willingness to engage in traditional behavioral health modalities. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Potthoff, Sebastian; Finch, Tracy; Bührmann, Leah; Etzelmüller, Anne; van Genugten, Claire R.; Girling, Melissa; May, Carl R.; Perkins, Neil; Vis, Christiaan; Rapley, Tim	2023	Towards an Implementation -Stakeholder Engagement Model (I-STEM) for improving health and social care services	Health expectations : an international journal of public participation in health care and health policy	26	5	1997–2012	BACKGROUND: The implementation science literature acknowledges a need for engagement of key stakeholders when designing, delivering and evaluating implementation work. To date, the literature reports minimal or focused stakeholder engagement, where stakeholders are engaged in either barrier identification and/or barrier prioritisation. This paper begins to answer calls from the literature for the development of tools and guidance to support comprehensive stakeholder engagement in implementation research and practice. The paper describes the systematic development of the Implementation-Stakeholder Engagement Model (I-STEM) in the context of an international, large-scale empirical implementation study (ImpleMentAll) aimed at evaluating the effectiveness of a tailored implementation toolkit. The I-STEM is a sensitising tool that defines key considerations and activities for undertaking stakeholder

						<p>engagement activities across an implementation process. METHODS: In-depth, semistructured interviews and observations were conducted with implementers who were tailoring implementation strategies to integrate and embed internet-based cognitive behavioural therapy (iCBT) services in 12 routine mental health care organisations in nine countries in Europe and Australia. The analytical process was informed by principles of first- and third-generation Grounded Theory, including constant comparative method. RESULTS: We conducted 55 interviews and observed 19 implementation-related activities (e.g., team meetings and technical support calls). The final outcome of our analysis is expressed in an initial version of the I-STEM, consisting of five interrelated concepts: engagement objectives, stakeholder mapping, engagement approaches, engagement qualities and engagement outcomes. Engagement objectives are goals that implementers plan to achieve by working with stakeholders in the implementation process. Stakeholder mapping involves identifying a range of organisations, groups or people who may be instrumental in achieving the engagement objectives. Engagement approaches define the type of work that is undertaken with stakeholders to achieve the engagement objectives. Engagement qualities define the logistics of the engagement approach. Lastly, every engagement activity may result in a range of engagement outcomes. CONCLUSION: The I-STEM represents potential avenues for substantial stakeholder engagement activity across key phases of an implementation process. It provides a conceptual model for the planning, delivery, evaluation and reporting of stakeholder engagement activities. The I-STEM is</p>
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							<p>nonprescriptive and highlights the importance of a flexible, iterative approach to stakeholder engagement. It is developmental and will require application and validation across a range of implementation activities.</p> <p>PATIENT OR PUBLIC CONTRIBUTION: Patient contribution to ImpleMentAll trial was facilitated by GAMIAN-Europe at all stages-from grant development to dissemination. GAMIAN-Europe brings together a wide variety of patient representation organisations (local, regional and national) from almost all European countries. GAMIAN-Europe was involved in pilot testing the ItFits-toolkit and provided their views on the various aspects, including stakeholder engagement. Patients were also represented in the external advisory board providing support and advice on the design, conduct and interpretation of the wider project, including the development of the ItFits-toolkit.</p> <p>TRIAL REGISTRATION: ClinicalTrials.gov NCT03652883. Retrospectively registered on 29 August 2018.</p>
<p>Pouchon, A.; Fakra, E.; Haesebaert, F.; Legrand, G.; Rigon, M.; Schmitt, E.; Conus, P.; Bougerol, T.; Polosan, M.; Dondé, C.</p>	2022	<p>Early intervention in bipolar affective disorders: Why, when and how</p>	L'Encephale	48	1	60-69	<p>OBJECTIVES: Bipolar disorder (BD) is a chronic and severe psychiatric disease. There are often significant delays prior to diagnosis, and only 30 to 40 % of patients will experience complete remission. Since BD occurs most often at a young age, the disorder can seriously obstruct future socio-professional development and integration. Vulnerability-stress model of BD is considered to be the result of an interaction between vulnerability genes and environmental risk factors, which leads to the onset of the disorder most often in late adolescence or early adulthood. The clinical "staging" model of BD situates the subject in a clinical continuum of varying degrees of severity (at-risk status, first episode, full-blown BD). Given the demonstrated effectiveness of early intervention in the early stages of psychotic disorder, we posit that early</p>

						<p>intervention for early stages of BD (i.e. at-risk status and first episode mania or hypomania) would reduce the duration of untreated illness and optimize the chances of therapeutic response and recovery. METHODS: We conducted a narrative review of the literature to gather updated data on: (1) features of early stages: risk factors, at-risk symptoms, clinical specificities of the first manic episode; (2) early screening: targeted populations and psychometric tools; (3) early treatment: settings and therapeutic approaches for the early stages of BD. RESULTS: (1) Features of early stages: among genetic risk factors, we highlighted the diagnosis of BD in relatives and affective temperament including as cyclothymic, depressive, anxious and dysphoric. Regarding prenatal environmental risk, we identified peripartum factors such as maternal stress, smoking and viral infections, prematurity and cesarean delivery. Later in the neurodevelopmental course, stressful events and child psychiatric disorders are recognized as increasing the risk of developing BD in adolescence. At-risk symptoms could be classified as "distal" with early but aspecific expressions including anxiety, depression, sleep disturbance, decreased cognitive performance, and more specific "proximal" symptoms which correspond to subsyndromic hypomanic symptoms that increase in intensity as the first episode of BD approaches. Specific clinical expressions have been described to assess the risk of BD in individuals with depression. Irritability, mixed and psychotic features are often observed in the first manic episode. (2) Early screening: some individuals with higher risk need special attention for screening, such as children of people with BD. Indeed, it is shown that children with at least one parent with BD have around 50</p>
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						<p>% risk of developing BD during adolescence or early adulthood. Groups of individuals presenting other risk factors, experiencing an early stage of psychosis or depressive disorders should also be considered as targeted populations for BD screening. Three questionnaires have been validated to screen for the presence of at-risk symptoms of BD: the Hypomanic Personality Scale, the Child Behavior Checklist-Paediatric Bipolar Disorder, and the General Behavior Inventory. In parallel, ultra-high risk criteria for bipolar affective disorder ("bipolar at-risk") distinguishing three categories of at-risk states for BD have been developed. (3) Early treatment: clinical overlap between first psychotic and manic episode and the various trajectories of the at-risk status have led early intervention services (EIS) for psychosis to reach out for people with an early stage of BD. EIS offers complete biopsychosocial evaluations involving a psychiatric examination, semi-structured interviews, neuropsychological assessments and complementary biological and neuroimaging investigations. Key components of EIS are a youth-friendly approach, specialized and intensive care and client-centered case management model. Pharmaceutical treatments for at-risk individuals are essentially symptomatic, while guidelines recommend the use of a non-antipsychotic mood stabilizer as first-line monotherapy for the first manic or hypomanic episode. Non-pharmacological approaches including psychoeducation, psychotherapy and rehabilitation have proven efficacy and should be considered for both at-risk and first episode of BD. CONCLUSIONS: EIS for psychosis might consider developing and implementing screening and treatment approaches for individuals experiencing an</p>
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						<p>early stage of BD. Several opportunities for progress on early intervention in the early stages of BD can be drawn. Training first-line practitioners to identify at-risk subjects would be relevant to optimize screening of this population. Biomarkers including functional and structural imaging measures of specific cortical regions and inflammation proteins including IL-6 rates constitute promising leads for predicting the risk of transition to full-blown BD. From a therapeutic perspective, the use of neuroprotective agents such as folic acid has shown particularly encouraging results in delaying the emergence of BD. Large-scale studies and long-term follow-up are still needed to achieve consensus in the use of screening and treatment tools. The development of specific recommendations for the early stages of BD is warranted.</p>	
Power, M. J.; Schmidt, S.	2004	Emotion-focused treatment of unipolar and bipolar mood disorders	Clinical Psychology and Psychotherapy	11		44-57	<p>Describes an emotion-focused psychotherapeutic approach to unipolar and bipolar mood disorders. The treatment is based on a cognitive model that posits 4 types of representation systems relevant for emotion processing. These systems are termed the Schematic, the Propositional, the Associative, and the Analogical systems, thus the acronym, SPAARS model. The model is compared to related models pertaining to the emergence of negative cognitions. The utility of the SPAARS model in addressing issues particular to the cognitive behavioral treatment of mood disorders is emphasized. The discussion carefully distinguishes the differing implications of multi-level theories of emotions versus emotion-focused approaches for the treatment of unipolar versus bipolar mood disorders. A case report involving a 35-year-old man suffering from bipolar depression illustrates relevant aspects of an emotion-</p>

							focused treatment approach, including the identification of dysfunctional underlying schematic models that amplify extreme oscillations between negative and positive emotion cycles, as well as the implementation of daily monitoring records.
Power, Robert; Byrne, John-Paul; Kiersey, Rachel; Varley, Jarlath; Doherty, Colin P.; Lambert, Veronica; Heffernan, Emma; Saris, A. Jamie; Fitzsimons, Mary	2020	Are patients ready for integrated person-centered care? A qualitative study of people with epilepsy in Ireland	Epilepsy & behavior : E&B	102		106668	The National Clinical Programme for Epilepsy (NCPE) in Ireland aims to deliver a holistic model of integrated person-centered care (PCC) that addresses the full spectrum of biomedical and psychosocial needs of people with epilepsy (PwE). However, like all strategic plans, the model encompasses an inherent set of assumptions about the readiness of the environment to implement and sustain the actions required to realize its goals. In this study, through the lens of PwE, the Irish epilepsy care setting was explored to understand its capacity to adopt a new paradigm of integrated PCC. Focus groups and semi-structured one-to-one interviews were employed to capture the qualitative experiences of a sample of Irish PwE (n = 27) in the context of the care that they receive. Participants were from different regions of the country and were aged between 18 and 55 years with 1 to 42 years since diagnosis (YSD). Highlighting a gap between policy intent and action on the ground, findings suggest that patient readiness to adopt a new model of care cannot be assumed. Expectations, preferences, behaviors, and values of PwE may sustain the more traditional constructions of healthcare delivery rather than the integrated PCC goals of reform. These culturally constituted perceptions illustrate that PwE do not instinctively appreciate the goals of healthcare reform nor the different behavior expected from them within a reformed healthcare system. Recalibrating deep-rooted patient views is necessary to accomplish the aspirations

							of integrated PCC. Patient engagement emphasizing the meaningful role that they can play in shaping their healthcare services is vital.
Preimann, Christine	2019	Psychotherapie bei Autismus-Spektrum-Strungen	Psychotherapie Aktuell	11	2	19–22	Es wird ber spezifische Aspekte bei der Psychotherapie von Patientinnen und Patienten mit Autismus-Spektrum-Strungen informiert. Im Speziellen wird eingegangen auf Besonderheiten bezglich Kontakt und Kommunikation, Wahrnehmungsaufflligkeiten aufgrund von berempfindlichkeiten fr Sinnesreize, Bedrfnissen nach Routinen, Ritualen und Struktur sowie Umgang mit Emotionen. Aufgrund der sehr groen Bandbreite autistischer Strungen wird eine Kombination aus verschiedenen Therapieanstzen empfohlen. Die Notwendigkeit von mehr konkreten Hilfestellungen bei organisatorischen oder lebenspraktischen Anforderungen sowie die Bedeutsamkeit von Individualitt und Klientenzentrierung in der Psychotherapie werden betont. Abschlieend werden persnliche Erfahrungen der Autorin als Asperger-Autistin mitgeteilt.
Preimann, Christine	2020	Autismus-Spektrum-Strungen: Aufflligkeiten, Geschlechtsunterschiede, Therapie	PiD - Psychotherapie im Dialog	21	3	41–44	Da Psychotherapie bei Menschen mit Autismus eine langfristige Begleitung mit dem Ziel einer Symptomreduzierung und Vermittlung wichtiger sozialer sowie auch lebenspraktischer Kompetenzen darstellt, werden berlegungen zu Aufflligkeiten, Geschlechtsunterschieden und therapeutischen Anstzen vorgestellt. Aufflligkeiten im Zusammenhang mit zwischenmenschlichen Kontakten, in der Wahrnehmung, bezglich des Bedrfnisses nach Routinen, Ritualen und Struktur sowie beim Emotionserleben werden erlutert. Dann werden geschlechtsspezifische Unterschiede beleuchtet. Bei der Darstellung therapeutischer Anstze wird unter anderem auf individuelle therapeutische

							Optionen, konkrete Hilfestellungen für unterschiedliche Lebensbereiche und Klientenzentrierung eingegangen.
Prinz, Jessica Natascha; Lutz, Wolfgang; Bar- Kalifa, Eran; Rafaeli, Eshkol	2016	Imagery Rescripting und psychophysiolo- gische Zusammenhänge anhand eines ImRs- Behandlungskon- zepts für Prüfungsangst: Überblick und erste Erfahrungen	Psychotherapie, Psychosomatik, medizinische Psychologie	66	12	481–485	Berichtet wird über eine zum Publikationszeitpunkt noch laufende Studie zur Wirksamkeit des Imagery Rescripting (ImRs) bei Prüfungsangst. Bei ImRs handelt es sich um eine emotionsfokussierte Technik, die zur Bearbeitung traumatischer Erfahrungen entwickelt wurde. ImRs beinhaltet imaginative Exposition, imaginative Beschreibung sowie kognitive Umstrukturierung. Das Wirkprinzip von Imagery Rescripting basiert auf der Aktivierung von Emotionen und der Umstrukturierung dysfunktionaler, affektiv-kognitiver Schemata. Die Technik wurde als erfolgreiche Behandlungsmethode der Posttraumatischen Belastungsstörung auf diverse andere psychische Störungen übertragen und entsprechend angepasst. Gegenstand der bisherigen ImRs-Forschung sind in erster Linie neue Anwendungsbereiche. Die physiologischen Prozesse während des imaginativen Beschreibens fanden bislang wenig Berücksichtigung. Zur Betrachtung der psychophysiologischen Zusammenhänge wird in einer Pilotstudie die Effektivität eines neu entwickelten ImRs-Behandlungskonzeptes für die Behandlung von Prüfungsangst geprüft, wobei auch die elektrodermale Aktivität untersucht wird. Erste Rückmeldungen seitens der studentischen Probanden sowie der Therapeuten bestätigen die Wirkung von Imaginationsübungen. Das Vorgehen wird anhand eines Fallbeispiels illustriert (fünfte von insgesamt sechs Sitzungen).
Pritzker, Sonya E.	2016	New Age with Chinese Characteristics? Translating Inner	Ethos (Berkeley, Calif.)	44	2	150–170	Abstract This article examines the translation of inner child emotion pedagogies in contemporary China. With a focus on several interactions taking place within evening salons, the article observes the pedagogical strategies

<p>Probst, Thomas; Haid, Barbara; Schimböck, Wolfgang; Reisinger, Andrea; Gasser, Marion; Eichberger-Heckmann, Heidrun; Stippl, Peter; Jesser, Andrea; Humer, Elke; Korecka, Nicole; Pieh, Christoph</p>	<p>2021</p>	<p>Therapeutic interventions in in-person and remote psychotherapy: Survey with psychotherapists and patients experiencing in-person and remote psychotherapy during COVID-19</p>	<p>Clinical psychology & psychotherapy</p>	<p>28</p>	<p>4</p>	<p>988–1000</p>	<p>OBJECTIVE: First, to investigate how psychotherapists and patients experience the change from in-person to remote psychotherapy or vice versa during COVID-19 regarding the therapeutic interventions used. Second, to explore the influence of therapeutic orientations on therapeutic interventions in in-person versus remote psychotherapy. METHOD: Psychotherapists (N = 217) from Austria were recruited, who in turn recruited their patients (N = 133). The therapeutic orientation of the therapists was psychodynamic (22.6%), humanistic (46.1%), systemic (20.7%) or behavioural (10.6%). All the data were collected remotely via online surveys. Therapists and patients completed two versions of the 'Multitheoretical List of Therapeutic Interventions' (MULTI-30) (version 1: in-person; version 2: remote) to investigate differences between in-person and remote psychotherapy in the following therapeutic interventions: psychodynamic, common factors, person-centred, process-experiential, interpersonal, cognitive, behavioural and dialectical-behavioural. RESULTS: Therapists rated all examined therapeutic interventions as more typical for in-person than for remote psychotherapy. For patients, three therapeutic interventions (psychodynamic, process-experiential, cognitive interventions) were more typical for in-person than for remote psychotherapy after correcting for multiple testing. For two therapeutic interventions (behavioural, dialectical-behavioural), differences between the four therapeutic orientations were more consistent for in-person than for remote psychotherapy. CONCLUSIONS: Therapeutic interventions differed between in-person and remote psychotherapy and differences between therapeutic orientations in</p>
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							behavioural-oriented interventions become indistinct in remote psychotherapy.
Probst, Thomas; Jakob, Marion; Kaufmann, Yvonne M.; Müller-Neng, Julia M. B.; Bohus, Martin; Weck, Florian	2018	Patients' and therapists' experiences of general change mechanisms during bug-in-the-eye and delayed video-based supervised cognitive-behavioral therapy. A randomized controlled trial	Couns and Psychother Res (Counselling and Psychotherapy Research)	74	4	509–522	Abstract Objective This secondary analysis of a randomized controlled trial investigated whether bug-in-the-eye (BITE) supervision (live computer-based supervision during a psychotherapy session) affects the manner in which patients and therapists experience general change mechanisms (GCMs) during cognitive-behavioral therapy (CBT). Method A total of 23 therapists were randomized either to the BITE condition or the control condition (delayed video-based [DVB] supervision). After each session, both patients (BITE: n = 19; DVB: n = 23) and therapists (BITE: n = 11; DVB: n = 12) completed the Helping Alliance Questionnaire (HAQ) and the Bernese Post Session Report (BPSR). The HAQ total score and the 3 secondary factors of the BPSR (interpersonal experiences, intrapersonal experiences, problem actuation) functioned as GCMs. Multilevel models were performed. Results For patients, GCMs did not develop differently between BITE and DVB during CBT. Therapists rated the alliance as well as interpersonal and intrapersonal experiences not significantly different between BITE and DVB during CBT, but they perceived problem actuation to increase significantly more in BITE than in DVB ($p < .05$). Conclusion BITE supervision might be helpful in encouraging CBT therapists to apply interventions, which focus on the activation of relevant problems and related emotions.
Probst, Thomas; Schramm, Elisabeth; Heidenreich, Thomas; Klein,	2020	Patients' interpersonal problems as moderators of depression	Journal of clinical psychology	76	7	1241–1254	OBJECTIVES Interpersonal problems were examined as moderators of depression outcomes between mindfulness-based cognitive therapy (MBCT) and cognitive behavioral analysis system of psychotherapy (CBASP) in patients

<p>Jan-Philipp; Michalak, Johannes</p>		<p>outcomes in a randomized controlled trial comparing mindfulness-based cognitive therapy and a group version of the cognitive-behavioral analysis system of psychotherapy in chronic depression</p>				<p>with chronic depression.</p> <p>METHODS Patients received treatment-as-usual and, in addition, were randomized to 8-weeks of MBCT (n = 34) or 8-weeks of CBASP (n = 34). MBCT and CBASP were given in a group format. The Hamilton depression rating scale (HAM-D) was the primary and the Beck Depression Inventory (BDI-II) the secondary outcome. The subscales of the Inventory of interpersonal problems (IIP-32) were moderators. Multilevel models were performed.</p> <p>RESULTS Higher scores on the "vindictive/self-centered" subscale were associated with a better outcome in MBCT than in CBASP (HAM-D: $p < .01$; BDI-II: $p < .01$). Higher scores on the "nonassertive" subscale were associated with a better outcome in CBASP than in MBCT (HAM-D: $p < .01$; BDI-II: $p < .01$).</p> <p>CONCLUSIONS If these results can be replicated in larger trials, MBCT should be preferred to CBASP in chronically depressed patients being vindictive/self-centered, whereas CBASP should be preferred to MBCT in chronically depressed patients being nonassertive.</p>
<p>Proctor, Carmel; Tweed, Roger G.; Morris, Daniel B.</p>		<p>Unconditional positive self-regard: The role of perceived parental conditional regard</p>	<p>The Humanistic Psychologist</p>	<p>49</p>	<p>3</p>	<p>This study investigated Rogerian unconditional positive self-regard (UPSR) among young adults. Based on the findings of extant research in support of the Rogerian metatheoretical model, variables were selected based on the fully functioning person to represent characteristics predictive of UPSR. Using hierarchical regression, UPSR was assessed with young adults aged 16 to 19 years ($\bar{x} = 16.87$). Participants completed emotional self-assessments (Block 1: depression, anxiety, and self-esteem), humanistic/positive psychology construct</p>

							assessments (Block 2: authenticity, life satisfaction, aspirations), and a measure of perceived parental conditional regard (Block 3: domain-specific perceptions of parental conditional regard [PPCR]). Analyses revealed that each block of variables significantly accounted for the variance in UPSR. All scores (except PPCR–Sport) had significant zero-order correlations with UPSR, however when considered together this was no longer the case due to the significant intercorrelations of the predictor variables. Overall, the following significant predictors of unconditional positive self-regard among young adults emerged: self-esteem, authentic living, accepting external influence, life satisfaction, importance of intrinsic motivations, and perceived parental conditional regard on academic success. Implications are explored. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Pruckner, Hildegard	2021	Psychodrama mit traumatisierten Menschen	Zeitschrift fr Psychodrama und Soziometrie	20	Su ppl 1	23–36	Fr die Arbeit mit traumatisierten Menschen muss die psychodramatische Vorgangsweise modifiziert werden. Der folgende Artikel der Zeitschrift fr Psychodrama und Soziometrie bietet einen kompakten berblick ber die Arbeitsweise des humanistisch orientierten Psychodramas, unterstzt von ausfhrlichen Fallbeispielen. Diagnostik, Grundhaltungen und theoretische Hintergrundfolien werden zu Beginn kurz beleuchtet. Die Schilderung der konkreten Arbeit umfasst den Hauptteil. Hinweise fr die spezielle Rollenausbung von mit Traumatisierten Arbeitenden runden den Artikel ab. (c) Springer Fachmedien Wiesbaden GmbH
Prudenzi, Arianna; D Graham, Christopher;	2022	Wellbeing, burnout, and safe practice among	Psychology, health & medicine	27	5	1130–1143	Poor wellbeing and burnout are significant issues among health-care professionals (HCPs) and may contribute to unsafe practice. In this exploratory study, we aimed to: provide the first investigation of the combined and unique

Flaxman, Paul E.; O'Connor, Daryl B.		healthcare professionals: predictive influences of mindfulness, values, and self-compassion					influences of these psychological factors in predicting safe practice; confirm the role played by mindfulness in relation to wellbeing, burnout and safe practice; and investigate whether values and self-compassion predict additional variability above and beyond mindfulness skills. Ninety-eight NHS staff completed measures of wellbeing, burnout, perceived safety of practice, mindfulness, values and self-compassion. Practitioners with higher perceived safety of practice reported higher levels of mindfulness, but not values or self-compassion, particularly lower experiential avoidance and nonjudgmental attitude toward difficult thoughts. Mindfulness explained significant variability in psychological distress (20%), emotional exhaustion (8%), cognitive weariness (10%), patient safety related to oneself (7%), and related to work (8%). Values (obstruction) added unique variance for psychological distress (12%) and physical fatigue (10%). Moreover, self-compassion explained a small yet significant portion of variability in emotional exhaustion. These preliminary findings suggest that mindfulness processes may be associated with perceived safety of practice. The results also indicate that mindfulness-based interventions for HCPs may benefit from the inclusion of values-based action components and self-compassion practices.
Pruitt, Larry D.; Vuletic, Simona; Smolenski, Derek J.; Wagner, Amy; Luxton, David D.; Gahm, Gregory A.	2019	Predicting post treatment client satisfaction between behavioural activation for depression delivered either	Journal of telemedicine and telecare	25	8	460-467	INTRODUCTION: Treatment engagement, adherence, cancellations and other patient-centric data are important predictors of treatment outcome. But often these data are only examined retrospectively. In this investigation, we analysed data from a clinical trial focused on innovative delivery of depression treatment to identify which patients are likely to prefer either in-home or in-person treatment based on pre-treatment

		in-person or via home-based telehealth				<p>characteristics. METHODS: Patient satisfaction was assessed in a trial of individuals with depression treated using identical behavioural activation therapy protocols in person or through videoconferencing to the home (N = 87 at post treatment: 42 in-person and 45 in-home participants). The Client Satisfaction Questionnaire was administered at the end of the treatment. A Tobit regression model was used to assess moderation using treatment assignment. Regression lines were generated to model treatment satisfaction as a function of treatment assignment and to identify whether and where the groups intersected. We examined the distributions of the contributing moderators to the subsets of participants above and below the intersection point to identify differences. RESULTS: While no significant differences in patient satisfaction were observed between the two groups, or between patients receiving treatment by different providers, baseline characteristics of the sample could be used to differentiate those with a preference for traditional, in-office care from those preferring in-home care. DISCUSSION: Participants who were more likely to prefer in-home care were characterized by larger proportions of veterans and lower-ranked enlisted service members. They also had more severe symptoms at baseline and less formal education. Understanding client reactions when selecting treatment modality may allow for a more satisfying patient experience.</p>	
Pueyo-Garrigues, María; Whitehead, Dean; Pardavila-Belio, Miren I.;	2019	Health education: A Rogerian concept analysis	International journal of nursing studies	94		131-138	<p>OBJECTIVES: The concept of health education has traditionally focused on enabling people to change unhealthy behaviours and lifestyles. Although, at the theoretical level, there exist definitions of the concept, it remains complex and ambiguous. Furthermore, nurses often confuse the concept with other related terms, such</p>

<p>Canga-Armayor, Ana; Pueyo-Garrigues, Sara; Canga-Armayor, Navidad</p>						<p>as health information or health promotion. The aim here is to report a concept analysis of health education and elucidate a current definition. DESIGN: Rodgers' evolutionary concept analysis. DATA SOURCES: A systematic search was conducted using PubMed and CINAHL for articles written in English or Spanish, published between 1986 and 2017. A manual search was performed, and grey literature was also reviewed. A pre-determined template of study inclusion-related questions assisted the process. REVIEW METHODS: Rodgers' evolutionary method guided the narrative analysis. The attributes of health education, as well as its antecedents, consequences, related terms and contextual bases were extracted and synthesized. RESULTS: Based on the review of 31 studies on health education, the attributes are a learning process, health-oriented, multidimensional, person-centred and partnership. The antecedents are professional awareness of health education, training of health professionals, available resources, individual's willingness to act, and health as an individual's priority in life. The consequences are the increase in knowledge, skills and/or attitudes; change in health-related behaviours, individual capability and empowerment; positive health outcomes; and positive social/economic impact. The related terms are health information, patient education, counselling, health coaching and health promotion. Health education is defined as a continuous, dynamic, complex and planned teaching-learning process throughout the lifespan and in different settings that is implemented through an equitable and negotiated client and health professional 'partnership' to facilitate and empower the person to promote/initiate lifestyle-related behavioural changes that promote positive health</p>
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							status outcomes. Health education takes into account individuals'/groups' internal and external factors that influence their health status through potentially improving their knowledge, skills, attitudes and beliefs in relation to their health-related needs and behaviour, within a positive health paradigm. CONCLUSIONS: The theoretical definition and conceptual framework provided in this study contribute to and extend the current knowledge base among nurses and other health care providers. The findings elucidate the clinical role of health educators, enabling them to identify the realities of its practice, building a common reference point, and highlighting the main recommendations for its use at the clinical, education, policy and research interface.
Pugh, Matthew; Dixon, Alison; Bell, Tobyn	2023	Chairwork and the therapeutic relationship: Can the cart join the horse?	Journal of clinical psychology	79	7	1615–1626	"Chairwork" is a collection of experiential methods that utilize movement between chairs and dialogue with parts of the self to bring about change. Because of their emotionally intense nature, therapists often assume that a robust therapeutic relationship is a prerequisite for these tasks. However, it could be said that chairwork also supports the development and strengthening of the alliance. This article presents a single-session, chairwork-centered treatment with an individual experiencing social anxiety. Verbatim extracts and post-intervention feedback illustrate the reciprocal and reinforcing roles of client participation, therapist facilitation, and the therapeutic bond during chairwork. Moreover, the case demonstrates that relationship and technique are intimately bound when using experiential methods, suggesting that therapists do not always need to privilege the former to implement the latter.
Pullen, Samuel J.; Horgan,	2021	The effectiveness of	Journal of Rural Mental Health	45	4	288–296	Statewide learning collaboratives have the potential to improve access to evidence-based psychotherapies for

Lindsay; Romanelli, Lisa H.; Radin, Anna; Gardner, Kristen; Edwards, Christopher; Crapo, Trevor; Bolen, Beth; Huck, Brian; Wells, Karen; Lochman, John		training rural mental health clinicians to treat disruptive behavior disorders					children and adolescents with disruptive behavior disorders (DBD) by improving knowledge and skills among mental health clinicians practicing in rural communities. We describe the effectiveness of using the CATIE learning collaborative to train Idaho-based mental health clinicians to treat DBD. Ninety-one clinicians completed a 6-month Coping Power Program (CPP) training course over a 2-year period. Improvement in clinician-reported self-efficacy and reported DBD patient-outcomes were observed. Ongoing benefit of learning collaboratives seems contingent on sustained engagement from local stakeholders. Recruitment and training clinicians beyond the grant-funded period were challenging. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Purgato, Marianna; Gastaldon, Chiara; Papola, Davide; van Ommeren, Mark; Barbui, Corrado; Tol, Wietse A.	2018	Psychological therapies for the treatment of mental disorders in low- and middle- income countries affected by humanitarian crises	The Cochrane database of systematic reviews	7	7	CD01184 9	<p>BACKGROUND</p> <p>People living in humanitarian settings in low- and middle-income countries (LMICs) are exposed to a constellation of stressors that make them vulnerable to developing mental disorders. Mental disorders with a higher prevalence in these settings include post-traumatic stress disorder (PTSD) and major depressive, anxiety, somatoform (e.g. medically unexplained physical symptoms (MUPS)), and related disorders. A range of psychological therapies are used to manage symptoms of mental disorders in this population.</p> <p>OBJECTIVES</p> <p>To compare the effectiveness and acceptability of psychological therapies versus control conditions (wait list, treatment as usual, attention placebo, psychological placebo, or no treatment) aimed at treating people with mental disorders (PTSD and major depressive, anxiety, somatoform, and related disorders) living in LMICs affected by humanitarian crises.</p>

						<p>SEARCH METHODS</p> <p>We searched the Cochrane Common Mental Disorders Controlled Trials Register (CCMDCTR), the Cochrane Central Register of Controlled Trials (Wiley), MEDLINE (OVID), Embase (OVID), and PsycINFO (OVID), with results incorporated from searches to 3 February 2016. We also searched the World Health Organization (WHO) trials portal (ICTRP) and ClinicalTrials.gov to identify any unpublished or ongoing studies. We checked the reference lists of relevant studies and reviews.</p> <p>SELECTION CRITERIA</p> <p>All randomised controlled trials (RCTs) comparing psychological therapies versus control conditions (including no treatment, usual care, wait list, attention placebo, and psychological placebo) to treat adults and children with mental disorders living in LMICs affected by humanitarian crises.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>We used standard Cochrane procedures for collecting data and evaluating risk of bias. We calculated standardised mean differences for continuous outcomes and risk ratios for dichotomous data, using a random-effects model. We analysed data at endpoint (zero to four weeks after therapy); at medium term (one to four months after therapy); and at long term (six months or longer).</p> <p>GRADE (Grades of Recommendation, Assessment, Development, and Evaluation) was used to assess the quality of evidence for post-traumatic stress disorder (PTSD), depression, anxiety and withdrawal outcomes.</p> <p>MAIN RESULTS</p> <p>We included 36 studies (33 RCTs) with a total of 3523 participants. Included studies were conducted in sub-Saharan Africa, the Middle East and North Africa, and</p>
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						<p>Asia. Studies were implemented in response to armed conflicts; disasters triggered by natural hazards; and other types of humanitarian crises. Together, the 33 RCTs compared eight psychological treatments against a control comparator. Four studies included children and adolescents between 5 and 18 years of age. Three studies included mixed populations (two studies included participants between 12 and 25 years of age, and one study included participants between 16 and 65 years of age). Remaining studies included adult populations (18 years of age or older). Included trials compared a psychological therapy versus a control intervention (wait list in most studies; no treatment; treatment as usual). Psychological therapies were categorised mainly as cognitive-behavioural therapy (CBT) in 23 comparisons (including seven comparisons focused on narrative exposure therapy (NET), two focused on common elements treatment approach (CETA), and one focused on brief behavioural activation treatment (BA)); eye movement desensitisation and reprocessing (EMDR) in two comparisons; interpersonal psychotherapy (IPT) in three comparisons; thought field therapy (TFT) in three comparisons; and trauma or general supportive counselling in two comparisons. Although interventions were described under these categories, several psychotherapeutic elements were common to a range of therapies (i.e. psychoeducation, coping skills). In adults, psychological therapies may substantially reduce endpoint PTSD symptoms compared to control conditions (standardised mean difference (SMD) -1.07, 95% confidence interval (CI) -1.34 to -0.79; 1272 participants; 16 studies; low-quality evidence). The effect is smaller at one to four months (SMD -0.49, 95% CI -0.68</p>
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						<p>to -0.31; 1660 participants; 18 studies) and at six months (SMD -0.37, 95% CI -0.61 to -0.14; 400 participants; five studies). Psychological therapies may also substantially reduce endpoint depression symptoms compared to control conditions (SMD -0.86, 95% CI -1.06 to -0.67; 1254 participants; 14 studies; low-quality evidence). Similar to PTSD symptoms, follow-up data at one to four months showed a smaller effect on depression (SMD -0.42, 95% CI -0.63 to -0.21; 1386 participants; 16 studies). Psychological therapies may moderately reduce anxiety at endpoint (SMD -0.74, 95% CI -0.98 to -0.49; 694 participants; five studies; low-quality evidence) and at one to four months' follow-up after treatment (SMD -0.53, 95% CI -0.66 to -0.39; 969 participants; seven studies). Dropout rates are probably similar between study conditions (19.5% with control versus 19.1% with psychological therapy (RR 0.98 95% CI 0.82 to 1.16; 2930 participants; 23 studies, moderate quality evidence)). In children and adolescents, we found very low quality evidence for lower endpoint PTSD symptoms scores in psychotherapy conditions (CBT) compared to control conditions, although the confidence interval is wide (SMD -1.56, 95% CI -3.13 to 0.01; 130 participants; three studies;). No RCTs provided data on major depression or anxiety in children. The effect on withdrawal was uncertain (RR 1.87 95% CI 0.47 to 7.47; 138 participants; 3 studies, low quality evidence). We did not identify any studies that evaluated psychological treatments on (symptoms of) somatoform disorders or MUPS in LMIC humanitarian settings.</p> <p>AUTHORS' CONCLUSIONS</p> <p>There is low quality evidence that psychological therapies have large or moderate effects in reducing PTSD,</p>
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							depressive, and anxiety symptoms in adults living in humanitarian settings in LMICs. By one to four month and six month follow-up assessments treatment effects were smaller. Fewer trials were focused on children and adolescents and they provide very low quality evidence of a beneficial effect of psychological therapies in reducing PTSD symptoms at endpoint. Confidence in these findings is influenced by the risk of bias in the studies and by substantial levels of heterogeneity. More research evidence is needed, particularly for children and adolescents over longer periods of follow-up.
Quan Vega, Main Lin; Chihuri, Stanford T.; Lackraj, Deven; Murali, Komal Patel; Li, Guohua; Hua, May	2023	Place of Death From Cancer in US States With vs Without Palliative Care Laws	JAMA network open	6	6	e2317247	<p>IMPORTANCE: In the US, improving end-of-life care has become increasingly urgent. Some states have enacted legislation intended to facilitate palliative care delivery for seriously ill patients, but it is unknown whether these laws have any measurable consequences for patient outcomes. OBJECTIVE: To determine whether US state palliative care legislation is associated with place of death from cancer. DESIGN, SETTING, AND PARTICIPANTS: This cohort study with a difference-in-differences analysis used information about state legislation combined with death certificate data for 50 US states (from January 1, 2005, to December 31, 2017) for all decedents who had any type of cancer listed as the underlying cause of death. Data analysis for this study occurred between September 1, 2021, and August 31, 2022. EXPOSURES: Presence of a nonprescriptive (relating to palliative and end-of-life care without prescribing particular clinician actions) or prescriptive (requiring clinicians to offer patients information about care options) palliative care law in the state-year where death occurred. MAIN OUTCOMES AND MEASURES: Multilevel relative risk regression with state modeled as a</p>

							<p>random effect was used to estimate the likelihood of dying at home or hospice for decedents dying in state-years with a palliative care law compared with decedents dying in state-years without such laws. RESULTS: This study included 7 547 907 individuals with cancer as the underlying cause of death. Their mean (SD) age was 71 (14) years, and 3 609 146 were women (47.8%). In terms of race and ethnicity, the majority of decedents were White (85.6%) and non-Hispanic (94.1%). During the study period, 553 state-years (85.1%) had no palliative care law, 60 state-years (9.2%) had a nonprescriptive palliative care law, and 37 state-years (5.7%) had a prescriptive palliative care law. A total of 3 780 918 individuals (50.1%) died at home or in hospice. Most decedents (70.8%) died in state-years without a palliative care law, while 15.7% died in state-years with a nonprescriptive law and 13.5% died in state-years with a prescriptive law. Compared with state-years without a palliative care law, the likelihood of dying at home or in hospice was 12% higher for decedents in state-years with a nonprescriptive palliative care law (relative risk, 1.12 [95% CI 1.08-1.16]) and 18% higher for decedents in state-years with a prescriptive palliative care law (relative risk, 1.18 [95% CI, 1.11-1.26]). CONCLUSIONS AND RELEVANCE: In this cohort study of decedents from cancer, state palliative care laws were associated with an increased likelihood of dying at home or in hospice. Passage of state palliative care legislation may be an effective policy intervention to increase the number of seriously ill patients who experience their death in such locations.</p>
Quiñones, Timothy J.;	2017	Sexual minority reflections on	Psychotherapy research :	27	2	189–200	<p>OBJECTIVE: Sexual minority (lesbian, gay, bisexual, queer) individuals are regular consumers of psychotherapy, and</p>

Woodward, Eva N.; Pantalone, David W.		their psychotherapy experiences	journal of the Society for Psychotherapy Research				<p>are more likely to utilize psychotherapy than heterosexually identified individuals. However, there is scant research on sexual minority clients examining their perceptions of therapists' efforts to work successfully with them. METHOD: We examined the experiences reported by sexual minority individuals in psychotherapy (N = 77), utilizing an Internet-based survey that asked open-ended questions such as, "How did your therapist address your sexual orientation?" RESULT: Using directed content analysis, we derived 19 repeating ideas, which we categorized into five major themes and two overarching concepts, including: (a) participants reported appreciating general person-centered psychotherapy competencies (e.g., active listening, validation, Socratic questioning) and (b) participants reported that various aspects of sexual orientation (e.g., therapist sexual identity, therapist knowledge about sexual minority populations) are relevant to their experiences in therapy and should be addressed directly by therapists. CONCLUSIONS: Results indicated that clients want generally competent therapists who understand that a sexual minority identity is only one part of a client's overall identity and not a defining characteristic or psychopathological. We explicate themes and representative quotes, and provide preliminary recommendations for therapists working with sexual minority clients.</p>
Rabe, Beate	2019	"Der Stuhl auf der Grenze". Die Bedeutung der Affekt Abstimmung für die kindliche	Gestalttherapie	33	1	35–53	<p>Die Bedeutung der Affekt Abstimmung für die kindliche Entwicklung in der frühen Mutter-Kind-Interaktion wird erörtert und belegt durch exemplarische Darstellungen aus der Suggestionsforschung und Neurowissenschaft, die den Synchronisationsvorgang zwischen Mutter und Kind im "impliziten Beziehungswissen" verankert sehen. Ein</p>

		Entwicklung am Beispiel einer Fallgeschichte zum selektiven Mutismus					Fallbeispiel bietet einen Einblick, wie die Gestalttherapie durch das intuitive, basale sensorische Arbeiten eine prverbale Begegnung mit dem Kind kreiert, um die Selbstregulation und neue Entwicklungsmöglichkeiten anzuregen.
Rachamim, Lilach; Mirochnic, Isabela; Elazar, Maya; Yadin, Elna; Sinay, Inbal; Nacasch, Nitsa	2021	A Pilot and Feasibility Randomized Controlled Trial of Dyadic Exposure Therapy and Dyadic Client-Centered Therapy for Posttraumatic Preschool Children and Their Caregivers	J Cogn Ther (International Journal of Cognitive Therapy)	14	2	362-379	
Radcliffe, Jonathan; Yeomans, Frank	2019	Transference-focused Psychotherapy for Patients with Personality Disorders: Overview and Case Example with a Focus on the Use of Contracting	Brit J Psychotherapy (British Journal of Psychotherapy)	35	1	4-23	
Raack, Hanne; Lohkamp, Luise	2016	Tore und Brcken zur Welt - Willkommen in					Beitrge zum 37. Kongress der Deutschen Gesellschaft fr Transaktionsanalyse im Mai 2016 in Hamburg werden wiedergegeben. Die Veranstaltung stand unter dem

		<p>bewegten Zeiten. Reader zum 37. Kongress der Deutschen Gesellschaft für Transaktionsanalyse</p>				<p>Thema "Tore und Brücken zur Welt - Willkommen in bewegten Zeiten". Inhalt: (1) Anna Berger: Spielerisch lehren und lernen mit Spiel und Theater. (2) Sonja Billmann: Lebensgeschichte als Brücke zum Verhalten - Biographiedokumentation im Umgang mit Schutzbefohlenen. (3) Karin Blessing: Wenn du es eilig hast, geh langsam. Wie Beratung, Bildung und Therapie den Körper mit einbeziehen können. (4) Jrg Bolliger: Konstruktiv kritisieren mit dem OBAMA-Turm. (5) Nora Borris: Knockin' on heaven's door. (6) Ullrich Dehner: Introvision Coaching und Skript. (7) Jacqueline Dossenbach-Schuler und Mona Mettler: "Tore und Brücken - zur anderen Welt" Oder was denken Sie, kommt nach dem Tod? Transaktionsanalyse und Palliative Care. (8) Jule Endruweit und Katharina Stahlenbrecher: Kartons im Kopf - Mit TA gegen den Homogenisierungsdruck zu einer höheren Diversitätsreife und Autonomie. (9) Ralf Fabender und Michael Thanhoffer: Change - Reorganisation - persönliche Entwicklung: Mit Heulen und Zähneklappern Brücken bauen zu gelingenden Veränderungsprozessen. (10) Johannes Feuerbach: Das Selbst als Tor und Brücke in den Basisbewegungen des Tango Argentino. (11) Luitgart Gasser: Wohnen - mehr als ein Dach über dem Kopf. (12) Klaus Holetz: Keine Angst vor Feedback, Kritik, Konflikten und Aggressionen. (13) Bettina Jellouschek-Otto: Pferdegestütztes Paar-Coaching - Wie Paare durch den Kontakt mit Pferden einen neuen Zugang zueinander finden. (14) Horst Kaemmerling: Meditation als ein Weg der Skriptbearbeitung. (15) Bertine Kessel: Vom Umgang mit eigenen und fremden Mächten in der Führung. (16) Michael Korpiun und Martin Thiele: Organisationen als sinnorientierte Konstitution kollektiver Beziehungsbilder - Grundlagen eines beziehungsorientierten</p>
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						<p>Organisationsverstandnisses. (17) Michael A. Kossmann: Lernen in bewegten Zeiten - Lernen schafft Brcken und Tore zur Welt. (18) Luise Lohkamp und Gabi Koch: Prsenz und Achtsamkeit - Pferde als Spiegel der Persnlichkeit. (19) Daniel Masch und Bente Mlck: "Sei stark!" hilft berleben - und was dann? "Be strong!" helps to survive - what comes after that? (20) Patricia Matt und Patrick Afchain: Der "Beziehungsvertrag" - ein Herzstck in der Paar- und Sexualberatung. (21) Ruth Meinke und Petra Stehrenberg: Krperskript - Gelingt der Brckenschlag zwischen Krper und Skript? (22) Gnter Josef Mohr: Systemische Resilienz. (23) Norbert Nagel: Ich bin ja nicht auslnderfeindlich, aber ... Chancen und ngste interkultureller Begegnung. (24) Julia Neuschwander, Markus Wetzter und Johanna Bhndel: "Ich bin kein Narzisst, ich bin was Besseres." - Tore zum Umgang mit narzisstischen Beziehungsmustern. (25) Andrea Nienaber. Von Mensch zu Mensch - Adressatengerechte Kommunikation: (26) Thomas Pletsch: Brcken bauen - Lsungen finden: Multifamilientherapie in unterschiedlichen Kontexten. (27) Hanne Raeck: Situative Fhrung - Brcke zur Vielfalt. (28) Constanze Rau. Vom Kopf in den Bauch - Wie sich Erlaubnisse verankern lassen: (29) Peter Rudolph und Wolfgang Kausler: Brcken bauen - Gelingende Identitt als Basis gelingender, interkultureller Begegnung. (30) Jrg Schlpfer: egeisterung, Begeisterung, Begeisterung stimuliert das Hirn und ist als Grundlage von Entwicklung (Brckenbau) zu sehen. (31) Almut Schmale-Riedel: Vergebung - eine Brcke von mir zu Dir und zur Welt. (32) Petra Schrgers: TA-Konzepte - Tor-ffner in der Mediation. (33) Monika Tempel: "Leben an der Leine" - Psychotherapeutische Arbeit mit Beatmungspatienten. (34) Martin Thiele und Michael</p>
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							<p>Korpiun: Wie Beziehungskompetenzen die Entwicklung von Kultur und damit von Organisationen prägen. (35)</p> <p>Irmgard Voshaar: Das Racket-System - ein Weg, unsere innere Landkarte zu verstehen und neue Tore und Brücken zu öffnen. (36)</p> <p>Annette Wyler-Krisch: Reiseplanung - ressourcenorientiertes Vorgehen in Veränderungsprozessen. (37)</p> <p>Gerlinde Ziemendorff: Skriptmuster verändern mit TA und PEP.</p>
Raes, Inez; Ravelingien, an; Pennings, Guido	2016	Donor Conception Disclosure: Directive or Non-Directive Counselling?	Journal of bioethical inquiry	13	3	369-379	<p>It is widely agreed among health professionals that couples using donor insemination should be offered counselling on the topic of donor conception disclosure. However, it is clear from the literature that there has long been a lack of agreement about which counselling approach should be used in this case: a directive or a non-directive approach. In this paper we investigate which approach is ethically justifiable by balancing the two underlying principles of autonomy (non-directive approach) and beneficence (directive approach). To overrule one principle in favour of another, six conditions should be fulfilled. We analyse the arguments in favour of the beneficence principle, and consequently, a directive approach. This analysis shows that two conditions are not met; the principle of autonomy should not be overridden. Therefore, at this moment, a directive counselling approach on donor conception disclosure cannot be ethically justified.</p>
Raisch, Michael	2022	Emotionen in der systemischen Therapie. Grundlagen und Methoden für					<p>Die Bedeutung von Emotionen in der systemischen Therapie wird thematisiert. In diesem Kontext werden folgende Fragen aufgeworfen: Wie können systemische Ansätze gerade für die Herausforderungen einer Einzelpsychotherapie deutlich wirksamer gestaltet werden? Welcher zusätzlichen Methoden und Perspektiven bedarf es, um strungsspezifische Muster der Persönlichkeit</p>

		eine integrative Praxis					gezielt, lsungorientiert und nachhaltig zu wandeln? Den Emotionen wird als transformative Kraft ein wichtiger Platz im systemischen Theoriegebude eingerumt, womit der therapeutische Mglichkeitsraum erweitert wird. Die Grundlagen emotionsbasierten Arbeitens werden erlutert, und es wird gezeigt, wie erlebnisorientierte Zugnge die systemische Praxis bereichern knnen. Verfahren wie Schematherapie, Emotionsfokussierte Therapie und Innere-Kind-Arbeit werden detailliert vorgestellt. Anhand zahlreicher Fallbeispiele wird aufgezeigt, wie ein neues emotionales Verstehen resiliente und selbstfrsorgliche Erfahrungen ermoglicht. - Inhalt: https://d-nb.info/1229644032/04
Rando-Matos, Yolanda; Vives-Argilagós, Toni; Rodero-Pérez, Estrella; Solsona-Díaz, Lluís; Ballvé-Moreno, José Luis; Moreno-Farrés, Noemí; Sorando-Alastruey, Rosa; Adroer-Martori, Raquel; Sanfeliu-Soto, Núria; Almeda-Ortega, Jesús	2021	Effectiveness of a brief advance directive intervention in primary care: a randomized clinical trial	Patient education and counseling	104	1	207–212	OBJECTIVE: To measure the effectiveness of a brief intervention aimed at increasing interest in and use of advanced directives (AD) among primary care patients. METHODS: Randomized controlled trial. In the intervention arm, patients were given brief oral information and a leaflet on AD by General Practitioners (GPs), in the control group were briefly informed about the study's purpose. Outcome variables were the proportion of patients who expressed interest in AD and those who completed one. Covariates were sex, age, education, race, Charlson comorbidity index (CCI), religion, and possession of financial will. RESULTS: Overall, 332 patients were recruited; 58 in the intervention and 36 in the control group expressed interest in AD (p = 0.033) and 18 (5.4 %) made an AD (nine in each group). Variables associated with interest were Caucasian race (odds ratio [OR], 1.88), the intervention (OR, 1.86), and CCI extreme scores (OR, 0.36). Variables associated with AD

						completion were primary education/no schooling (OR, 5.69) and fewer children (OR, 0.57). CONCLUSIONS: A brief oral and written intervention delivered by GP significantly increased interest in AD and achieved a completion rate of 5.4 %, without differences with the control group. PRACTICE IMPLICATIONS: AD interventions should focus on individuals already likely to be motivated.
Rask, Charlotte Ulrikka; Duholm, Charlotte Steen; Poulsen, Cecilie Müller; Rimvall, Martin Køster; Wright, Kristi D.	2023	Annual Research Review: Health anxiety in children and adolescents—developmental aspects and cross-generational influences	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	n/a	n/a	Health anxiety involves excessive worries about one's health along with beliefs one has an illness or may contract a serious disease. Concerning evidence suggests that health anxiety is on the rise in society, possibly further fueled by the COVID-19 pandemic. Recent classification systems acknowledge that impairing health-related worries and beliefs can emerge in early childhood with significant levels of symptoms persisting throughout childhood, and possibly continuous with diagnostic considerations in adulthood. This narrative review summarizes recent research advances in health anxiety in children and adolescents, focusing on various developmental aspects of health anxiety and related concepts in youths. Findings suggest that health anxiety symptoms in young age groups are associated with impairment, distress, and increased healthcare use, as well as substantial comorbidity with mainly other emotional problems and disorders. Furthermore, longitudinal studies suggest that childhood health anxiety can persist across adolescence, perhaps with links to chronic courses in adulthood. The growing literature was further reviewed, thus extending our understanding of early risk factors, including the potential role of exposure to serious illness and transgenerational transmission of health anxiety. Learning more about developmental

							trajectories will be highly relevant to inform strategies for early detection and prevention. While modified cognitive behavioral therapies in adults are successful in treating health anxiety, specific interventions have not yet been tested in youths. Given substantial overlaps with other psychopathology, it could be important to develop and explore more transdiagnostic and scalable approaches that take advantage of common factors in psychotherapy, while also including a wider perspective on potential familiar maladaptive illness cognitions and behaviors.
Raskin, Patricia M.	2018	"She's woke": The paradoxical effects of the 2016 election on an individual client	Journal of clinical psychology	74	5	743–749	The purpose of this article is to present a case history of an individual client deeply affected by the 2016 election of Donald Trump: an unexpected key to her self-empowerment. Raised in poverty and with a history of being sexually abused, the client's anger and frustration at Hillary Clinton's loss in the election led to an examination in therapy of the role of gender in her life and enabled her to strengthen her sense of agency in her world.
Rauch, Sheila A. M.; Yasinski, Carly W.; Post, Loren M.; Jovanovic, Tanja; Norrholm, Seth; Sherrill, Andrew M.; Michopoulos, Vasiliki; Maples-Keller, Jessica L.; Black, Kathryn;	2021	An intensive outpatient program with prolonged exposure for veterans with posttraumatic stress disorder: Retention, predictors, and patterns of change	Psychological Services		19-39-148X(15-41-1559(Print)	606–618	[Correction Notice: An Erratum for this article was reported online in Psychological Services on Feb 27 2023 (see record 2023-49919-001). In the original article, in the second sentence of the paragraph under “Baseline to Post-Treatment Change in Symptoms” in the Results section, changes were needed to match the information given in Table 3. The sentence “Posttreatment scores were not available for 11 of the 77 completers on the PCL-5 and one of the 77 completers on the PHQ-9 due to administrations error, so baseline to posttreatment change in PCL-5 was calculated based on 68 veterans and for the PHQ-9 on 76 patients” should have said “Posttreatment scores were not available for 9 of the 77 completers on the PCL-5 due to administrations error, so

<p>Zwiebach, Liza; Dunlop, Boadie W.; Loucks, Laura; Lannert, Brittany; Stojek, Monika; Watkins, Laura; Burton, Mark; Sprang, Kelsey; McSweeney, Lauren; Ragsdale, Katie; Rothbaum, Barbara O.</p>									<p>baseline to posttreatment change in PCL-5 was calculated based on 68 veterans. N = 77 for all other measures.” These changes do not alter the conclusions of this article. The online version of this article has been corrected.] High rates of drop-out from treatment of PTSD have challenged implementation. Care models that integrate PTSD focused psychotherapy and complementary interventions may provide benefit in retention and outcome. The first 80 veterans with chronic PTSD enrolled in a 2-week intensive outpatient program combining Prolonged Exposure (PE) and complementary interventions completed symptom and biological measures at baseline and posttreatment. We examined trajectories of symptom change, mediating and moderating effects of a range of patient characteristics. Of the 80 veterans, 77 completed (96.3%) treatment and pre- and posttreatment measures. Self-reported PTSD ($p < .001$), depression ($p < .001$) and neurological symptoms ($p < .001$) showed large reductions with treatment. For PTSD, 77% ($n = 59$) showed clinically significant reductions. Satisfaction with social function ($p < .001$) significantly increased. Black veterans and those with a primary military sexual trauma (MST) reported higher baseline severity than white or primary combat trauma veterans respectively but did not differ in their trajectories of treatment change. Greater cortisol response to the trauma potentiated startle paradigm at baseline predicted smaller reductions in PTSD over treatment while greater reductions in this response from baseline to post were associated with better outcomes. Intensive outpatient prolonged exposure combined with complementary interventions shows excellent retention and large, clinically significant reduction in PTSD and</p>
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							related symptoms in two weeks. This model of care is robust to complex presentations of patients with varying demographics and symptom presentations at baseline. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Rautalinko, Erik	2017	Directiveness in psychotherapy: A phenomenological-narrative study of therapist attitudes	Psychology and psychotherapy	90	4	600–616	<p>OBJECTIVES: This study of directiveness draws on the literature on patient-therapist matching, neutrality, and resistance. Our aim was to investigate how psychotherapists conceptualize directiveness as an attitude, with a focus on pantheoretical aspects of directiveness. DESIGN AND METHODS: Our data are narratives from 18 interviews with psychotherapists of different theoretical orientations (cognitive-behavioural, family-systems, humanistic-experiential, and psychodynamic), and from focus-group discussions with six other psychotherapists. RESULTS: The analysis yielded four general themes: expression of directiveness (behaviour, agency, structure), its presence (depending on phase of and goals for therapy), its positive and negative outcomes (for patients and therapists, respectively), and therapist awareness (initial and shifting, depending on theoretical orientation). CONCLUSIONS: Directiveness may be construed as an attitude. It supposedly increases via certain responses, but only a few of these are considered positive by therapists at large. Directiveness may be more present in early and late phases of therapy, and more warranted with patients that function poorly. There are both positive and negative outcomes of directiveness, but therapists are more prone to disclose the former. PRACTITIONER POINTS: Therapist directiveness supposedly increases via advice, questions, clarifications, steering to topics, goal setting, self-disclosure, and session management.</p>

						Directiveness is seen as more present in early and late phases of therapy. Directing is more warranted with patients who function poorly. Possible positive outcomes of directiveness are clarity, feeling of security, and saving time; negative outcomes are decrease of agency, increase of resistance, and less patient self-attribution of improvement. It is unlikely that therapists disclose adverse directive behaviours. Those who do, attribute them to psychotherapy structure if their attitudes are negative, and to personal choice if they are positive. This may hamper therapists managing their own level of directiveness.
Ravi, Meghna; Lathan, Emma C.; Wallace, Shimarith; Hinojosa, Cecilia A.; Jones, Dominique; Villalobos, Jamie; Karra, Sriya; Powers, Abigail; Michopoulos, Vasiliki	2023	Indirect effect of negative evaluations of therapy on the association between racial stress and posttraumatic stress disorder symptoms in pregnant Black persons	Psychological Trauma: Theory, Research, Practice, and Policy		No Paginat ion Specified -No Paginat ion Specified	Objective: Black pregnant individuals are at disproportionate risk for posttraumatic stress disorder (PTSD) compared to other groups. A wealth of literature suggests racial stress contributes to this inequity, but cultural and structural mechanisms, such as perceived barriers to mental health treatment, underlying the relationship between racial stress and PTSD symptoms remain understudied. Negative evaluations of psychotherapy and stigma represent potential mechanisms, though no previous studies have examined these associations. To address this gap, we tested an indirect effect of racial stress on PTSD symptoms through perceived barriers to mental health treatment in pregnant Black individuals. Method: Mediation analyses were used to assess an indirect relationship between racial stress and PTSD symptoms through perceived barriers to mental health treatment. Results: At the bivariate level, racial stress was significantly associated with PTSD symptoms ($r = .20, p = .03$) and negative evaluations of therapy ($r = .22, p = .02$), but not with stigma ($r = .140, p = .147$). Negative evaluations of therapy were also associated with

							PTSD symptoms ($r = .43$, $p SE = 0.04$, $CI [0.01, 0.18]$). More specifically, racial stress was associated with a more negative evaluation of therapy, which was in turn associated with more PTSD symptoms. Conclusions: Results highlight the need for accessible and culturally competent mental health care for pregnant Black individuals. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Ray, Colter D.; Veluscek, Alaina M.	2018	Nonsupport Versus Varying Levels of Person-Centered Emotional Support: a Study of Women with Breast Cancer	Journal of cancer education : the official journal of the American Association for Cancer Education	33	3	649–652	Social support studies often focus on psychological outcomes for the support recipient and also presume potential support providers who will attempt to provide support in the first place. Therefore, the negative relational outcomes associated with not receiving emotional support when support is expected (nonsupport) are an understudied topic. Instances of nonsupport were compared to various emotional support messages on relational and psychological outcomes to understand how nonsupport compares against support messages of varying quality. Two hundred twenty-four women with breast cancer were asked to think of a person expected to provide emotional support if they disclosed their diagnosis on social media. Participants were given either a hypothetical support message from this person or told the person provided no message even though a message was expected. Dunnett's t tests were used to analyze the nonsupport condition against low, moderate, and highly person-centered support messages. Providing no emotional support message (nonsupport) creates low levels of emotional improvement and high levels of negative relational ramifications similar to low person-centered messages. Moreover, only participants receiving the low person-centered message agreed on average they would rather

						<p>have received no message at all instead. Because low person-centered messages and saying nothing whatsoever both create negative relational ramifications, support providers should strive to communicate emotional support messages with at least a moderate amount of person-centeredness. These findings further suggest those who are expected to provide emotional support cannot dodge this obligation since nonsupport is shown to have negative relational outcomes to low person-centered support messages.</p>
<p>Ray, Dee C.; Purswell, Katherine; Haas, Sara; Aldrete, Cristal</p>	<p>2017</p>	<p>Child-Centered Play Therapy-Research Integrity Checklist: Development, reliability, and use</p>	<p>International Journal of Play Therapy</p>	<p>26</p>	<p>4</p>	<p>Treatment fidelity is a critical standard within the exploration of evidence-based treatment effectiveness. In order for experimental research studies to meet the rigor of evidence-base scrutiny, researchers are expected to address how and to what degree the experimental treatment was delivered in alignment with standard procedures for that treatment. Although child-centered play therapy (CCPT) can be delivered according to an established protocol, measures for adherence to such protocol have not been developed. The purpose of the current study was to develop a measure to determine adherence to treatment fidelity. Four experienced CCPT therapists reviewed literature and observed play therapy sessions facilitated by other experienced play therapists to confirm the validity of verbal CCPT procedures and establish interrater reliability on the created instrument. Results revealed a free marginal multirater kappa at .82 and an intraclass correlation coefficient (ICC) at .95 indicating strong consistency of raters and interrater reliability among raters for the Child-Centered Play Therapy-Research Integrity Checklist (CCPT-RIC). Additionally, verbal categories with the CCPT-RIC were</p>

							defined for the purposes of research coding. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Rayner, Gillian Clare; Bowling, Gosia; Bluff, Lisa; Wright, Karen; Ashworth-Lord, Anneliese; Laird, Catriona	2022	A multi-method evaluation of a compassion- focused cognitive behavioural psychotherapy group for people who self-harm	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	3	569–582	
Reed, Pamela G.	2017	Translating Nursing Philosophy for Practice and Healthcare Policy	Nursing science quarterly	30	3	260–261	This article introduces the feature article on policy implications of integrative nursing. It describes unitary ontology in nursing, highlighting the Rogerian view of holism. The importance of linking philosophy to practice policy is emphasized.
Reeves, Gloria M.; Wehring, Heidi J.; Connors, Kathleen M.; Bussell, Kristin; Schiffman, Jason; Medoff, Deborah R.; Tsuji, Thomas; Walker, Jane; Brown, Alicia; Strobeck, Danielle; Clough, Tammy; Rush, Caitlin B.;	2015	The Family Value of Information, Community Support, and Experience Study: Rationale, Design, and Methods of a "Family- Centered" Research Study	The Journal of nervous and mental disease	203	12	896–900	The Patient Protection and Affordable Care Act focuses on improving consumer engagement and patient-centered care. This article describes the design and rationale of a study targeting family engagement in pediatric mental health services. The study is a 90-day randomized trial of a telephone-delivered Family Navigator services versus usual care for parents of Medicaid-insured youth younger than 13 years with serious mental illness. Youth are identified through a pediatric antipsychotic medication preauthorization program. Family Navigators offer peer support to empower and engage parents in their child's recovery. Outcomes include parent report of empowerment, social support, satisfaction with child mental health services, and child functioning as well as claims-based measures of psychotherapy service utilization and antipsychotic

Riddle, Mark A.; Love, Raymond C.; Zachik, Albert; Hoagwood, Kimberly; Olin, S. Serene; Stephan, Sharon; Okuzawa, Nana; Edwards, Sarah; Baquet, Claudia; dosReis, Susan							medication dosage. The focus on "family-centered" care in this study is strongly supported by the active role of consumers in study design and implementation.
Reger, Greg M.; Norr, Aaron M.; Gramlich, Michael A.; Buchman, Jennifer M.	2021	Virtual Standardized Patients for Mental Health Education	Current psychiatry reports	23	9	57	PURPOSE OF REVIEW: The training of psychiatrists and other mental health professionals requires education on a range of interpersonal, communication, and psychotherapy techniques. Classroom and workshop training must be augmented by experiential learning with feedback for skill implementation with fidelity. Virtual standardized patients (VSPs) are computerized conversational agents that can support experiential learning through standardized, consequence-free training environments at reduced costs. RECENT FINDINGS: Research on mental health VSPs is rife with feasibility and acceptability pilot studies across various training populations and settings. Users have generally reported positive reactions to training with VSPs, though frustrations with some VSP speech recognition or VSP response relevance has been reported. Several studies have demonstrated a promising transfer of clinical skills from VSP training to human standardized patients and randomized trials supporting improved skill relative to

							reading or academic study are encouraging. As technology improves and natural language processing and accurate computer response generation for broad ranging conversational topics emerges, the field would benefit from research on the characteristics of effective VSPs for a range of purposes and trainee populations. Well-designed randomized evaluations of VSPs relative to best practices in education are needed, particularly regarding the impact of VSPs on clinical practice among actual patients.
Rego, Francisca; Rego, Guilhermina; Nunes, Rui	2020	Moral agency and spirituality in palliative care	Annals of palliative medicine	9	4	2286–2293	Moral agency is a prerequisite for a full autonomous decision, meaning that the agents have the intrinsic capacity to understand their actions and to be accountable for the consequences of these actions. Palliative care patients have the moral right to build their capacity to decide, so that they are truly empowered to make choices. However, moral and spiritual distress are common at the end-of-life, which may arise if there is a threat to the individual's integrity and disruption of one's belief system, consequently leading to the deterioration of the patient's moral agency. The aim of this paper is to determine if spirituality may be an important tool for the empowerment of palliative care patients and if moral agency can be enhanced by a diligent spiritual advocate. Spiritual awareness, self-knowledge, and specific training are key elements for the spiritual advocate to address patients' spiritual needs and distress in a neutral and non-directive way, to promote autonomy, well-being, and quality of life. Thus, patients' dignity and right for self-determination are respected, thereby supporting empowerment, reducing suffering, respecting patients' individuality, and engaging moral agency. Palliative care patients should be able to fully exercise their autonomy.

							This strategy might be very appealing for adequate advance care planning, whatever the choices of the patient, as well as to prevent distress, hopelessness, and the lack of meaning that many terminal patients experience.
Reichel, Ren; Gahleitner, Silke Birgitta	2019	Trauer ist nicht nur Trauer, und Trauma ist nicht nur Trauma - zum Umgang mit "gemischten Gefhlen"	Person	23	2	130-138	Auch bei normaler Trauer knnen zeitweise Symptome auftreten, die als sehr belastend wahrgenommen werden. Dies ist jedoch hufig eine kurzfristige Erscheinung. Trauer und Trauma sind also nicht zwangslufig miteinander verknpft, bilden jedoch eine beachtliche Schnittmenge. Hufig geht es dabei um die Gleichzeitigkeit mehrerer - auch sich widersprechender - Gefhle. In der Psychotherapie jedoch wird vorwiegend auf einzelne Emotionen Bezug genommen. Auch das Phnomen Trauer wird relativ eng umrissen. Im Mittelpunkt dieses Beitrags stehen daher die Fragen: Was bedeutet es, mit wechselhaften Gefhlsmischungen zu tun haben? Welche Schlussfolgerungen kann man fr professionelles Handeln in der Begleitung und Verarbeitung von Verlusterfahrungen daraus ableiten? Und wie unterstzt uns der personzentrierte Ansatz dabei?
Reidar Stiegler, Jan; Uleberg Vildalen, Victoria; Heggem, Tora; Båfjord Ismaili, Sara; Schanche, Elisabeth	2023	The effect of the two-chair dialogue intervention on self-compassion - adding an emotional evocative component to a basic Rogerian condition	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	2	349-358	

Reißig, Timm M.; Siveke, Jens T.	2021	Multimodal treatment of periampullary carcinoma	Der Chirurg; Zeitschrift für alle Gebiete der operativen Medizin	92	9	803–808	Ampullary carcinoma is a rare malignant neoplasm and arises in the region of Vater's ampulla. The differentiation from pancreatic and distal cholangiocarcinoma can be difficult. The prognosis is more favorable than for pancreatic ductal adenocarcinoma but recurrences are frequent. An exact diagnostic clarification and differentiation from pancreatic carcinoma is therefore essential. Although the resection of periampullary carcinoma is established, prospectively controlled studies on the role of multimodal treatment are rare. Adjuvant chemotherapy is oriented to the protocols for pancreatic carcinoma and could be of benefit in lymph node metastases, advanced T stage and low differentiation of tumors. Intestinal and pancreatobiliary subtypes can be differentiated histologically, which is relevant for systemic treatment strategies. Patients with pancreatobiliary differentiated tumors in particular could benefit from gemcitabine-based treatment but insufficient evidence exists for chemoradiotherapy. The role of neoadjuvant and perioperative treatment strategies is currently unclear. Molecular characterization can help to identify familial risk constellations and targeted treatment strategies for this rare tumor entity.
Rommel, Andreas	2016	Existenzielle Psychotherapie und Lebensbejahung durch Achtsamkeit, Selbstzuwendung und Selbstmitgefühl	Persönlichkeitsstörungen - Theorie und Therapie	20	2	91–101	Existenzielle Psychotherapie hat die Wirklichkeit und die Realität des ganzen Menschen im Blick. Ihr Zugang ist ein phänomenologischer und tiefenhermeneutischer. über die Symptomebene hinaus geht es um die biographische Gewordenheit und die existenziellen Grundfragen des Menschseins: um Lebensbejahung, Freiheit und Leiden. Diese Themen sind in der therapeutischen Arbeit mit Patienten mit emotional-instabilen Persönlichkeitsstörungen und schwerwiegenden traumatisierenden Erfahrungen von besonderer

							<p>Bedeutung. Eine therapeutische Beziehung, die authentisch Grundwerte und Grundhaltungen verkörpert und über die Symptomebene hinaus offen und klar existenzielle Themen adressiert, kann in der Arbeit mit diesen Patienten hilfreich sein. Es geht im Kern um die Lebensbejahung der Betroffenen, um ihre "Offenheit für das Sein". Die Kultivierung von Achtsamkeit, Selbstzuwendung und Selbstmitgefühl, oder in der abendländischen Tradition Gewahrsein, "Berührtheit", Selbst- und Nächstenliebe, kann dabei ein wichtiges Fundament sein und ist einer der wichtigsten Zugänge einer existenziellen Psychotherapie zum Menschen mit Persönlichkeitsstörungen und posttraumatischen Belastungsstörungen.</p>
Remmers, Carina; Zürn, Michael; Anoschin, Albert; Topolinski, Sascha; Zimmermann, Johannes	2023	Intuition and meaning in life in persons with varying level of depressive symptoms and impairments in personality functioning	Journal of clinical psychology	79	5	1398–1419	<p>OBJECTIVES: The current research explored the interplay between intuition, meaning in life, and psychopathology. Specifically, we investigated whether experiential and reflective components of meaning in life are associated with depressive symptoms and personality pathology, whether intuition is related to the experience of meaning, and whether psychopathology has disruptive effects on intuition as well as on the link between intuition and the experience of meaning. METHODS: We tested our preregistered hypotheses in two independent studies. In Study 1, N = 448 participants completed self-report instruments assessing the experiential and the reflective dimensions of meaning in life, depressive symptoms, and impairments in personality functioning. Intuition was operationalized as the ability to intuitively detect semantic coherence in an experimental task. Additionally, self-reported confidence in intuition was assessed. In Study 2, we aimed to replicate our findings and hypotheses that emerged from Study 1 with a new</p>

							sample of N = 1189 participants. RESULTS: In both studies, participants with more depressive symptoms or higher levels of personality pathology experienced life as less meaningful but reflected significantly more about meaning in life. The intuitive ability to discriminate between coherence and incoherence in the experimental task was neither related to the experience of meaning in life nor to psychopathology, but more confidence in intuition was associated with experiencing life as more meaningful and with less psychopathological symptoms. It was tentatively supported that the association between meaning in life and intuition was moderated by psychopathology. CONCLUSION: The findings are discussed in terms of their clinical implications and regarding the cognitive-affective processes potentially underlying people's experience of life being meaningful.
Renger, Andreas	2018	Das Mentalisierungskonzept: Was können Therapeuten und Berater aus einer sicheren Eltern-Kind-Bindung für ihre Arbeit lernen?	Gesprächspsychotherapie und Personenzentrierte Beratung	49	3	140–144	Das Mentalisierungskonzept wird als gewinnbringende Ergänzung für Theorie und Praxis des personenzentrierten Ansatzes dargelegt. Nach einer Zusammenfassung der Kernaspekte des Mentalisierens werden Anknüpfungspunkte zu zwei Bereichen errtert: Erstens wird das Konzept des Mentalisierens als tragfähige Grundlage für eine personenzentrierte Theorie zur Entwicklung des Selbst präsentiert. Zweitens werden inadäquate Spiegelungen zwischen den primären Bezugspersonen und dem Kind als Erklärungsmodell für psychische Strungen herangezogen.
Renger, Andreas	2021	"Der Partner mit den geringeren Bedürfnissen sitzt am längeren Hebel". Personenzentrierte	Gesprächspsychotherapie und Personenzentrierte Beratung	52	1	6–9	Anhand eines Fallbeispiels werden Schwerpunkte eines personenzentrierten Ansatzes in der Paartherapie dargestellt. Dabei werden besondere Bedingungen der Paartherapie beleuchtet, die ein Abweichen vom Vorgehen in der Einzeltherapie erfordern.

		Paartherapie in der Praxis					
Renger, Andreas; Winter, Elena	2019	"Viele sind von einem Idealbild berfordert"	Gesprchspsych otherapie und Personzentrierte Beratung	50	1	6-7	Familien und Paare sind besondere Zielgruppen in Therapie und Beratung. Sie bringen Beziehungsmuster mit, die oft ber Jahre entstanden sind und sich vermeintlich "bewhrt" haben. Der Psychotherapeut Andreas Renger hat in seiner Praxis in Bonn tglich mit Familien und Paaren zu tun. In einem von E. Winter mit ihm gefhrten Interview spricht er ber die Herausforderungen seiner Arbeit sowie darber, welchen Nutzen der Personzentrierte Ansatz fr ihn und seine Klientinnen und Klienten hat.
Renn, Brenna N.; Areán, Patricia A.	2017	Psychosocial Treatment Options for Major Depressive Disorder in Older Adults	Current treatment options in psychiatry	4	1	1-12	Late-life depression (LLD) is a public health concern with deleterious effects on overall health, cognition, quality of life, and mortality. Although LLD is relatively common, it is not a normal part of aging and is often under-recognized in older adults. However, psychotherapy is an effective treatment for LLD that aligns with many patients' preferences and can improve health and functioning. This review synthesized the current literature on evidence-based psychotherapies for the treatment of depression in older adults. Findings suggest that active, skills-based psychotherapies (cognitive behavioral therapy [CBT] and problem-solving therapy [PST]) may be more effective for LLD than non-directive, supportive counseling. PST may be particularly relevant for offsetting skill deficit associated with LLD, such as in instances of cognitive impairment (especially executive dysfunction) and disability. Emerging treatments also consider contextual factors to improve treatment delivery, such as personalized care, access, and poverty. Tele-mental health represents one such exciting new way of improving access and uptake of treatment by older adults. Although

							these strategies hold promise, further investigation via randomized controlled trials and comparative effectiveness are necessary to advance our treatment of LLD. Priority should be given to recruiting and training the geriatric mental health workforce to deliver evidence-based psychosocial interventions for LLD.
Rennick, Abigail; Papastavrou Brooks, Cat; Singh Basra, Randeep; Startup, Helen; Lavender, Tony; Oldershaw, Anna	2024	Acceptability of Specialist Psychotherapy with Emotion for Anorexia in Kent and Sussex (SPEAKS): A novel intervention for anorexia nervosa	The International journal of eating disorders				<p>OBJECTIVE Investigate the acceptability of Specialist Psychotherapy with Emotion for Anorexia in Kent and Sussex (SPEAKS), a novel intervention for anorexia nervosa (AN), conducted as a feasibility trial to provide an initial test of the intervention.</p> <p>METHODS SPEAKS therapy lasting 9-12 months was provided to 34 people with AN or atypical AN by eight specialist eating disorder therapists trained in the model across two NHS Trusts in the UK (Kent and Sussex) during a feasibility trial. All participants were offered a post-therapy interview; sixteen patients and six therapists agreed. All patient participants were adult females. Interviews were semi-structured and asked questions around individuals' experience of SPEAKS, the acceptability of the intervention and of the research methods. Interviews were analyzed using thematic analysis.</p> <p>RESULTS Key areas explored in line with research questions led to 5 overarching themes and 14 subthemes: (1) shift in treatment focus and experience, (2) balancing resources and treatment outcomes, (3) navigating the online treatment environment, (4) therapist adaptation and professional development, and (5) research processes.</p> <p>DISCUSSION SPEAKS was found to be an acceptable intervention for</p>

							<p>treating AN from the perspective of patients and therapists. The findings provide strong support for delivery of a larger scale randomized control trial. Recommendations for future improvements, particularly pertaining to therapist understanding of the treatment model are detailed, alongside broader clinical implications.</p> <p>PUBLIC SIGNIFICANCE</p> <p>We aimed to evaluate the acceptability of a new anorexia nervosa treatment called SPEAKS. Interviews were conducted with patients and therapists involved in the pilot study and responses were analyzed. Results showed that both patients and therapists found SPEAKS to be an acceptable treatment for anorexia nervosa. The study suggests that SPEAKS meets the criteria for moving forward with a larger trial to assess its effectiveness.</p>
Resnick, Barbara; Kolanowski, Ann; van Haitsma, Kimberly; Galik, Elizabeth; Boltz, Marie; Ellis, Jeanette; Behrens, Liza; Eshraghi, Karen; Viviano, Nicole; Madrigal, Caroline	2020	Reliability and Validity of the Knowledge of Person-Centered Behavioral Approaches for BPSD Test	Journal of nursing measurement	28	3	472-488	<p>BACKGROUND AND PURPOSE: The purpose of this study was to test the reliability and validity of the Knowledge of Person-Centered Behavioral Approaches for BPSD based on a Rasch analysis. METHODS: This study used baseline data from the Implementation of the Evidence Integration Triangle for Behavioral and Psychological Symptoms of Dementia (EIT-4-BPSD) clinical trial. RESULTS: A total 1,071 nurses completed the test. There was evidence of reliability (alpha coefficient of .99), construct validity with INFIT and OUTFIT statistics in the .6 to 1.4 range, and hypothesis testing with a significant correlation between the Knowledge of Person-Centered Behavioral Approaches for BPSD and positive care interactions. CONCLUSIONS: Future use of the measure should include more challenging items to differentiate those very high in knowledge of person-centered behavioral approaches for BPSD.</p>

<p>Reyes-Ortega, Michel A.; Miranda, Edgar M.; Fresán, Ana; Vargas, Angélica N.; Barragán, Sandra C.; Robles García, Rebeca; Arango, Iván</p>	<p>2020</p>	<p>Clinical efficacy of a combined acceptance and commitment therapy, dialectical behavioural therapy, and functional analytic psychotherapy intervention in patients with borderline personality disorder</p>	<p>Psychology and psychotherapy</p>	<p>93</p>	<p>3</p>	<p>474–489</p>	<p>OBJECTIVE Borderline personality disorder (BPD) consists of a persistent pattern of instability in affective regulation, impulse control, interpersonal relationships, and self-image. Although certain forms of psychotherapy are effective, their effects are small to moderate. One of the strategies that have been proposed to improve interventions involves integrating the therapeutic elements of different psychotherapy modalities from a contextual behavioural perspective (ACT, DBT, and FAP).</p> <p>METHODS Patients (n = 65) attending the BPD Clinic of the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz in Mexico City who agreed to participate in the study were assigned to an ACT group (n = 22), a DBT group (n = 20), or a combined ACT + DBT + FAP therapy group (n = 23). Patients were assessed at baseline and after therapeutic trial on measures of BPD symptom severity, emotion dysregulation, experiential avoidance, attachment, control over experiences, and awareness of stimuli.</p> <p>RESULTS ANOVA analyses showed no differences between the three therapeutic groups in baseline measures. Results of the MANOVA model showed significant differences in most dependent measures over time but not between therapeutic groups.</p> <p>CONCLUSIONS Three modalities of brief, contextual behavioural therapy proved to be useful in decreasing BPD symptom severity and emotional dysregulation, as well as negative interpersonal attachment. These changes were related to the reduction of experiential avoidance and the acquisition of mindfulness skills in all treatment groups,</p>
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						<p>which may explain why no differences between the three different intervention modalities were observed.</p> <p>PRACTITIONER POINTS</p> <p>Brief adaptations of acceptance and commitment therapy and dialectical behavioural therapy are effective interventions for BPD patients, in combined or isolated modalities, and with or without the inclusion of functional analytic psychotherapy. The reduction of experiential avoidance and the acquisition of mindfulness skills are related with the diminution of BPD symptoms severity, including emotional dysregulation and negative interpersonal attachment.</p>
<p>Reyes-Portillo, Jazmin A.; McGlinchey, Eleanor L.; Yanes-Lukin, Paula K.; Turner, J. Blake; Mufson, Laura</p>		<p>Mediators of interpersonal psychotherapy for depressed adolescents on outcomes in Latinos: The role of peer and family interpersonal functioning</p>	<p>Journal of Latina/o Psychology</p>	<p>5</p>	<p>4</p>	<p>Peer and family interpersonal functioning were examined as mediators of the impact of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A; Mufson, Dorta, Moreau, & Weissman, 2004) on depression and suicidal ideation among Latino youth. Only youth self-identifying as Latino (n = 50) were included in the analyses. The majority were female (86%) with a mean age of 14.58 (SD = 1.91). The current sample was drawn from the intent to treat sample of a clinical trial examining the effectiveness of IPT-A as compared with treatment as usual (TAU; Mufson, Dorta, Wickramaratne et al., 2004). Youth were randomly assigned to receive IPT-A or TAU delivered by school-based mental health clinicians. Assessments, completed at baseline and at Weeks 4, 8, and 12 (or at early termination), included self-report measures of depression and interpersonal functioning as well as clinician-administered measures of depression. Multilevel modeling indicated that IPT-A led to greater improvement in interpersonal functioning with family and peers. Improved family and peer interpersonal</p>

							functioning emerged as significant partial mediators of the relationship between IPT-A and depression. Only improved family interpersonal functioning emerged as a significant partial mediator of the relationship between IPT-A and suicidal ideation. However, this indirect effect was small, suggesting that most of the benefit of IPT-A for suicidal ideation appears to proceed through a pathway other than family interpersonal functioning. These results suggest that the impact of IPT-A on depressive symptoms is partially mediated by family and peer interpersonal functioning and contributes to our understanding of the mechanisms of IPT-A. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Ribeiro, Eugnia; Cunha, Carla; Teixeira, Ana Sofia; Stiles, William B.; Pires, Nuno; Santos, Beatriz; Basto, Isabel; Salgado, Joo	2016	Therapeutic collaboration and the assimilation of problematic experiences in emotion-focused therapy for depression: Comparison of two cases	Psychotherapy research: journal of the Society for Psychotherapy Research	26	6	665–680	The Assimilation model argues that therapists should work responsively within the client's therapeutic zone of proximal development (TZPD). This study analyzed the association between the collaborative processes assessed by the Therapeutic Collaboration Coding System (TCCS) and advances in assimilation, as assessed by the Assimilation of Problematic Experiences Scale (APES). Sessions 1, 4, 8, 12, and 16 of two contrasting cases, Julia and Afonso (pseudonyms), drawn from a clinical trial of 16-sessions emotion-focused therapy (EFT) for depression, were coded according to the APES and the TCCS. Julia met criteria for reliable and clinically significant improvement, whereas Afonso did not. As expected, Julia advanced farther along the APES than did Afonso. Both therapists worked mainly within their client's TZPD. However, Julia's therapist used a balance of supporting and challenging interventions, whereas Afonso's therapist used mainly supporting interventions. Setbacks were common in both cases. This study supports the theoretical expectation that EFT

							therapists work mainly within their client's TZPD. Therapeutic exchanges involving challenging interventions may foster client change if they occur in an overall climate of safety.
Richards, David A.; Ekers, David; McMillan, Dean; Taylor, Rod S.; Byford, Sarah; Warren, Fiona C.; Barrett, Barbara; Farrand, Paul A.; Gilbody, Simon; Kuyken, Willem; O'Mahen, Heather; Watkins, Ed R.; Wright, Kim A.; Hollon, Steven D.; Reed, Nigel; Rhodes, Shelley; Fletcher, Emily; Finning, Katie	2016	Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression (COBRA): a randomised, controlled, non-inferiority trial	Lancet (London, England)	388	10 04 7	871–880	<p>BACKGROUND: Depression is a common, debilitating, and costly disorder. Many patients request psychological therapy, but the best-evidenced therapy-cognitive behavioural therapy (CBT)-is complex and costly. A simpler therapy-behavioural activation (BA)-might be as effective and cheaper than is CBT. We aimed to establish the clinical efficacy and cost-effectiveness of BA compared with CBT for adults with depression.</p> <p>METHODS: In this randomised, controlled, non-inferiority trial, we recruited adults aged 18 years or older meeting Diagnostic and Statistical Manual of Mental Disorders IV criteria for major depressive disorder from primary care and psychological therapy services in Devon, Durham, and Leeds (UK). We excluded people who were receiving psychological therapy, were alcohol or drug dependent, were acutely suicidal or had attempted suicide in the previous 2 months, or were cognitively impaired, or who had bipolar disorder or psychosis or psychotic symptoms. We randomly assigned participants (1:1) remotely using computer-generated allocation (minimisation used; stratified by depression severity [Patient Health Questionnaire 9 (PHQ-9) score of <19 vs ≥19], antidepressant use, and recruitment site) to BA from junior mental health workers or CBT from psychological therapists. Randomisation done at the Peninsula Clinical Trials Unit was concealed from investigators. Treatment was given open label, but outcome assessors were masked. The primary outcome was depression symptoms according to the PHQ-9 at 12 months. We analysed all</p>

						<p>those who were randomly allocated and had complete data (modified intention to treat [mITT]) and also all those who were randomly allocated, had complete data, and received at least eight treatment sessions (per protocol [PP]). We analysed safety in the mITT population. The non-inferiority margin was 1.9 PHQ-9 points. This trial is registered with the ISCRTN registry, number ISRCTN27473954. FINDINGS: Between Sept 26, 2012, and April 3, 2014, we randomly allocated 221 (50%) participants to BA and 219 (50%) to CBT. 175 (79%) participants were assessable for the primary outcome in the mITT population in the BA group compared with 189 (86%) in the CBT group, whereas 135 (61%) were assessable in the PP population in the BA group compared with 151 (69%) in the CBT group. BA was non-inferior to CBT (mITT: CBT 8.4 PHQ-9 points [SD 7.5], BA 8.4 PHQ-9 points [7.0], mean difference 0.1 PHQ-9 points [95% CI -1.3 to 1.5], p=0.89; PP: CBT 7.9 PHQ-9 points [7.3]; BA 7.8 [6.5], mean difference 0.0 PHQ-9 points [-1.5 to 1.6], p=0.99). Two (1%) non-trial-related deaths (one [1%] multidrug toxicity in the BA group and one [1%] cancer in the CBT group) and 15 depression-related, but not treatment-related, serious adverse events (three in the BA group and 12 in the CBT group) occurred in three [2%] participants in the BA group (two [1%] patients who overdosed and one [1%] who self-harmed) and eight (4%) participants in the CBT group (seven [4%] who overdosed and one [1%] who self-harmed). INTERPRETATION: We found that BA, a simpler psychological treatment than CBT, can be delivered by junior mental health workers with less intensive and costly training, with no lesser effect than CBT. Effective psychological therapy for depression can be delivered without the need for costly</p>
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							and highly trained professionals. FUNDING: National Institute for Health Research.
Richards, Lauren K.; Shingleton, Rebecca M.; Goldman, Rachel; Siegel, Deborah; Thompson-Brenner, Heather	2016	Integrative dynamic therapy for bulimia nervosa: An evidence-based case study	Psychotherapy	53	2	195–205	Both cognitive-behavioral therapy (CBT) and psychodynamic psychotherapy are commonly used to treat eating disorders. To further investigate the effectiveness of integrative dynamic therapy (IDT) for bulimia nervosa (BN), our research group undertook a randomized, controlled pilot study comparing IDT with CBT for BN. The case described here was selected from a sample of N = 38 female patients with the symptoms of BN who enrolled in the study. IDT incorporated aspects of the first 4-week stage of CBT, including psychoeducation, self-monitoring, and regular eating. Subsequently, the treatment focused on emotional expression, emotion regulation (defenses), intrapsychic conflict, and interpersonal relationships. The objectives of the report are to demonstrate the effectiveness of an integrative approach to the treatment of eating disorders to address the symptoms of BN and personality issues using pre-, mid-, and posttreatment data, and to illustrate the patient and clinician reactions to each approach to treatment using excerpts from session transcripts and alliance data. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Richards, Penelope; Simpson, Susan; Bastiampillai, Tarun; Pietrabissa, Giada;	2018	The impact of technology on therapeutic alliance and engagement in psychotherapy: The therapist's perspective	Clinical Psychologist	22	2	171–181	

Castelnuovo, Gianluca							
Richie, Fallon J.; Langhinrichsen-Rohling, Jennifer; Kaniuka, Andréa; Wilsey, Corrine N.; Mennicke, Annelise; Harris, Yu-Jay; Sullivan, Sharon; Gray, Glori; Cramer, Robert J.		Mental health services for all: Factors influencing desire for mental health services among underresourced adults during COVID-19	Psychological Services	20	1		The coronavirus disease (COVID-19) pandemic has substantially impacted psychological health in the U.S and has disproportionately impacted underresourced individuals. Despite the higher need for mental health services during this time, service availability and access were disrupted due to increased demand, social distancing recommendations, and stay-at-home orders. Thus, it is crucial to understand factors that predict the desire for psychological services for underresourced individuals. The present study examined factors at multiple levels of Bronfenbrenner's socioecological model (Bronfenbrenner, 1994) to determine which factors best predicted the desire for mental health services including individual, group, in-person, and online services. The sample consisted of 155 underresourced adults in North Carolina. Participants completed an online survey of mental health symptoms, coping strategies, COVID-19 related stressors, and provided demographic information including ZIP code, which was used to classify urban-central and urban-outlying dwellers. Results from univariate general linear models demonstrated that depression symptoms, venting as a coping strategy, COVID-related stress, and living in more rural regions were all significant predictors of the desire for psychological services. Venting as a predictor of the desire for services may signify a general misunderstanding regarding the purpose of psychotherapy as well as the need for individuals to gain social support and connectedness during a pandemic. This study helps to clarify individual-level and contextual factors that impact the desire for psychological services

							during a global pandemic. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Rickardsson, Jenny; Gentili, Charlotte; Holmström, Linda; Zetterqvist, Vendela; Andersson, Erik; Persson, Jan; Lekander, Mats; Ljótsson, Brjánn; Wicksell, Rikard K.	2021	Internet-delivered acceptance and commitment therapy as microlearning for chronic pain: A randomized controlled trial with 1-year follow-up	European journal of pain (London, England)	25	5	1012–1030	<p>BACKGROUND: Studies of Internet-delivered acceptance and commitment therapy (ACT) for chronic pain have shown small to moderate positive effects for pain interference and pain acceptance. Effects on pain intensity, depression, anxiety and quality of life (QoL) have been less favourable, and improvements for values and sleep are lacking. In this randomized controlled trial iACT - a novel format of Internet-ACT using daily microlearning exercises - was examined for efficacy compared to a waitlist condition. METHODS: Adult participants (mean age 49.5 years, pain duration 18.1 years) with diverse chronic pain conditions were recruited via self-referral, and randomized to iACT (n = 57) or waitlist (n = 56). The primary outcome was pain interference. The secondary outcomes were QoL, depression, anxiety, insomnia and pain intensity. The process variables included psychological inflexibility and values. Post-assessments were completed by 88% (n = 100) of participants. Twelve-month follow-up assessments were completed by 65% (iACT only, n = 37). Treatment efficacy was analysed using linear mixed models and an intention-to-treat-approach. RESULTS: Significant improvements in favour of iACT were seen for pain interference, depression, anxiety, pain intensity and insomnia, as well as process variables psychological inflexibility and values. Between-group effect sizes were large for pain interference (d = 0.99) and pain intensity (d = 1.2), moderate for anxiety and depressive symptoms and small for QoL and insomnia. For the process variables, the between-group effect size was large for psychological inflexibility (d = 1.0) and moderate for</p>

							values. All improvements were maintained at 1-year follow-up. CONCLUSIONS: Internet-ACT as microlearning may improve a broad range of outcomes in chronic pain. SIGNIFICANCE: The study evaluates a novel behavioral treatment with positive results on pain interference, mood as well as pain intensity for longtime chronic pain sufferers. The innovative format of a digital ACT intervention delivered in short and experiential daily learnings may be a promising way forward.
Ricken, Petra	2018	Supervision in der Begleitung von Ehrenamtlichen in der Flüchtlingshilfe	Gesprächspsychotherapie und Personenzentrierte Beratung	49	2	81–85	Entworfen wird ein Supervisionskonzept für Ehrenamtliche in der Flüchtlingshilfe. Nach Darstellung charakteristischer Merkmale von ehrenamtlich engagierten Personen in der Flüchtlingshilfe wird auf das Fehlen von organisationalen Strukturen und Unterstützungsprogrammen in diesem Bereich hingewiesen. Aufbauend auf einem Ansatz von Greenpeace zum Ehrenamtsmanagement und Forderungen der Deutschen Gesellschaft für Supervision und Coaching wird ein Unterstützungsmodell für ehrenamtliche Flüchtlingshelfer skizziert. Dies umfasst die Koordination und Qualifikation der Freiwilligen sowie eine Supervision im Einzel- und Gruppensetting basierend auf einem personenzentrierten Ansatz.
Rief, Winfried; Kopp, Melina; Awarzamani, Roya; Weise, Cornelia	2022	Selected trends in psychotherapy research: An index analysis of RCTs	Clinical Psychology in Europe, 2022				Background: We wanted to analyze trends in psychotherapy research during the last decade. We used published randomized clinical trials (RCTs) that are cited in Web of Science (WoS) as an index for these activities. Method: We searched for RCTs published between the years 2010 and 2019. Search criteria included cognitive-behavioral treatments (CBT), e-mental health, Acceptance and Commitment Therapy (ACT), psychodynamic treatments, interpersonal therapy (IPT), schema therapy, systemic therapy, mindfulness treatments, and emotion-focused therapy (EFT). The

							<p>numbers of publications for each treatment approach were accumulated for 5-year blocks (2010 to 2014; 2015 to 2019). Results: The search revealed 4,523 hits for the selected treatment options, of which 1,605 were finally included in the analysis. There was a continuous increase in published RCTs, with 68% more trials during the second five-year block. CBT (68%) and eHealth interventions (18%) show an increase in the number of studies, but there were no significant changes in its percentage in relation to all published RCTs. The next frequent treatments were ACT (4%), psychodynamic treatments (2%), IPT (2%), and mindfulness interventions (2%). We found a significant increase of the percentage of mindfulness ($p = .008$) and a significant decrease of the percentage of psychodynamic treatments ($p = .02$). Systemic (1.1%), emotion-focused (0.7%) and schema therapy (0.6%) represented smaller parts of published RCTs. Conclusion: A continuous increase of published RCTs underlines an active field of research on psychological interventions. Third wave treatments such as mindfulness increased their representation in research, while the part of psychodynamic treatments decreased.</p>
Riffel, Romy M.; Göbel, Andy; Rachner, Tilman D.	2022	Bone Metastases: From Mechanisms to Treatment	Seminars in oncology nursing	38	2	151277	<p>OBJECTIVES: Bone metastases are of high clinical relevance because they are a frequent complication of most types of common cancers, such as breast and prostate. The metastatic process is complex, requiring the completion of several different steps to allow successful dissemination and homing. In addition, preparation of the metastatic niche changes the constant cycle of bone matrix formation and degradation, leading to the clinical phenotypes of lytic and sclerotic lesions. We review our current knowledge on this topic and briefly</p>

							<p>explain the current treatment landscape of bone metastasis. DATA SOURCES: These include PubMed, international guidelines, and clinician experience. CONCLUSION: Bone metastases remain a clinical challenge that negatively impacts patients prognosis and quality of life. A comprehensive understanding of the complex molecular mechanisms that results in bone metastasis is the basis for successful treatment of affected patients. The disruption of bone matrix metabolism is already recognized as the prerequisite for metastasis formation, but many open questions remain that need to be addressed in future research to establish individually tailored treatment approaches. IMPLICATIONS FOR NURSING PRACTICE: Patient-centered therapy of bone metastases requires suitable pharmacological options, and importantly a holistic approach in care delivery across the multidisciplinary team. Nurses provide the cornerstone of the multidisciplinary team and provide the closest and the most frequent contact to the patient and their families to provide timely intervention. Nurses require a basic understanding of the complex physiology of metastasis to inform practice.</p>
Ritz, Paula	2017	Focusing mit traumatisierten PatientInnen in der Personzentrierten Psychotherapie	Person	21	2	132-140	<p>Ein Überblick zu Focusing mit traumatisierten Patientinnen und Patienten in der Personzentrierten Psychotherapie wird gegeben. Nachdem zunächst verschiedene Arten psychischer Traumata beschrieben wurden, wird das Focusing als Landkarte in der Traumatherapie in den Mittelpunkt gestellt. Dabei wird betont, dass der heilsamste Aspekt in der Traumatherapie die Hilfestellung für den Klienten ist, wieder in Kontakt mit sich und zu anderen zu treten sowie Bindungen einzugehen und wieder dazuzugehen. Ein wichtiges Prinzip in der</p>

							Traumatherapie wird darin gesehen, dass weder regressiv noch kathartisch, sondern gegenwartsbezogen, ressourcenorientiert und mit der Empfindungsebene gearbeitet wird. Psychoedukation und Leading werden als wichtig und ntig in der Therapie mit traumatisierten Menschen erachtet, um nicht retraumatisierend zu wirken. Abschlieend wird auf die radikal akzeptierende therapeutische Grundhaltung in der Traumatherapie eingegangen.
Ritzenhoff, Andreas	2018	Personzentrierte Perspektiven in der Trennungs- und Scheidungsberatung	Gesprchspsychotherapie und Personzentrierte Beratung	49	3	149-152	Berichtet wird ber die Ergebnisse eines Workshops im Rahmen des GwG-Jahreskongresses 2018 zur personenzentrierten Trennungsberatung von Eltern mit Kindern. Als zentrale Themen der Beratung werden Konflikte in Bezug auf die Ausgestaltung der Umgangsregelung, Fragen zu Erziehung und Gesundheitssorge sowie der Kommunikation auf Elternebene genannt. Zunchst wird ber die psychische Situation von Eltern nach einer Trennung reflektiert und die Anwendbarkeit der von Rogers formulierten Bedingungen fr den psychotherapeutischen Prozess auf die Trennungsberatung aufgezeigt. Anhand eines Fallbeispieles werden im Anschluss Fallstricke und Mglichkeiten im Hinblick auf die Gestaltung der Beratungsbeziehung diskutiert und Empfehlungen fr gelingende Beratungsprozesse gegeben.
Ritzenhoff, Andreas	2019	Personzentrierte Trennungs- und Scheidungsberatung: Theorie und Intervention	Gesprchspsychotherapie und Personzentrierte Beratung	50	1	8-14	Beschrieben werden Aspekte der psychischen Situation von Eltern nach Trennung, wenn sie - eigenmotiviert oder auch gerichtsverwiesen - in die Beratung kommen. Eine personenzentrierte Haltung in diesem Kontext lsst sich aus den von Rogers formulierten Bedingungen fr den psychotherapeutischen Prozess ableiten; angepasst an das Niveau der aktuellen Konflikthaftigkeit und Erregung bentigen Eltern ein wertschzendes Beziehungsangebot

							im Rahmen eines klar strukturierten Beratungssettings, um zu konstruktiven Vereinbarungen kommen zu können.
Ritzenhoff, Andreas; Winter, Elena	2018	"Die tatsächliche Qualität unserer Arbeit können wir nur prozessorientiert beurteilen"	Gesprächspsychotherapie und Personzentrierte Beratung	49	4	190	Im Rahmen eines Interviews mit dem psychologischen Psychotherapeuten Andreas Ritzenhoff werden Qualitätskriterien für die personzentrierte Psychotherapie dargestellt und diskutiert. Besonders herausgestellt werden hierbei Strukturmerkmale, kontinuierliche Fort- und Weiterbildung, Leitlinien sowie eine prozessbegleitende Erhebung der psychotherapeutischen Beziehung.
Rizvi, Shireen L.; Hughes, Christopher D.; Thomas, Marget C.	2016	The DBT Coach mobile application as an adjunct to treatment for suicidal and self-injuring individuals with borderline personality disorder: A preliminary evaluation and challenges to client utilization	Psychological Services	13	4	380–388	Acquisition and generalization of specific behavioral skills is a key component of dialectical behavior therapy (DBT) for individuals with borderline personality disorder (BPD). We examined the feasibility, acceptability, usability, and immediate effects of the DBT Coach, a mobile phone application (app) designed specifically to augment skills generalization through interactive coaching in DBT skills. In this pilot study, we provided the DBT Coach installed on a mobile device as an adjunct to 6 months of standard DBT, among a sample of 16 individuals with BPD and a recent history of attempted suicide and/or nonsuicidal self-injury (NSSI). Results indicate good acceptability and usability of the DBT Coach with considerable between-person variability in the frequency of app use and a median use of only 11.5 times over the course of treatment and a 3-month follow-up period. Using a hierarchical linear modeling approach, analyses indicated the DBT Coach reduced subjective distress and urges to self-harm following app use. However, use of the DBT Coach was not related to any treatment outcomes, except for reductions in NSSI. This study is the first to examine the use of mobile technology as an adjunct in DBT and highlights some potential challenges in

							incorporating apps into treatment. Implications for future research and clinical utility are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Rober, Peter	2017	Addressing the Person of the Therapist in Supervision: The Therapist's Inner Conversation Method	Family process	56	2	487-500	In this study a method of retrospective case supervision is presented aimed at helping the supervisee to become a better self-supervisor. The method pays special attention to the therapist's self-reflection and has the therapist's inner conversation as a central concept. The starting point of the method is an assignment in which the supervisee reflects on a case using a tape-assisted recall procedure. The method helps trainees to develop experiential expertise to become more flexible and effective therapists. A case example of one training group of novice family therapists illustrates the use of the method.
Roberson, Patricia N. E.; Lenger, Katherine A.; Gray, Tatiana; Cordova, James; Gordon, Kristina Coop	2020	Dyadic latent profile analyses and multilevel modeling to examine differential response to couple relationship education	Journal of Family Psychology	34	7		There are mixed evaluations of couple relationship education indicating that these types of interventions may be more or less effective depending on the couple type and demographic differences. However, this ambiguity requires more investigation with advanced statistical analyses that use a person-centered approach such as mixture modeling. We tested this hypothesis with a sample of different-sex couples (N = 455 couples) who participated in a brief in-home couple intervention. We used dyadic latent profile analysis to determine possible relationship health typologies (RHTs) of presenting couples and multilevel models to examine differential intervention effectiveness between these RHTs. Results indicated there were 3 RHT: Partners Below Average with Wife Much Lower RHT (18%), Partners Below Average with Men Slightly Lower RHT (26%), and Partner Both Above Average RHT, (56%). RHTs did not differ by demographics. Below Average and Wife Lower RHTs responded the best

							to the brief couple intervention. In sum, we find that a brief intervention that targets the specific concerns of the couples may improve outcomes for multiple RHT. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Roberts, Brady R. T.; Trossman, Rebecca	2023	Face processing in ADHD: A review of the N170 event-related potential	Canadian Journal of Experimental Psychology / Revue canadienne de psychologie expérimentale			No Paginat ion Specified -No Paginat ion Specified	Attention-deficit hyperactivity disorder (ADHD) is associated with deficits in social functioning, including peer difficulties and poor relationship quality. Little is known, however, about the integrity of foundational sociocognitive abilities that support interpersonal interactions in ADHD. Face processing—a fundamental component of social cognition—has been a popular topic of recent investigations in this area. Researchers have attempted to delineate face processing mechanisms in ADHD to elucidate social deficits often seen in the disorder. Investigating the N170 event-related potential, a neural marker of face processing, has been a popular approach in this endeavour. Here, we present two accounts that offer competing views of how social deficits might arise in those with ADHD. Next, we systematically review and synthesise the literature on the N170 in ADHD to identify whether atypicalities in sociocognitive domains like face processing occur in this patient population. Gaps in the literature are identified and concrete solutions are offered to improve future research in this area. We end by discussing immediate implications for treatment approaches designed to address widely observed social deficits in individuals with ADHD. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Robertson, Michael C.; Cox-Martin, Emily;	2022	Acceptance- and mindfulness-	Supportive care in cancer : official journal	30	1	465–473	PURPOSE: The purpose of this study was to develop and characterize the relevance and potential utility of an electronically delivered acceptance- and mindfulness-

Liao, Yue; Flores, Sara A.; Shegog, Ross; Markham, Christine M.; Fujimoto, Kayo; Durand, Casey P.; Brewster, Abenaa; Lyons, Elizabeth J.; Basen-Engquist, Karen M.		based techniques for physical activity promotion in breast cancer survivors: a qualitative study	of the Multinational Association of Supportive Care in Cancer				based approaches to physical activity promotion for insufficiently active breast cancer survivors. METHODS: The acceptance- and mindfulness-based physical activity intervention was delivered to participants electronically over the course of 4-8 weeks. It consisted of didactic videos, experiential exercises, and workbook-type activities that targeted principles from acceptance and commitment therapy (ACT). We conducted semi-structured, in-depth interviews with participants after they completed the intervention. Three coders conducted qualitative data analysis on interview transcripts to identify overarching themes and subthemes. RESULTS: We recruited 30 participants. Of those, 16 engaged in an individual interview. The mean age of the sample was 58.4 years (SD = 13.8). The sample was relatively well educated (50.0% college graduates) and mostly overweight or obese (58.8%). We identified two overarching themes from interviews. They were centered on (1) internal and external barriers to physical activity adherence and (2) the utility of targeting core ACT processes (acceptance and defusion, mindfulness, and values clarification) for physical activity promotion. CONCLUSION: Intervention content was perceived to be acceptable, relevant, and to fulfill important needs related to healthy living. Findings suggest that this approach to physical activity promotion can be delivered effectively online. Electronically delivered acceptance- and mindfulness-based approaches hold promise for helping insufficiently active breast cancer survivors increase physical activity.
Robillard, Christina L.; Dixon-Gordon,	2022	Teaching dialectical thinking to	Canadian Psychology /		18 78- 73	392-404	It is estimated that 50%–60% of adolescents who access outpatient mental health services experience suicidal thoughts and behaviors (STBs) and 22%–39% of

Katherine L.; Turner, Brianna J.		enhance graduate trainees' competence in outpatient psychotherapy for adolescents experiencing suicidal thoughts and behaviors	Psychologie canadienne		04(Ele ctr oni c), 07 08- 55 91(Pri nt)		outpatient psychotherapists lose a client to suicide in their career. Despite the pervasiveness of STBs in outpatient settings, graduate students often receive limited training in navigating the competing ethical principles and priorities inherent to this area of clinical practice. This article proposes that training in dialectical thinking, which refers to arriving to a reasonable course of action by continuously reconciling opposing perspectives, offers a novel and potentially transformative opportunity to help graduate students establish readiness for independent practice. We describe and model how dialectical thinking can be applied to common ethical dilemmas that arise when working with youth experiencing STBs, specifically within the domains of informed consent, confidentiality, record-keeping, hospitalization, Internet searches, and extending therapy limits. Furthermore, we discuss how graduate training programs can teach dialectical thinking to their students via a combination of didactics, experiential learning, and supervision. In our view, equipping graduate trainees with dialectical thinking skills has the potential to foster the necessary competence, willingness, and confidence to undertake this life-saving work. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Robinson, Anna; Elliott, Robert	2016	Brief Report: An Observational Measure of Empathy for Autism Spectrum: A Preliminary Study of the Development	Journal of autism and developmental disorders	46	6	2240– 2250	People with autism spectrum disorder (ASD), can have difficulties in emotion processing, including recognising their own and others' emotions, leading to problems in emotion regulation and interpersonal relating. This study reports the development and piloting of the Client Emotional Processing Scale-Autism Spectrum (CEPS-AS), a new observer measure of four interrelated aspects of emotional processing: emotion recognition, self-reflection, cognitive empathy, and affective empathy.

		and Reliability of the Client Emotional Processing Scale					Results showed good interrater reliability (alpha:.69-.91), while inter-dimension associations were high (r=.66-.82). The measure was able to detect significant differences on the four dimensions across a short-term humanistic-experiential group therapy. The CEPS-AS shows promise as a potential addition to current self-report instruments measuring empathy or emotion processes in individuals with ASD.
Robinson, Nicole L.; Schweitzer, Robert D.; O'Connor, Erin L.	2019	Early reflections on becoming a therapist: Development of reflective practice in clinical training programmes in an Australian context	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	388–398	
Roche, Anne I.; Kroska, Emily B.; Miller, Michelle L.; Kroska, Sydney K.; O'Hara, Michael W.	2019	Childhood trauma and problem behavior: Examining the mediating roles of experiential avoidance and mindfulness processes	Journal of American college health : J of ACH	67	1	17–26	OBJECTIVE: Childhood trauma is associated with a variety of risky, unhealthy, or problem behaviors. The current study aimed to explore experiential avoidance and mindfulness processes as mechanisms through which childhood trauma and problem behavior are linked in a college sample. PARTICIPANTS: The sample consisted of college-aged young adults recruited November-December, 2016 (N = 414). METHODS: Participants completed self-report measures of childhood trauma, current problem behavior, experiential avoidance, and mindfulness processes. Bootstrapped mediation analyses examined the mechanistic associations of interest. RESULTS: Mediation analyses indicated that experiential avoidance was a significant mediator of the association between childhood trauma and problem

						behavior. Additionally, multiple mediation analyses indicated that specific mindfulness facets-act with awareness and nonjudgment of inner experience-significantly mediated the same association. CONCLUSIONS: Interventions for college students who have experienced childhood trauma might profitably target mechanisms such as avoidance and mindfulness in order to minimize engagement in problem behavior.
Rochon, Elizabeth A.; Sy, Maimouna; Phillips, Mirelle; Anderson, Erik; Plys, Evan; Ritchie, Christine; Vranceanu, Ana-Maria	2023	Bio-Experiential Technology to Support Persons With Dementia and Care Partners at Home (TEND): Protocol for an Intervention Development Study	JMIR research protocols	12	e52799	BACKGROUND: Alzheimer disease and related dementias are debilitating and incurable diseases. Persons with dementia and their informal caregivers (ie, dyads) experience high rates of emotional distress and negative health outcomes. Several barriers prevent dyads from engaging in psychosocial care including cost, transportation, and a lack of treatments that target later stages of dementia and target the dyad together. Technologically informed treatment and serious gaming have been shown to be feasible and effective among persons living with dementia and their care partners. To increase access, there is a need for technologically informed psychosocial interventions which target the dyad, together in the home. OBJECTIVE: This study aims to develop the toolkit for experiential well-being in dementia, a dyadic, "bio-experiential" intervention for persons with dementia and their caregivers. Per our conceptual model, the toolkit for experiential well-being in dementia platform aims to target sustained attention, positive emotions, and active engagement among dyads. In this paper, we outline the protocol and conceptual model for intervention development and partnership with design and development experts. METHODS: We followed the National Institutes of Health (NIH) stage model (stage 1A) and supplemented the model with principles of user-

							<p>centered design. The first step includes understanding user needs, goals, and strengths. We met this step by engaging in methodology and definition synthesis and conducting focus groups with dementia care providers (N=10) and persons with dementia and caregivers (N=11). Step 2 includes developing and refining the prototype. We will meet this step by engaging dyads in up to 20 iterations of platform β testing workshops. Step 3 includes observing user interactions with the prototype. We will meet this step by releasing the platform for feasibility testing. RESULTS: Key takeaways from the focus groups include balancing individualization and the dyadic relationship and avoiding confusing stimuli. As of September 2023, we have completed focus groups with providers, persons with dementia, and their caregivers. Additionally, we have conducted 4 iterations of β testing workshops with dyads. Feedback from focus groups informed the β testing workshops; data have not yet been formally analyzed and will be reported in future publications. CONCLUSIONS: Technological interventions, particularly "bio-experiential" technology, can be used in dementia care to support emotional health among persons with a diagnosis and caregivers. Here, we outline a collaborative intervention development process of bio-experiential technology through a research, design, and development partnership. Next, we are planning to test the platform's feasibility as well as its impact on clinical outcomes and mechanisms of action. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/52799.</p>
Rodgers, Brian; Tudor, Keith;	2024	An integrative review of the person-centred	Couns and Psychother Res (Counselling	24	1	16–26	

Sutherland, Andrew		and experiential therapy literature on delivering individual video counselling and psychotherapy	and Psychotherapy Research)				
Rodin, Gary	2018	From evidence to implementation : The global challenge for psychosocial oncology	Couns and Psychother Res (Counselling and Psychotherapy Research)	27	10	2310–2316	Abstract The human dimensions of medical care were highlighted by such pioneering figures as Cicely Saunders, Elizabeth Kubler-Ross, and Jimmie Holland and their tireless advocacy helped to build an evidence base for psychosocial and palliative interventions. In that spirit, we studied physical and psychological distress in advanced cancer and modeled pathways to distress in this population. We considered acute stress disorder as the prototype for psychological disturbances following the acute onset of life-threatening disorders, showing that it occurred in one-third of patients after the diagnosis of acute leukemia. To treat and prevent these symptoms, we developed Emotion and Symptom-focused Engagement (EASE), an integrated psychotherapeutic and early palliative intervention. We showed that EASE reduced both traumatic stress and physical suffering in these patients and a large multi-center trial is now underway. We also identified symptoms of depression and hopelessness in one quarter of patients with metastatic and advanced cancer, with worsening toward the end of life. To alleviate this distress, we developed a brief supportive-expressive therapy, referred to as Managing Cancer and Living Meaningfully (CALM). We showed in a large RCT that CALM improves depression, distress related to dying and death, and preparation for the end of life. We have now launched a global initiative involving 20

							sites to date across North and South America, Europe, Australia, and Asia to have CALM implemented routinely in cancer care. Such initiatives are needed to move psychosocial care in cancer from evidence to implementation and to fulfill the dream of Jimmie Holland that cancer care be as humanistic as it is effective.
Rodin, Gary M.	2017	Psychotherapeutic Interventions Near the End of Life: Theory, Evidence, and Future Directions	Australian Psychologist	52	5	335–339	
Rodrigues, Tânia F.; Ramos, Rita; Vaz, Ana Rita; Brandão, Isabel Marques; Fernandez-Aranda, Fernando; Machado, Paulo P. P.	2022	The mediating role of self-criticism, experiential avoidance and negative urgency on the relationship between ED-related symptoms and difficulties in emotion regulation	European eating disorders review : the journal of the Eating Disorders Association	30	6	760–771	OBJECTIVE: Difficulties in emotion regulation are thought to play a transdiagnostic role across eating disorders (ED). In the current study, we explored with a path analysis the mediating role of self-criticism, experiential avoidance and negative urgency on the relationship between ED-related symptoms and dimensions of difficulties in emotion regulation. METHOD: Participants were 103 female outpatients recruited at a Portuguese ED hospital unit, diagnosed with an ED, aged 14-60 years old (M = 28.0, SD = 10.5), body mass index (BMI) ranging from 11.72 to 39.44 (M = 20.1, SD = 5.4). RESULTS: The path analysis resulted in a model with an adequate fit to the data (SRMR = 0.05; RMSEA = 0.07 [0.00, 0.12], PCLOSE = 0.269; TLI = 0.97; IFI = 0.99; GFI = 0.95). A final model in which the relationship between ED-related symptoms and dimensions of difficulties in emotion regulation was mediated by self-criticism, experiential avoidance and negative urgency, accounted for a variance of 71% for strategies, 57% for non-acceptance, 62% for impulses, 56% for goals and 20% for clarity. CONCLUSION: Results

							suggest that self-criticism, experiential avoidance and negative urgency, combined, are relevant in the relationship between ED-related symptoms and difficulties in emotion regulation. ED treatment and emotion regulation skills may be enhanced through the inclusion of specific components that target self-criticism, experiential avoidance and negative urgency, as they become prominent during the therapeutic process.
Rodrigues, Tânia F.; Vieira, Ana I.; Vaz, Ana R.; Brandão, Isabel; Timóteo, Sertório; Nunes, Patrícia; Fernandez-Aranda, Fernando; Machado, Paulo P. P.	2022	The factorial structure and psychometric properties of the Committed Action Questionnaire (CAQ-8) in a Portuguese clinical sample with eating disorders	Clinical psychology & psychotherapy	29	1	222-229	The Committed Action Questionnaire (CAQ-8) is an instrument developed to measure committed action, an adaptive psychological process. The main goal in the current study was to confirm the factorial structure of the Portuguese version of the CAQ-8 in a transdiagnostic clinical sample of participants diagnosed with an eating disorder (ED). Participants were 102 female outpatients (M(age) = 28.1, SD = 10.6; M(BMI) = 20.0, SD = 5.5) recruited from a clinical setting specialized in the treatment of ED. Confirmatory factor analysis (CFA) was used to confirm the CAQ-8's factorial structure. Both first- and second-order models revealed adequate goodness-of-fit indices (e.g. $\chi^2 / df = 1.545$, $p = .06$; SRMR = 0.049; RMSEA = 0.073; CFI/TLI > 0.95). A moderation model revealed that the conditional effect of weight, shape and eating concerns on experiential avoidance was significantly moderated by increased levels of committed action, $F(3, 97) = 23.79$, $p < .001$, accounting for 42% of the final variance. The present study supports the usefulness of the CAQ-8 as a measure of levels of committed action with patients diagnosed with an ED.
Rodríguez-Gonzalez, Martiño; Anderson,	2022	Efficacy of Emotionally Focused Therapy among	Trials	23	1	891	BACKGROUND: Couple relationship distress is common and associated with poor physical, psychological, and relational outcomes for both partners. Emotionally Focused Therapy for couples (EFT) is a short-term

<p>Shayne; Osorio, Alfonso; Lafontaine, Marie-France; Greenman, Paul S.; Calatrava, María; Andrade, Dania; Lybbert, Ragan; Martínez-Diaz, Pilar; Steffen, Patrick; Irala, Jokin de; Sandberg, Jonathan</p>		<p>Spanish-speaking couples: study protocol of a randomized clinical trial in Argentina, Costa Rica, Guatemala, Mexico, and Spain</p>				<p>structured approach based on attachment theory that integrates a humanistic, experiential approach to restructuring emotional experience and a systemic structural approach to restructuring interactions. This model has been shown to be an effective treatment for couple distress. The supporting research, however, has only been conducted with English-speaking couples. Despite Spanish being the second-most spoken language and meaningful cultural differences between English- and Spanish-speaking countries, the efficacy of EFT has not been examined in this cultural context. This study will examine the efficacy of EFT in this particular context and advance the understanding of potential mechanisms of change. METHODS: We will use a multicenter randomized wait-list controlled design to examine the efficacy of EFT in a Spanish-speaking sample of moderately distressed couples. One hundred forty individuals in 70 couples in Argentina, Costa Rica, Guatemala, Mexico, and Spain will be randomly assigned to receive 19-21 sessions of EFT or be placed on a waitlist. Outcomes on a range of relational and individual mental health variables will be assessed prior to random assignment, throughout treatment, and at the conclusion of treatment. Primary outcomes will include dyadic adjustment, couple satisfaction, and attachment. Secondary variables, such as loneliness, parenting, affective communication, and sexual satisfaction, will be included as potential mediators of the treatment effect. Couples in the treatment group will also be assessed at 3-, 6-, 12-, 18-, and 24-month follow-ups. Process variables such as the therapeutic alliance will also be assessed routinely in couples assigned to the treatment group. Couples in the waitlist will receive a psycho-educational program based on EFT after</p>
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							<p>completing the study. DISCUSSION: This study will be the first RCT of Emotionally Focused Therapy in a Spanish-speaking context. The results of the study will inform researchers interested in whether treatments developed and tested in the USA and Canada can be effective in differing cultural contexts. It may also point researchers and clinicians to areas where cultural adaptation is needed to improve efficacy. TRIAL REGISTRATION: ClinicalTrials.gov NCT04277325. Registered on February 20, 2020.</p>
Rodríguez-Nogueira, Óscar; Morera Balaguer, Jaume; Nogueira López, Abel; Roldán Merino, Juan; Botella-Rico, José-Martín; Del Río-Medina, Sonia; Moreno Poyato, Antonio R.	2020	The psychometric properties of the person-centered therapeutic relationship in physiotherapy scale	PloS one	15	11	e0241010	<p>OBJECTIVE: To determine the psychometric properties of the Person-Centered Therapeutic Relationship in Physiotherapy Scale (PCTR-PT) in order to find the most appropriate fit for the tool. METHODS: Patients who had received treatment at the physiotherapy service of nine hospitals in Spain were invited to complete the 31 items of the PCTR-PT scale. To select the most appropriate items of the PCTR-PT, an exploratory factorial analysis (EFA) was performed using the maximum likelihood and oblique rotation (promin) methods. Factor validity, goodness-of-fit and psychometric properties were analyzed by confirmatory factor analysis (CFA). Convergent (CFA) and discriminant validity were calculated. Internal consistency was verified using the Cronbach's alpha coefficient. The intraclass correlation coefficient (ICC) was used to examine temporal stability. RESULTS: 366 patients over 18 years old who had received, at least, 15 physiotherapy treatment sessions completed the questionnaire. The results of the exploratory factor analysis revealed a tool with 15 items in four factors [Relational Bond (N items = 4); Individualized Partnership (N items = 4); Professional Empowerment (N items = 3) and Therapeutic Communication (N items = 4)],</p>

							explaining 78.4% of the variance of the total variables of this tool. The confirmatory factor analysis further confirmed the four-structure model. Reliability of the tool was approved by Cronbach's alpha in all four dimensions, as all were above .70, ranging from .84 (Individualized Partnership) to .91 (Professional Empowerment). = 0.94. Test-retest was performed with two-week intervals, indicating an appropriate stability for the scale (ICC = 0.900). CONCLUSION: The Person-Centered Therapeutic Relationship in Physiotherapy Scale (PCTR-PT) is a useful, valid and applicable instrument to evaluate the person-centered therapeutic relationship during physiotherapy interventions. It would be interesting to investigate the predictive capacity (sensitivity and specificity) of the PCTR-PT scale.
Roediger, Eckhard; Zarbock, Gerhard; Frank-Noyon, Eva; Hinrichs, Julia; Arntz, Arnoud	2020	The effectiveness of imagery work in schema therapy with couples: A clinical experiment comparing the effects of imagery rescripting and cognitive interventions in brief schema couples therapy	Sexual and Relationship Therapy	35	3	320–337	Schema therapy has shown good effectiveness in individual and group settings. Experiential techniques, in particular, seem to contribute to those effects. In a randomized controlled trial with 12 couples, we compared the effects of couple imagery rescripting exercises and a cognitive intervention based on the schema therapy model in a crossover design. We measured the couples' sense of closeness, using daily VAS-scales, and on mood (BDI-II). Imagery rescripting showed significantly stronger effects on the felt closeness and mood of both partners than schema model-based cognitive therapy techniques.
Roesler, Christian	2016	Emotionsfokussierte Paartherapie	Psychotherapie im Dialog	17	3	72–76	Vorgestellt wird die Emotionsfokussierte Paartherapie (EFT), in der es im Kern darum geht, die unterbrochene Bindung zwischen den Partnern wiederherzustellen.

		(EFT). Die Behandlung von Paaren als Bindungsbeziehungen					Zunächst wird das grundlegende Verständnis der Paarbeziehung als Bindungsbeziehung beschrieben und die Integration von Forschungsergebnissen zur Paarinteraktion resümiert. Dann wird eingegangen auf die Entwicklung der EFT und die zentralen Schritte des Therapieprozesses in der EFT (Deeskalation; Wiederherstellung der Bindung; Konsolidierung der neuen Interaktion).
Roesler, Christian	2016	Entgegnung auf die Replik von Erhard Scholl & Notker Klann, "Begrenzte Wirksamkeit - Differenzierung tut not"	Familiendynamik	41	4	344-346	Zur Replik von Erhard Scholl und Notker Klann "Begrenzte Wirksamkeit - Differenzierung tut not" (in Familiendynamik, 2016, 41 (3), 252-256) zum Artikel "Die begrenzte Wirksamkeit bisheriger Paartherapien verlangt neue Methoden" (Familiendynamik, 2015, 40 (4), 336-345) nimmt der Autor Christian Roesler kritisch Stellung.
Roesler, Christian	2016	Paarbeziehung als Bindung und Emotionsfokussierte Paartherapie	Psychotherapeut	61	1	43-48	Der Beitrag stellt die Konzeptualisierung von Paarbeziehung als Bindung und die darauf basierende Behandlungsmethode Emotionsfokussierte Paartherapie (EFT) dar. Grundlegendstes Bedürfnis in Paarbeziehungen ist die sichere emotionale Verbindung. Paarkonflikte können als Unterbrechung dieser Bindungsbeziehung verstanden werden und Streit als ein Ringen um die emotionale Erreichbarkeit des Partners. Dieses Modell der Paardynamik integriert am besten die Erkenntnisse aus der Forschung zur dyadischen Emotionsregulation und der affektiven Neurowissenschaft sowie Gottmans Forschung zur Paarinteraktion. Emotionsfokussierte Paartherapie wurde unter Einbeziehung dieser Erkenntnisse und der Erkenntnisse aus Mikroanalysen therapeutischer Veränderungsprozesse in der Prozessforschung entwickelt. Vorliegende Evaluationen belegen die Wirksamkeit dieser Paartherapiemethode.

Roesler, Christian	2018	Die Wirksamkeit von Paartherapie. Teil 1: Eine bersicht ber den Stand der Forschung	Familiendynami k	43	4	332–341	Ein berblick ber die Forschung zur Wirksamkeit von Paartherapie wird vorgelegt. Dabei werden zunchst die hohe gesellschaftliche Relevanz von Paarproblemen sowie die Folgewirkungen von belasteten bzw. scheiternden Paarbeziehungen aufgezeigt. Hieraus wird ein hoher Bedarf an Paartherapie abgeleitet. Dann wird die Forschung zur Wirksamkeit von Paartherapie im Allgemeinen sowie fr verschiedene spezifische Paartherapieanstze (psychodynamische, verhaltenstherapeutische, systemische und emotionsfokussierte Paartherapie) zusammengefasst. Hierbei wird deutlich, dass sich verschiedene klassische Anstze als nur bedingt wirksam erwiesen haben, whrend insbesondere integrative Anstze hohe Effektstrken sowie hohe Nachhaltigkeit erreichen. Diese Anstze sind aber im deutschsprachigen Raum bislang kaum vertreten. Darber hinaus erweist sich die Wirksamkeit von Paartherapieverfahren in methodisch strengen Studien als deutlich hher im Vergleich zur Wirksamkeit in der realen Praxis. Mglige Erklrunen fr diese Unterschiede sowie Konsequenzen fr die Praxis werden diskutiert.
Roesler, Christian	2019	Emotionsfokussierte Paartherapie . Theoretische Begrndung, therapeutische Methodik und Wirksamkeit	Psychotherapeu t	64	5	385–389	Der Beitrag stellt die Emotionsfokussierte Paartherapie (EFT) und ihre theoretische Basis der Konzeptualisierung von Paarbeziehung als Bindung dar. Das EFT-Modell der Paardynamik integriert die Erkenntnisse aus der Forschung zur dyadischen Emotionsregulation, der affektiven Neurowissenschaft (Panksepp), dem Mentalisierungskonzept sowie Gottmans Forschung zur Paarinteraktion. Grundlegendstes Bedrfnis in Paarbeziehungen ist die sichere emotionale Verbindung. Paarkonflikte knnen als Unterbrechung dieser Bindungsbeziehung verstanden werden, als ein Versagen dyadischer Emotionsregulation und Streit als ein Ringen

							um die emotionale Erreichbarkeit des Partners. Die EFT wurde unter Einbeziehung dieser Erkenntnisse und aus Mikroanalysen therapeutischer Veränderungsprozesse in der Prozessforschung entwickelt. Mit der Effektstärke $d = 1,3$ in mehreren Metaanalysen ist die EFT die derzeit wirksamste Paartherapiemethode weltweit. (c) Springer Medizin Verlag GmbH
Roesler, Christian	2022	Paarbeziehung als Bindung und Emotionsfokussierte Paartherapie (EFT)	Beratung Aktuell	23	2	35–55	Der Beitrag stellt die Konzeptualisierung von Paarbeziehung als Bindung und die darauf basierende Behandlungsmethode Emotionsfokussierte Paartherapie (EFT) dar. Grundlegendstes Bedürfnis in Paarbeziehungen ist sichere emotionale Verbindung, Paarkonflikte können als Unterbrechung dieser Bindungsbeziehung verstanden werden und Streit als ein Ringen um die emotionale Erreichbarkeit des Partners. Dieses Modell der Paardynamik integriert am besten die Erkenntnisse aus der Forschung zur dyadischen Emotionsregulation und der affektiven Neurowissenschaft sowie Gottmans Forschung zur Paarinteraktion. EFT wurde unter Einbeziehung dieser Erkenntnisse sowie aus Mikroanalysen therapeutischer Veränderungsprozesse in der Prozessforschung entwickelt. Mit einer Effektstärke von $d = 1.3$ in mehreren Metaanalysen ist EFT die derzeit wirksamste Paartherapiemethode weltweit.
Roesler, Christian	2023	Lässt sich alles integrieren? Oder: Was genau ist eigentlich systemisch - und was nicht?. Ein Plädoyer für Unterscheidung	Beratung Aktuell	24	2	4–36	Da in Veröffentlichungen zur Systemischen Paartherapie (ST) häufig Begriffe, Vorgehensweisen subsumiert werden, die den Grundprinzipien der ST, der Verstrung des kommunikativen Systems eines Paares widersprechen, werden diese Unvereinbarkeiten mit emotionsfokussierten, mentalisierungs- und bindungsorientierten Ansätzen in Frage gestellt.

		en, die einen Unterschied machen					
Roesler, Christian; Sanders, Rudolf	2010	Die Konzeptualisierung der Paarbeziehung als Bindung in der Emotionsfokussierten Paartherapie (EFT) und die Vorhersage ihrer Entwicklung anhand des Paarinterviews zur Beziehungsgeschichte. Eine Pilotstudie	Verhaltenstherapie und psychosoziale Praxis	42	4	943–956	Vorgestellt wird der paartherapeutische Ansatz der Emotionsfokussierten Paartherapie (EFT), der die Paarbeziehung als Bindungsbeziehung konzeptualisiert. Dadurch wird ein vertieftes Verständnis der Konfliktodynamik in Paarbeziehungen möglich, was in einem neuen therapeutischen Vorgehen resultiert, das auch bei sehr ausgeprägten Konfliktpaaren gute Erfolge verspricht. EFT setzt die Erkenntnisse aus Gottmans Forschungen und seiner Balance-Theorie um und ist mittlerweile auch empirisch bestätigt. Eine Pilotstudie mit dem Partnerschaftsinterview zur Beziehungsgeschichte (PIB) zeigt die Parallellität des Gottman'schen Ansatzes und dem bindungsorientierten Verständnis der Paarbeziehung in der EFT.
Rogers, Leoandra Onnie; Scott, Katharine E.; Wintz, Finn; Eisenman, Sarah R.; Dorsi, Chiara; Chae, David; Meltzoff, Andrew N.	2024	Exploring whether and how Black and White parents talk with their children about race: M(ai)cro race conversations about Black Lives Matter	Developmental Psychology			No Pagination Specified -No Pagination Specified	Previous research on parent-led race conversations reports robust racial differences in the content of race conversations between Black and white parents. It was unknown, however, whether these racial differences shifted in the months immediately following the summer of 2020 when there was heightened public attention directed toward white parents, specifically, to talk with children about racism. In the present study, we investigated whether and how Black (n = 344) and white (n = 381) parents talked about Black Lives Matter (BLM) with their 8- to 11-year-old children. Overall, 80% of parents (n = 725) reported talking about BLM, but Black parents were

							significantly more likely to discuss BLM than white parents ($p = .008$). Further qualitative analysis of the content of parents' reports showed that Black parents were significantly more likely than white parents to provide responses about BLM that acknowledge racial inequality in society or explicitly affirm/support Black lives. White parents, in contrast, were significantly more likely to discuss BLM by focusing on equality but without acknowledging racial injustice or to provide responses that lacked clarity and/or substance. Using the m(ai)cro model of human development (Rogers, Niwa, et al., 2021), we discuss how parents' reported race conversations are shaped by the sociopolitical context and their role in disrupting (or perpetuating) systemic racism through socialization. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Rolin, Summer N.; Flis, Alexandra; Davis, Jeremy J.	2022	Work coping, stress appraisal, and psychological resilience: Reaction to the COVID-19 pandemic among health care providers	Psychology & Neuroscience	15	2	131-146	Objective: This study examined the relationship between perceived stress appraisals and coping style during the COVID-19 pandemic, resulting distress reaction and effects on work engagement. Method: The sample ($N = 423$) was 78.6% female with average age and education of 38.5 and 18.4 years, respectively. Most respondents reported working in psychology/neuropsychology (31.7%) and rehabilitation/other therapies (29.7%). Surveys were distributed via Qualtrics among health care providers via listservs and referral emails from medical providers. Measures included: the Brief COPE Inventory, Work and Well Being Survey (UWES), Stress Appraisal Measure (SAM), Generalized Anxiety Disorder Screener (GAD-7), and the Screening Tool for Psychological Distress (STOP-D). Results: Health care workers endorsing problem-focused coping styles had lower levels of perceived threat and higher levels of perceived control in their response to

							the pandemic. Problem-focused coping was negatively associated with anxiety and depression in reaction to the pandemic when compared with health care workers who endorsed an emotion-focused coping style. Higher stress appraisal in response to perceived threat from the pandemic was not associated with lower work engagement or enthusiasm. Conclusions: Findings support the impact of coping style on psychological distress and work engagement during pandemic, with implications that these factors may be important considerations for mitigation of distress and burnout for health care workers during times of high stress. Initiatives to improve resiliency and wellness in health care workers may examine modifiable interventions for coping style. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Rolli, Nadja Julia	2023	Integrating EMDR Standard Treatment Protocol into Child Psychotherapy at a Primary School with a 5-year-old Boy Who Suffered Complex Trauma: A Single Case Study	Brit J Psychotherapy (British Journal of Psychotherapy)	39	4	714–731	
Rollins, Angela L.; Kukla, Marina; Morse, Gary; Davis,	2016	Comparative Effectiveness of a Burnout Reduction	Psychiatric services (Washington, D.C.)	67	8	920–923	OBJECTIVES: Prior research found preliminary effectiveness for Burnout Reduction: Enhanced Awareness, Tools, Handouts, and Education (BREATHE), a daylong workshop for reducing burnout among behavioral

<p>Louanne; Leiter, Michael; Monroe-DeVita, Maria; Flanagan, Mindy E.; Russ, Alissa; Wasmuth, Sara; Eliacin, Johanne; Collins, Linda; Salyers, Michelle P.</p>		<p>Intervention for Behavioral Health Providers</p>					<p>health providers. Using a longer follow-up compared with prior research, this study compared the effectiveness of BREATHE and a control condition. METHODS: Behavioral health providers (N=145) from three U.S. Department of Veterans Affairs facilities and two social service agencies were randomly assigned to BREATHE or person-centered treatment planning. Burnout and other outcomes were compared across groups over time. RESULTS: Analyses yielded no significant differences between groups. However, BREATHE participants showed small but statistically significant improvements in cynicism (six weeks) and in emotional exhaustion and positive expectations for clients (six months). Participants in the control condition showed no significant changes over time. CONCLUSIONS: Although it did not demonstrate comparative effectiveness versus a control condition, BREATHE could be strengthened and targeted toward both distressed providers and their organizations.</p>
<p>Romagnano, Valentina; Sokolov, Alexander N.; Fallgatter, Andreas J.; Pavlova, Marina A.</p>	<p>2023</p>	<p>Do subtle cultural differences sculpt face pareidolia?</p>	<p>Schizophrenia (Heidelberg, Germany)</p>	<p>9</p>	<p>1</p>	<p>28</p>	<p>Face tuning to non-face images such as shadows or grilled toasts is termed face pareidolia. Face-pareidolia images represent a valuable tool for investigation of social cognition in mental disorders. Here we examined (i) whether, and, if so, how face pareidolia is affected by subtle cultural differences; and (ii) whether this impact is modulated by gender. With this purpose in mind, females and males from Northern Italy were administered a set of Face-n-Thing images, photographs of objects such as houses or waves to a varying degree resembling a face. Participants were presented with pareidolia images with canonical upright orientation and display inversion that heavily affects face pareidolia. In a two-alternative forced-choice paradigm, beholders had to indicate whether each image resembled a face. The outcome was</p>

							compared with the findings obtained in the Southwest of Germany. With upright orientation, neither cultural background nor gender affected face pareidolia. As expected, display inversion generally mired face pareidolia. Yet, while display inversion led to a drastic reduction of face impression in German males as compared to females, in Italians, no gender differences were found. In a nutshell, subtle cultural differences do not sculpt face pareidolia, but instead affect face impression in a gender-specific way under unusual viewing conditions. Clarification of the origins of these effects requires tailored brain imaging work. Implications for transcultural psychiatry, in particular, for schizophrenia research, are highlighted and discussed.
Romain, Ahmed Jérôme; Horwath, Caroline; Bernard, Paquito	2018	Prediction of Physical Activity Level Using Processes of Change From the Transtheoretical Model: Experiential, Behavioral, or an Interaction Effect?	American journal of health promotion : AJHP	32	1	16–23	PURPOSE: The purpose of the present study was to compare prediction of physical activity (PA) by experiential or behavioral processes of change (POCs) or an interaction between both types of processes. DESIGN: A cross-sectional study. SETTING: This study was conducted using an online questionnaire. PARTICIPANTS: A total of 394 participants (244 women, 150 men), with a mean age of 35.12 ± 12.04 years and a mean body mass index of 22.97 ± 4.25 kg/m(2) were included. MEASURES: Participants completed the Processes of Change, Stages of Change questionnaires, and the International Physical Activity Questionnaire to evaluate self-reported PA level (total, vigorous, and moderate PA). ANALYSIS: Hierarchical multiple regression models were used to test the prediction of PA level. RESULTS: For both total PA ($\beta = .261$; $P < .001$) and vigorous PA ($\beta = .297$; $P < .001$), only behavioral POCs were a significant predictor. Regarding moderate PA, only the interaction between experiential and behavioral POCs was a significant predictor ($\beta = .123$;

							P = .017). CONCLUSION: Our results provide confirmation that behavioral processes are most prominent in PA behavior. Nevertheless, it is of interest to note that the interaction between experiential and behavioral POCs was the only element predicting moderate PA level. Experiential processes were not associated with PA level.
Ronen-Setter, Idit H.; Cohen, Esther	2020	Becoming "Teletherapeutic": Harnessing Accelerated Experiential Dynamic Psychotherapy (AEDP) for Challenges of the Covid-19 Era	Journal of contemporary psychotherapy	50	4	265–273	The covid-19 pandemic raises substantial challenges for the practice of psychotherapy. The rapid changes in the personal experiences of both clients and therapists, and the required adaptations in the therapeutic setting, affect the therapeutic relationship and its process. We examine common challenges observed through supervision of therapists and peer group discussions, viewing them in light of reports of previous collective traumatic events. Consequently, we introduce major premises and techniques borrowed from Accelerated Experiential Dynamic Psychotherapy as they may apply to teletherapy. These interventions aim to maintain and strengthen the intimacy and safety of the therapeutic attachment relationship, essential for processing actual experiences of emotions and creating affective changes. We explicate the rationale and the clinical application of these relational and experiential interventions, and organize them through a comprehensive model. The model visually illustrates the matching of therapeutic interventions to the handling of the psychological upheavals triggered by the changes imposed by the pandemic, particularly the move to teletherapy. In addition to theoretical and practical suggestions, which could be adapted to various models of therapy, we present a brief clinical case demonstrating the application of the suggested therapeutic thinking and interventions.

<p>Roos, Corey R.; Harp, Nicholas R.; Vafaie, Nilofar; Gueorguieva, Ralitza; Frankforter, Tami; Carroll, Kathleen M.; Kober, Hedy</p>	<p>2023</p>	<p>Randomized trial of mindfulness- and reappraisal-based regulation of craving training among daily cigarette smokers</p>	<p>Psychology of Addictive Behaviors</p>	<p>37</p>	<p>7</p>	<p>829–840</p>	<p>Objective: Craving predicts smoking, yet existing interventions may not adequately target regulation of craving. We evaluated two versions of regulation of craving-training (ROC-T), a computerized intervention with intensive practice of strategies when exposed to smoking-related images. Method: Ninety-two nicotine-dependent daily smokers were randomized to mindfulness-based therapy (MBT) ROC-T focusing on mindful acceptance, and cognitive behavioral therapy (CBT) ROC-T focusing on reappraisal or no intervention control. The ROC task was administered pre- and postintervention to assess changes in cue-induced craving and mindfulness- and reappraisal-based regulation of craving. Results: MBT and CBT—versus control—showed significantly greater reductions in smoking during the intervention phase (baseline to Week 4), corresponding to large ($d = -1.08$, 95% CI [-1.64, -0.52]) and medium-to-large effect sizes ($d = -0.69$, 95% CI [-1.22, -0.15]), respectively. During follow-up (Week 4–16), CBT showed significant increases in smoking, whereas MBT and control did not. For the entire study (baseline to Week 16), MBT showed significantly greater reductions in smoking compared to control ($d = -1.6$, 95% CI [-2.56, -0.66]) but CBT was not significantly different than control ($d = -0.82$, 95% CI [-1.77, 0.13]). There were no effects on smoking when directly comparing MBT and CBT. Quit rates were low across the sample, with no difference among conditions. MBT and CBT—versus control—significantly reduced cue-induced craving. CBT (but not MBT)—versus control—significantly improved reappraisal-based regulation of craving. Both MBT and CBT—versus control—significantly improved mindfulness-based regulation of craving. Conclusions:</p>
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							MBT- and CBT-ROC-T may reduce cue-induced craving and smoking, and MBT may be more durable than CBT. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Roper, Amy; Pacas Fronza, Gabriela; Dobkin, Roseanne D.; Beaudreau, Sherry A.; Mitchell, Leander K.; Pachana, Nancy A.; Thangavelu, Karthick; Dissanayaka, Nadeeka N.	2022	A Systematic Review of Psychotherapy Approaches for Anxiety in Parkinson's Disease	Clinical gerontologist			1-27	OBJECTIVES: Anxiety is common in Parkinson's disease (PD), negatively impacting daily functioning and quality of life in PD patients and their families. This systematic review evaluates the effectiveness of different psychotherapeutic approaches for reducing anxiety in PD and provides recommendations for clinical practise. METHODS: Following PRISMA guidelines, 36 studies were included and risk of bias was evaluated. RESULTS: We identified cognitive behavioral therapy (CBT), mindfulness-based therapies, acceptance and commitment therapy, and psychodrama psychotherapies. There is good evidence-base for anxiety reduction using CBT approaches, but with mixed results for mindfulness-based therapies. Other therapeutic approaches were under researched. Most randomized control trials examined anxiety as a secondary measure. There was a paucity of interventions for anxiety subtypes. Secondarily, studies revealed the consistent exclusion of PD patients with cognitive concerns, an importance of care partner involvement, and a growing interest in remote delivery of psychotherapy interventions. CONCLUSIONS: Person-centered anxiety interventions tailored for PD patients, including those with cognitive concerns, and trials exploring modalities other than CBT, warrant future investigations. CLINICAL IMPLICATIONS: Practitioners should consider PD-specific anxiety symptoms and cognitive concerns when treating anxiety. Key distinctions between therapeutic modalities, therapy

							settings and delivery methods should guide treatment planning.
Rosas, Lisa G.; Azar, Kristen M. J.; Lv, Nan; Xiao, Lan; Goldhaber-Fiebert, Jeremy D.; Snowden, Mark B.; Venditti, Elizabeth M.; Lewis, Megan M.; Goldstein-Piekarski, Andrea N.; Ma, Jun	2020	Effect of an Intervention for Obesity and Depression on Patient-Centered Outcomes: An RCT	American journal of preventive medicine	58	4	496–505	<p>INTRODUCTION: An integrated collaborative care intervention was successful for treating comorbid obesity and depression. The effect of the integrated intervention on secondary outcomes of quality of life and psychosocial functioning were examined, as well as whether improvements in these secondary outcomes were correlated with improvements in the primary outcomes of weight and depressive symptoms. STUDY DESIGN: This RCT compared an integrated collaborative care intervention for obesity and depression to usual care. Data were analyzed in 2018.</p> <p>SETTING/PARTICIPANTS: Adult primary care patients (n=409) with a BMI ≥ 30 (≥ 27 if Asian) and 9-Item Patient Health Questionnaire score ≥ 10 were recruited from September 30, 2014 to January 12, 2017 from primary care clinics in Northern California. INTERVENTION: The 12-month intervention integrated a behavioral weight loss program and problem-solving therapy with as-needed antidepressant medications for depression. MAIN OUTCOME MEASURES: A priori secondary outcomes included health-related quality of life (Short Form-8 Health Survey), obesity-specific quality of life (Obesity-Related Problems Scale), sleep disturbance and sleep-related impairment (Patient-Reported Outcomes Measurement Information System), and functional disability (Sheehan Disability Scale) at baseline and 6 and 12 months. RESULTS: Participants randomized to the intervention experienced significantly greater improvements in obesity-specific problems, mental health-related quality of life, sleep disturbance, sleep-related impairment, and functional disability at 6 months</p>

							but not 12 months. Improvements in obesity-related problems ($\beta=0.01$, 95% CI=0.01, 0.02) and sleep disturbance ($\beta= -0.02$, 95% CI= -0.04, 0) were associated with lower BMI. Improvements in the physical ($\beta= -0.01$, 95% CI= -0.01, 0) and mental health components ($\beta= -0.02$, 95% CI= -0.03, -0.02) of the Short Form-8 Health Survey as well as sleep disturbance ($\beta=0.01$, 95% CI=0.01, 0.02) and sleep-related impairment ($\beta=0.01$, 95% CI=0, 0.01) were associated with fewer depressive symptoms. CONCLUSIONS: An integrated collaborative care intervention for obesity and depression that was shown previously to improve weight and depressive symptoms may also confer benefits for quality of life and psychosocial functioning over 6 months. TRIAL REGISTRATION: This study is registered at clinicaltrials.gov NCT02246413.
Rösch, Sarah A.; Schmidt, Ricarda; Hilbert, Anja	2023	Predictors of neurofeedback treatment outcome in binge-eating disorder: An exploratory study	The International journal of eating disorders	56	12	2283–2294	<p>OBJECTIVE Knowledge on predictors for treatment response to psychotherapy in binge-eating disorder (BED) is mixed and not yet available for increasingly popular neurofeedback (NF) treatment targeting self-regulation of aberrant brain activity. This study examined eating disorder- and psychopathology-related predictors for NF treatment success in BED.</p> <p>METHOD Patients with BED (N = 78) were randomized to 12 sessions of real-time functional near-infrared spectroscopy (rtfNIRS)-NF, targeting individual prefrontal cortex signal up-regulation, electroencephalography (EEG)-NF, targeting down-regulation of fronto-central beta activity, or waitlist (WL). The few studies assessing predictors for clinical outcomes after NF and evidenced predictors for psychotherapy guided the selection of</p>

						<p>baseline eating disorder-related predictors, including objective binge-eating (OBE) frequency, eating disorder psychopathology (EDP), food cravings, and body mass index (BMI), and general psychopathology-related predictors, including depressive and anxiety symptoms, impulsivity, emotion dysregulation, and self-efficacy. These questionnaire-based or objectively assessed (BMI) predictors were regressed on outcomes OBE frequency and EDP as key features of BED at post-treatment (t1) and 6-month follow-up (t2) in preregistered generalized mixed models (https://osf.io/4aktp).</p> <p>RESULTS</p> <p>Higher EDP, food cravings, and BMI predicted worse outcomes across all groups at t1 and t2. General psychopathology-related predictors did not predict outcomes at t1 and t2. Explorative analyses indicated that lower OBE frequency and higher self-efficacy predicted lower OBE frequency, and lower EDP predicted lower EDP after the waiting period in WL.</p> <p>DISCUSSION</p> <p>Consistent with findings for psychotherapy, higher eating disorder-related predictors were associated with higher EDP and OBE frequency. The specificity of psychopathological predictors for NF treatment success warrants further examination.</p> <p>PUBLIC SIGNIFICANCE</p> <p>This exploratory study firstly assessed eating disorder- and psychopathology-related predictors for neurofeedback treatment outcome in binge-eating disorder and overweight. Findings showed an association between higher eating disorder symptoms and worse neurofeedback outcomes, indicating special needs to be considered in neurofeedback treatment for patients with</p>
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							a higher binge-eating disorder symptom burden. In general, outcomes and assignment to neurofeedback treatment may be improved upon consideration of baseline psychological variables.
Rosemann, Matthias; Konrad, Michael	2017	Selbstbestimmtes Wohnen. Mobile Unterstützung bei der Lebensführung					Unter Berücksichtigung des neuen Bundesteilhabegesetzes (BTHG) wird über Möglichkeiten mobiler Unterstützung bei der Lebensführung von psychisch erkrankten Menschen informiert. Das BTHG trennt zwischen Unterstützungsleistung und Wohnangebot. Das vorliegende Handbuch führt in das (gesetzliche) Rahmenwerk ein. Dabei wird gezeigt, welche Assistenzleistungen soziale Teilhabe ermöglichen und wie sie aussehen sollen - auch aus der Perspektive der Nutzenden. Darüber hinaus werden praktische Aspekte, etwa Vor- und Nachteile bestimmter Wohnformen, Hilfeplanung Klienten mit besonderen Bedürfnissen und Mitarbeiterqualifikation behandelt. - Inhalt: (A) Rahmenbedingungen. (1) Michael Konrad und Matthias Rosemann: Die UN-BRK, das BTHG und die Herausforderungen für die Unterstützung zu einem selbstbestimmten Wohnen. (2) Matthias Rosemann und Michael Konrad: Ein Gesetz - multiple Leistungen. Die Kunst personenzentrierter Leistungsfinanzierung. (3) Michael Konrad und Matthias Rosemann: Eigene Wohnung, Selbstbestimmung und Wohnrecht: hoher Bedarf und eine komplizierte Gesetzeslage. (4) Klaus Wingenfeld: Die Reform der Pflegeversicherung auf der Grundlage des neuen Pflegebedürftigkeitsbegriffs. (5) Bruno Hemkendorf: Husliche Psychiatrische Krankenpflege und ambulante Soziotherapie als zusätzliche Behandlungsleistungen zu selbstbestimmtem Wohnen. (6) Jo Becker: Die Arbeit eines aufsuchenden Fachdienstes am Beispiel des Betreuten Wohnens in

						<p>Familien. (7) Christian Reumschssel-Wienert: Die ICF, das BTHG und die soziale Teilhabeplanung. (8) Jrg Michael Kastl: Inklusion, Integration und Teilhabe. - (B) Stand der Forschung und die Perspektive der Nutzenden. (9) Dirk Richter und Matthias Jger: Wohnforschung. Methodische Probleme und aktueller Forschungsstand. (10) Yvonne Kahl: Wie erleben Nutzerinnen und Nutzer des ambulant Betreuten Wohnens ihre Teilhabe? (11) Sibylle Prins: Och - 'ne Betreuung htte ich auch gerne. Gruppengesprch mit Psychiatrie-Erfahrenen, moderiert und aufgezeichnet von Sibylle Prins. (12) Ekmi Sma Bjrn: Betreutes Wohnen - och nee, oder? (13) Julia Tamm: Die Angst vor der Fremdbetreuung und die Bedeutung des Kaffeetrinkens. (14) Angelika Lacroix und Gisbert Eikmeier: Willst du etwas wissen, so frage einen Erfahrenen und keinen Gelehrten. Genesungsbegleitung als Assistenzleistung zur sozialen Teilhabe. (15) Anna Aly und Thomas Gervink: Kultureller Wandel durch den Einsatz von Genesungsbegleitern im Betreuten Wohnen. - (C) Praktisches und Alltgliches. (16) Rdiger Klein: Vor- und Nachteile unterschiedlicher Wohnformen. (17) Sabine Eikermann: Personenzentrierte Hilfeplanung: ehrgeizige Theorie, schwierige Praxis. (18) Klaus Obert: Selbst- oder Fremdbestimmung - der stndige Seiltanz im Betreuten Wohnen. (19) Ilse Eichenbrenner: Die endliche und die unendliche Betreuung. (20) Michael Konrad: Gastfamilien als bergang in ein selbstbestimmtes Leben. (21) Achim Dochat: Gemeindeintegration durch Brgerhelfer. - (C) Klienten mit besonderen Bedrfnissen. (22) Martin Reker: Betreutes Wohnen - Betreutes Trinken? (23) Ibrahim Rschoff: Andere Lnder, andere Sitten - Migranten im Betreuten Wohnen. (24) Udo Frank: Wohnen auf Bewhrung? Ehemalige forensische Patienten. (25)</p>
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							Matthias Rosemann und Michael Konrad: Teilhabe hinter verschlossenen Tren? - (D) Qualifikation der Mitarbeitenden. (26) Michael Konrad und Matthias Rosemann: Von der Betreuung zur Assistenz - Alltagskonflikte und ihre Bewltigung. (27) Christoph Walther: Zur Ausbildungssituation im Betreuten Wohnen - oder wie lernt man Betreutes Wohnen? (28) Andreas Knuf: Untersttzung fr Mitarbeitende - alte und neue Herausforderungen. (29) Nils Greve: Psychotherapeutische Grundhaltung. (30) Silke Ihden-Rothkirch: "Wir haben schon echt tolle Sachen entwickelt!". Erfahrungen mit Betrieblichem Gesundheitsmanagement. - Das Buch wurde fr die vorliegende zweite Auflage vollstndig bearbeitet.
Rosenfeld, Barry; Cham, Heining; Pessin, Hayley; Breitbart, William	2018	Why is Meaning-Centered Group Psychotherapy (MCGP) effective? Enhanced sense of meaning as the mechanism of change for advanced cancer patients	Psycho-oncology	27	2	654-660	<p>OBJECTIVES</p> <p>Meaning-Centered Group Psychotherapy (MCGP) has been demonstrated to be an effective method for improving advanced cancer patients' quality of life and reducing their depression, hopelessness, and desire for hastened death. To further understand MCGP, this study examined the mechanisms of change in MCGP on these outcomes via advanced cancer patients' changes of sense of meaning and peace in life.</p> <p>METHODS</p> <p>The sample data were from 2 randomized control trials that compared MCGP (n = 124) to supportive group psychotherapy (n = 94). Mediation effects of treatment status on outcomes (2 months after completion of treatment) via patients' change in sense of meaning and peace (posttreatment minus pretreatment) were tested. The outcome variables used in these analyses were quality of life, depression, hopelessness, and desire for hastened death.</p>

							<p>RESULTS Significant mediation effects via change in sense of meaning and peace on these outcomes were found. Consistent results were found using intention-to-treated statuses. Weaker, but still significant, mediation effects via change in sense of faith on these outcomes were also found.</p> <p>CONCLUSIONS Results supported the hypotheses that improvement due to MCGP is mediated by advanced cancer patients' enhanced sense of meaning. These findings highlight the importance of interventions focused on enhancing sense of meaning, as this appears to be a viable route to improve quality of life and decrease psychological distress among patients with advanced cancer.</p>
Rossen, Camilla Blach; Schriver, Karen Nissen; Tarber, Christel; Nordahl, Dorthe Vedel; Thygesen Rasmussen, Grethe; Ong, Ben; Buus, Niels	2020	"Y, what do you think about what X just said?" Conversation analysis of stance-eliciting questions in open dialogue network meetings	Journal of marital and family therapy	46	4	719–731	<p>Open dialogue is a resource-oriented approach to mental health, which aims to help those involved in a crisis situation support each other and engage in dialogue. While language use in open dialogue is generally characterized as being open-ended, nondirective, and nonevaluating on the professionals' side, little is known about the specific conversational features. The aim of this study was to analyze the interactional functions of a stance-eliciting question of the form: "Y, what do you think about what X just said?" We used conversation analysis (CA) to examine this in eight video-recorded Danish open dialogue network meetings. In CA, stance involves expressions of attitude, affect, or judgments about people or events. We describe the interactional functions of these stance-eliciting questions and discuss how clinicians used them as a tool for accomplishing neutrality. The findings can be used to gain a more</p>

							nuanced understanding of open dialogue psychotherapeutic practices.
Rossi, Fernanda S.; Javier, Sarah J.; Kimerling, Rachel	2021	An Examination of the Association Between Patient Experience and Quality of Mental Health Care Among Women Veterans	Administration and policy in mental health	48	1	61–69	Improving patient experience is one strategy that may increase the quality of mental health care if better experience is linked to the likelihood of a potentially therapeutic dose (PTD) of treatment. This study sought to examine: (1) the proportion of women veterans who obtained a PTD of mental health treatment; and (2) the association between women's experiences with Veterans Health Administration (VHA) mental health services and obtaining a PTD of mental health treatment. We assessed patient experience via a survey that measured experiences with gender-sensitive care, ease of getting care, perceived quality of care, and extent to which care met needs. We used VHA administrative data to determine mental health utilization across a national sample of 2109 women veterans with episodes of mental health care that included psychotherapy or pharmacotherapy. Results indicated that 71% of women received a PTD. Positive ratings regarding perceived quality of care and whether care met needs were associated with higher odds of receiving a PTD of treatment. Findings provide supporting evidence for the continued necessity of offering patient-centered mental health care to women veterans. Careful consideration of women veterans' mental health care experiences may be crucial in promoting high value mental health care for this population in VHA.
Rossi, Kathryn Lane	2021	Transforming grief into peace: The normal grieving mind-Memory	The American journal of clinical hypnosis	64	2	157–170	On the 19(th) of September 2020 Ernest Rossi, my husband, professional partner, and best friend of 30 years left this mortal world. His passing was a comparatively rapid process of dissipation extended over a period of approximately six days. In addition to the complex of

		construction, deconstruction, and reconsolidation					emotions and physical responses, I experienced grief. This grief affected me more than any prior loss or sadness in my life as my consciousness was altered into fluctuating quantum trance states characteristic of hypnosis while dancing on the spacetime continuum. As I transformed grief to peace, I utilized established "Rossi" principles as guidelines for effective therapeutic hypnosis and developing a satisfying life. In the tradition of our life together, I was the "operator" who had a subjective experience and yet, at the same time, I was also the "observer" who would watch, learn, and discover new knowledge. This paper is the emergent outpouring of the dynamic interplay between the observer and the operator, which is, therefore experiential, revealing, revelational, and numinous.
Rossom, Rebecca C.; Solberg, Leif I.; Vazquez-Benitez, Gabriela; Crain, A. Lauren; Beck, Arne; Whitebird, Robin; Glasgow, Russell E.	2016	The effects of patient-centered depression care on patient satisfaction and depression remission	Family practice	33	6	649–655	<p>BACKGROUND While health systems are striving for patient-centered care, they have little evidence to guide them on how to engage patients in their care, or how this may affect patient experiences and outcomes.</p> <p>OBJECTIVE To explore which specific patient-centered aspects of care were best associated with depression improvement and care satisfaction.</p> <p>METHODS Design: observational.</p> <p>SETTING 83 primary care clinics across Minnesota.</p> <p>SUBJECTS Primary care patients with new prescriptions for antidepressants for depression were recruited from 2007 to 2009.</p> <p>OUTCOME MEASURES</p>

							<p>Patients completed phone surveys regarding demographics and self-rated health status and depression severity at baseline and 6 months. Patient centeredness was assessed via a modified version of the Patient Assessment of Chronic Illness Care. Differences in rates of remission and satisfaction between positive and negative responses for each care process were evaluated using chi-square tests.</p> <p>RESULTS</p> <p>At 6 months, 37% of 792 patients ages 18-88 achieved depression remission, and 79% rated their care as good-to-excellent. Soliciting patient preferences for care and questions or concerns, providing treatment plans, utilizing depression scales and asking about suicide risk were patient-centered measures that were positively associated with depression remission in the unadjusted model; these associations were mildly weakened after adjustment for depression severity and health status. Nearly all measures of patient centeredness were positively associated with care ratings.</p> <p>CONCLUSION</p> <p>The patient centeredness of care influences how patients experience and rate their care. This study identified specific actions providers can take to improve patient satisfaction and depression outcomes.</p>
Rousmaniere, Tony; Goodyear, Rodney K.; Miller, Scott D.; Wampold, Bruce E.	2017	The Cycle of Excellence. Using Deliberate Practice to Improve Supervision and Training					

Rowen, Jenna; Giedgowd, Grace; Demos, Alexander	2023	Effectiveness of videoconferencing psychotherapy delivered by novice clinicians in a training clinic		17	2		<p>The coronavirus disease (COVID-19) pandemic forced care providers, including training clinics, to quickly shift mental health services to a remote modality to continue serving vulnerable populations. However, research on the effectiveness of psychotherapy delivered by novice clinicians using videoconferencing technology is limited. Therefore, the goal of this study was to examine the effectiveness of psychotherapy via videoconferencing technology, delivered by doctoral student trainees in a community training clinic. Participants (n = 34) were ethnically diverse, adult, outpatient psychotherapy clients from a large, urban setting, and the university community. Student clinicians (n = 11) were novice psychotherapy providers in their second or third year of training. Results indicated that client scores on inventories of overall distress Outcomes Questionnaire (OQ), center for epidemiological studies-depression (CES-D), and generalized anxiety disorder-7 (GAD-7) decreased significantly from baseline to the most recent readministration, and Working Alliance Inventory-Short Revised (WAI-SR) increased significantly. Collectively, by Session 16, symptom scores were in the typical range (below the clinical cutoff) for the OQ and GAD-7, and were one point above the CES-D clinical cutoff; by the 24th session, the average score on all measures was below the clinical cutoff, and WAI-SR scores approached the highest possible total score. Additionally, attendance during this time was quite high (87.6%) and was higher than rates during in-person service provision (80.7%). The results from this study suggest that novice clinicians can successfully use videoconferencing to deliver effective, evidence-based treatment in a community clinic, across a range of presenting concerns, and that such services</p>
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							can yield significant improvement of symptom distress and functioning, with patterns comparable to in-person services. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Rozek, David C.; Bryan, Craig J.	2020	Integrating crisis response planning for suicide prevention into trauma-focused treatments: A military case example	Journal of clinical psychology	76	5	852–864	<p>OBJECTIVE Posttraumatic stress disorder (PTSD) and suicidal thoughts and behaviors are common in military members and veterans and produce anxiety for many clinicians. Although there are separate interventions for PTSD and elevated suicide risk, there is not much guidance on how to integrate these approaches. Crisis response planning (CRP) is an evidence-based tool used to prevent suicide attempts that can easily be integrated into trauma-focused therapies for patients with PTSD.</p> <p>METHOD Given the high frequency of suicidal thoughts among patients with PTSD, the current paper discusses how CRP can be integrated into trauma-focused therapy. A clinical case example is provided to demonstrate how the CRP can be integrated into cognitive processing therapy for a suicidal veteran diagnosed with PTSD.</p> <p>RESULTS Using CRP within a cognitive processing therapy treatment program reduced both PTSD and suicidal ideation.</p> <p>CONCLUSIONS Suicide specific treatments can be integrated effectively into trauma-focused treatments.</p>
Rschoff, Ibrahim; Kaplick, Paul M.	2021	Islamintegrierte Psychotherapie und Beratung. Professionelle Zugänge zur					Spiritualität und religiöse Orientierung stehen als wichtige Faktoren in Psychotherapie und Beratung zunehmend im Fokus. Der steigende Anteil muslimischer Patientinnen und Patienten in der psychosozialen Versorgung führt unausweichlich zu der Frage, wie ein religionssensibler

		<p>Arbeit mit Menschen muslimischen Glaubens</p>				<p>und islamintegrierter Zugang in der beruflichen Praxis aussehen kann. In einer der ersten deutschsprachigen Arbeiten zum Thema wird - theoretisch fundiert und praxisnah zugleich - eine Fülle von Perspektiven und Konzepten zur Integration religiöser Aspekte in professionelles Handeln entwickelt. Bekennende muslimische Therapeutinnen und Therapeuten zeigen, wie es gelingen kann, den Anforderungen muslimischer Patientinnen und Patienten sowohl aus islamischer als auch aus wissenschaftlich-psychologischer Sicht gerecht zu werden, und sie schaffen auf diese Weise die Grundlagen für eine verbesserte Behandlung. - Inhalt: (A) Theorie I. Psychologischer Hintergrund. (1) Paul M. Kaplick: Islamische Elemente in der Therapie und Beratung mit praktizierenden MuslimInnen. (2) Julia Ruff: Islamintegrierte und islamintegrative Therapieansätze. Methodik und Implikationen für die Psychotherapieforschung. (3) Malik Keklik: Religiosität als Resilienzfaktor am Beispiel von Substanzmissbrauch bei traumatisierten muslimischen Geflüchteten. - (B) Theorie II. Epistemologische und theologische Konzepte. (4) Navid Chizari: Zwischen Ideologie und Theologie. Eine Gegenüberstellung von islamisch-psychologischer Literatur und klassisch-islamischen Texten. (5) Martin Kellner: Psychische Entitäten bei Koranexegeten. Ansatz zum islamischen Verständnis der Seele. - (C) Praxis I. Psychotherapie. (6) Malika Laabdallaoui: Anwendung der religiös-spirituellen Anamnese "SPIR" in der Psychotherapie muslimischer PatientInnen. (7) Ibrahim Rschoff: Zur Integration islamischer Spiritualität in die tiefenpsychologisch fundierte Psychotherapie mit muslimischen PatientInnen. (8) Hadya Hassan-Michl: Aspekte tiefenpsychologischer Psychotherapie mit</p>
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						<p>muslimischen Kindern und Jugendlichen. Zwischen Erwartungen der Eltern und Loyalitätskonflikten der Kinder und Jugendlichen. (9) Ahmed A. Karim: Methoden zur Integration islamischer Elemente in die kognitive Verhaltenstherapie. (10) Amin Loucif: Beratung und Therapie muslimischer Paare. Zur Integration kulturell orientierter und islamischer Konzepte. (11) Elif Alkan Hrtwig: Als die Psychiatrie in die Moschee kam. Ein Erfahrungsbericht zur beratenden Arbeit des "PIRA"-Projekts in den muslimischen Gemeinden in Berlin. - (D) Praxis II. Beratung. (12) Sabrina Fuchs-El Bahnasawy: Sozialpädagogik an muslimischen Schulen. Begleiten, Stärken und Fördern in der Adoleszenz. (13) Abdel Qader Borno: Schöpfergedanke und Spiritualität im sozialpädagogischen Beratungsprozess junger Männer. (14) Zeynep Elibol: Von BeraterInnen und SufermeisterInnen. Islamisch inspirierte Achtsamkeitsübungen und ihre Implementierung in der hypnosystemischen Beratung als Entspannung. (15) Ahmad Bransi: Zur Situation der psychotherapeutischen Behandlung von muslimischen PatientInnen in Deutschland. Eine telefonische Befragung von leitenden ÄrztInnen und PsychologInnen in Akut- und Rehabilitationseinrichtungen und Sichtung der Internetauftritte verschiedener Kliniken mit interkulturellen Angeboten. (16) Mohammad Imran Sagir: Religion und Spiritualität in der Beratungspraxis des muslimischen Seelsorgertelefons. (17) Mounib Doukali im Gespräch mit Ibrahim Rschoff: Zwischen Fatwa und psychosozialer Beratung. Imame im Spannungsfeld von Theologie, Beratung und Seelsorge.</p>
Rubenis, Adam J.; Baker, Amanda L.;	2021	Methamphetamine use and technology-	Addictive behaviors	121	106881	Engagement with face-to-face psychosocial interventions is often compromised in people using methamphetamine (MA), in the context of high rates of polysubstance use,

Arunogiri, Shalini		mediated psychosocial interventions: A mini-review					<p>mental health disorders, cognitive impairment and geographic isolation. Technology-mediated interventions offer flexible ways of engaging with treatment and are readily accessible. This mini-review evaluates evidence from eight studies for the effectiveness of telephone, mHealth (text-messaging and apps) and computer-based interventions for MA use. Two papers from one telephone counselling study showed a small improvement in MA-related outcomes, particularly for individuals in active use. However, a directive counselling style was associated with a higher likelihood of MA use during recovery for those higher in resistance to authority. Text-messaging interventions generally showed small but significant reductions in MA use in non-treatment seekers. When compared, there was no significant difference in level of MA use reduction between interactive, automated and self-monitoring text messages. Studies in other modalities (smartphone app, one trial; computer-based interventions, two trials) did not confer statistically significant reductions in MA use, though were likely impacted by app design and participant characteristics. Preliminary findings hint at the potential effectiveness of telephone counselling in aftercare and the capacity for text-messaging to reach those who are not in treatment. Given the small amount of existing literature, this review discusses the potential value of emerging interventions, the importance of adapting interventions to the characteristics of people who use MA and suggests specific directions for research in each technology modality.</p>
Rudden, Marie G.	2022	“A weird culture of coercion”: The impact of	Appl Psychoanal Studies	19	3	270–290	

		health care corporatization on clinicians	(International Journal of Applied Psychoanalytic Studies)				
Rudolph, Bärbel; Wünsch, Alexander; Herschbach, Peter; Dinkel, Andreas	2018	Cognitive-Behavioral Group Therapy Addressing Fear of Progression in Cancer Out-Patients	Psychother Psychosom Med Psychol	68	1	38-43	<p>Fear of progression (FoP) is an appropriate, rational response to the real threat of cancer and its treatments. However, patients experiencing elevated, dysfunctional levels of FoP often feel severely distressed and are in need of treatment. We previously conducted a (partly-)randomized controlled study with cancer patients undergoing in-patient rehabilitation and showed that a brief, four-session cognitive-behavioral group therapy significantly reduced dysfunctional FoP. In this report, we describe the adaption of the cognitive-behavioral group therapy program for use with cancer out-patients. This group therapy program was conducted in the psycho-oncological out-patient department of a large university hospital. It comprises 6 group sessions lasting 90 min each. Because of the larger number of sessions there is more room for the use of exposure-based techniques. Imaginal exposure is used to confront the patient's cancer-related fears and worries. Patients are asked to vividly recount their worries and to think of what would be the worst that can happen (worst-case scenario exercise). In addition, interventions that focus the patient's resources are applied. The completion of 3 group therapies in the pilot phase supported the feasibility of the program. Pre-post evaluation (n=10) revealed a significant decline of FoP (Fear of Progression Questionnaire, FoP-Q) from M=12,0 (SD=2,0) to M=10,3 (SD=1,7), p=0.029. This represents a large effect (Cohen's d=0.9). Three out of 14 participants (21%) quit treatment</p>

						after 2 sessions. In sum, the results and our experiences show that this out-patient group therapy program is feasible and probably effective. However, it also shows that some patients regard confronting their cancer-related fears and worries as too stressful. High ambivalence with regard to exposure seems to increase the risk for premature termination. Thus, cancer patients should be thoroughly educated before starting exposure-based treatment of dysfunctional FoP.
Ruiz, Francisco J.; Peña-Vargas, Andrés; Ramírez, Eduar S.; Suárez-Falcón, Juan C.; García-Martín, María B.; García-Beltrán, Diana M.; Henao, Ángela M.; Monroy-Cifuentes, Andrea; Sánchez, Pili D.		Efficacy of a two-session repetitive negative thinking-focused acceptance and commitment therapy (ACT) protocol for depression and generalized anxiety disorder: A randomized waitlist control trial	Psychotherapy	57	3	This parallel randomized controlled trial aimed to evaluate the effect of acceptance and commitment therapy (ACT) focused on disrupting repetitive negative thinking (RNT) versus a waitlist control (WLC) in the treatment of depression and generalized anxiety disorder (GAD). Forty-eight participants with a main diagnosis of depression and/or GAD were allocated by means of simple randomization to a 2-session RNT-focused ACT intervention or to the WLC. The primary outcomes were emotional symptoms as measured by the Depression, Anxiety, and Stress Scales–21. Process outcomes included ACT- and RNT-related measures: general RNT, experiential avoidance, cognitive fusion, values, and generalized pliance. At the 1-month follow-up, linear mixed effects models showed that the intervention was efficacious in reducing emotional symptoms ($d = 2.42$, 95% confidence interval [1.64, 3.19]), with 94.12% of participants in the RNT-focused ACT condition showing clinically significant change in the Depression, Anxiety, and Stress Scales–21 total scores versus 9.09% in the WLC condition (70% vs. 8% in intention-to-treat analysis). The intervention effects were maintained at the 3-month follow-up. No adverse events were found. A very brief RNT-focused ACT intervention was highly effective in the

						treatment of depression and GAD. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Rus-Calafell, Mar; Ehrbar, Nils; Ward, Thomas; Edwards, Clementine; Huckvale, Mark; Walke, Jennifer; Garety, Philippa; Craig, Tom	2022	Participants' experiences of AVATAR therapy for distressing voices: A thematic qualitative evaluation	BMC Psychiatry, 2022			Background: AVATAR therapy is an innovative therapy designed to support people with distressing voices. Voice hearers co-create a digital representation of their voice and engage in dialogue with it. Although it has been successfully tested in a powered randomised controlled trial (ISRCTN65314790), the participants' experience of this therapy has not been yet evaluated. We aimed to explore enablers and barriers to engagement with the therapy and potential for real-world impact on distressing voices. Methods: Thirty per cent of those who completed AVATAR therapy (15 people in total) and 5 who dropped out from therapy within the main AVATAR RCT were invited to participate in a semi-structured interview, which was audio-recorded and subsequently transcribed. Results: Fourteen therapy completers (28% of the full sample) and one person who dropped out of therapy after 1 active session, were interviewed. Thematic analysis was used to explore the interviews. A total of 1276 references were coded, and five overarching themes identified: AVATAR therapy set-up; voice embodiment and associated emotions; working in a safe space (supported by the therapist); learning new ways of relating to the voices; impact of therapy on everyday life. Overall, the therapy set-up, with its digital components and its distinctive features as compared with common face-to-face talking therapies, was satisfactory. The inclusion of technology was well accepted as both a means to deliver the therapy and a tool to create a digital representation of the person's distressing voice. The co-creation of the avatar and the enactment of the relationship between the person and the voice were perceived as a very helpful

							<p>process to promote the therapeutic dialogue. Participants reported engaging well with the therapist and feeling supported and identified specific learnt strategies to deal with the voices and how they have had an impact on everyday life. Conclusions: AVATAR therapy is acceptable and provides benefit for participants with psychosis. Our results highlighted the enablers and challenges of working dialogically with distressing voices using a digital representation and dealing with highly demanding emotional, cognitive, and relational processes linked to the experience. Our analysis also identified the core strategies learnt by participants and how these were generalised to their daily life resulting into a positive change in different domains, and in particular broader social relationships.</p>
Russell, Laurie H.; Bardeen, Joseph R.; Clayson, Kelsi A.; Dolan, Sara L.; Fergus, Thomas A.	2020	The closed response style and posttraumatic stress: Examining the interaction between experiential avoidance and cognitive fusion among women experiencing sexual trauma	Psychological Trauma: Theory, Research, Practice, and Policy	12	6	627–634	<p>Objective: Experiential avoidance and cognitive fusion synergistically form what is known as the closed response style. Prior study findings indicate that the closed response style, examined as an interaction between experiential avoidance and cognitive fusion, relates to posttraumatic stress symptom severity among a heterogeneous sample of trauma survivors. The present study sought to extend those findings by examining the association between the closed response style and posttraumatic stress symptom severity specifically among women who survived a Criterion A sexual trauma. Method: The sample was 136 women attending a southern U.S. university who reported Criterion A sexual trauma exposure. Participants completed self-report measures assessing the study variables. Results: The predicted interaction between experiential avoidance and cognitive fusion accounted for unique variance in posttraumatic stress symptom severity (total symptom</p>

							severity, along with hyperarousal and alterations in cognitions and mood). Simple effects indicated that experiential avoidance and cognitive fusion only shared associations with posttraumatic stress symptom severity when coupled with high levels of the other process (i.e., cognitive fusion or experiential avoidance, respectively). Conclusions: Results provide further support for the potential relevance of the closed response style to posttraumatic stress. (PsyInfo Database Record (c) 2020 APA, all rights reserved)
Russell, William P.; Breunlin, Douglas C.	2019	Transcending Therapy Models and Managing Complexity: Suggestions from Integrative Systemic Therapy	Family process	58	3	641–655	Integrative Systemic Therapy (IST) is a metatheoretical perspective for the conduct of individual, couple, and family therapy. Following a brief description of IST, this article presents developments in IST and their implication for psychotherapy integration. The nature of problem solving in IST is clarified, and the relationship between IST's essential problem-solving tasks and its core decision-making process is defined. Particular attention is paid to two dimensions of IST that have given it its name: integration and systems theory. The advantages of a therapy that is client system-centered and not model-driven are discussed, and a justification for "good enough" execution of interventions abstracted from specific models is provided. A procedure for balancing pragmatic demands of therapy with a commitment to account, as needed, for broader or deeper systemic issues is presented.
Russon, Jody; Abbott, Caroline H.; Jin, Bora; Rivers, Alannah Shelby; Winston-	2023	Attachment-based family therapy versus nondirective supportive therapy for	Suicide & life-threatening behavior	53	6	958–967	INTRODUCTION: Lesbian, gay, bisexual, and questioning (LGBQ) adolescents are particularly at risk for suicidal ideation; however, little clinical research is focused on treating this population. Attachment-based family therapy (ABFT) is among the few empirically supported youth suicide treatments adapted for LGBQ adolescents.

Lindeboom, Payne; Kobak, Roger; Diamond, Guy S.		lesbian, gay, bisexual and questioning adolescents with depression, and suicidal ideation: An exploratory study					The purpose of this exploratory study is to determine the differential treatment effects and rates of change for LGBQ and heterosexual adolescents with depression and suicidal ideation receiving either ABFT or family enhanced nondirective supportive therapy (FE-NST). METHOD: The sample included 129 adolescents (31% LGBQ), ages 12-18 randomized to the two treatment groups. Multilevel modeling was used to examine individual changes in depression and suicidal ideation over the 16-week treatment. RESULTS: Results revealed that LGBQ adolescents in the ABFT condition showed a greater rate of reduction in depressive symptoms over treatment, slope = -0.94, $p < 0.001$, than did LGBQ adolescents in the NST condition, slope = -0.41, $p = 0.12$. Heterosexual adolescents showed symptom reduction in both treatment conditions (ABFT slope = -0.47, $p < 0.001$; NST slope = -0.79, $t(113) = -7.48$, $p < 0.001$). Changes in suicidal ideation were found across time, but not across conditions. CONCLUSION: LGBQ adolescents in the ABFT condition had a sharper decrease in depressive symptoms and better outcomes at week 16.
Rust, Heidrun; Hammer, Andrea	2017	Borderline-Persnlichkeitsen twicklungsstrung: Handlungsleitlinien fr die Personzentrierte Beratung und Therapie mit betroffenen Jugendlichen	Person	21	1	5-22	Vorgestellt wird ein Therapiekonzept fr Borderline-Persnlichkeitsentwicklungsstrung bei Jugendlichen auf Grundlage des Personzentrierten Ansatzes unter Einbezug aktueller wissenschaftlicher Erkenntnisse zur Entwicklungspsychologie, Psychopathologie und Therapie sowie eigener Praxiserfahrungen. Ziel des Personzentrierten Vorgehens ist die Persnlichkeitsnachreifung durch korrigierende Beziehungserfahrungen. Insbesondere das Vorgehen gem der interaktionellen Therapie, einer Weiterentwicklung der Personzentrierten Therapie fr Kinder und Jugendliche, ermnglicht angstfreies Erforschen von Erlebnis- und

							Sichtweisen und Erproben neuer Möglichkeiten. Auf der Grundlage des Personenzentrierten, strungsspezifischen Verständnisses der Borderline-Problematik werden Handlungsleitlinien für die Diagnostik, Beratung und Therapie der betroffenen Jugendlichen sowie ihrer erwachsenen Bezugspersonen vorgestellt.
Ryan, Gemma; Bhatti, Kiran; Duncan, Charlie; McGinnis, Susan; Elliott, Robert; Cooper, Mick	2023	Reliability and validity of an auditing tool for person-centred psychotherapy and counselling for young people: The PCEPS-YP	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	2	563–576	
Ryba, Alica; Roth, Gerhard	2019	Coaching und Beratung in der Praxis. Ein neurowissenschaftlich fundiertes Integrationsmodell					Die Praxis von Coaching und Beratung wird erlutert. Das Buch versteht sich als praxisorientierte Fortsetzung des Grundlagenwerks "Coaching, Beratung und Gehirn". Die dort psentierten theoretischen Grundlagen werden für die praktische Arbeit umsetzbar gemacht. Dadurch entsteht ein erstes integratives Coachingmodell, welches neurobiologische Grundlagenkenntnisse mit hohem Praxisbezug verbindet. Unter anderem werden folgende Punkte anschaulich gemacht: Diagnostik in der Beratung, Beziehungsgestaltung mit dem Klienten, Coachinganstze und ihre Wirkungsweisen, Wirksamkeit und Wirkfaktoren von Coaching, integratives Beratungsmodell, Werkzeuge, bungen und Fallbeispiele. - Inhalt: (A) Theorie. (1) Gerhard Roth und Alica Ryba: Coaching, Beratung und Gehirn: Neurobiologische Grundlagen wirksamer Vernderungskonzepte. (2) Alica Ryba und Gerhard Roth: Das Unbewusste im Coaching. (3) Klaus Eidenschink: Ohne Integration ist alles nichts. Skizze einer Metatheorie

						<p>der Psychodynamik. (4) Maja Storch und Julia Weber: Das Zürcher Ressourcen Modell in Theorie und Praxis. (5) Gerhard Roth: Kommentar zum Beitrag "Das Zürcher Ressourcen Modell in Theorie und Praxis". (6) Hansjörg Knzli: Spielstand 1:0 - Die Wirksamkeit von Coaching. - (B) Praxis. (7) Cord Benecke und Heidi Müller: OPD-basierte Diagnostik im Coaching. (8) Alica Ryba, inklusive eines Interviews mit Frank-M. Staemmler: Die Beziehung als Wirkfaktor. - (C) Coachinganstze. (9) Alica Ryba und Gerhard Roth: Einführung und Orientierung für das Hauptkapitel "Coachinganstze". (10) Alica Ryba: Einführung in den psychoanalytischen Ansatz. (11) Heidi Müller und Thomas Giernalczyk: Psychodynamisches Coaching. (12) Gerhard Roth: Kommentar zur Einführung in den psychoanalytischen Ansatz und zum Beitrag von Heidi Müller und Thomas Giernalczyk. (13) Alica Ryba: Einführung in den Hypnotherapeutischen Ansatz. (14) Eva Wieprecht, interviewt von Alica Ryba: Generatives Coaching. (15) Gerhard Roth: Kommentar zur Einführung in den Hypnotherapeutischen Ansatz und zum Interview mit Eva Wieprecht zum Generativen Coaching. (16) Alica Ryba: Einführung in den Verhaltenstherapeutischen Ansatz. (17) Gerhard Roth: Schemacoaching. (18) Anke Handrock und Maike Baumann: Kommentar zur Einführung in den Verhaltenstherapeutischen Ansatz und zum Beitrag von Anke Handrock und Maike Baumann. (19) Alica Ryba: Einführung in die Humanistischen Anstze. (20) Ulrich Dehner: Der Hintergrund der Transaktionsanalyse. (21) Claas-Hinrich Lammers: Emotionsfokussiertes Coaching. (22) Gerhard Roth: Kommentar zur Einführung in die Humanistischen Anstze und zu den Beiträgen von Ulrich Dehner und Claas-Hinrich Lammers. (23) Alica Ryba und Gerhard Roth, mit einer Einführung von Jörg Dierkes:</p>
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							Körperzentriertes Coaching. (24) Alica Ryba: Einführung in den Systemischen Ansatz. (25) Jürgen Kriz: Personenzentrierte Systemtheorie im Coaching. (26) Marco Ronzani: Lösungsfokussiertes Coaching. (27) Gerhard Roth: Kommentar zur Einführung in den Systemischen Ansatz und zum Beitrag von Jürgen Kriz. - (D) Modell und Gesamtfazit. (28) Gerhard Roth und Alica Ryba: Die Grundlagen des integrativen, neurobiologisch fundierten Coaching. (29) Alica Ryba und Gerhard Roth: Interventionen im Buch und Abschlussbemerkungen.
Ryba, Alica; Roth, Gerhard; Landsiedel, Stephan; Hcker, Franz-Josef; Besser- Siegmond, Cora; Marquardt, Sabine; Rosenblatt, Christian; Dannemeyer, Petra; Dannemeyer, Ralf; Mauritz, Sebastian; Grmar, Frank; Klein, Peter; Messer, Barbara; Schweizer, Adrian	2016	Themenschwerpunkt: Echte Lösungen - Mit NLP in die Zukunft. (Mit 12 Einzelbeitrügen)	Praxis Kommunikation	2	5	10-56	Das Potential des Neurolinguistischen Programmierens (NLP) für Coaching wird beleuchtet. Neben einer Darstellung von Geschichte und Zukunft des NLP werden für die Coachingpraxis bedeutsame neurowissenschaftliche Erkenntnisse erläutert. Darüber hinaus wird die Integration systemischer Ansätze in die NLP-Arbeit diskutiert. Inhalt - (1) A. Ryba und G. Roth: Für eine Professionalisierung des Coachings. Neurowissenschaftliche Erkenntnisse für die Coachingpraxis. Warum dem integrativen Coach die Zukunft gehört (S. 10-14). (2) S. Landsiedel: Die Zukunft des NLP ist gelb. Von Bedürfnissen des Mangels zu Bedürfnissen des Seins - NLP und das integrale Modell von Clare Graves (S. 16-19). (3) F.-J. Hcker: Vom Guten des Schlechten. Einblicke in die Geschichtsschreibung der NLP-Methode (S. 20-23). (4) C. Besser-Siegmond: Eloge auf ein Handwerk. NLP entstand durch präzise Erkundung erfolgreicher Interventionen berühmter Therapeuten. Und wurde selbst Quelle, aus der andere Methoden seit Jahrzehnten schöpfen (S. 24-27). (5) S. Marquardt: Wie steuere ich mein Erleben? Und wie beeinflusst dieses Erleben das der anderen? Gedanken zum intra-systemischen NLP-Ansatz (S. 28-30). (6) C. Rosenblatt:

						<p>Die Lcke schlieen. Warum Aufstellungsarbeit bei NLPlern so beliebt ist und unter welchen Voraussetzungen Aufstellungsarbeit den NLP-Ansatz sinnvoll ergnzen kann (S. 32-35). (7) P. Dannemeyer und R. Dannemeyer: Weisheit, Erkenntnis und Liebe. Fr die Arbeit mit einschrnkenden Glaubensstzen entwickelten unsere Autoren ein neues Format: Die Rose der Erkenntnis (S. 36-39). (8) S. Mauritz: Flexibilit und Strke. NLP, systemische und hypnosystemische Konzepte im Resilienz-Training (S. 40-42). (9) F. Grmar: Von der Partitur zur Musik. ber die Musikalitt echter Begegnung. Und die wahre Strke des NLP (S. 44-45). (10) P. Klein: Fhlen als ob. Wie knnen wir uns Fhigkeiten berhmter Persnlichkeiten zu eigen machen? NLP-Modeling und systemische Perspektiven (S. 46-48). (11) B. Messer: Wir Weltretter. Der Einzige, der strt, ist der Trainer. Vor allem dann, wenn er bekehren und "heilen" will (S. 50-53). (12) A. Schweizer: Es ist der Rapport, stupid! Wie wir die kommunikative Allianz aufbauen (S. 54-56).</p>
Ryum, Truls; Bennion, Mia; Kazantzis, Nikolaos	2023	Homework as a driver of change in psychotherapy	Journal of clinical psychology			<p>BACKGROUND AND OBJECTIVES: The utilization of Between-Session Homework (BSH) holds a longstanding tradition in the field of psychotherapy. Significantly, it serves as a pivotal catalyst for change within behavioral and cognitive-behavioral therapies, and has also garnered endorsement within psychodynamic and humanistic-experiential therapies. While our current conceptualization of BSH is characterized by assimilation and integration, diversity prevails in how BSH is incorporated into the treatment plan, spanning various therapy stages, thus necessitating a customized therapist-client interpersonal dynamic. Far from being a panacea, the employment of BSH emerges as a highly sophisticated and intricate clinical methodology,</p>

							<p>demanding a high degree of therapist proficiency and competence to facilitate client engagement. METHODS: In this introductory paper, we present an issue of the Journal of Clinical Psychology: In Session that exemplifies the diverse modalities through which BSH can be integrated into clinical practice across various client demographics and within distinct psychotherapeutic paradigms. We place specific emphasis on the pivotal role of BSH and its interplay with proposed mechanisms of change throughout the course of treatment. RESULTS: Initially, we provide an overarching view of the subject and expound on empirical research substantiating the efficacy of BSH in psychotherapy. Subsequently, we delve into strategies for adeptly integrating and monitoring BSH within clinical practice. CONCLUSIONS: Our primary objectives encompass affording readers a more lucid comprehension of (1) the content and nature of homework; (2) the influence of BSH on treatment outcomes; and (3) the ways through which therapists can foster client engagement with BSH. Finally, we introduce the six papers comprising this issue.</p>
<p>Saal, Jonas; Bald, Tobias; Eckstein, Markus; Ralser, Damian J.; Ritter, Manuel; Brossart, Peter; Grünwald, Viktor; Hölzel, Michael; Ellinger, Jörg; Klümper, Niklas</p>	2023	<p>Integrating On-Treatment Modified Glasgow Prognostic Score and Imaging to Predict Response and Outcomes in Metastatic</p>	JAMA oncology	9	8	1048–1055	<p>IMPORTANCE: In the era of immuno-oncology, imaging alone seems to be insufficient to capture treatment responses, as patients with stable disease treated with immunotherapy have a wide range of clinical outcomes. There is an unmet need for complementary (ideally cost-efficient) markers that enable assessment of therapy response and outcomes in conjunction with imaging. OBJECTIVES: To examine whether longitudinal changes in the modified Glasgow prognostic score (mGPS), which is based on C-reactive protein and albumin, can predict responses and outcomes in patients with metastatic renal cell carcinoma (mRCC). DESIGN, SETTING, AND</p>

		Renal Cell Carcinoma					<p>PARTICIPANTS: This post hoc analysis, conducted from October 2022 to April 2023, evaluated the prognostic and predictive performance of on-treatment mGPS in patients with mRCC being treated with atezolizumab (plus bevacizumab) or sunitinib in 2 randomized clinical trials: the phase 3 IMmotion151 study (discovery cohort) and the phase 2 IMmotion150 study (validation cohort). MAIN OUTCOMES AND MEASURES: Outcomes were investigator-assessed progression-free survival (PFS) per Response Evaluation Criteria in Solid Tumors (RECIST), version 1.1 and overall survival (OS) for survival analyses. To compare the prognostic value of the on-treatment mGPS with radiologic staging, we used RECIST assessed by the Independent Review Committee (IRC-RECIST) to ensure high data quality. RESULTS: Of the 915 patients with mRCC in the IMmotion151 discovery cohort, baseline mGPS was available for 861 patients and on-treatment mGPS for 691. The IMmotion150 validation cohort included 305 patients with mRCC, and on-treatment mGPS could be evaluated for 199. In the IMmotion150 study, on-treatment mGPS predicted outcomes as early as 6 weeks following therapy initiation, thereby opening a window for early therapy adjustments. In both clinical trials, on-treatment mGPS provided valuable prognostic information regardless of imaging-assessed treatment response at first staging. Of note, in the disease control subgroup, on-treatment mGPS exhibited superior and independent prognostic information compared with IRC-RECIST (available for 611 patients; C-index, 0.651 [95% CI, 0.588-0.714] for the mGPS during treatment vs 0.574 [95% CI, 0.528-0.619] for IRC-RECIST). CONCLUSIONS AND RELEVANCE: These data support the concept of integrating on-treatment</p>
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							mGPS for more holistic and patient-centered therapy monitoring in addition to radiologic staging to improve clinical care at a low cost for patients with mRCC.
Sabey, Allen K.; Stillar, Amanda; Lafrance, Adele	2022	Processes and outcomes of an emotion-focused family therapy two-chair intervention for transforming problematic parenting patterns	Journal of marital and family therapy	48	3	738–757	Emotion-focused family therapy (EFFT) is a therapy model which includes a two-chair intervention aimed at facilitating awareness and an interruption of problematic patterns of parenting as well as a reconnection to healthy caregiving instincts. The present study employed a task analysis to examine the process of this intervention with parents in a therapeutic setting and report on preliminary outcomes. Four trained EFFT therapists conducted chair work interventions with four parents (total of 16) and parents completed questionnaires directly following the intervention. Results indicated that most parents experienced significant emotional resolution of their love-based fears and an increase in confidence in supporting their children struggling with mental health issues. Use of the intervention in clinical settings is an effective and efficient way to support parents in responding to their children's mental health challenges. 2021 American Association for Marriage and Family Therapy.
Sabo Mordechay, Daphna; Nir, Bracha; Eviatar, Zohar	2019	Expressive writing - Who is it good for? Individual differences in the improvement of mental health resulting from expressive writing	Complementary therapies in clinical practice	37		115–121	OBJECTIVE: we examined individual differences in the effects of expressive writing. We hypothesized that moderate levels of neuroticism, low levels of experiential avoidance, and highly rated subjective severity would be linked to greater change in well-being post-writing. DESIGN: participants were randomly assigned to the expressive group (N = 104) who wrote about emotion-laden experiences, or the control group (N = 51) who wrote about everyday events. All completed the IES and BSI pre and 1, 3, and 6 weeks post-writing. RESULTS: overall, we replicated the seminal result, with greater reductions in IES scores in the expressive writing group. In

						<p>addition, in the expressive group, as expected, participants with higher severity scores had greater reductions in BSI scores. Surprisingly, individuals with high rather than moderate neuroticism and high rather than low experiential avoidance scores also experienced more benefit. CONCLUSIONS: participants who are more aware of, in touch with, and suffer more from negative feelings are those who gain the most from expressive writing. Based on this conclusion, clinical implications relevant to both psychotherapy patients and non-patients are suggested.</p>
Sachse, Meike; Mller, Gregor; Diermann, Eva; Sachse, Rainer	2019	Effekte Klrungsorientierter Psychotherapie bei Persnlichkeitsstrungen				<p>Empirische Studien zur Effektivitt Klrungsorientierter Psychotherapie (KOP) bei Klienten mit Persnlichkeitsstrungen (PD) werden dargestellt. Untersucht wurden Klientinnen und Klienten mit narzisstischer PD ("erfolgreiche", "gescheiterte" und "erfolglose" Narzisstinnen und Narzissten), mit histrionischer PD ("erfolgreiche" und "erfolglose" Histrionikerinnen und Histrioniker) sowie Klientinnen und Klienten mit dependenter und selbstunsicherer PD. Insgesamt zeigen die Ergebnisse, dass KOP hohe Effektstrken bei Klienten mit Persnlichkeitsstrungen aufweist - vor allem in den psychologischen Variablen, die fr die einzelnen Strungsbilder relevant sind. Die wichtigsten Effektstrken wurden fr selbstunsichere und erfolgreiche narzisstische Klienten gefunden; auch fr histrionische und dependente Klienten erwies sich die KOP als hoch effektiv. Selbst bei Klienten mit Distanzstrungen konnten gute Erfolge verzeichnet werden. - Inhalt: https://d-nb.info/1191130460/04</p>

Sachse, Meike; Sachse, Rainer	2021	Klrungsprozesse : Ein zentraler Aspekt der Klrungsorientier ten Verhaltensthera pie	Verhaltensthera pie und Verhaltensmedi zin	42	3	177-189	Die Prozesse einer Klrunge/kognitiven Representation von relevanten Schemata und Motiven sind in der Klrungsorientierten Verhaltenstherapie von groer Bedeutung. Es wird eine theoretische Konzeption solcher Klrungsprozesse dargestellt, ein Modell, welche psychologischen Prozesse auf Klientenseite relevant sind und durch welche Interventionen und Strategien ein Therapeut solche Prozesse konstruktiv steuern kann.
Sachse, Rainer	2016	Grundlegende berlegungen fr eine Konzeption von Psychotherapie					Ausgehend vom Hinweis, dass sich die Psychologie in den letzten 20 Jahren sehr stark weiterentwickelt hat und dass auch die Psychotherapie viele neue Konzepte entwickelt hat, werden einige berlegungen darber angestellt, wie man Psychotherapie grundlegend konzipieren sollte. Im Mittelpunkt stehen dabei folgende Aspekte: (1) Psychotherapie als ein Teilgebiet der Psychologie. (2) Menschenbild und Rahmen-Therapie-Ziele als Teil einer Psychotherapie-Konzeption. (3) Besondere Probleme, die mit psychotherapeutischer Arbeit verbunden sind (Komplexitt der psychotherapeutischen Prozesse), und deren Konsequenzen fr eine Konzeption von Psychotherapie. (4) Bedeutung der Mikro-Ebene fr eine Konzeption von Psychotherapie. (5) Psychotherapie als Wissenschaft und Psychotherapie als Anwendungsfeld (bersetzung von Wissenschaft in die Praxis).
Sachse, Rainer	2016	Was sind und was sollen Klrungsprozesse ?					Es wird dargestellt, was psychologisch unter "Klrungsprozessen" in der Klrungsorientierten Psychotherapie verstanden werden soll und wie solche Prozesse in der Psychotherapie ablaufen. Dabei werden folgende Aspekte behandelt: (1) Probleme von Patienten und die Bedeutung von Schemata. (2) Funktion, Inhalte und Arten von Schemata. (3) Klrungsprozesse (Inhalte, Funktionen, Modi). (4) Prozess und Funktionen des Explizierungsprozesses als Teilaspekt des

							Klrungsprozesses. (5) Stufen des Klrungs- und Explizierungsprozesses. (6) Steuern des Klrungsprozesses durch den Therapeuten. (7) Anregen eines intuitiv-holistischen Modus. Abschließend wird ein solcher Prozess an einem kurzen Beispiel illustriert.
Sachse, Rainer	2018	Die Beziehungs-, Inhalts- und Bearbeitungsskalen (BIBS)					Vorgestellt werden die "Skalen zur Analyse von Bearbeitung, Inhalt und Beziehung" (BIBS), eine Kurzform der "Bochumer Bearbeitungs- und Beziehungsskalen" (BBBS), die zur Erfassung relevanten Klienten- und Therapeutenverhaltens in der Klrungsorientierten Psychotherapie (KOP) entwickelt wurden. Besprochen werden die fnf Klienten-Skalen (1) KJN (Qualität der inhaltlichen Arbeit); KVE (Ausmaß an Vermeidung); KVE2 (Vermeidungsstrategien); KBF (Funktionale Beziehungsgestaltung); KBI (Interaktionsspiele) und die fnf Therapeuten-Skalen TBE (Beziehungsgestaltung durch den Therapeuten), TVE (Verstehen), TST (Steuerung), TBV (Bearbeitung der Vermeidung) und TUS (Umgang mit Spielen). Die Items sind jeweils gepolt von 0 bis 6, wobei 6 immer einen guten Prozess bedeutet.
Sachse, Rainer	2016	Beispiel für ein konfrontatives therapeutisches Vorgehen					An einem Therapie-Transkript wird ein konfrontatives Vorgehen in der Klrungsorientierten Psychotherapie demonstriert. Es handelt sich um den Fall einer 38-jährigen Patientin, seit 13 Jahren verheiratet und mit ihrer Beziehung stark unzufrieden. Sie zeigt erfolglos histrionische, aber auch dependente Tendenzen und ist wenig motiviert, in der Therapie an eigenen Aspekten zu arbeiten. Der Therapeut hat bisher stark komplementäre Beziehungsgestaltung realisiert und geht nun in einen eher konfrontativen Modus über. Ohne konfrontative Interventionen kann er der Klientin nicht deutlich machen, dass sie bei sich schauen und dass sie Annahmen, die sie macht, in Frage stellen sollte. Das

							Transkript stammt aus dem Anfang der siebten Therapiestunde: Der Therapeut nimmt ein "fehlendes Thema" als Anlass für ein konfrontatives Vorgehen.
Sachse, Rainer	2016	Klrungsprozesse in der Klrungsorientierten Psychotherapie					Dieses Buch vermittelt Therapeuten Expertise zum Anregen und Steuern von Klrungsprozessen bei Klienten in der Klrungsorientierten Psychotherapie. Dabei geht es hauptsächlich um Klrungsstrategien für die Klrunge von Schemata und Motiven, aber auch um die Kenntnis von Klrungsprozessen, um Prozessziele und Rahmenbedingungen. Es wird Wert darauf gelegt, zu erkennen, auf welcher Prozessstufe sich ein Klient befindet und was der Klient jeweils an gezielter Unterstützung durch den Therapeuten benötigt. Die angeführten Strategien sind alle empirisch getestet und haben sich in der praktischen Anwendung der Klrungsorientierten Psychotherapie vielfach bewährt. - Inhalt: (1) Was sind und was sollen Klrungsprozesse? Eine Einführung. (2) Schema-Theorie. (3) Klrunge und Klrungsprozesse. (4) Die Stufen und Prozesse des Explizierungsprozesses im Einzelnen. (5) Wie unterstützt ein Therapeut den Klrungsprozess des Klienten? (6) Therapeutische Intervention zur Klrunge. (7) Eine besondere therapeutische Strategie: Explikationen durch den Therapeuten. (8) Klrunge bis an die Kante des Möglichen. (9) Therapeut-Klient-Beziehung. (10) Ein besonderer Aspekt von therapeutischer Klrunge: Klrunge impliziter Motive. (11) Klrungsprozesse an Beispielen.
Sachse, Rainer	2017	Therapeutische Informationsverarbeitung. Verstehen und Modellbildung					Besonderheiten und Problemstellungen der Informationsverarbeitung des Psychotherapeuten im therapeutischen Prozess werden behandelt. Die Informationsverarbeitung ist im therapeutischen Prozess eine ebenso zentrale wie anspruchsvolle Aufgabe, da die vom Klienten produzierten Äußerungen simultan und "in

		im Therapieprozess					<p>Echtzeit" verarbeitet werden müssen. Therapeuten müssen dabei eine Vielzahl von Informationen bereithalten, etwa über manipulative Strategien des Klienten, über aktuelle Krisen sowie über die Therapeut-Klient-Beziehung. Die komplexen Aspekte dieser Aufgabe werden erläutert. Es wird definiert, was aus psychologischer Sicht ein Problem ist, welche Komponenten ein Problem enthält und wie Therapeuten Klienten-Modelle bilden, prüfen und elaborieren können. Therapeuten erfahren, wie sie klinische Hypothesen bilden, "in der Schwebe halten", prüfen und elaborieren können. Darüber hinaus wird aufgezeigt, welche Quellen von Missverständnissen es geben kann und wie Therapeuten die "verschlüsselten" Klienten-Aussagen "dekodieren" können. - Inhalt: (1) Die Bedeutung der therapeutischen Informationsverarbeitung. (2) Die Komplexität der Verarbeitung. (3) Basisaspekte der therapeutischen Informationsverarbeitung. (4) Der Verarbeitungsprozess. (5) Verstehen und Verstehensprozesse. (6) Die Anwendung von Wissen beim Verstehen. (7) Dimensionen therapeutischer Informationsverarbeitung. (8) Was muss ein Therapeut in der klungsorientierten Psychotherapie verstehen? (9) Modellbildung. (10) Prozesse der Modellbildung. (11) Therapeutische Heuristiken. (12) Praxis der Informationsverarbeitung. (13) Illustration von Verarbeitungsprozessen an Transkripten.</p>
Sachse, Rainer	2018	Klungsorientierte Psychotherapie psychosomatischer Störungen					<p>Ein Überblick über die klungsorientierte Psychotherapie (KOP) psychosomatischer Störungen wird gegeben. Zentrales Moment in diesem Ansatz ist die psychosomatische Verarbeitungsstruktur, eine für Klienten mit bestimmten psychosomatischen Erkrankungen, wie etwa Colitis ulcerosa oder Morbus Crohn, typische Konstellation von Verarbeitungsprozessen. Die</p>

						<p>Klientinnen und Klienten können sich schlecht abgrenzen, kaum "nein" sagen und treten nicht für ihre Rechte ein. Nach einer detaillierten Beschreibung wird eine Methode zur empirischen Erfassung dieser Verarbeitungsstruktur präsentiert. Sodann werden therapeutische Strategien der Klärungsorientierten Psychotherapie bei dieser Konstellation dargestellt: Informationen an Klienten, Motivierung der Klienten, Bearbeitung der Vermeidung und weitere therapeutische Vorgehensweisen. Bisher vorliegende empirische Ergebnisse zur Effektivität der KOP psychosomatischer Störungen werden abschließend beschrieben. - Inhalt: (A) Theorie der psychosomatischen Verarbeitungsstruktur. (1) Die Entwicklung des Konzeptes. (2) Theorie: Ein psychologisches Modell der psychosomatischen Verarbeitungsstruktur. (3) Das Ratingsystem zur Erfassung der psychosomatischen Verarbeitungsstruktur. (4) Reliabilität und Validität des Rating-Systems. - (B) Die Therapie der psychosomatischen Verarbeitungsstruktur. (5) Klärungsorientierte Psychotherapie der psychosomatischen Verarbeitungsstruktur. (6) Vermeidung und der therapeutische Umgang mit Vermeidung. (7) Weitere therapeutische Maßnahmen. (8) Klärungsorientierte Psychotherapie bei einer Klientin mit psychosomatischer Verarbeitungsstruktur. - (C) Untersuchung zur Effektivität klärungsorientierter Psychotherapie bei Klienten mit psychosomatischer Verarbeitungsstruktur. (9) Effekte klärungsorientierter Psychotherapie bei Klientinnen und Klienten mit psychosomatischer Verarbeitungsstruktur.</p>
Sachse, Rainer	2020	Personality disorders. A clarification-				<p>This practice-oriented guide presents a model of personality disorders (PDs) based on the latest research showing that "pure" PDs are due to relationship</p>

		<p>oriented psychotherapy treatment model</p>				<p>disturbances. The reader gains concise and clear information about the dual-action regulation model and the framework for clarification-oriented psychotherapy, which relates the relationship dysfunction to central relationship motives and games. Practical information is given on how to interact with clients, and clear therapeutic strategies based on a five-phase model are outlined to help therapists manage interactional problems in therapy and to assist clients in achieving effective change. The eight pure personality disorders (narcissistic, histrionic, dependent, avoidant, schizoid, passive-aggressive, obsessive-compulsive, and paranoid) are each explored in detail, and specific features of each disorder, the associated interactional motives, dysfunctional schemas, and relationship games and tests, as well as appropriate therapeutic approaches are presented. As the development of a trusting therapeutic relationship is difficult with this client group, detailed strategies and tips are given throughout. - Contents: (1) Essential basic concepts of personality disorders. (2) Characteristics of personality disorders. (3) What is clarification-oriented psychotherapy? (4) General psychological function model for personality disorders. (5) Diagnostic features of personality disorders. (6) Therapeutic strategies for clients with PD: Consequences of the model. (7) Types of personality disorders. (8) Narcissistic personality disorder. (9) Histrionic personality disorder. (10) Dependent personality disorder. (11) Avoidant personality disorder. (12) Passive-aggressive personality disorder. (13) Schizoid personality disorder. (14) Obsessive-compulsive personality disorder. (15) Paranoid personality disorder.</p>
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Sachse, Rainer	2016	Klrungsorientierte Verhaltenstherapie der Histrionischen Persönlichkeitsstrung	Persnlichkeitsstrungen - Theorie und Therapie	20	3	213-222	Psychopathologie von und ein therapeutischer Zugang zur Histrionischen Persönlichkeitsstrung werden errtert. Zunchst werden die Merkmale, die Personen mit einer solchen Strung charakterisieren, beschrieben. Dann wird der Ansatz der Klrungsorientierten Verhaltenstherapie bei der Histrionischen Persönlichkeitsstrung dargestellt. Er basiert auf einem psychologischen Funktionsmodell der Histrionischen Persönlichkeitsstrung, das folgende Komponenten enthlt: Beziehungsmotive; dysfunktionale Schemata; kompensatorische Schemata; manipulative Strategien. Anschließend werden zwei Untergruppen von Personen mit einer Histrionischen Persönlichkeitsstrung unterschieden (erfolgreiche versus erfolglose Histrioniker). Abschlieend wird das therapeutische Vorgehen skizziert. Dabei werden therapeutische Strategien bei erfolgreichen und erfolglosen Histrionikern jeweils gesondert behandelt.
Sachse, Rainer	2017	Beziehungsgestaltung in der Klrungsorientierten Verhaltenstherapie	Verhaltenstherapie und Verhaltensmedizin	38	4	344-359	Das Konzept der Beziehungsgestaltung in der Klrungsorientierten Verhaltenstherapie wird dargestellt. Dabei wird eingegangen auf die Funktion einer solchen Gestaltung und auf eine allgemeine Beziehungsgestaltung und deren Bedeutung. Ausfhrlich wird das Konzept der "komplementren Beziehungsgestaltung" erlutert. Es wird deutlich gemacht, was damit gemeint ist, welche Voraussetzungen ein Therapeut bzw. eine Therapeutin dazu erflfen muss und wie dies konkret realisiert werden kann; ebenfalls errtert wird, was genau ein Therapeut oder eine Therapeutin nicht tun sollte.
Sachse, Rainer	2019	Die zwanghafte Persönlichkeitsstrung aus	Verhaltenstherapie und Verhaltensmedizin	40	4	358-371	Die zwanghafte Persönlichkeitsstrung (ZWA) wird hier aus der Sicht Klrungsorientierter Psychotherapie beschrieben: Es wird ein psychologisches Modell der Strung vorgestellt, das Motive, Schemata, Normen und Regeln einer Person

		Klrungsorientierter Sicht					mit ZWA bercksichtigt: Aus diesem Modell wird dann ein therapeutisches Vorgehen abgeleitet, das eine spezielle Form der Beziehungsgestaltung bercksichtigt, bestimmte Vorgehensweisen zur Motivierung, zur Klrunng von Schemata und vor allem fr eine Disputation dysfunktionaler Schemata.
Sachse, Rainer	2020	Beispiel fr ein konfrontatives therapeutisches Vorgehen	Verhaltenstherapie und Verhaltensmedizin	41	1	93–97	Ein Beispiel fr ein konfrontatives therapeutisches Vorgehen in der Klrungsorientierten Psychotherapie wird vorgestellt. Das Transkript aus der siebten Therapiestunde einer 38 Jahre alten Klientin, die mit ihrer ehelichen Beziehung stark unzufrieden ist, wird wiedergegeben.
Sachse, Rainer; Fasbender, Jana	2016	Klrungsorientierte Psychotherapie mit lteren Klienten					Beschrieben wird die Klrungsorientierte Psychotherapie (KOP) mit lteren Klienten. Dabei stehen folgende Aspekte im Mittelpunkt: (1) Therapeutische Vorgehensweisen (Ablauf einer Therapie; Grundprinzipien der KOP). (2) Berentung als lebensvernderndes Ereignis mit erheblichen Folgen. (3) Psychologische Probleme des Alterns. (4) Relevante therapeutische Strategien (Problem-Definition erarbeiten; nderungsmotivation schaffen; Schemata und Probleme klren; Hinterfragen der Schemata; Entwicklung von Alternativannahmen; Ressourcen-Aktivierung; "Reframing" Herausarbeiten relevanter Ziele; Alternativen herausarbeiten und Entscheidungen treffen). (5) Psychologische Konsequenzen der Berentung. (6) Therapeutische Mglichkeiten. (7) Verluste durch Alterungsprozesse. (8) Funktionsverluste durch Schlaganfall oder Herzinfarkt. (8) Tdliche Erkrankungen und Sterben. (9) Vermeidung des Klienten und Akzeptanz des Patienten.
Sachse, Rainer; Fasbender, Jana	2017	Klrungsorientierte Psychotherapie.					Potenziale der Klrungsorientierten Psychotherapie (KOP) in der Begleitung Sterbender werden errtert. Nach einer Klrunng der Begriffe "kognitive und affektive Schemata"

		Problematische Schemata kren und bearbeiten				<p>wird zunchst eingegangen auf das zugrunde liegende hochgradig klientenzentrierte Menschenbild. Dann wird der allgemeine Ablauf der KOP, der sich typischerweise in fnf Phasen unterteilt, beschrieben. Anschließend werden ausgewhlte therapeutische Strategien fr die Begleitung am Lebensende erlutert (Problemdefinition erarbeiten; nderungsmotivation schaffen; Motive, Schemata und Probleme kren; Herausarbeiten relevanter Ziele; Hinterfragen der Schemata; Entwicklung von Alternativannahmen; Ressourcen-Aktivierung; "Reframing" Alternativen herausarbeiten und Entscheidungen treffen). Dann werden therapeutische Ansatzpunkte der KOP am Lebensende beschrieben (das Erleben unterschiedlicher Verluste und der Umgang damit; Funktionsverluste durch Erkrankungen; Konfrontation und Umgang mit einer tdlichen Erkrankung; besondere psychologische Konsequenzen in Bezug auf den Persnlichkeitsstil des Klienten; Vermeidung des Klienten und Akzeptanz des Therapeuten).</p>
Sachse, Rainer; Fasbender, Jana; Breil, Janine; Sachse, Meike	2021	Klrungsorientierte Psychotherapie der histrionischen Persnlichkeitsstrung				<p>Der Ansatz der klrungsorientierten Psychotherapie zur Behandlung histrionischer Persnlichkeitsstrungen wird dargestellt. Die histrionische Persnlichkeitsstrung ist hoch ich-synton, so dass die Personen oft keine Veranlassung zu einer konstruktiven therapeutischen Mitarbeit sehen. Vor diesem Hintergrund werden vielfach erprobte, erfolgreiche Strategien zum Umgang mit dieser Herausforderung vermittelt. Ausgehend von einem psychologischen Funktionsmodell der histrionischen Strung wird eine Unterscheidung zwischen erfolgreichen und erfolglosen Histrionikern und Histrionikerinnen getroffen. Fr beide wird aufgezeigt, welche Charakteristika die Strung aufweist und welche therapeutischen Probleme zu erwarten sind. Des</p>

						<p>Weiteren werden therapeutische Prinzipien beschrieben wie komplementre Beziehungsgestaltung, Konfrontation, Klärung relevanter Schemata, Bearbeitung von Alienation, und es wird auf spezifische therapeutische Strategien für erfolgreiche und erfolglose Histrionikerinnen und Histrioniker eingegangen. Mögliche schwierige Interaktionssituationen werden dargestellt und therapeutische Bewältigungsstrategien dafür werden erörtert. Die therapeutische Vorgehensweise und die resultierenden Klienten-Reaktionen werden anhand von Transkripten illustriert, wobei auch auf den Umgang mit Interaktionstests thematisiert wird. - Inhalt: (1) Histrionische Persönlichkeitsstruktur: Konzept und Diagnostik. (2) Strukturtheorie - Ein psychologisches Modell der histrionischen Persönlichkeitsstruktur. (3) Therapeutische Strategien bei histrionischer Persönlichkeitsstruktur (therapeutische Grundhaltungen; Therapiephasen (Aufbau von Beziehungskredit, Aufbau von Änderungsmotivation durch Transparentmachen der Spielstruktur, Klärung relevanter Schemata, Bearbeitung der Schemata, Aufbau authentischen Verhaltens und Transfer in den Alltag), Alienation und ihre therapeutische Bearbeitung, therapeutische Strategien bei erfolglosen Histrionikern; Fazit). (4) Beispiele für therapeutische Vorgehensweisen bei Histrionikern (komplementres Handeln; konfrontatives Handeln; Schema-Bearbeitung). (5) Therapeutischer Umgang mit schwierigen Interaktionssituationen (Umgang mit manipulativen Strategien zu Therapiebeginn, Umgang mit histrionischem Testverhalten). (6) Therapeutischer Umgang mit erfolglosen Histrionikern. - Das Buch wurde für die vorliegende zweite Auflage aktualisiert.</p>
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Sachse, Rainer; Kramer, Ueli	2016	Die Schema-Borderline-Strung					Ausgehend vom Konzept "dysfunktionale Schemata" werden zentrale Mechanismen der Borderline-Strung errtert. Zunchst werden Begriff, Inhalte, auslsende Situationen und Wirkungen von dysfunktionalen Schemata behandelt. Dann wird erlutert, wie sich dysfunktionale Schemata im der Biographie ausbilden, und der Zusammenhang zwischen Beziehungsmotiven (Anerkennung, Wichtigkeit, Verlslichkeit, Solidaritt, Autonomie, Grenzen/Territorialitt) und psychologischen Auswirkungen dysfunktionaler Schemata wird thematisiert. Personen, die auf allen Beziehungsmotiven traumatisiert sind und somit auf allen sechs Motiven massiv negative Schemata aufweisen, werden als "Schema-Borderline-Patienten" bezeichnet, die Probleme aufweisen, die deutlich ber die von Patienten mit "reinen Persnlichkeitsstrungen" hinausgehen. Die Bedeutung dysfunktionaler Selbst- und Beziehungsschemata fr die Entwicklung von (meist) mehreren Persnlichkeitsstrungen bei Schema-Borderline-Patienten wird besprochen und Beispiele fr die sechs Beziehungsmotive fr dysfunktionale Selbst- und Beziehungsschemata und fr "zentrale Schemata" werden prsentiert. Deren Konsequenzen fr Identitt und Beziehung werden ebenso diskutiert wie der therapeutische Umgang mit ihnen.
Sachse, Rainer; Kramer, Ueli	2019	Clarification-oriented psychotherapy of dependent personality disorder	Journal of contemporary psychotherapy	49	1	15-25	Clarification-oriented psychotherapy, an integrative form of psychotherapy for dependent personality disorder, is presented. Based on a generic theoretical model, a specific model of the psychological functioning of dependent personality disorder is developed. This model serves as a rationale to developing therapeutic intervention strategies aiming at addressing the specific problems related with the disorder. Special therapeutic problems which may occur in the process are discussed.

							The theoretical elaboration is illustrated by means of a clinical case presenting with dependent personality disorder. (c) Springer Science+Business Media
Sachse, Rainer; Mller, Gregor	2016	Paartherapie: Erstellen einer Problemliste					An einem Therapie-Transkript wird demonstriert, wie ein Therapeut in der Klrungsorientierten Paartherapie mit einem "schwierigen" lesbischen Paar mit Paarproblemen eine Problemliste (Phase 2 des Therapieprozesses) erstellt. Das Transkript illustriert, worum es bei der Erstellung einer gemeinsamen Problemliste geht, wie der Therapeut diese einfhrt, wie er die Interaktion steuert, die Benennung der Themen herausarbeitet und die Klienten, die sich nicht an die Regeln halten, auf den Punkt zurckfhrt. Der Therapeut realisiert gleichzeitig ein hohes Ausma an Steuerung und an Beziehungsgestaltung. Die Klienten neigen dazu, schon in die Themen einzusteigen und der Therapeut muss sie hufig auf die Aufgabe zurckfhren. Der Therapeut muss aber auch viel Verstdnis aufbringen, empathisch sein - ein Balance-Akt, denn der Umgang mit den "heien Themen" neigt dazu, dass die Konflikte schnell eskalieren; aber genau das sollen sie nicht.
Sachse, Rainer; Mller, Gregor	2016	Paartherapie: Konflikt- Bearbeitung					An einem Therapie-Transkript wird gezeigt, wie ein Therapeut in der Klrungsorientierten Paartherapie die Konfliktbearbeitungsphase (Phase 3 des Therapieprozesses) realisieren kann. Es handelt sich um ein Paar, der Mann Mitte 40, die Frau Ende 20; sie wohnt bei ihm in seinem Haus und er erwartet, dass sie sich seinen Regeln anpasst, was sie aber nicht will. Anschließend werden die Inhalte des Transkripts kommentiert.
Sachse, Rainer; Mller, Gregor	2016	Verlauf einer Therapie mit einem					Kommentierte Transkripte der Klrungsorientierten Psychotherapie mit einem 56-jhrigen narzisstischen Klienten werden vorgestellt. Sie beziehen sich auf

		narzisstischen Klienten					folgende Abschnitte des Therapieprozesses: (1) das Anfangsgesprch, bei dem sich der Klient langsam an das Thema herantastet und der Therapeut in hohem Mae Beziehungsgestaltung realisiert; (2) einen Klienten-Text aus der Phase der Beziehungsgestaltung (in Phase 1) und der Entwicklung des Arbeitsauftrags (in Phase 2), bei dem der Klient damit unzufrieden ist, dass der Therapeut nicht schnell genug Vernderungen erzeugt; (3) ein Transkript zu Beginn der Explizierungsphase, bei dem der Klient beginnt, sich langsam auf Klrungsprozesse mit dem Therapeuten einzulassen.
Sachse, Rainer; Mller, Gregor	2018	Klrungsorientierte Paartherapie: Erstellen einer Problemliste	Verhaltenstherapie und Verhaltensmedizin	39	4	442–451	Im vorliegenden Beitrag wird an einem Therapie-Transkript demonstriert, wie ein Therapeut im Rahmen einer Klrungsorientierten Paartherapie mit einem "schwierigen" lesbischen Paar mit Paarproblemen eine Problemliste erstellt. Das Transkript demonstriert, worum es bei der Erstellung der gemeinsamen Problemliste geht, wie der Therapeut diese einfhrt, wie er die Interaktion steuert, die Benennung der Themen herausarbeitet und die Klienten, die sich nicht an Regeln halten, auf den Punkt zurckfhrt.
Sachse, Rainer; Mller, Gregor	2018	Klrungsorientierte Paartherapie: Konfliktbearbeitung	Verhaltenstherapie und Verhaltensmedizin	39	4	452–464	Im vorliegenden wird an einem Transkript gezeigt werden, wie ein Therapeut in der Klrungsorientierten Paartherapie die Konfliktbearbeitungsphase der Paartherapie realisieren kann.
Sachse, Rainer; Pauly, Sebastian	2018	Erarbeitung einer kompakten SESA-Skala zur Erhebung der Selbstwerteinsc hzung					Es wird untersucht, ob es sinnvoll ist, eine verkrzte Version der "Skala zu Erfassung der Selbstkzeptierung" (SESA), die ausschlielich die "echte" Selbstwerteinsc hzung erfasst, in der Therapiepraxis anzuwenden. Dazu wurden faktorenanalytische Untersuchungen an Stichproben von 285 Klienten und 579 Klientinnen im Alter von 18 bis 73 Jahren (Durchschnittsalter: 41,5 Jahre) durchgef hrt. Im Mittelpunkt stand dabei die Frage, wie sich die 29 SESA-

							Items auf drei gemeinsame Komponenten reduzieren lassen. Die sich ergebende Skala "echte Selbstwerteinschtzung" kann als mgliche Alternative zum gesamten SESA-Fragebogen eingesetzt werden, wenn die echte Selbstwerteinschtzung unabhngig von Exkulpierungsstrategien und sozialer ngstlichkeit evaluiert werden soll. Die Konzepte echte Selbstwerteinschtzung, Exkulpierungsstrategien und soziale ngstlichkeit stehen inhaltlich in einem Bezug zueinander. Der Einsatz der Skala "echte Selbstwerteinschtzung" wird in der Therapiepraxis dann als ntzlich erachtet, wenn die Anzahl der von Klienten zu bearbeitenden Items begrenzt werden soll.
Sachse, Rainer; Pauly, Sebastian	2018	Zur Effektivitt Klrungsorientier ter Psychotherapie: Kommentar zu den Studien von Bamelis et al. zum Vergleich von Schematherapie mit Klrungsorientier ter Psychotherapie					Zwei Studien (Bamelis et al., 2014, 2015), in denen die Effektivitt von Klrungsorientierter Psychotherapie (KOP) mit der Effektivitt von Schematherapie verglichen wurde und die zum Ergebnis kommen, dass Schematherapie effektiver sei als KOP, werden kritisch analysiert. Besonders kritisch gesehen wird, dass in der ersten dieser Studien die teilnehmenden KOP-Therapeuten eine Ausbildung in klientenzentrierter Therapie und nur eine kurze Zusatzausbildung in KOP absolviert hatten; daher vergleiche die Studie im Grunde gar nicht Schematherapie mit KOP, sondern mit klientenzentrierter Therapie. Die in der Studie definierten KOP-Therapien seien daher nicht representativ fr das, was in der KOP normalerweise realisiert wird. Die zweiten Studie verlief parallel zur in der ersten Bamelis-Studie beschriebenen klinischen Effektivitt der verschiedenen Therapieformen. Es handelt sich also um die gleichen Klienten, Therapeuten und Zentren. Bei der Kostenerhebung kam heraus, dass die mittleren Kosten fr die KOP-Patienten in manchen Bereichen hher waren. Betont wird, dass die

							Kritikpunkte, die zur ersten Studie angeführt wurden, auf die zweite Studie ebenfalls zutreffen.
Sachse, Rainer; Sachse, Meike	2016	Therapeutischer Umgang mit einer erfolglosen Histrionikerin: Therapeutische Fallen					Am Beispiel eines Therapie-Transkripts aus der Behandlung einer 65-jährigen Patientin wird demonstriert, welche interaktionellen Probleme bei der Klrungsorientierten Psychotherapie mit einer erfolglosen Histrionikerin auftreten können, in welche "interaktionellen Fallen" Therapeuten geraten können und wie sie diese Fallen vermeiden kann. Die Patientin klagt über intrusive Gedanken sexuellen Inhalts, die sie aus religiös-moralischen Gründen massiv belasten und die sie "weg" haben will. Die Therapeutin hält diese Gedanken (fälschlicherweise) für Zwangsgedanken und will deren Inhalte genau explorieren; dies erweist sich jedoch als nicht möglich, denn die Klientin klagt, dass jede Konfrontation mit den Gedanken "alles noch schlimmer macht". Die Klientin sendet massive "double binds", was die Therapeutin stark unter Druck setzt; daraufhin setzt die Therapeutin die Klientin unter Druck, sie müsse sich den unangenehmen Inhalten stellen. Das Transkript ist der Beginn der 6. Therapiestunde: Die Therapeutin hat sich vorgenommen, der Klientin klarzumachen, dass sie von nun an kooperieren muss.
Sachse, Rainer; Sachse, Meike	2016	Zur Klrungsorientierten Psychotherapie der dependenten Persönlichkeitsstörung					An einem Therapie-Transkript wird demonstriert, welche therapeutischen Probleme bei der Behandlung von Patienten mit einer dependenten Persönlichkeitsstörung auftreten können und wie Therapeuten in der Klrungsorientierten Psychotherapie konstruktiv damit umgehen können. Das Transkript stellt den Anfang der vierten Stunde mit einer 35-jährigen dependenten Klientin dar, die sowohl in ihrer Ehe als auch in ihrem Beruf zunehmend Probleme bekommt, da sie versucht, anderen alles recht zu machen, jedoch gar nicht genau

							wei, was andere eigentlich wollen. Dadurch wirkt sie oft grenzüberschreitend und bevormundend, was ihr selbst so aber gar nicht auffällt. Eine Freundin hat ihr schließlich geraten, einen Psychotherapeuten aufzusuchen. Im abschließenden Kommentar wird unter anderem betont, dass der therapeutische Umgang mit dependenten Klienten vom Therapeuten große Geduld und große Stringenz erfordert.
Sachse, Rainer; Sachse, Meike	2018	Die verwendeten Untersuchungsinstrumente					Die im Rahmen der am Institut für Psychologische Psychotherapie (IPP) durchgeführten Forschungen zur Klärungsorientierten Psychotherapie (KOP) verwendeten Messinstrumente zur Erfassung des Therapieerfolgs von Klientinnen und Klienten werden kurz vorgestellt: (1) "Beck-Depressions-Inventar" (BDI). (2) "Inventar zur Erfassung Interpersonaler Probleme" (IIP-D). (3) "Brief Symptom Inventory" (BSI). (4) "NEO-Fünf-Faktoren Inventar" (NEO-FFI). (5) "Skala zur Erfassung der Selbstakzeptierung" (SESA). (6) "Skala zur Allgemeinen Selbstwirksamkeitserwartung" (SWE). (7) "Fragebogen zur Erfassung von Handlungs- versus Lageorientierung" (HAKEMP). (8) "Persönlichkeits-Stil- und Strukturs-Inventar" (PSSI). (9) Der "Emotionale-Kompetenz-Fragebogen" (EKF). (9) Fragebogen zur Motivation ("Personal Values Questionnaire" (PVQ); "Personality Research Form" (PRF)).
Sachse, Rainer; Sachse, Meike	2018	Reduktion der Erfolgsmaße auf besonders relevante Variablen					Am Institut für Psychologische Psychotherapie (IPP) bei der Klärungsorientierten Psychotherapie (KOP) wurden Untersuchungen unter anderem zur Erfassung des Therapieerfolgs von Klientinnen und Klienten durchgeführt. In diesem Zusammenhang wird informiert über die Versuche, die unternommen wurden, um die Vielzahl der verwendeten Erfolgsvariablen zu reduzieren. Berechnet wurden Pearsons-R-Korrelationen der erfassten Variablen mit einer Stichprobe von 778 Klienten (558 weiblich, 220

						<p>mnlich) mit Achse-I-Strungen sowie Klienten mit Persnlichkeitsstrungen (erfasst durch die Interviews Skid-I und Skid-II). Vorgegen wurden folgende Instrumente: "Beck-Depressions-Inventar" (BDI); "Inventar zur Erfassung Interpersonaler Probleme" (IIP-D); "Brief Symptom Inventory" (BSI); "NEO-Fnf-Faktoren Inventar" (NEO-FFI) nach Costa und McCrae; "Skala zur Erfassung der Selbstakzeptierung" (SESA); "Skala zur Allgemeinen Selbstwirksamkeitserwartung" (SWE); "Handlungskontrolle" (HAKEMP); "Persnlichkeits-Stil-und-Strungs-Inventar" (PSSI); der "Emotionale-Kompetenz-Fragebogen2 (EKF). Durch die Analyse konnte eine bersichtliche Anzahl von Variablen ausgewhlt werden, die mit hoher Wahrscheinlichkeit psychologische relevante Aspekte von Klienten abbilden.</p>
Sachse, Rainer; Sachse, Meike	2018	Zusammenhnge zwischen den Erfassungsvariablen und ihre psychologische Bedeutung				<p>Zusammenhnge zwischen den in Untersuchungen am Institut fr Psychologische Psychotherapie (IPP) ber Klungsorientierte Psychotharapie (KOP) verwendeten Messinstrumente, die zur Erfassung des Therapieerfolgs von Klientinnen und Klienten mit unterschiedlichen Persnlichkeitsstrungen, psychosomatischer Verarbeitungsstruktur und depressiven Strungen verwendet wurden, werden analysiert. Eingesetzt wurden folgende Instrumente: "Beck-Depressions-Inventar" (BDI); "Inventar zur Erfassung Interpersonaler Probleme" (IIP-D); "Brief Symptom Inventory" (BSI); "NEO-Fnf-Faktoren Inventar" (NEO-FFI) nach Costa und McCrae; "Skala zur Erfassung der Selbstakzeptierung" (SESA); "Skala zur Allgemeinen Selbstwirksamkeitserwartung" (SWE); "Handlungskontrolle" (HAKEMP); "Persnlichkeits-Stil-und-Strungs-Inventar" (PSSI); "Emotionaler Kompetenz-Fragebogen" (EKF). Zu den einzelnen Fragebgen gab es unterschiedlich groe Stichproben.</p>

							Insgesamt lagen bei 900 Fragebogen vor. Erfasst wurden die folgenden psychologischen Variablen: Selbstakzeptierung; Selbstwirksamkeit; Handlungsorientierung; Symptomvariablen (Neurotizismus, soziale Probleme, Erkennen eigener Emotionen, die Variablen des Persönlichkeits-Stil- und Strungs-Inventars).
Sachse, Rainer; Sachse, Meike	2016	Klrungsorientierte Psychotherapie in der Praxis II					Ausgehend von einer Darlegung der theoretischen Konzeption der klrungsorientierten Psychotherapie werden deren strungsspezifische Anwendungen beschrieben, und es werden Vergleiche mit anderen Psychotherapieformen vorgenommen. - Inhalt: (A) Theoretische Konzeption der Klrungsorientierten Psychotherapie. (1) Rainer Sachse: Was sind und was sollen Klrungsprozesse? (2) Rainer Sachse: Was macht Schemata nderungsresistent? (3) Rainer Sachse: Grundlegende berlegungen fr eine Konzeption von Psychotherapie. - (B) Strungsspezifische Anwendungen. (4) Rainer Sachse und Ueli Kramer: Die Schema-Borderline-Strung. (5) Sandra Schirm: Klrungsorientierte Psychotherapie bei Traumafolgestrungen. (6) Rainer Sachse: Die Vor- und Nachteile eines narzisstischen Persönlichkeitsstils: Ist es nur eine Belastung, ein Narzisst zu sein? (7) Rainer Sachse: Wann werden Narzissten straffllig? (8) Gregor Mller und Rainer Sachse: Klrungsorientierte Paartherapie. (9) Rainer Sachse und Gregor Mller: Paartherapie: Erstellen einer Problemliste. (10) Rainer Sachse und Gregor Mller: Paartherapie: Konflikt-Bearbeitung. (11) Rainer Sachse und Jana Fasbender: Klrungsorientierte Psychotherapie mit lteren Klienten. - (C) Klrungsorientierte Psychotherapie in der praktischen Anwendung. (12) Rainer Sachse: Beispiel fr ein konfrontatives therapeutisches Vorgehen. (13) Rainer

						<p>Sachse und Meike Sachse: Therapeutischer Umgang mit einer erfolglosen Histrikerin: Therapeutische Fallen. (14) Rainer Sachse und Meike Sachse: Zur Klungsorientierten Psychotherapie der dependenten Persnlichkeitsstrung. (15) Rainer Sachse und Gregor Mller: Verlauf einer Therapie mit einem narzisstischen Klienten. - (D) KOP und andere Psychotherapieformen. (16) Sandra Schirm und Rainer Sachse: Schematherapie und Klungsorientierte Psychotherapie: Ein Vergleich. (17) Stefanie Kiszkenow-Bker: Klungsorientierte Psychotherapie und Emotionsfokussierte Therapie im Vergleich. (18) Thomas A. Langens: Mentalisierungs-basierte und Klungsorientierte Psychotherapie.</p>
Sachse, Rainer; Sachse, Meike	2016	Forschung in der Klungsorientierten Psychotherapie				<p>Dargestellt wird der aktuelle Stand der Forschung in der Klungsorientierten Psychotherapie (KOP). Bercksichtigung finden aktuelle Ergebnisse der Prozessforschung, der Forschung mit neuen Erfassungsinstrumenten fr wesentliches Klienten- und Therapeutenverhalten, die Entwicklung eines Rating-Systems zur Diagnose von Persnlichkeitsstrukturen und Studien zur Effektivitt von KOP bei Persnlichkeitsstrungen. Die verwendeten Daten stammen aus den im Institut fr Psychologische Psychotherapie Bochum durchgefhrten Therapien mit Klienten unterschiedlicher Strungsbilder. - Inhalt: - (A) Prozessforschung in der KOP. (1) Prozess-Studien zur KOP und daraus abgeleitete therapeutische Konzepte. (2) Explizierungsprozesse bei Klienten mit Persnlichkeitsstrungen und Klienten mit psychosomatischer Verarbeitungsstruktur: Eine Mikro-Prozess-Analyse. - (B) Forschungen zur und mit der Beziehungs-Inhalts- und Bearbeitungsskala (BIBS). (3) Die BIBS-Analysen eines Rating-Systems. - (C)</p>

						<p>Erfolgsforschung in der KOP. (4) Untersuchung der Effekte von KOP bei Klienten mit Persönlichkeitsstrungen: Erhebungsinstrumente, therapeutisches Setting und Vorgehen bei der Untersuchung. (5) Effekte der KOP bei Klienten mit narzisstischer Persönlichkeitsstrung. (6) Wirksamkeit der KOP bei Klienten mit histrionischer Persönlichkeitsstrung. (7) Effekte der KOP bei Klienten mit dependenter Persönlichkeitsstrung. (8) Wirkung der KOP bei Klienten mit psychosomatischer Verarbeitungsstruktur. (9) Auf welche Erfolgsvariablen wirkt KOP ein. (10) Welche Persönlichkeitsstrungen profitieren wie von KOP. - (D) Die Gruppierung der Erfolgsvariablen zu Indikator-Gruppen. (11) Definition von Indikator-Bereichen. (E) Entwicklung eines Persönlichkeits-Rating-Systems. (12) Das Persönlichkeits-Rating-System.</p>
Sachse, Rainer; Sachse, Meike	2017	Klrungsorientierte Psychotherapie der schizoiden, passiv-aggressiven und paranoiden Persönlichkeitsstrung				<p>Möglichkeiten der klrungsorientierten Psychotherapie bei schizoider, passiv-aggressiver und paranoider Persönlichkeitsstrung werden aufgezeigt. Klienten mit sogenannten "Distanz-Strungen" (schizoide, passiv-aggressive und paranoide Persönlichkeitsstrung) sind zwar in der ambulanten Praxis relativ selten, bereiten in der Psychotherapie jedoch uerst groe Probleme. Sie zeichnen sich unter anderem durch starkes Misstrauen - auch gegenüber dem Therapeuten - sowie durch mangelnde nderungsmotivation, geringe Selbstffnung, durch Probleme mit der internalen Perspektive sowie durch starke manipulative Strategien und zum Teil durch hohe Aggressivitt aus. bliche therapeutische Vorgehensweisen sind oft wenig hilfreich, und Therapeuten stoen mit ihren Interventionen schnell an Grenzen. Auf der Basis einer integrativen psychologischen Theorie werden effektive therapeutische Strategien zur Beziehungsgestaltung, zur Motivierung von Klienten, zur Klrun und Bearbeitung von</p>

							<p>Schemata und zum Umgang mit schwierigen Interaktionssituationen erlutert. Zur Illustration der Strategien wird auf kommentierte Transkripte zurckgegriffen. - Inhalt: (1) Einleitung: Die schwierigen Distanz-Strungen. (2) Die schizoide Persnlichkeitsstrung. (3) Die passiv-aggressive Persnlichkeitsstrung. (4) Die paranoide Persnlichkeitsstrung.</p>
Sachse, Rainer; Sachse, Meike	2018	Forschung in der Klrungsorientierten Psychotherapie II					<p>Der aktuelle empirische Forschungsstand in der Klrungsorientierten Psychotherapie (KOP) wird dargestellt. Die KOP ist empirisch gut fundiert und zeigt hohe Effektstrken bei bisher als schwer therapierbar geltenden Klienten. Zunchst werden therapeutische Ergebnisse der KOP bei Persnlichkeitsstrungen und bei Depressionen analysiert. In einer weiteren Studie wird die Validitt eines Rating-Systems zur Erfassung der "Psychosomatischen Verarbeitungsstruktur" untersucht und gezeigt, dass dieses Verfahren in der Lage ist, typische Verarbeitungsprozesse psychosomatischer Patienten valide einzuschtzen. In weiteren Untersuchungen wird geklrt, welche Erhebungsinstrumente sich am besten fr die Beurteilung von Therapieergebnissen eignen. Einige Studien verfolgen die im Therapieprozess ablaufenden Klientenprozesse und die Interaktionen zwischen Klient und Therapeut und knnen belegen, dass die relevanten, in der KOP postulierten Prozesse sich auch empirisch nachweisen lassen. - Inhalt: (1) Rainer Sachse, Meike Sachse und Sebastian Pauly: Einleitung: Forschung in der Klrungsorientierten Psychotherapie. - (A) Untersuchungsinstrumente. (2) Rainer Sachse und Meike Sachse: Die verwendeten Untersuchungsinstrumente. - (B) Untersuchung der Messinstrumente. (3) Rainer Sachse und Sebastian Pauly: Faktorenanalyse des</p>

							<p>Selbstwirksamkeitsfragebogens (SWE). (4) Rainer Sachse und Sebastian Pauly: Zusammenhänge zwischen Persönlichkeitsstrungen: Untersuchung mit dem PSSI. (5) Rainer Sachse und Meike Sachse: Zusammenhänge zwischen den Erfassungsvariablen und ihre psychologische Bedeutung. (6) Rainer Sachse und Meike Sachse: Reduktion der Erfolgsmaße auf besonders relevante Variablen. (7) Rainer Sachse und Sebastian Pauly: Erarbeitung einer kompakten SESA-Skala zur Erhebung der Selbstwerteinschätzung. - (C) Studien zur Effektivität Klungsorientierter Psychotherapie bei Klientinnen und Klienten mit Persönlichkeitsstrungen. (8) David Freudenberg, Karoline Weiland-Heil und Rainer Sachse: Effekte Klungsorientierter Psychotherapie bei Klientinnen und Klienten mit Persönlichkeitsstrungen. - (D) Forschung zur BIBS. (9) Rainer Sachse: Die Beziehungs-, Inhalts- und Bearbeitungsskalen (BIBS). (10) Ueli Kramer und Mitarbeiter: Emotionale Verarbeitung, Interaktionsprozess und Ergebnis in der Klungsorientierten Psychotherapie von Persönlichkeitsstrungen: Eine Prozess-Outcome-Analyse. (11) Kathrin Lewis, Karoline Weiland-Heil und Rainer Sachse: Veränderung des Klienten- und Therapeutenverhaltens im Verlauf Klungsorientierter Psychotherapie. (12) Rainer Sachse: Validierung des Ratingsystems zur Erfassung der psychosomatischen Verarbeitungsstruktur (PVS).</p>
Sachse, Rainer; Sachse, Meike; Diermann, Eva	2018	Effektivität Klungsorientierter Psychotherapie bei Depressionen					<p>Die therapeutische Effektivität der Klungsorientierten Psychotherapie (KOP) bei Klienten mit depressiven Strungen wird untersucht. Dabei wird zunächst kurz das therapeutische Konzept der KOP bei Klienten mit Depression dargestellt und es wird gezeigt, dass jede Phase der Behandlung durch bestimmte Klienten-</p>

							<p>Zustnde definiert ist und von Therapeuten spezifische therapeutische Vorgehensweisen und Interventionen erfordert. Die teilnehmenden Klienten wurden einem Skid-I- und einem Skid-II-Interview unterzogen. Danach wurden sie je nach Diagnose der Gruppe der Klienten mit Major Depression (N = 47) oder der Gruppe mit Dysthymie (N = 47) zugeordnet. Fragebogendaten wurden vor Therapiebeginn und am Therapieende erhoben. Es zeigte sich, (1) dass der Therapieverlauf der Patienten mit Major Depression beraus erfolgreich ist und dass bei der zweiten Messung die psychischen Belastungen in der Regel reduziert und die depressive Symptomatik deutlich gemindert ist und (2) dass die Entwicklung der Patienten mit dysthymen Strungen beraus zufriedenstellend ist, dass gegen Ende der Therapie die psychischen Belastungen insgesamt reduziert und die depressive Symptomatik deutlich gemindert oder teilweise nicht mehr vorhanden ist.</p>
Sachse, Rainer; Sachse, Meike; Fasbender, Jana	2016	Grundlagen Klrungsorientierter Psychotherapie					<p>Das Buch stellt die Rahmenkonzeption der Klrungsorientierten Psychotherapie (KOP) dar: Die grundlegenden Prinzipien, Vorgehensweise und Strategien, die zum Verstdnis des Ansatzes erforderlich sind. Es gibt eine Einfhrung in die psychologischen Grundlagen, in die Ziele und das Menschenbild. Es stellt die Grundregeln der KOP dar, die Strategien der allgemeinen und komplementren Beziehungsgestaltung und der Motivierung von Klienten. Es fhrt in die Klrungs- und Explizierungsprozesse von Klienten ein sowie in die therapeutischen Strategien, mit deren Hilfe Therapeuten Prozesse von Klienten konstruktiv steuern knnen. Es stellt weiterhin Methoden der kognitiven und affektiven Umstrukturierung vor. Dargestellt werden weiterhin Anwendungsgebiete von KOP sowie die</p>

							strungsspezifischen Varianten. Schlielich wird ein berblick ber den Stand der Prozess- und Erfolgsforschung gegeben und gezeigt, dass es sich bei der KOP um ein empirisch validiertes Therapieverfahren handelt. - Inhalt: (1) Was ist Klrungsorientierte Psychotherapie: Ein berblick. (2) Der Klrungsprozess in der Klrungsorientierten Psychotherapie. (3) Basiskonzepte Klrungsorientierter Psychotherapie. (4) Therapeutischer Umgang mit Interaktionsproblemen bei Persnlichkeitsstrungen. (5) Indikation zur Klrungsorientierten Psychotherapie. (6) Ein Phasenmodell fr die Klrungsorientierte Psychotherapie. (7) Therapeutische Regeln in der Klrungsorientierten Psychotherapie. (8) Aspekte der Motivierung von Klienten. (9) Empirische Forschung in der Klrungsorientierten Psychotherapie. (10) Forschung mit den BIBS: Den Beziehungs-, Inhalts- und Bearbeitungsskalen. (11) Erfolgsforschung.
Sachse, Rainer; Sachse, Meike; Kramer, Ueli	2021	Entwicklung der Klrungsorientier ten Verhaltensthera pie	Verhaltensthera pie und Verhaltensmedi zin	42	3	149-161	Es wird die empirische Prozessforschung der Klrungsorientierten Verhaltenstherapie (KOV) beschrieben: Auf die Fragestellungen, Vorgehensweisen und insbesondere auf die Forschungsergebnisse. Die therapeutisch-praktischen Implikationen fr die KOV werden ausfhrlich diskutiert.
Sachse, Rainer; Walburg, Marc	2017	Umgang mit narzisstisch geprgten Klienten. Professionelles Fallverstndnis und motivierende Therapie unter					Der Umgang mit narzisstisch geprgten Klienten im Kontext der forensischen Psychiatrie wird behandelt. Anders als in anderen psychiatrischen und psychotherapeutischen Kontexten zeigen Straftter und Straftterinnen mit Therapieaufgabe meist nur geringe Bereitschaft zu Mitarbeit und Verhaltensnderungen, dafr aber besonders stark ausgeprgte dysfunktionale Eigenschaften. Insbesondere narzisstische Strungen spielen bei vielen Klienten in der Forensik eine groe Rolle. Vor diesem Hintergrund werden praktische Hilfestellungen dazu

		strafrechtlichen Bedingungen					gegeben, diese Klienten zu Zusammenarbeit und Vernderungen zu motivieren. Dabei wird auf das bereits ausgearbeitete Funktionsmodell und therapeutische Konzept der klrungsorientierten Psychotherapie zur Einschtzung und Behandlung von Klienten mit narzisstischen Strungsmerkmalen zurckgegriffen. Das differenzierte Funktionsmodell erfolgreicher und erfolgloser Narzissten ermnglicht den Zugang zu den Aspekten, die sich besonders stark auf das dysfunktionale Verhalten der Klienten auswirken. - Inhalt: (1) Persnlichkeitsgestrte Klienten unter strafrechtlichen Bedingungen. (2) Dysfunktionales Handeln. (3) Ursachen fr dysfunktionales Handeln bei narzisstischen Persnlichkeitsstrungen. (4) Grundstze des therapeutischen Vorgehens. (5) Detaillierte Ausfhrungen zur Beziehungsgestaltung. (6) Detaillierte Ausfhrungen zur Entwicklung einer Vernderungsmotivation. (7) Detaillierte Ausfhrungen zur Klrungsphase. (8) Detaillierte Ausfhrungen zur Bearbeitung von Schemata. (9) Psychologische Aspekte der Bewltigungsstrategien. (10) Ergnzende Aspekte zur Motivierungsstrategie. (11) Analyse von Images und Appellen. (12) Therapeutischer Umgang mit erfolglosen Narzissten. (13) Chancen klrungsorientierten Vorgehens unter strafrechtlichen Bedingungen.
Sack, Martin	2020	Gezielte Frderung der Persnlichkeitsentwicklung. Warum multimethodale Behandlung notwendig ist	Persnlichkeitsstrungen - Theorie und Therapie	24	1	3-10	Es wird der Frage nachgegangen, auf welche Weise in der Psychotherapie Persnlichkeits- und Identittsentwicklung gefrdert werden kann. Einleitend wird erlutert, dass die Frderung von Entwicklungsprozessen ein essenzielles Therapieziel bei Patienten darstellt, die an den Folgen von Vernachlssigung, dem Verlust nahestehender Menschen und Traumatisierungen in der Kindheit leiden. Entwicklung wird dabei als Integration von Erfahrungen

							<p>auf verschiedenen Ebenen verstanden. Folgende, in der Psychotherapie bedeutsame Ebenen werden beschrieben: die kognitiv-verhaltensbezogene Ebene, die emotional-erlebnisbezogene Erfahrungsebene und die personal-integrative Erfahrungsebene. Der fr Entwicklungsprozesse notwendige Transfer in den Alltag wird betont, und es wird erlutert, wie Persnlichkeitsentwicklung als Form von Ressourcenfrderung verstanden werden kann. Abschlieend verdeutlicht der Autor seinen Standpunkt, dass der Einsatz multimethodaler Behandlungsmethoden, insbesondere erlebnisbasierter Therapiemethoden, z.B. Musik-, Tanz- und Kunsttherapie sowie Psychodrama und andere Gruppentherapien mit interaktionellem Ansatz, in der Behandlung von Patienten mit Persnlichkeitsstrungen daher von besonders wichtiger Bedeutung ist und auch im ambulanten Therapiesetting ermoglicht werden sollten.</p>
Sadavoy, Joel; Sajedinejad, Sima; Chiu, Mary	2021	A quasi-experimental study of the effectiveness of the Reitman Centre CARERS group intervention on family caregivers of persons with dementia	International journal of geriatric psychiatry	36	6	811–821	<p>OBJECTIVES This study aims to determine the effectiveness of the Reitman Centre CARERS program on key outcomes in family caregivers (CGs) of people with dementia (PWD). The Reitman Centre CARERS program is an innovative, group psychotherapeutic skills-training intervention based on integrated problem solving techniques (PST), simulation learning and group psychotherapy designed to address each CGs' unique situation.</p> <p>METHOD Family CGs of PWD (n = 264) that were referred to Reitman Center and the partner sites were evaluated before and after completion of the 8-week CARERS program in comparison with a wait-list control group (n = 83) who received regular care in a quasi-</p>

							<p>experimental, non-randomized, multiple group, multisite trial. General linear model was used to compare the results after adjusting for baseline measures and changes in the care recipients' daily activities (Katz Index of Independence in Activities of Daily Living).</p> <p>RESULTS</p> <p>The results indicated the effectiveness and superiority of the CARERS program over usual care on measures of CG's perceived stress, depression, burden, competence, role overload, emotion and avoidance-focused coping.</p> <p>CONCLUSION</p> <p>The CARERS program as a multi-component intervention is an effective intervention that significantly improves functioning, coping skills and well-being of dementia CGs.</p>
Sagi-Dain, Lena; Peleg, Amir; Sagi, Shlomi; Singer, Amihoud	2022	The anxiety caused by abnormal results of Down syndrome screening tests	Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology	42	7	2893–2898	<p>The objective of our survey was to evaluate the anxiety experienced by women receiving abnormal results of prenatal Down syndrome screening by an electronic anonymous survey. Anxiety level was evaluated by a six-item Spielberger State-Trait Anxiety Inventory. Of 559 respondents, high anxiety scores were reported in the majority (86.0%). Higher anxiety scores were noted in women informed of the abnormal result by the caregiver vs. written answer. 59.1% of the respondents preferred the risk reported as percentage, while only 4.4% gave precedence to the current form (e.g. 1 in 100). The participants noted several factors which could relieve their anxiety, including an explanatory booklet (72.4%) or a website (77.9%). In conclusion, women receiving abnormal results of Down syndrome screening experience significant anxiety. Efforts should be made to relieve this distress, including changing the historical ratio risk format to percentage, adding a non-directive verbal</p>

							<p>annotation, an explanatory website and improving health professionals' understanding of the exact statistical meaning of the risk. Impact statement What is already known on this subject? Abnormal results of prenatal screening for Down syndrome might cause the women significant anxiety. Several simple methods are able to relieve this distress; however, they are frequently not implemented in the routine practice. What the results of this study add? We show that abnormal results of the screening tests are associated with high anxiety scores in the majority of women (86.0%). The majority of the respondents preferred the risk reported as percentage (vs. historical representation as a ratio). The participants noted several factors which could relieve their anxiety, including an explanatory booklet or a website. What the implications are of these findings for clinical practice and/or further research? Based on the results, we discuss the numerous ways able to available alleviate the distress.</p>
Sahlen, Klas-Göran; Boman, Kurt; Brännström, Margareta	2016	A cost-effectiveness study of person-centered integrated heart failure and palliative home care: Based on a randomized controlled trial	Palliative medicine	30	3	296–302	<p>BACKGROUND Previous economic studies of person-centered palliative home care have been conducted mainly among patients with cancer. Studies on cost-effectiveness of advanced home care for patients with severe heart failure are lacking when a diagnosis of heart failure is the only main disease as the inclusion criterion.</p> <p>AIM To assess the cost-effectiveness of a new concept of care called person-centered integrated heart failure and palliative home care.</p> <p>DESIGN A randomized controlled trial was conducted from January 2011 to 2013 at a center in Sweden. Data</p>

						<p>collection included cost estimates for health care and the patients' responses to the EQ-5D quality of life instrument.</p> <p>SETTING/PARTICIPANTS</p> <p>Patients with chronic and severe heart failure were randomly assigned to an intervention (n = 36) or control (n = 36) group. The intervention group received the Palliative Advanced Home Care and Heart Failure Care intervention over 6 months. The control group received the same care that is usually provided by a primary health care center or heart failure clinic at the hospital.</p> <p>RESULTS</p> <p>EQ-5D data indicated that the intervention resulted in a gain of 0.25 quality-adjusted life years, and cost analysis showed a significant cost reduction with the Palliative Advanced Home Care and Heart Failure Care intervention. Even if costs for staffing are higher than usual care, this is more than made up for by the reduced need for hospital-based care. This intervention made it possible for the county council to use €50,000 for other needs.</p> <p>CONCLUSION</p> <p>The Palliative Advanced Home Care and Heart Failure Care working mode saves financial resources and should be regarded as very cost-effective.</p>
Saimeh, Nahlah	2017	Therapie und Sicherheit im Maregelvollzug				<p>Fragestellungen und Erkenntnisse der Forensischen Psychiatrie zum Rahmenthema "Therapie und Sicherheit im Maregelvollzug" werden behandelt. - Inhalt: (1) Norbert Beck: New Drugs - neue Probleme? (2) Susanne Cordes-Welzel: Besonderheiten in den Aussagen junger Menschen. (3) Claudia Franck: 3 MRV nach 64 fr Frauen - eine Chance zur Umkehr. Einblick in eine Erfolgsgeschichte. (5) Uta von Hahn und Ursula Wiendl:</p>

						<p>Pferdegestützte Therapie - das Pferd als Spiegel des Patienten. (6) Wolfgang Happel: Das Risiko-Instrument START. (7) Die psychiatrische Haftnachsorgeambulanz aus Sicht der Führungsaufsicht. (8) Rüdiger Holzbach et al.: Integrierte Behandlung von 64-Patienten in der LWL-Klinik Warstein. (9) Ulrich Kobb: Vom (ver-)letzten Tabu zum institutionellen Umgang mit Anschuldigungen. Eine diskursethische Konversation. (10) Gefährlichkeit erkennen und behandeln: der Beitrag Pflegender. (11) Gisela Konrad: Reduktion von Self-Injury-Behavior (SIB) durch Einsatz eines Opiat-Antagonisten bei Patienten mit Borderline-Strung oder Autistischer Strung. (12) Steffen Lau: Die kriminellen Heboiden - Dissozialitt bei jugendlichen Schizophrenen. (13) Michael Lhr: Die Safewards-Interventionen als Beispiel guter psychiatrischer Praxis - auch fr den Maregelvollzug?! (14) Sandra Mller-Emminghaus und Mirko Stellmacher: "Laufend die Seele strken". Lauftherapie als Intervention in den Einrichtungen des LWL. (15) Rüdiger Mller-Isberner et al.: Die Implementierung evidenzbasierter Praktiken in forensisch-psychiatrischen Versorgungssystemen. (16) Christel Nolan: Arbeiten mit Peers im forensischen Setting - wie wirkt sich die Mitarbeit von Betroffenen auf die Patienten aus? (17) Nahlah Saimeh: Der Fall W. oder "Vom Schlachten eines Menschen aus nicht sexuellen Motiven". (18) Mareike Schler-Springorum: "False Memories" - Falsche Erinnerungen an sexuellen Missbrauch. Aussagepsychologische und juristische Perspektiven. (19) Halina Sklenarova und Michael Osterheider: "EFA" - Evaluation forensisch-psychiatrischer Ambulanzen in Bayern - Ergebnisqualitt. (20) Andrea Trost und Martina Piefke: Neue Perspektiven in der Risikoprognostik und im Risikomanagement in der</p>
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							forensisch-psychiatrischen Versorgung. (21) Sabine R. Vaih-Koch: Suchtartige Progredienz der Paraphilie am Beispiel einer Nekrophilie. (22) Marc Walburg und Rainer Sachse: Fallverständnis und klärungsorientiertes Vorgehen bei Klienten mit narzisstischen Strungen im forensischen Setting. (23) Michael A. Weber: Eine empirische Untersuchung von Schulattentaten und ihre Implikationen für Risikobeurteilung und Interventionsmöglichkeiten bei Gewalt am Arbeitsplatz Schule. (24) Maximilian Wertz und Helmut Kury: Prognosefehler vs. Prognoseirrtmer: Empirischer Zusammenhang zwischen der Einhaltung von Mindestanforderungen und der Trefferquote von Prognosegutachten laut BZR? (25) Thomas Wolf: "False Memories" - Falsche Erinnerungen an sexuellen Missbrauch, insbesondere bei lange zurückliegenden Geschehnissen - richterliche Gesichtspunkte. - Die Beiträge
Salar, Sinem; İlhan, Elif; Bülbül, Özgür; Ekici, Gamze	2022	The effectiveness of a client-centered lifestyle intervention in women with fibromyalgia syndrome: A quasi-experimental controlled study	Health care for women international	43	1-3	114-128	In this study, the authors aimed to investigate the effects of a client-centered lifestyle intervention for women with fibromyalgia syndrome on the levels of disease severity, occupational participation, anxiety, depression, and life satisfaction. The quasi-experimental controlled study was conducted at Occupational Therapy Department of Hacettepe University in Turkey between January 2018 and May 2018. Based on the literature review and basic assessments, a lifestyle intervention program was designed focusing both on the participants' occupational goals and the effects of fibromyalgia symptoms. The results were measured using the Revised Fibromyalgia Impact Questionnaire (FIQR), The Canadian Occupational Performance Measure (COPM), Hospital Anxiety and Depression Scale (HADS), and Satisfaction

							with Life Scale (SWLS). Significant differences were found in intervention group compared to control in terms of COPM-Performance ($p = .001$), COPM-Satisfaction ($p = .001$), HADS-Anxiety ($p = .009$), and HADS-Depression ($p = .001$). Although FIQR and SWLS levels improved positively in the intervention group (respectively; $p = .001$ and $p = .012$), there was no difference between the groups. According to these results, the client-centered and occupation-based lifestyle intervention applied to individuals with fibromyalgia could be effective on occupational participation and psychological symptoms.
Sales, Célia M. D.; Alves, Paula C. G.	2016	Patient-Centered Assessment in Psychotherapy: A Review of Individualized Tools	Clin Psychol Sci Pract (Clinical Psychology: Science and Practice)	23	3	265–283	
Sales, Célia M. D.; Ashworth, Mark; Ayis, Salma; Barkham, Michael; Edbrooke-Childs, Julian; Faísca, Luís; Jacob, Jenna; Xu, Dan; Cooper, Mick	2023	Idiographic patient reported outcome measures (I-PROMs) for routine outcome monitoring in psychological therapies: Position paper	Journal of clinical psychology	79	3	596–621	Idiographic patient-reported outcome measures (I-PROMs) are a growing set of individualized tools for use in routine outcome monitoring (ROM) in psychological therapies. This paper presents a position statement on their conceptualization, use, and analysis, based on contemporary evidence and clinical practice. Four problem-based, and seven goal-based, I-PROMs, with some evidence of psychometric evaluation and use in psychotherapy, were identified. I-PROMs may be particularly valuable to the evaluation of psychological therapies because of their clinical utility and their alignment with a patient-centered approach. However, there are several challenges for I-PROMs: how to generate items in a robust manner, their measurement model, methods for establishing their reliability and validity, and

							the meaning of an aggregated I-PROM score. Based on the current state of the literature, we recommend that I-PROMs are used to complement nomothetic measures. Research recommendations are also made regarding the most appropriate methods for analyzing I-PROM data.
Salzmann-Erikson, Martin; Sjödin, Marie	2018	A narrative meta-synthesis of how people with schizophrenia experience facilitators and barriers in using antipsychotic medication: Implications for healthcare professionals	International journal of nursing studies	85		7-18	BACKGROUND: It is recognized that people who are diagnosed with schizophrenia often do not fully adhere with their antipsychotic prescription. The vast majority of previous research on the topic of medical adherence is limited to quantitative research methods, and in particular, to determining correlations. OBJECTIVES: The present review was designed to describe how people who are diagnosed with schizophrenia experience and narrate pharmacological treatment with antipsychotic medication. DESIGN: A narrative meta-synthesis. DATA SOURCES/REVIEW METHOD: A search was conducted in three databases, PubMed, CINAHL and PsycINFO, to identify qualitative original research. Nine articles met the criteria for inclusion and were subjected to a qualitative interpretive meta-synthesis. RESULTS: The findings showed that patients were uninformed about medication but valued talks about medication with professionals. The findings also demonstrated that patients are motivated to take medication in order to gain stability in their life and to be able to participate in life activities and in relationships. Good support, both from relatives and professionals, also motivates them to continue taking medication. The obstacles were side-effects, pressure and compulsion, and rigid organizations. CONCLUSIONS: We advise professionals to adopt a person-centered approach to healthcare when encountering these patients and to transform the language used to describe patients from terms denoting compliance and adherence to terms

							denoting cooperation and alliance. Labeling patients as compliant or non-adherent may risk fortifying preconception of patients as static beings and obscure the patients' individual recovery process.
Sam-Agudu, Nadia A.; Odiachi, Angela; Bathnna, Miriam J.; Ekwueme, Chinazom N.; Nwanne, Gift; Iwu, Emilia N.; Cornelius, Llewellyn J.	2018	"They do not see us as one of them": a qualitative exploration of mentor mothers' working relationships with healthcare workers in rural North-Central Nigeria	Human resources for health	16	1	47	BACKGROUND: In HIV programs, mentor mothers (MMs) are women living with HIV who provide peer support for other women to navigate HIV care, especially in the prevention of mother-to-child transmission of HIV (PMTCT). Nigeria has significant PMTCT program gaps, and in this resource-constrained setting, lay health workers such as MMs serve as task shifting resources for formal healthcare workers and facility-community liaisons for their clients. However, challenging work conditions including tenuous working relationships with healthcare workers can reduce MMs' impact on PMTCT outcomes. This study explores the experiences and opinions of MMs with respect to their work conditions and relationships with healthcare workers. METHODS: This study was nested in the prospective two-arm Mother Mentor (MoMent) study, which evaluated structured peer support in PMTCT. Thirty-six out of the 38 MMs who were ever engaged in the MoMent study were interviewed in seven focus group discussions, which focused on MM workload and stipends, scope of work, and relationships with healthcare workers. English and English-translated Hausa-language transcripts were manually analyzed by theme and content in a grounded theory approach. RESULTS: Both intervention and control-arm MMs reported positive and negative relationships with healthcare workers, modulated by individual healthcare worker and structural factors. Issues with facility-level scope of work, workplace hierarchy, exclusivism and stigma/discrimination from healthcare workers were

							discussed. MMs identified clarification, formalization, and health system integration of their roles and services as potential mitigations to tenuous relationships with healthcare workers and challenging working conditions. CONCLUSIONS: MMs function in multiple roles, as task shifting resources, lay community health workers, and peer counselors. MMs need a more formalized, well-defined niche that is fully integrated into the health system and is responsive to their needs. Additionally, the definition and formalization of MM roles have to take healthcare worker orientation, sensitization, and acceptability into consideration. TRIAL REGISTRATION: Clinicaltrials.gov number NCT01936753 , registered September 3, 2013.
Sampaio, Francisco Miguel Correia; Da Sequeira, Carlos Alberto Cruz; Lluch Canut, María Teresa	2018	Contributes for the development of a psychotherapeutic intervention model in nursing: A focus group study in Portugal and Spain	Perspectives in psychiatric care	54	2	134-141	<p>PURPOSE To explore the aspects set forth as the minimum set of features that should integrate a psychotherapeutic intervention model in nursing.</p> <p>DESIGN AND METHODS Two focus groups were conducted, with the participation of 15 nursing professionals. Data were analysed thematically.</p> <p>FINDINGS Five topics previously identified were analysed: theoretical conceptualization, structure, patients' inclusion and exclusion criteria, operationalization, and evaluation of the intervention(s) effectiveness. Theoretical conceptualization has been mainly grounded on Peplau's theory. Moreover, participants believe that standardized nursing language and nursing process should be the presumptions of the model.</p> <p>PRACTICE IMPLICATIONS This study allowed the identification of a minimum set of</p>

							features that should integrate a psychotherapeutic intervention model in nursing, about which consensus must be reached with a view to its further development.
Sanders, Rudolf; Krger, Christine	2016	Die Partnerschule als schematherapeutisch orientierter und emotionsfokussierender Beratungsansatz für Paare	DAJEB- Informationsrundschreiben	233		48–70	Thematisiert wird die Bedeutung schematherapeutischer Vorgehensweisen für die Ehe- und Paarberatung. Anhand des paartherapeutischen Verfahrens Partnerschule wird aufgezeigt, wie schematherapeutische und emotionsfokussierende Behandlungselemente das konkrete Vorgehen bereichern. Abschließend wird kurz darauf eingegangen, dass sich mit einer wirksamen Ehe- und Paarberatung positive Auswirkungen auf die familialen Beziehungen und insbesondere das Befinden der Kinder ergeben.
Sandlund, Christina; Kane, Kimberly; Ekstedt, Mirjam; Westman, Jeanette	2018	Patients' experiences of motivation, change, and challenges in group treatment for insomnia in primary care: a focus group study	BMC family practice	19	1	111	BACKGROUND: The majority of patients who seek help for insomnia do so in primary health care. Nurse-led group treatment in primary care based on cognitive behavioral therapy for insomnia (CBT-I) can lead to improvements in both day- and nighttime symptoms. This study aimed to explore patients' experiences of nurse-led group treatment for insomnia in primary health care. METHODS: Seventeen patients who had participated in the group treatment program were interviewed in five focus groups. Interview transcriptions were analyzed with qualitative content analysis. RESULTS: Four themes emerged that described patients' experiences of the group treatment program. Involvement and trust open the door for change: Motivation to engage in treatment arose from patients' own desire for change, from being together with others who shared or understood their struggles, and from feeling emotionally affirmed and trustful. Competence arising from deeper understanding: Patients obtained knowledge and made it their own, which enabled them to

							<p>develop functional sleep habits and let go of sleep performance and worry. The ability to impact their insomnia increased patients' trust in their own efficacy and helped them persist in behavioral change. Struggling with vulnerability and failure: Treatment was tough, and patients could feel challenged by external circumstances. Moreover, they could distrust their own efficacy. Tailoring treatment to individual needs: Patients experienced different life circumstances and adapted the techniques to their needs and abilities by focusing on what felt right for them. CONCLUSIONS: Patients went through a process of motivation, change, and challenges. They experienced certain aspects of treatment as essential to changing behavior and achieving improvements. Examples included being in a group with others who shared similar experiences, gaining knowledge about sleep, keeping a sleep diary, and practicing the sleep restriction technique. The study provides insights into patients' struggles during treatment, both those related to external circumstances and those related to feelings of vulnerability and failure. It also highlights the importance of adapting treatment to patients' differing needs, underscoring the value of person-centered care.</p>
<p>Saracino, Rebecca M.; Polacek, Laura C.; Applebaum, Allison J.; Rosenfeld, Barry; Pessin, Hayley; Breitbart, William</p>	2021	<p>Health Information Preferences and Curability Beliefs Among Patients With Advanced Cancer</p>	<p>Journal of pain and symptom management</p>	61	1	121-127	<p>CONTEXT Accurate prognostic understanding is associated with increased advance care planning, symptom control, and patient autonomy in oncology. The impact of prognostic understanding on patients' health information preferences (HIPs) and prognostic information preferences is unknown and has important implications for health care communication.</p> <p>OBJECTIVES The present study characterized the HIPs of patients with</p>

						<p>advanced cancer; examined differences in HIPs between patients with varying curability beliefs; and identified differences in the characteristics and psychological well-being of patients with varying curability beliefs.</p> <p>METHODS</p> <p>This cross-sectional study used a secondary data analysis of baseline data (prerandomization) for patients enrolled in a large randomized controlled psychotherapy trial. 206 participants were recruited from outpatient clinics at a single facility. Inclusion criteria included: 18 years and older; English speaking, Stage IV solid tumor cancer, and Distress Thermometer score of ≥ 4.</p> <p>RESULTS</p> <p>Most participants preferred as many details as possible about their diagnosis and treatment (69.4%; n = 143), and the likely outcome of their disease (72.3%; n = 149). Most participants accurately described their cancer as unlikely curable or incurable (62.6%; n = 129). There were no significant differences in HIPs based on level of prognostic understanding. Poorer prognostic understanding was associated with religiosity and better quality of life and existential well-being.</p> <p>CONCLUSION</p> <p>In the present study, prognostic understanding (i.e., curability beliefs) was not associated with HIPs. Therefore, oncology clinicians must individually and iteratively evaluate patients' interest and preferences for receiving information. Future research should further clarify preferences for the framing and content of prognostic information from providers and improve the measurement of prognostic understanding to facilitate patient-centered end-of-life care.</p>
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Sarantakis, Nicholas P.	2020	Rediscovering meaning when entering “older age”: A counseling case study based on a lifespan development and a pluralistic approach	Practice Innovations	5	1	1-18	The entrance to “older age” is a life transition that has significant emotional and identity repercussions for individuals. Even though the recent scholarly and research literature has been increasingly investigating this area of psychotherapy, this is often approached from a “life review” perspective that tends to view meaning and fulfillment in older age as deriving more from the person’s past rather than their present life. The case study in hand explores the therapeutic encounter with a client at this stage of life from a life span development and pluralistic perspective, which emphasizes the potential for growth and meaning in later age, based on the client’s constructive reflection on their accumulated life experience and the empowerment of their own agency and drive. Thus, the “lifeline exercise” is used creatively by drawing on the client’s fondness for drawing and her lifelong connection with the ocean as a point of emotional reference. The case study argues that the particular client benefits significantly from this approach, and this further suggests that this approach can indeed produce positive outcomes, when there is a robust and collaborative therapeutic relationship and when the client is ready to engage with such creative activities in therapy. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Saredakis, Dimitrios; Keage, Hannah Ad; Corlis, Megan; Ghezzi, Erica S.; Loffler, Helen;	2021	The Effect of Reminiscence Therapy Using Virtual Reality on Apathy in Residential Aged Care: Multisite	Journal of medical Internet research	23	9	e29210	BACKGROUND: Apathy is a frequent and underrecognized neurological disorder symptom. Reduced goal-directed behavior caused by apathy is associated with poor outcomes for older adults in residential aged care. Recommended nonpharmacological treatments include person-centered therapy using information and communication technology. Virtual reality (VR) in the form of head-

Loetscher, Tobias		Nonrandomized Controlled Trial				<p>mounted displays (HMDs) is a fully immersive technology that provides access to a wide range of freely available content. The use of VR as a therapy tool has demonstrated promise in the treatment of posttraumatic stress disorder and anxiety. In addition, VR has been used to improve conditions including depression, anxiety, cognitive function, and balance in older adults with memory deficits, Alzheimer disease, and Parkinson disease. Research using VR for the symptoms of apathy in older adults living in residential aged care facilities is limited. OBJECTIVE: This study aims to examine whether using HMDs as a tool for reminiscence therapy improves the symptoms of apathy compared with using a laptop computer and physical items with older adults living in residential aged care. METHODS: In this multisite trial, 43 participants were allocated to one of three groups: reminiscence therapy intervention using VR in the form of HMDs, reminiscence therapy using a laptop computer supplemented by physical items if required (active control), and a usual care (passive control) group. The primary outcome was apathy, and the secondary outcomes included cognition and depression. The side effects of using HMDs were also measured in the VR group. RESULTS: Mixed model analyses revealed no significant group interaction over time in outcomes between the VR and laptop groups (estimate=-2.24, SE 1.89; t(40)=-1.18; P=.24). Pooled apathy scores in the two intervention groups compared with the passive control group also revealed no significant group interaction over time (estimate=-0.26, SE 1.66; t(40)=-0.16; P=.88). There were no significant secondary outcomes. Most participants in the VR group stated that they would prefer to watch content in VR than on a flat screen (X(2)(2)=11.2;</p>
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							<p>P=.004), side effects from HMD use were negligible to minimal according to the Simulator Sickness Questionnaire cutoff scores. CONCLUSIONS: Although there were no significant results in outcome measures, this study found that participants engaged in the research and enjoyed the process of reminiscing using both forms of technology. It was found that VR can be implemented in an aged care setting with correct protocols in place. Providing residents in aged care with a choice of technology may assist in increasing participation in activities. We cannot dismiss the importance of immediate effects while the therapy was in progress, and this is an avenue for future research. TRIAL REGISTRATION: Australian New Zealand Clinical Trials Registry ACTRN12619001510134; https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=378564. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR2-DOI: 10.1136/bmjopen-2020-046030.</p>
Sauer, Eric M.; Rice, Kenneth G.; Richardson, Clarissa M. E.; Roberts, Kristin E.	2017	Influence of client attachment and gender on therapy transfers: A multilevel examination	Training and Education in Professional Psychology	11	1	33–40	<p>Transferring psychotherapy clients from one clinician to another has been a common practice in most psychological training facilities (Clark et al., 2011; Flowers & Booraem, 1995). Despite this practice, very little empirical research has examined the impact of this process on psychotherapy retention and client outcomes. In the current study, we examined symptom changes over the course of 4 pretransfer and 4 posttransfer sessions in a sample of 35 adult clients receiving psychotherapy services from master's- and doctoral-level trainees in a psychology training clinic. At intake, clients completed a measure of adult attachment orientation and for each session, clients completed a measure of their overall psychological distress for the week preceding the</p>

							<p>session. Multilevel modeling analyses revealed that client attachment orientations and gender were significantly associated with transfer-related therapy outcomes. Clients with increasing levels of distress pretransfer were most at-risk for not following through with treatment posttransfer. Also, for those who did follow through, clients with more anxious attachment orientations were likely to report higher levels of psychological distress posttransfer than were those with less anxious orientations. Future work should examine whether such increased distress levels persist or are ultimately reduced through additional treatment sessions. Results suggest several issues that should be considered by supervisors and clients during the process of transferring clients to a new therapist. (PsycINFO Database Record (c) 2017 APA, all rights reserved)</p>
Sauer, Eric M.; Rice, Kenneth G.; Roberts, Kristin E.; Richardson, Clarissa M. E.	2020	Client attachment and change in mental health during psychotherapy	Psychotherapy	57	4	574-579	<p>In the current study, we used a naturalistic design to examine how client attachment orientations affect changes in client mental health over the course of treatment. We evaluated session-by-session changes in overall maladjustment levels (derived from the Outcome Questionnaire 45.2) in a sample of 105 adult clients who were seeking therapy at a large, university-based, outpatient psychology training clinic. The primary goal of this study was to investigate how client attachment orientations affected patterns of change in client overall maladjustment scores across time. Because previous findings have suggested that client attachment orientations may be associated with different patterns or differential rates of change, beyond linear changes, we also extended previous research by testing more complex models involving quadratic and cubic changes over the course of therapy. Multilevel modeling analysis revealed</p>

							that client overall maladjustment scores significantly improved throughout therapy. Results further indicated that client attachment anxiety predicted change in maladjustment during therapy. Attachment avoidance did not predict change in symptoms. With respect to attachment anxiety, we found different patterns of recovery or symptom change throughout therapy for clients with high versus low attachment anxiety. Clients low in attachment anxiety showed consistent improvements and those high in attachment anxiety exhibited low levels of therapeutic change throughout the middle of therapy despite their overall improvements. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Saulsman, Lisa M.; Ji, Julie L.; McEvoy, Peter M.	2019	The essential role of mental imagery in cognitive behaviour therapy: What is old is new again	Australian Psychologist	54	4	237–244	Abstract Objective The aim of this review is to highlight the important role of mental imagery in contemporary cognitive behaviour therapy (CBT). Method In this narrative review, we define mental imagery based on cognitive science research, present the rationale for the incorporation of mental imagery within CBT, and outline four key applications of mental imagery within CBT practice (i.e., imagery-enhanced thought records, imagery-enhanced behavioural experiments, imaginal facilitation of behaviour change, and imagery rescripting), including emerging research supporting these varied applications. Results Mental imagery is highly relevant to CBT practice because (a) it is a transdiagnostic cognitive maintaining factor of psychopathology; (b) it promotes cognitive specificity when working with clients; and (c) the emotional amplification properties of mental imagery, and its impacts on motivation and behaviour, make imagery a powerful facilitator of cognitive, affective, and behavioural change. Emerging research is promising

							regarding the potential for imagery to enhance treatment outcomes. However, further research is required to guide clinicians regarding how to best facilitate imagery interventions to maximise outcomes. Conclusions Imagery-focused interventions are an essential part of a CBT practitioner's therapeutic repertoire. Mental imagery has the capacity to bring CBT to life, facilitating conditions important for engaging and effective psychotherapy.
Sauter, Friedrich C.	2018	Rogers Merkmale und ihre Bedeutung fr ein Hilfsprojekt in Afrika	Gesprchpsych otherapie und Personzentrierte Beratung	49	2	86–90	In Form eines Erfahrungsberichts wird die Relevanz des klienten-zentrierten Ansatzes fr ein Entwicklungshilfeprogramm in Afrika dargelegt. Unter Bezugnahme auf die von Rogers formulierten Bedingungen fr den psychotherapeutischen Prozess wird der Verlauf des Hilfsprojekts "Hilfe zur Selbsthilfe im Kampf gegen AIDS und Armut in Kisada, Tansania" beschrieben.
Saxon, David; Ashley, Kate; Bishop-Edwards, Lindsey; Connell, Janice; Harrison, Phillippa; Ohlsen, Sally; Hardy, Gillian E.; Kellett, Stephen; Mukuria, Clara; Mank, Toni; Bower, Peter; Bradburn, Mike; Brazier, John;	2017	A pragmatic randomised controlled trial assessing the non-inferiority of counselling for depression versus cognitive-behaviour therapy for patients in primary care meeting a diagnosis of moderate or severe	Trials	18	1	93	BACKGROUND: NICE guidelines state cognitive behavioural therapy (CBT) is a front-line psychological treatment for people presenting with depression in primary care. Counselling for Depression (CfD), a form of Person-Centred Experiential therapy, is also offered within Improving Access to Psychological Therapies (IAPT) services for moderate depression but its effectiveness for severe depression has not been investigated. A full-scale randomised controlled trial to determine the efficacy and cost-effectiveness of CfD is required. METHODS: PRaCTICED is a two-arm, parallel group, non-inferiority randomised controlled trial comparing CfD against CBT. It is embedded within the local IAPT service using a stepped care service delivery model where CBT and CfD are routinely offered at step 3. Trial inclusion criteria comprise patients aged 18 years or over, wishing to work on their depression, judged to require a step 3

<p>Elliott, Robert; Gabriel, Lynne; King, Michael; Pilling, Stephen; Shaw, Sue; Waller, Glenn; Barkham, Michael</p>		<p>depression (PRaCTICED): Study protocol for a randomised controlled trial</p>				<p>intervention, and meeting an ICD-10 diagnosis of moderate or severe depression. Patients are randomised using a centralised, web-based system to CfD or CBT with each treatment being delivered up to a maximum 20 sessions. Both interventions are manualised with treatment fidelity tested via supervision and random sampling of sessions using adherence/competency scales. The primary outcome measure is the Patient Health Questionnaire-9 collected at baseline, 6 and 12 months. Secondary outcome measures tap depression, generic psychological distress, anxiety, functioning and quality of life. Cost-effectiveness is determined by a patient service receipt questionnaire. Exit interviews are conducted with patients by research assessors blind to treatment allocation. The trial requires 500 patients (250 per arm) to test the non-inferiority hypothesis of -2 PHQ-9 points at the one-sided, 2.5% significance level with 90% power, assuming no underlying difference and a standard deviation of 6.9. The primary analysis will be undertaken on all patients randomised (intent to treat) alongside per-protocol and complier-average causal effect analyses as recommended by the extension to the CONSORT statement for non-inferiority trials. DISCUSSION: This large-scale trial utilises routinely collected outcome data as well as specific trial data to provide evidence of the comparative efficacy and cost-effectiveness of Counselling for Depression compared with Cognitive Behaviour Therapy as delivered within the UK government's Improving Access to Psychological Therapies initiative. TRIAL REGISTRATION: Controlled Trials ISRCTN Registry, ISRCTN06461651 . Registered on 14 September 2014.</p>
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Saydy, Nadim; Moubayed, Sami Pierre; Desrosiers, Martin	2021	Patient perspectives on endoscopic sinus surgery for chronic rhinosinusitis	Journal of otolaryngology - head & neck surgery = Le Journal d'oto-rhino-laryngologie et de chirurgie cervico-faciale	50	1	34	<p>BACKGROUND: Through shared decision-making, physicians and patients can elect endoscopic sinus surgery (ESS) when maximal medical therapy fails in patients with chronic rhinosinusitis (CRS). In this study, we aim to explore the most important themes with regards to patients' perspectives on ESS. Our objective was to define the patient experience and ensure that we have congruent physician and patient goals for obtaining success. METHODS: Semi-structured face-to-face interviews were conducted with 22 patients at a tertiary-care institution in Montreal. Three themes were established a priori: living with CRS, objectives and expectations and criteria for success. This thematic approach allowed the identification, analysis and reporting of patterns found across the data set. A phenomenological methodological orientation was used. Interviews were audio-recorded and transcribed verbatim for continuous analysis. These were coded by hand by a single coder who read the transcripts multiple times and relistened to the recordings. RESULTS: Exploration of themes on patients' perspectives on ESS for CRS yielded multiple anecdotal findings, and some recurring patterns. There is a tendency for patients to focus on one principal symptom that drives their decrease in QoL. Headaches and nasal congestion seemed to impact patients' QoL the most amongst rhinologic symptoms. Hyposmia was rarely spontaneously by patients but was often a significant source of distress when prompted during interviews. Objectives and expectations seemed to be inversely proportional to number of previous surgeries and severity of symptoms preoperatively. There was a clear association between preoperative expectations and postoperative satisfaction. There was no clear pattern in</p>
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							the improvement magnitude or time improved postoperatively for patients to consider the surgery a success. CONCLUSIONS: Patients' level of satisfaction postoperatively and with their care in general is multifactorial. We believe the topic of goals and expectations regarding ESS should be discussed preoperatively for every patient with CRS. This includes patients with seemingly minor disease and patients naive to surgery, as can sometimes have exceedingly high expectations. Preoperative counselling must also include an assessment of what symptom is the most cumbersome to that particular patient, as patients tend to focus a lot on one or two symptoms. Postoperatively, we encourage clinicians to be attentive to the change in each patient's principal complaints within the context of a personalized approach and to refer back to patients' preoperative goals in their assessment of operative success.
Sayer, Nina A.; Wiltsey-Stirman, Shannon; Rosen, Craig S.; Bernardy, Nancy C.; Spont, Michele R.; Kehle-Forbes, Shannon M.; Eftekhari, Afsoon; Chard, Kathleen M.; Nelson, David B.	2022	Investigation of Therapist Effects on Patient Engagement in Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in the Veterans Health Administration	J. Traum. Stress (Journal of Traumatic Stress)	35	1	66–77	Abstract The present study examined whether certain Veterans Health Administration (VHA) therapists have more success than others in keeping patients engaged in evidence-based psychotherapies for posttraumatic stress disorder (PTSD). Our objective was to use multilevel modeling to quantify the variability between therapists in two indicators of patient engagement: early dropout (i.e., < 3 sessions) and adequate dose (i.e., ≥ 8 sessions). The phenomenon of systematic variability between therapists in patients' treatment experience and outcomes is referred to as 'therapist effects.' The sample included the 2,709 therapists who provided individual cognitive processing therapy (CPT) or prolonged exposure (PE) to 18,461 veterans with PTSD across 140 facilities in 2017. Data were extracted from administrative databases. For

							<p>CPT, therapist effects accounted for 10.9% of the variance in early dropout and 8.9% of the variance in adequate dose. For PE, therapist effects accounted for 6.0% and 8.8% of the variance in early dropout and adequate dose, respectively. Facility only accounted for an additional 1.1%?3.1% of the variance in early dropout and adequate dose. For CPT, patients' odds of receiving an adequate dose almost doubled, $OR = 1.41/0.72 = 1.96$, if they were seen by a therapist in the highest compared with the lowest retention decile. For PE, the odds of a patient receiving an adequate dose were 84% higher, $OR = 1.38/0.75 = 1.84$, when treated by a therapist in the highest compared with the lowest retention decile. Therapist skills and work environment may contribute to variability across therapists in early dropout and adequate dose.</p>
Scanferla, Elisabetta; Pachoud, Bernard; Gorwood, Philip	2022	Experiencing eight psychotherapy approaches devoted to eating disorders in a single-day workshop increases insight and motivation to engage in care: a pilot study	Eating and weight disorders : EWD	27	6	2213–2222	<p>PURPOSE: For patients with eating disorders (EDs), early engagement in care is usually considered a positive prognostic factor. The aim of the study was to investigate how a single-day intervention devoted to early, brief, experiential exposure to a variety of psychotherapy approaches might support commitment to change and the decision to engage in care in patients with EDs.</p> <p>METHODS: One hundred and sixty-nine adult outpatients newly diagnosed with an ED took part in a single-day workshop for groups of up to ten patients, where they experienced eight psychotherapeutic approaches. Motivation to change care and level of insight were assessed at baseline and 10 days after the intervention.</p> <p>RESULTS: Motivation and commitment to take active steps toward change (expressed by the "Committed Action" composite score) significantly improved after the intervention ($p < 0.001$), and a significant number of</p>

							<p>patients specifically moved from "contemplation" to "action" stage ($p < 0.001$). The improvement of motivation to change was significantly associated with an increase in insight capacity ($p < 0.001$), and this increase was observed for almost all related dimensions such as recognition of illness or awareness of need for psychological treatment. CONCLUSION: A single-day session devoted to experiencing a range of group psychotherapies increased patients' insight and motivation to actively engage in care. To confirm potential longer-term benefits of this intervention, further studies are needed to explore the contribution of each approach and process specifically involved in patients' increased motivation for care, as well as the clinical characteristics of patients associated with better outcomes. LEVEL OF EVIDENCE: V: Opinions of respected authorities, based on descriptive studies, narrative reviews, clinical experience, or reports of expert committees.</p>
Scanlon, Faith; Morgan, Robert D.	2021	The active ingredients in a treatment for justice-involved persons with mental illness: The importance of addressing mental illness and criminal risk	Psychological Services	18	4	474-483	<p>[Correction Notice: An Erratum for this article was reported online in Psychological Services on Oct 8 2020 (see record 2020-75253-001). In the article, the authors listed the wrong version of a measure in the Method section of Study 2. The article should have listed PICTS-Layperson-Short Form (PICTS-L-SF) instead of the PICTS-Short Form (PICTS-SF) as the measure used. The correct citation for the measure appears in the erratum.]</p> <p>Corrections research literature is replete with treatment and intervention outcome studies but lacking empirical examinations of the process of change in justice-involved populations. The current studies expand upon previous outcome evaluations of Changing Lives and Changing Outcomes (CLCO), a treatment program for justice-involved persons with mental illness, by using process</p>

							<p>research designs to examine therapeutic mechanisms of change. Study 1 used CLCO participants' (n = 264) pre and post module quizzes to examine differences in content retention between Mental Illness, Criminalness, and Both mental illness and criminalness domains to determine if participants differentially learn treatment content. In Study 2, 1 CLCO module was administered to 9 groups of adult men on probation in a residential treatment facility (n = 4 to 8 per group) in 3 iterations: (a) Mental Illness-only content (n = 16), (b) Criminalness-only content (n = 20), (c) Full module (mental illness and criminalness content; n = 22). Results for both studies indicated significant treatment gains across outcome measures of interest (namely content retention and symptomology). Contrary to expectations in Study 1, effect sizes of Mental Illness and Criminalness content retention were similar, suggesting there are not differential effects in the magnitude of content retained between the 2 domains. In Study 2, the integration of mental illness and criminalness content produced greater global improvement than focusing on mental illness or criminalness alone. These results underscore the necessity and effectiveness of integrating mental illness and criminalness in the treatment of justice-involved persons with mental illness. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Scarton, Lisa; Oh, Sungho; Sylvera, Ashley; Lamonge, Ralph; Yao, Yingwei; Chochinov,	2018	Dignity Impact as a Primary Outcome Measure for Dignity Therapy	The American journal of hospice & palliative care	35	11	1417–1420	<p>BACKGROUND: Feasibility of dignity therapy (DT) is well established in palliative care. Evidence of its efficacy, however, has been inconsistent and may stem from DT's primary effects differing from the outcomes measured in previous studies. We proposed that DT effects were in the spiritual domain and created a new outcome measure, Dignity Impact Scale (DIS), from items previously used in</p>

Harvey; Fitchett, George; Handzo, George; Emanuel, Linda; Wilkie, Diana						<p>a large randomized controlled trial (RCT). OBJECTIVE: The purpose of this secondary analysis study was to examine properties of a new measure of dignity impact. DESIGN: Using the DIS, we conducted reanalysis of posttest data from a large 3-arm, multi-site RCT study. SETTING/PARTICIPANTS: Participants were receiving hospice/palliative care (n = 326, 50.6% female, mean age = 65.1 years, 89.3% white, all with a terminal illness with 6 months or less life expectancy). They had been randomized to standard palliative care (n = 111), client-centered care (n = 107), or DT (n = 108). MEASUREMENT: The 7-item DIS was derived from selected items in a posttest DT Patient Feedback Questionnaire. The DIS had strong internal consistency ($\alpha = 0.85$). RESULTS: The DT group mean DIS score (21.4 ± 5.0) was significantly higher than the usual care group mean score (17.7 ± 5.5; $t = 5.2$, $df = 216$, $P < .001$) and a client-centered intervention group mean score (17.9 ± 4.9; $t = 5.2$, $df = 213$, $P < .001$). CONCLUSION: We found that, compared to both other groups, patients who received DT reported significantly higher DIS ratings, which is consistent with the DT focus on meaning-making, preparation for death, and life completion tasks. We propose that the DIS be used as the primary outcome measure in evaluating the effects of DT.</p>
Scarvaglieri, Claudio	2020	First Encounters in Psychotherapy: Relationship-Building and the Pursuit of Institutional Goals	Frontiers in psychology	11	585038	<p>This article examines how therapists and patients start building and managing relationships and pursue institutional goals at the same time. Based on a corpus of 6 audio-recorded therapies (client-centered therapy and psychodynamic therapy), I investigate first encounters between therapists and patients as the starting points of any therapeutical process and the place where a relationship between the interactants is established for the first time. Following a microlinguistic qualitative</p>

							<p>approach and applying methods from conversation analysis and discourse analysis, I show how therapists, on the one hand, try to align with patients to build a positive working alliance and, on the other hand, work to fulfill specific interactive tasks of therapeutic discourse which demand disaligning with the patients' communicative activity and their interactive expectations. Specific interactive "jobs" that need to be fulfilled in psychotherapy are identified, namely the performance of institutional roles by the interactants, the establishment of an interaction structure and the pursuit of helpful change in the patient. I show at which places in the interaction therapists (dis-)align with the patients' projected communicative activity and how aligning and disaligning are related to the interactive process and the establishment and performance of these interactive jobs. The analysis shows that, at the beginning of therapy, alignment and disalignment are both important processes for the following reasons: Aligning with the patient contributes to a positive relationship, which has been shown to be vital for successful psychotherapy, while disaligning introduces the patient to the specific discursive mechanisms that characterize therapeutic discourse and constitute the basis for its effectiveness. Overall, the paper argues that reducing therapy to a dichotomy between relationship and "technique" seems overly simplistic, as both aspects need to be handled and managed at the same time.</p>
Schaefer, Corinna; Brunsmann, Frank; Siegert, Svenja	2017	Reliable health information for patients with rare diseases : Quality	Bundesgesundheitsblatt, Gesundheitsforschung,	60	5	510–516	<p>Information for patients with rare diseases has to adhere to strict quality criteria in order to support individual treatment decisions or coping strategies. However, developers are facing specific challenges: For example, the evidence is often insufficient or of very low quality. In</p>

		demands defined by the National Action Plan and how they are put into practice	Gesundheitsschutz				the context of the National Action League for People with Rare Diseases (NAMSE), criteria have been developed that assure high-quality information on rare diseases. Core criteria comprise the involvement of patients or their advocates in all stages of the development process, the systematic search and assessment of the evidence, systematic collection of patient experience, transparency in terms of people involved and funding, and nondirective and neutral formulation of content and documentation of the process. In a joint project between the Alliance for Chronic Rare Diseases (ACHSE e. V.) and the German Agency for Quality in Medicine (ÄZQ), ten short information leaflets on different rare diseases have been developed in the past three years, conceived to show the applicability of these criteria. First experiences with this format show that the criteria are adaptive to a broad range of diverse rare diseases and settings. Involving patients and their advocates throughout the whole development process - from prioritization to development of methods and provision of patient experience and coping strategies - is crucial. Insufficient evidence remains a challenge. The examples show that in the absence of proven findings, information that matters to patients and reflects this uncertainty is feasible.
Schaeuffele, Carmen; Bär, Jonathan; Buengener, Inken; Grafiadeli, Raphaela; Heuthaler, Eva; Strieder, Judith;	2022	Transdiagnostic Processes as Mediators of Change in an Internet-Delivered Intervention Based on the Unified Protocol	Cogn Ther Res (Cognitive Therapy and Research)	46	2	273-286	

Ziehn, Patricia; Knaevelsrud, Christine; Renneberg, Babette; Boettcher, Johanna							
Schamroth, Alan; Berman, Hayley; Spencer, Neil	2020	Can Medical Humanities impart Empathy and Resilience skills to Medical Students?	MedEdPublish (2016)	9		218	This article was migrated. The article was marked as recommended. The contribution of the Medical Humanities to a comprehensive medical education has been discussed elsewhere (Schamroth, 2018), but what has been difficult to demonstrate is whether it has any measurable quantitative impact on improving student's empathy or resilience. This small project was an attempt to further explore this question. Medical students at University College London Medical School spend approximately one day a month during their first clinical year within a primary care setting in a programme called "Medicine in the Community" (MIC). The structure of the day involves students seeing patients under the supervision of primary care physicians. In this ethically approved research project (University College London, 2017) conducted over the academic year 2017-2018, a non-selected group of 24 students, received a compressed version of this MIC programme in the morning and in the afternoon were exposed to medical humanities. This included discussing poetry with a medical focus, creative writing based on the students own clinical experiences, watching and listening to carefully selected opera scenes where a health-related issue was illustrated and finally an experiential group based psychotherapy process using body mapping which facilitated the exploration of the interrelationship

							between mind and body. A second group of 18 medical students who received the conventional MIC experience acted as the control. Both groups were given empathy and resilience questionnaires at the beginning and end of the academic year. The results showed that the students who experienced the afternoon humanities programme scored significantly higher in 3 of the 20 empathy questions than the control group and better in the resilience questionnaire, although the latter did not reach statistical significance.
Schanche, Elisabeth; Hjeltnes, Aslak; Nielsen, Geir Høstmark; Stige, Signe Hjelen; Stiegler, Jan Reidar	2019	“Nothing is just smooth or perfect”: What can students learn from intensively reviewing psychotherapy conducted by experienced therapists whilst being focused on emotional processes?	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	4	366–376	
Schaper, Rachel; Nowotny, Christina; Michalek, Silke; Schmidt, Ulrike; Brockmeyer, Timo	2023	Language style matching and treatment outcome in anorexia nervosa	European eating disorders review : the journal of the Eating Disorders Association	31	1	110–120	OBJECTIVE Psychotherapy is the treatment of choice for anorexia nervosa (AN) but mechanisms of action are still largely unknown. Growing research suggests that synchrony between patient and therapist contributes to treatment success. Adding to this literature, this study examined the association between language style matching (LSM) among patient and therapist as an indicator of interpersonal (verbal) synchrony and treatment outcome

						<p>in AN.</p> <p>METHOD</p> <p>Audio recordings of mid-treatment therapy sessions (n = 25) in a multi-centre randomized controlled trial on the Maudsley Model of Anorexia Nervosa Treatment for Adults were transcribed and used to calculate LSM for each patient-therapist dyad. These scores were used to predict treatment outcome at 12-month follow-up.</p> <p>RESULTS</p> <p>LSM did not predict body mass index (primary outcome) at follow-up. However, higher LSM (M = 0.87, SD = 0.04) was associated with lower eating disorder psychopathology (accounting for 11% of the variance) and higher recovery rates (accounting for 28% of variance) at follow-up.</p> <p>CONCLUSIONS</p> <p>These preliminary findings suggest that verbal synchrony between patients with AN and their therapists contributes to favourable treatment outcomes. High levels of LSM may reflect therapeutic empathy, cooperation, or mutual positive perception. Further research should explore the mechanisms of linguistic synchrony with larger samples to allow for stronger conclusions.</p>
Schedler, Erika	2018	Trauma in der therapeutischen Beziehung				<p>Der Beziehung zwischen Therapeutin und Klient kommt bei Klienten mit Gewalterfahrung besondere Bedeutung zu. Diese Besonderheiten werden wie folgt dargestellt: Zuerst werden die Merkmale einer Traumatisierung sowohl auf der Ebene des Erlebens als auch auf der Beziehungsebene beschrieben; weiters wird die personenzentrierte Arbeitsweise mit Erkenntnissen aus der Traumatherapie sowie der Neurowissenschaft zusammengeführt. Im letzten Teil werden die</p>

							Sekundärtraumatisierung in der Therapie und andere Aufgaben der Traumatherapie dargestellt.
Scheibenbogen, Oliver; Musalek, Michael	2018	Goal-oriented Dialogue - Im Gespräch von Mensch zu Mensch	Spectrum Psychiatrie	1		28–31	Die Prinzipien des werden im Rahmen der Behandlung von Suchterkrankungen skizziert. Hierbei handelt es sich um eine Gesprächsform, die am Anton-Proksch-Institut in Wien entwickelt wurde und auf der Theorie des kommunikativen Handelns von Habermas basiert. Der personenzentrierte Ansatz stellt eine Weiterentwicklung der motivierenden Gesprächsform dar und soll den Aufbau einer therapeutischen Allianz fördern, in deren Mittelpunkt eine partizipatorische Ziel- und Entscheidungsfindung steht. Es wird argumentiert, dass der "Goal-oriented Dialogue" beim Patienten zur Entstehung einer intrinsischen Veränderungsmotivation beiträgt.
Scheidel, Bernhard; Maritz, Martina A.; Gschwind, Yves J.; Steigerwald, Kerstin; Guth, Volker; Kovacs, Peter; Rey, Helene	2017	Bioavailability of oxycodone after administration of a new prolonged-release once-daily tablet formulation in healthy subjects, in comparison to an established twice-daily tablet	International journal of clinical pharmacology and therapeutics	55	11	881–890	OBJECTIVE: To evaluate and to compare the bioavailability, the influence of food intake on the bioavailability, and the safety and tolerability of a newly-developed oxycodone once-daily (OOD) prolonged-release tablet with an established oxycodone twice-daily (OTD) prolonged-release tablet after single-dose administration under fasting or fed conditions as well as after multiple-dose administration. MATERIALS AND METHODS: Three single-center, open-label, randomized, balanced, two-treatment, two-period, two-sequence crossover studies were conducted. In each study, 36 healthy volunteers were randomized to receive 10 mg oxycodone daily as OOD (oxycodone HCL 10-mg PR tablets XL (Develco Pharma Schweiz AG, Pratteln, Switzerland); administration of 1 tablet in the morning) or as OTD (reference formulation: oxygesic 5-mg tablets (Mundipharma GmbH, Limburg an der Lahn, Germany); administration of 1 tablet in the morning and 1 tablet in

						<p>the evening). Tablets were administered once daily or twice daily under fasting conditions (study 1) or under fed conditions (study 2) as well as after multiple-dose administration (study 3). A sufficient number of blood samples were taken for describing plasma profiles and for calculation of pharmacokinetic parameters. Plasma concentrations of oxycodone were determined by LC-MS/MS. Safety and tolerability were monitored and assessed in all three studies. RESULTS: Plasma profiles of OOD reveal sustained concentrations of oxycodone over the complete dosing interval of 24 hours. In comparison to the OTD reference formulation, the OOD test formulation showed a slightly slower increase of concentrations within the absorption phase and similar plasma concentrations at the maximum and at the end of the dosing interval (24 hours). Extent of bioavailability (AUC), maximum plasma concentrations (C(max)), and plasma concentrations at the end of the dosing interval (C(τ,ss,24h)) of OOD could be classified as comparable to OTD considering 90% confidence intervals (CIs) and acceptance limits of 80.00 - 125.00%. Bioavailability of OOD was not influenced by concomitant food intake. OOD and OTD were generally well tolerated, a difference between the two products could not be observed. CONCLUSION: The new 10-mg OOD formulation provides sustained oxycodone plasma concentrations over the dosing interval of 24 hours and is suitable for once-daily administration. Bioavailability of OOD could be classified as comparable to the twice-daily administration of the OTD reference formulation. The new formulation widens and optimizes the range of strong opioid drug products in patient-centered therapy of chronic pain with simplified dosing and better compliance. .</p>
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Scheinkman, Michele	2019	Intimacies: An Integrative Multicultural Framework for Couple Therapy	Family process	58	3	550–568	<p>Implicitly or explicitly, our ideas about intimacy are the most fundamental notions giving direction to the process of couple therapy. Yet, as a field, we have spent little time conceptualizing intimacy and even less time considering the diversity of priorities and meanings couples bring to our offices. In Part One, Varieties of Intimacy, I describe a kaleidoscope of contexts-socio-historical, cultural, gender, life cycle, and developmental-that inform our ideas and expectations for intimacy in couples' relationships. I highlight different spheres in which intimacy may take place such as the emotional, sexual, intellectual, or familial. I propose a starting point in which the therapist, in a collaborative manner, helps the partners articulate their yearnings and priorities in order to negotiate a shared vision. In Part Two, Conceptualizing Intimacy, I suggest an experiential definition that gives room for each partner's subjective meanings, yet consider diverse relational processes that may need to be addressed for a resilient ebb and flow of intimate experiences. In Part Three, Sexual Intimacy, I outline conditions in which sex is more likely to be experienced as intimate rather than nonintimate. Finally, in Part Four, I describe Therapeutic Principles to guide the therapist in taking couples from reactivity to dialogue to negotiations of intimacy. The integrative framework proposed here discourages monolithic a priori notions of intimacy and highlights instead: nuanced meanings, relational processes to be considered differentially, present and past emotional blocks, and a flexible clinical approach to foster conditions for the creation and resilience of intimate experiences.</p>
Schejtman, Clara	2018	Migration, Social	Appl Psychoanal	15	3	202–218	

Raznoszczyk; Fischbein, Susana Vinocur		Catastrophes and Traumas in Argentina. Mental Health Interventions with Children and Adolescents	Studies (International Journal of Applied Psychoanalytic Studies)				
Scheuerer- Englisch, Hermann	2018	Die Kernaufgabe von Erziehungsberat ungsstellen: Beratung als Hilfe zur Erziehung im Einzelfall fr Kinder, Jugendliche, junge Menschen und Erziehungsbere chtigte					Das auf den Einzelfall bezogene Angebot der Erziehungsberatung als Hilfe zur Erziehung innerhalb der Jugendhilfe wird erlutert. Dabei wird im Einzelnen auf folgende Punkte eingegangen: (1) Erziehungsberatung als personenzentrierte Dienstleistung. (2) Gesetzliche Grundlagen der Einzelfallarbeit im SGB VIII. (3) Erziehungsberatung als Grundversorgung und Krisenhilfe. (4) Ziele und Leistungsinhalte der Erziehungsberatung als Hilfe zur Erziehung im Einzelfall. (5) Spezialfall Kindeswohlgefhrdung. Alsdem Angebot der Erziehungsberatung zugrunde liegende Interventionsmodelle - verstanden als jeweils verschiedene Aspekte der einen Beratungsleistung - werden die folgenden skizziert: Psychotherapie als Modell und Erziehungsberatung als psychotherapeutisch fundiertes Angebot, (sozial)pdagogische Beratung und Interventionen als Modell: Lebensweltorientierung und Empowerment, Erziehungsberatung als "Reflexive Beratung", Psychoedukation in der Erziehungsberatung, Supervision und Coaching im Rahmen der Erziehungsberatung, Klrung und Untersttzung bei innerfamiliaren Konflikten und bei Trennung und Scheidung, Beratung Jugendlicher und junger Erwachsener, Integration des sozialen Umfeldes in die Beratung.

Schfer, Karl-Heinz	2017	Therapeutische Bogenschieen - ein neues Gebiet der Erfahrungstherapie					Mit dem therapeutischen Bogenschieen wird ein neues Gebiet der Erfahrungstherapie vorgestellt. Es stellt eine besondere Möglichkeit psychotherapeutischer Arbeit dar, was anhand des Beispiels einer psychosomatischen Klinik praxisnah illustriert wird. Dabei wird deutlich, dass es nicht nur um ein "Bogenschieen mit Patienten" geht, sondern dass Bogenschieen zu einem "Medium der Therapie" werden kann und soll, vergleichbar etwa mit Gestaltungstherapie. Die therapeutische Perspektive zeigt sich schon beim Vermitteln der grundlegenden Technik, die wesentlichen Anregungen zur Lebensgestaltung enthält (Achtsamkeit, Intuition, Ruhe in der Bewegung). Doch von Therapeutischem Bogenschieen kann erst gesprochen werden, wenn es um wichtige persönliche Bedeutungen und Entwicklungen geht, auf der Ressourceebene oder der Problemlöseebene, wo mit Metaphern (etwa "Loslassen") oder symbolischen Bedeutungszuschreibungen (etwa "Illusions-Ballon") gearbeitet wird.
Schiefermüller, Sabine	2021	In-Beziehung-Stellen. Aufstellungsarbeit im Personzentrierten Ansatz	Person	25	1	32-43	Aufstellungsarbeit spielt im Personzentrierten Ansatz als personenzentriertes Werkzeug nach wie vor eine untergeordnete Rolle. Dies liegt mitunter daran, dass Aufstellungen im Ruf stehen, leitungs-, lösungs- und zielorientiert zu sein, personenzentriertes Arbeiten hingegen von nicht-direktivem, prozess- und beziehungsgeleitetem Vorgehen geprägt ist. Im vorliegenden Artikel wird eine Aufstellungsarbeit vorgestellt, die dem personenzentrierten Verständnis eines beziehungs- und erlebnisfördernden Ansatzes zutiefst entspricht. Diese Aufstellungsform nenne ich In-Beziehung-Stellen. Sie verbindet den dialogischen Ansatz bzw. den Begegnungs-(encounter-)Gedanken mit der experienziellen, focusing-orientierten Theorie von Eugene T. Gendlin, und zwar vor allem seinem

							Körper- und Raumbegriff. Indem die Aufmerksamkeit auf das körperliche und räumliche Beziehungserleben gelenkt wird, können implizite Erfahrungen expliziert und so Aufstellungen als Verkörperungsarbeit zu einem Symbolisierungsprozess in Richtung mehr Kongruenz werden. Anhand eines detailliert beschriebenen Aufstellungsbeispiels wird dargestellt, wie ein derartiger Symbolisierungsprozess angestoßen, unterstützt und gefördert werden kann.
Schiepek, Günter	2017	Prozessgestaltung in der personenzentrierten Psychotherapie	Gesprächspsychotherapie und Personenzentrierte Beratung	48	3	132-137	Möglichkeiten, den Veränderungsprozess in der personenzentrierten Psychotherapie zu verstehen, abzubilden und zu gestalten, werden erlutert. Als pragmatischer Rahmen dient die Theorie der Selbstorganisation komplexer nichtlinearer Systeme, in der konkrete Verfahren der Prozessfassung und Prozessanalyse zur Verfügung stehen. Neben Prinzipien für das Gestalten gelingender Selbstorganisationsprozesse werden Ansätze für die Erfassung von und das Feedback zu Prozessen in der therapeutischen Praxis vorgestellt. Darüber hinaus wird verdeutlicht, wie die ideographische Systemmodellierung für eine personenzentrierte Fallkonzeption genutzt werden kann.
Schiepek, Günter K.; Viol, Kathrin; Aichhorn, Wolfgang; Hütt, Marc-Thorsten; Sungler, Katharina; Pincus, David; Schöller, Helmut J.	2017	Psychotherapy Is Chaotic-(Not Only) in a Computational World	Frontiers in psychology	8		379	Objective: The aim of this article is to outline the role of chaotic dynamics in psychotherapy. Besides some empirical findings of chaos at different time scales, the focus is on theoretical modeling of change processes explaining and simulating chaotic dynamics. It will be illustrated how some common factors of psychotherapeutic change and psychological hypotheses on motivation, emotion regulation, and information processing of the client's functioning can be integrated into a comprehensive nonlinear model of human change processes. Methods: The model combines 5 variables

							(intensity of emotions, problem intensity, motivation to change, insight and new perspectives, therapeutic success) and 4 parameters into a set of 5 coupled nonlinear difference equations. The results of these simulations are presented as time series, as phase space embedding of these time series (i.e., attractors), and as bifurcation diagrams. Results: The model creates chaotic dynamics, phase transition-like phenomena, bi- or multi-stability, and sensibility of the dynamic patterns on parameter drift. These features are predicted by chaos theory and by Synergetics and correspond to empirical findings. The spectrum of these behaviors illustrates the complexity of psychotherapeutic processes. Conclusion: The model contributes to the development of an integrative conceptualization of psychotherapy. It is consistent with the state of scientific knowledge of common factors, as well as other psychological topics, such as: motivation, emotion regulation, and cognitive processing. The role of chaos theory is underpinned, not only in the world of computer simulations, but also in practice. In practice, chaos demands technologies capable of real-time monitoring and reporting on the nonlinear features of the ongoing process (e.g., its stability or instability). Based on this monitoring, a client-centered, continuous, and cooperative process of feedback and control becomes possible. By contrast, restricted predictability and spontaneous changes challenge the usefulness of prescriptive treatment manuals or other predefined programs of psychotherapy.
Schiepek, Günter; Stöger-Schmidinger, Barbara;	2019	The Therapy Process Questionnaire - Factor analysis	Couns and Psychother Res (Counselling and	26	5	586-602	Abstract Many outcome measures and session-related questionnaires in psychotherapy are designed for weekly or biweekly administration. Yet, today, technical developments allow for higher frequency assessments to

<p>Kronberger, Helmut; Aichhorn, Wolfgang; Kratzer, Leonhard; Heinz, Peter; Viol, Kathrin; Lichtwarck-Aschoff, Anna; Schöller, Helmut</p>		<p>and psychometric properties of a multidimensional self-rating scale for high-frequency monitoring of psychotherapeutic processes</p>	<p>Psychotherapy Research)</p>				<p>monitor human change dynamics more closely by daily assessments. For this purpose, the Therapy Process Questionnaire (TPQ) was developed, with a specific focus on inpatient psychotherapy. In this article, we present an explorative and confirmative factor analysis of the TPQ on the basis of the time series data of 150 patients collected during their hospital stay (mean time series length: 69.1 measurement points). A seven-factor solution was identified, which explains 68.7% of variance and associates 43 items onto the factors, which are "well-being and positive emotions," "relationship with fellow patients," "therapeutic relationship and clinical setting," "emotional and problem intensity," "insight/confidence/therapeutic progress," "motivation for change," and "mindfulness/self-care." The internal consistency (Cronbach's α), the inter-item correlations of the subscales, and the discriminative power of the items are excellent. The TPQ can be applied in practice and research for creating time series with equidistant measurement points and time series lengths, which are appropriate for the application of nonlinear analysis methods. Especially in clinical practice, it is important to identify precursors of phase transitions, changing synchronization patterns, and critical or instable periods of a process, which now is possible by internet- or app-based applications of this multidimensional questionnaire.</p>
<p>Schillings, Astrid</p>	<p>2018</p>	<p>Focusing mit dem Ganzen Krper. Embodiment der Person</p>	<p>Gesprchpsych otherapie und Personzentrierte Beratung</p>	<p>49</p>	<p>1</p>	<p>15-19</p>	<p>Thematisiert wird die therapeutische Methode des "Focusing mit dem ganzen Krper" (FGK). Hierbei handelt es sich um einen personenzentrierten Ansatz auf der Basis von krper- und achtsamkeitsgeleiteten Prozessen. Geschildert werden zunchst die theoretischen und persnlichen Grundlagen, die zur Entwicklung des FGK</p>

							führten. Die Kernkonzepte des klassischen Focusing werden angeführt und ihre Weiterentwicklung in den Prozesselementen des FGK erläutert. Diese Prozesselemente werden schließlich anhand von Beispielen aus der therapeutischen Praxis illustriert.
Schindel Martin, Lori; Gillies, Leslie; Coker, Esther; Pizzacalla, Anne; Montemuro, Maureen; Suva, Grace; McLelland, Victoria	2016	An Education Intervention to Enhance Staff Self-Efficacy to Provide Dementia Care in an Acute Care Hospital in Canada: A Nonrandomized Controlled Study	American journal of Alzheimer's disease and other dementias	31	8	664-677	Education is needed for enhanced capacity of acute hospitals to provide dementia care. A nonrandomized controlled, repeated-measures design was used to evaluate a dementia education program delivered to an intervention group (IG, n = 468), compared to a wait-listed group (n = 277), representing separate sites of a multisite hospital. Participants completed self-efficacy for dementia and satisfaction measures and provided written descriptions of dementia care collected at baseline, postintervention (IG only), and at 8-week follow-up. Oral narratives were gathered from IG participants 8 weeks postintervention. The IG demonstrated significant improvement in self-efficacy scores from baseline to immediately postintervention (P < .001), sustained at 8 weeks. There were no changes from baseline to 8 weeks postintervention evident in the wait-listed group (P = .21). Intervention group participants described positive impacts including implementation of person-centered care approaches. Implementation of dementia care education programs throughout hospital settings is promising for the enhancement of dementia care.
Schirm, Sandra	2020	Klrungsorientierte Psychotherapie bei Traumafolgestörungen	Verhaltenstherapie und Verhaltensmedizin	41	1	5-23	Traumafolgestörungen werden aus der Perspektive der Klrungsorientierten Psychotherapie besprochen. Es wird ausgeführt, dass konfrontative, symptomorientierte Verfahren der Traumatherapie zwar eine notwendige, aber nicht hinreichende Bedingung für einen Therapieerfolg darstellen. Die Entstehung von weiteren behandlungsbedürftigen Störungen aufgrund des Traumas

							selbst oder aufgrund von posttraumatischen Erfahrungen wird mithilfe des Selbstwirksamkeitserlebens erlutert. Die Entwicklung von Beziehungsstrungen, dysfunktionalen Schemata und verschiedensten Formen von Vermeidungsverhalten werden dargestellt, und therapeutische Vorgehensweisen vorgeschlagen. Abschlieend wird Therapeuten empfohlen, gegenber dem Patienten Grenzen zu wahren, ein Maximum an Autonomie zu gewhrleisten und dem Wunsch nach Solidaritt zu entsprechen.
Schirm, Sandra; Sachse, Rainer	2016	Schematherapie und Klrungsorientier te Psychotherapie: Ein Vergleich					Schematherapie und Klrungsorientierte Psychotherapie werden verglichen, um Gemeinsamkeiten und Unterschiede in den therapeutischen Anstzen und Vorgehensweisen deutlich zu machen. Eingegangen wird dabei auf folgende Aspekte: (1) Ziele der Therapie, (2) phasenorientiertes versus prozessorientiertes Vorgehen, (3) Auswahl und Rolle der Motive, (4) Modellbildung bzw. Diagnostik, (5) die Rekonstruktion von Schemata, (6) Schemata, (7) therapeutische Beziehungsgestaltung, (8) Bearbeitung der zugrunde liegenden Problembereiche.
Schlau, Margit	2017	In process	Pflege Zeitschrift	70	5	14-16	
Schlechtriemen , Michael	2018	60 Journalisten wechseln vom Einzel- ins Grorambro: Personzentrierte Arbeit bei Vernderungspro zessen	Gesprchspsych otherapie und Personzentrierte Beratung	49	3	147-149	Berichtet wird ber die Ergebnisse eines Workshops im Rahmen des GwG-Jahreskongresses 2018 zur Personenzentrierten Arbeit bei organisationalen Vernderungsprozessen. Als illustrierendes Fallbeispiel dient hierbei der durch die Fusion zweier Fernsehsender angestoene Umzug von 60 Journalisten aus Einzelbros in ein neues Grorambro. Aufgezeigt wird eine effektive Prozesstruktur fr das Change-Management. Im Anschluss wird ber einen konstruktiven Umgang mit Widerstnden reflektiert.

Schley, Kurt	2022	Experiential behavior therapy with children and adolescents - An overview					The experiential behavior therapy (EBT) with children and adolescents according to Kurt Schley and Heinz-Joachim Feuerstein combines focusing-oriented psychotherapy with cognitive behavioral therapy. This article aims to provide an overview of this new therapeutic approach. The experiential behavioral therapy with children and adolescents tries to include the inner experience of the client by integrating the dimension of inner self-awareness with the help of focusing into the behavioral therapeutic approach. After describing the roots of EBT (person-centered psychotherapy, cognitive behavior therapy) the importance of the focusing approach for EBT is stressed. The six steps of focusing are presented.
Schley, Kurt	2023	Die Entwicklung der Experiential Verhaltenstherapie für Kinder und Jugendliche					Die Entwicklung der experientialen (erlebnisorientierten) Verhaltenstherapie für Kinder und Jugendliche wird im Überblick beschrieben. Die erlebnisorientierte Verhaltenstherapie mit Kindern und Jugendlichen versucht, das innere Erleben der Klientinnen und Klienten einzubeziehen, indem die Dimension der inneren Selbsterkenntnis mit Hilfe des Focusing in den verhaltenstherapeutischen Ansatz integriert wird. Die Wurzeln der erlebnisorientierten Verhaltenstherapie werden skizziert: (1) personenzentrierte Psychotherapie, (2) kognitive Verhaltenstherapie, (3) experientielle Verhaltenstherapie. Im Anschluss daran werden die sechs Schritte des Focusing als zentrales Konzept des erlebnisorientierten Ansatzes dargelegt.
Schley, Lisa	2023	Experientielles Arbeiten in der tiergestützten Therapie					Dieser Beitrag beschreibt die experientielle Reittherapie (Schley & Gerster, 2009). Nach einer einführenden Beschreibung der tiergestützten Therapie wird die experientielle Reittherapie skizziert. Die Methode, die von K. Schley innerhalb der Kinder- und Jugendlichenpsychotherapie entwickelt wurde, zeigt den

							Focusing-Ansatz in Kombination mit der tiergestützten Reittherapie. Experimentelle Reittherapie ist ein therapeutisches Vorgehen, bei dem durch den Kontakt zum Pferd dem gegenwärtigen Erleben Aufmerksamkeit geschenkt wird. Dabei wird insbesondere der körperliche, soziale, psychisch-emotionale und identitätsstiftenden Erlebensbereich in den Fokus genommen.
Schmalenberger, Katja M.; Eisenlohr-Moul, Tory A.; Jarczok, Marc N.; Eckstein, Monika; Schneider, Ekaterina; Brenner, Ines G.; Duffy, Kathleen; Schweizer, Sophie; Kiesner, Jeff; Thayer, Julian F.; Ditzen, Beate	2020	Menstrual Cycle Changes in Vagally-Mediated Heart Rate Variability are Associated with Progesterone: Evidence from Two Within-Person Studies	Journal of clinical medicine	9	3		A recent meta-analysis revealed that cardiac vagal activity (mostly indicated by vagally-mediated heart rate variability; HRV) decreases significantly from the follicular to luteal menstrual cycle phase in naturally-cycling participants. However, the question remains as to whether cyclical changes in estradiol (E2), progesterone (P4), or both are responsible for HRV fluctuations. We present the first studies to use repeated measures of E2, P4, and HRV across the cycle to model both the unique and interactive effects of person-centered E2 and P4 on HRV in multilevel models. In study one, 40 naturally-cycling participants were assessed weekly across four weeks, and were blind to the cycle focus of the study. In study two, 50 naturally-cycling participants were examined in three precisely defined cycle phases via ovulation testing. Both studies revealed that only P4 was correlated with HRV, such that higher-than-usual P4 significantly predicted lower-than-usual HRV within a given participant. In line with this, cycle phase comparisons revealed lower HRV in the mid-luteal phase (characterized by elevated P4) than in other phases. No significant main or interactive effects of E2 on HRV were found. Future female health studies should investigate individual differences in these effects and potential consequences of cyclical HRV changes on daily functioning.

Schmid, Bernd; Mller, Rainer	2016	Psychotherapie schulen und ihre Schlssel- Ideen. Grnder - Stories - Extrakte				Einige Psychotherapieschulen werden hinsichtlich ihrer Grnder und Schlsselideen aus subjektiver Perspektive charakterisiert. Dabei wird keine representative Absicht verfolgt, vielmehr soll gespiegelt werden, wie die Ideen und Einflsse der beschriebenen Denker fr die eigene Praxis und die anderer Professioneller fruchtbar sind. - Inhalt: (1) Einfhrung. (2) Soziometrie/Soziodrama - Jacob Moreno. (3) Psychodrama. (4) Gruppendynamik. (5) Gestalttherapie - Fritz Perls. (6) Klient-zentrierte Psychotherapie und Pdagogik - Carl Rogers. (7) Transaktionsanalyse - Eric Berne. (8) Hypnotherapie - Milton Erickson. (9) NLP - Bandler und Grinder. (10) Psychoanalyse und Sigmund Freud. (11) Die Individualpsychologie - Alfred Adler. (12) Analytische Psychologie - C. G. Jung. (13) Weitere Perspektiven aus der Psychologie C. G. Jung u. a. . (14) Familientherapien. (15) Strungen - Beintrchtigung ode Entwicklungsanreiz?
Schmidt, Iony D.; Pfeifer, Benjamin J.; Strunk, Daniel R.		Putting the "cognitive" back in cognitive therapy: Sustained cognitive change as a mediator of in- session insights and depressive symptom improvement	Journal of consulting and clinical psychology	87	5	Objective: Although cognitive change has long been posited to drive symptom improvements in cognitive therapy (CT) of depression, whether it does so remains controversial. Methodological challenges have contributed heavily to the lack of resolution on this issue. Using a patient-reported measure of cognitive change, we tested the role of cognitive change in contributing to symptom change in CT. In addition, we tested whether therapists' use of cognitive methods intended to promote cognitive changes predicted these changes. We also tested the specificity of the relation of cognitive methods and cognitive change by examining other psychotherapy process variables. Method: In a sample of 126 patients who participated in CT of depression, patients rated immediate cognitive change (CC-Immediate) at the end of each session and sustained cognitive change (CC-

						<p>Sustained) at the start of each subsequent session. Observers rated therapist adherence and alliance for the first five sessions. Depressive symptoms were assessed at each session. For all predictors, we disaggregated within- and between-patient effects. Results: Focusing on within-patient predictors, CC-Sustained mediated the relation of CC-Immediate and subsequent symptom change. In addition, both CC-Immediate and CC-Sustained predicted symptom change. Therapist adherence to cognitive methods was the only within-patient variable to predict CC-Immediate. Conclusions: These findings are consistent with the view that cognitive change contributes to symptom reductions in CT, and that therapists' use of cognitive methods contributes to cognitive changes during sessions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Schmidt, Viktoria; Kaiser, Julia; Tremel, Julia; Kersting, Anette	2022	Factors associated with pre-loss grief and preparedness in relatives of people with cancer during the COVID-19 pandemic: A cross-sectional study	PLoS ONE, 2022			<p>Objectives: Before the loss of a loved one to cancer, relatives have time to adapt to the impending death. However, due to the current COVID-19 pandemic, adjustment to an imminent death may be more difficult. This study investigates factors related to pre-loss grief and preparedness during the COVID-19 pandemic and their relationship with COVID-19 related fears. Methods: Data of 299 participants from a cross-sectional study was used. Participants were included if they were relatives of people with cancer, spoke German and were at least 18 years. Multivariate linear regression analyses were conducted to measure the relationship between predictors (dysfunctional coping, emotion-focused coping, problem-focused coping, attachment anxiety, attachment avoidance, COVID-19 related fears, prognosis, perceived depth of the relationship, perceived conflict in the relationship, health status) and pre-loss</p>

							<p>grief, preparedness for caregiving and preparedness for death as the dependent variables. Results: Perceived depth (beta = .365, p < .001), COVID-19 related fears (beta = .141, p = .002), prognosis for death (beta = .241, p < .001), dysfunctional coping strategies (beta = .281, p < .001) and emotion-focused coping strategies (beta = -.320, p < .001) significantly predicted pre-loss grief. Prognosis for death (beta = .347, p < .001), dysfunctional coping strategies (beta = -.229, p < .001), emotion-focused coping strategies (beta = .242, p < .001), COVID-19 related fears (beta = -.112, p = .037) and health status (beta = .123, p = .025) significantly predicted preparedness for death. Dysfunctional coping (beta = -.147, p = .009), problem-focused coping (beta = .162, p = .009), emotion-focused coping (beta = .148, p = .017), COVID-19 related fears (beta = -.151, p = .006), attachment anxiety (beta = -.169, p = .003), perceived conflict in the relationship with the patient with cancer (beta = -.164, p = .004), perceived depth in the relationship (beta = .116, p = .048) and health status (beta = .157, p = .003) significantly predicted preparedness for caregiving. Conclusions: This study shows COVID-19 pandemic impacts on the grieving process of relatives of patients with cancer. Consequently, screening for pre-loss grief, preparedness and their associated factors may help provide early support for relatives of people with cancer at need. However, further research is needed to help understand the stability of pre-loss grief and preparedness.</p>
Schmitt, Rudolf	2018	Bilder fr Bindungen: Hinweise der neueren	Gesprchpsych ootherapie und Personzentrierte Beratung	49	3	136-140	<p>Auf der Grundlage eines Vortrages auf dem GwG-Jahreskongress 2018 werden Bedeutung und Anwendungsmglichkeiten der Methaphernanalyse in Psychotherapie und Beratung thematisiert. Ausgehend</p>

		Metaphernforschung für Psychotherapie und Beratung					von Lakoff und Johnsons Metapherntheorie werden verschiedene metaphorische Konzepte für Bindungen illustrierend dargelegt. Im Anschluss werden Anknüpfungspunkte zwischen der kognitiven Linguistik und Rogers Personenzentriertem Ansatz aufgezeigt und das Potenzial einer konzeptuellen Integration herausgearbeitet. Schließlich werden Vorschläge für die praktische Umsetzung der Metaphernanalyse vorgelegt und auf offene Fragen in diesem Kontext verwiesen.
Schmitt, Rudolf; Heidenreich, Thomas	2019	Metaphern in Psychotherapie und Beratung. Eine metaphernreflexive Perspektive					Die Rolle von Metaphern in verschiedenen psychotherapeutischen Ansätzen wird erlutert und veranschaulicht. Metaphern - verstanden als "Ausdruck einer Sache mit den Mitteln einer anderen" - spielen in Therapie und Beratung seit jeher eine bedeutsame Rolle. Es wird davon ausgegangen, dass eine metaphorische Ausdrucksweise im Gegensatz zu rein rationalen Erklärungen zu einem intuitiveren Erfassen führen kann. Die praktische Anwendung von Metaphern wird anhand zahlreicher Kriterien vorgestellt, etwa Metaphern von der Stange versus "on the spot" entwickelte Metaphern, strungsspezifische Metaphern, Metaphern unter transkultureller Perspektive, Metaphern für existenzielle Krisen. Um einen eigenen versierten Umgang zu ermöglichen, wird gezeigt, wie "Metaphernkompetenz" erlernt werden kann. - Inhalt: (1) Von lichten Momenten, langen Leitungen und lockeren Schrauben (Warum Metaphern?; blickt über die alltäglichen Metaphern des Psychischen; Was heißt das für Beratung und Therapie?). (2) Metapherntheorie nach Lakoff und Johnson (Metaphern: eine begriffliche Annäherung; historische Perspektiven: Metaphern in Religion, Philosophie und Psychologie; Metaphern als Erkenntnis: die kognitive Metapherntheorie von Lakoff und Johnson; Folgerungen aus der

						<p>Metapherntheorie für Beratung und Therapie). (3) Metaphern in bisherigen Theorien der Beratung und Psychotherapie (schulenunabhängige Betrachtung von Metaphern; Psychoanalyse und davon abgeleitete Ansätze; (Kognitive) Verhaltenstherapie; personenzentrierte Ansätze; systemische und familientherapeutische Richtungen; Hypnotherapie und NLP; Was wir lernen können). (4) Schemata als theoretischer Hintergrund des metaphernreflexiven Interventions (Schemata als Dreh- und Angelpunkt für das Verständnis von Metaphern; Implikationen der Schematheorie für den Umgang mit Metaphern). (5) Zwischen systematischer Metaphernanalyse und Metaphernsammlungen (systematische sozialwissenschaftliche Metaphernanalyse; Metaphernsammlungen; Gegenüberstellung von Metaphernanalyse, Metaphernsammlungen und metaphernreflexivem Vorgehen; Prozessmodelle der Metaphern in der Psychotherapie). (6) Intervenieren mit Metaphern (allgemeines Modell des Interventions mit Metaphern; Ausbildung in Metaphernkompetenz und Selbsterfahrung; Identifizieren, Auswählen und Validieren der Metaphern; Arbeiten innerhalb der Metapher; Umdeutung und neue Nutzung der metaphorischen Schemata; Findenlassen und Anbieten "neuer" Metaphern (aus alten Bestandteilen); idealtypisches Vorgehen; Exkurs: Kunst und komplexe Narrationen als Quelle von Metaphern). (7) Metaphern in konkreten Beratungs- und Therapiesituationen (Metaphern (in) der helfenden Beziehung; Metaphern des Beratungs- und Therapieprozesses; Metaphern im Kontext körperlicher Krankheiten; Metaphern im Kontext psychischer Erkrankungen).</p>
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<p>Schmitz, Natalie; Napieralski, Jessica; Schroeder, Dorothee; Loeser, Johannes; Gerlach, Alexander L.; Pohl, Anna</p>	<p>2021</p>	<p>Interoceptive Sensibility, Alexithymia, and Emotion Regulation in Individuals Suffering from Fibromyalgia</p>	<p>Psychopathology</p>	<p>54</p>	<p>3</p>	<p>144-149</p>	<p>INTRODUCTION: People suffering from fibromyalgia syndrome report various difficulties in emotional processing, possibly resulting from changes in bodily perception (interoception). In our study, we investigated the relationships between interoceptive sensibility (IS) and two disease-relevant emotional components (alexithymia and emotion regulation) in fibromyalgia sufferers compared to healthy individuals. METHODS: Fifty-five fibromyalgia sufferers and 55 healthy individuals, matched with regard to age and gender, participated in our cross-sectional study. All participants completed the following self-report measures: the Multidimensional Assessment of Interoceptive Awareness, the Toronto Alexithymia Scale, and the Emotion Regulation Skills Questionnaire. Depression and anxiety scores served as confounding variables. RESULTS: Fibromyalgia sufferers reported a stronger tendency to note as well as to avoid (unpleasant) body sensations. IS and psychopathology each explained about thirty percent of the variance in emotion regulation in fibromyalgia sufferers. Alexithymia was related to IS and emotion regulation in controls but not in fibromyalgia sufferers. CONCLUSION: Disturbances in interoception could be seen as the starting point of emotional difficulties in people with fibromyalgia. Following the fear-avoidance-model, experiential avoidance may restrict patients' ability to adaptively regulate emotional states, possibly initiating a vicious cycle of psychological distress and pain.</p>
<p>Schnabel, Konrad</p>	<p>2021</p>	<p>Using psychodrama and sociodrama</p>					<p>Psychodrama is an experiential method that supports participants to explore their inner and outer world through direct actions in the here and now (e.g., Carnabucci, 2014). It was developed by Jacob Levi Moreno in the first</p>

		to overcome social trauma					half of the twentieth century and uses role-play techniques as a principal method. Importantly, psychodrama goes beyond ordinary role-play with respect to three main differences (e.g., Carnabucci, 2014). First, psychodrama thoroughly considers the processes and experiences involved in role-playing. This applies to playing own roles but also to assuming roles of other persons. Special attention is paid to the insights that result from changing back from the role of another person into the own role (i.e., role exchange or role reversal). This also includes an explicitly stated detachment after the psychodramatic play from roles that were played for other persons (i.e., de-roling). Second, psychodrama uses doubling techniques in order to verbalize the inner thoughts and feelings of the protagonists and to develop the actions on the psychodrama stage. During doubling, the psychodrama director stands next to the protagonist and speaks out, as if she or he was the protagonist, what is supposedly happening inside the protagonist. This could be realized by using an empathic doubling, for instance: "When I hear all your unfair criticism, I feel so angry!" Another possibility, especially for moving onward with the psychodramatic scene, is starting a sentence that is then completed by the protagonist, for instance: "When I hear you shouting at me, I would like to. . ." Doubling allows to get a deeper insight into the emotions and thoughts of the protagonist and to further develop the dramatic scene without interrupting the role-play and the course of action. Third, psychodrama usually embraces three different phases. The initial warming-up phase helps participants to get familiar with each other and to develop an atmosphere of trust and safety. This could be realized
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						in multiple ways and includes singing a song or using action sociometry (e.g., participants put themselves on different places of the stage that represent their different origins). The second phase is the action phase where the actual role-play or enactment takes place. Finally, the third phase is a feedback phase where the participants can speak about their experiences during the role-play. An important part of the feedback phase is the sharing where participants share experiences from their own lives that they have in common with the scene that has just been presented on stage. (c) Springer Nature Switzerland AG
Schnakenberg Martin, Ashley M.; Bullock, Joshua; Fiszdon, Joanna; Stacy, Meaghan; Martino, Steve; James, Alison V.; Wiesepape, Courtney; Lysaker, Paul H.	2022	Translating an integrative metacognitive model of psychotherapy for serious mental illness into a group format: A pilot investigation on feasibility	Psychological Services			Metacognitive reflection and insight therapy (MERIT) is a one-on-one intervention that targets insight with the aim to help people with serious mental illness develop more integrated ideas about themselves and others in order to respond to their psychological and social challenges more adaptively. There is a growing body of evidence on MERIT's effectiveness. Considering the clinical demand for more cost-effective group psychotherapies, we modified the original individual MERIT format to a group-based intervention (MERITg) for application in inpatient and outpatient psychiatric settings. Thirty-one participants (inpatient = 10; outpatient = 21) with serious mental illness were surveyed on their experience of MERITg, which was offered adjunctively to their routine clinical care. Program evaluation measures were used to assess the feasibility and acceptance of the group. Across locations, more than half of all participants attended more than one group. Participants reported attending the group initially because they thought writing would be helpful, and further reported that they liked the group because they enjoyed writing and the discussion,

							and that they found it interesting to hear the perspectives and writings of others. Findings further support the need for future research on the efficacy and effectiveness of the group and its relationship to changes in metacognitive capacity and recovery. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Schnee, Manfred	2018	Die Feldtheorie - Ein Leuchtturm bei strmicher See	Gestalttherapie	32	1	29-50	Es wird untersucht, ob angesichts bedrohlicher politischer Entwicklungen weltweit eine Rckbesinnung auf die Feldtheorie dabei helfen kann, die gesellschaftliche Relevanz der Gestalttherapie neu zu bestimmen. Mithilfe von imaginativen bungen wird die Mglichkeit geboten, sich dem Thema erfahrungsorientiert zu nhern. Aspekte des Lebensnetzes, in das der Mensch eingebettet ist (Organismus/Umwelt-Feld), werden in Beziehung zur Feldtheorie von Frederick Perls, Ralph Hefferline und Paul Goodman gesetzt. Darber hinaus werden immanente Widersprche und Weiterentwicklungen der Feldtheorie in den letzten Jahrzehnten sowie ihre Verwandtschaft zur Tiefenkologie beleuchtet. Anschließend werden Hindernisse der umfassenden praktischen Umsetzung von Erkenntnissen aus der Feldtheorie diskutiert und Mglichkeiten fr GestalttherapeutInnen zum gesellschaftlich verantwortlichen Handeln skizziert.
Schnell, Thomas	2019	Verhaltenstherapie der narzisstischen Persnlichkeitsstrung	PiD - Psychotherapie im Dialog	20	3	53-57	Thematisiert werden die in der Behandlung von Patientinnen und Patienten mit narzisstischer Persnlichkeitsstrung (NPS) im Rahmen der kognitiven Verhaltenstherapie (KVT) auftretenden Besonderheiten und ihnen begegnet werden kann. So falle es Betroffenen oft schwer, einen Arbeitsauftrag zu formulieren, der eigene Defizite fokussiert. Insbesondere die Klrungsorientierte Psychotherapie sowie die Schematherapie eigneten sich als

							<p>verhaltenstherapeutische Anstze zur Behandlung der NPS. Diese erlaubten eine Korrektur dysfunktionaler Interaktionen durch die Beziehungsgestaltung. Langfristig sollten die Inhalte des negativen Selbstkonzepts der PatientInnen sowie ihre interaktionellen Bedfrnisse geklrt werden.</p>
Schnurr, Paula P.; Lunney, Carole A.	2016	SYMPTOM BENCHMARKS OF IMPROVED QUALITY OF LIFE IN PTSD	Depression and anxiety	33	3	247–255	<p>BACKGROUND Although research has shown that PTSD symptom change relates to improved quality of life, the question of how much improvement in PTSD symptoms is necessary to result in meaningful improvements in quality of life remains unanswered. We used data from a randomized clinical trial of psychotherapy for PTSD in female military veterans and active duty personnel to examine the correspondence between benchmarks of improvement in PTSD symptoms and changes in quality of life.</p> <p>METHODS Participants were 235 female veterans and Army soldiers who were randomized to 10 weekly sessions of Prolonged Exposure or Present-Centered Therapy. We operationalized PTSD symptom change in terms of four progressively stringent mutually exclusive definitions-No Response, Response, Loss of Diagnosis, and Remission-successively comparing each category to the prior one: No Response versus Response, Response versus Loss of Diagnosis, and Loss of Diagnosis versus Remission. Outcomes were clinically meaningful improvements and good endpoints in domains of clinician-rated and self-reported quality of life.</p> <p>RESULTS Response was associated with improvement on almost all measures, but with only one good endpoint. Loss of Diagnosis was associated with improvement on all</p>

							<p>measures except self-rated social functioning and with achieving a good endpoint on all measures. Remission was associated with improvement in clinician-rated social impairment and a good endpoint in clinician-rated occupational impairment.</p> <p>CONCLUSIONS</p> <p>For most domains of quality of life, treating a patient until the patient no longer meets diagnostic criteria would be optimal. For some domains, further improvements may result by helping a patient achieve remission.</p>
Schofield, Toni; Bhatia, R. Sacha; Yin, Cindy; Hahn-Goldberg, Shoshana; Okrainec, Karen	2019	Patient experiences using a novel tool to improve care transitions in patients with heart failure: a qualitative analysis	BMJ open	9	6	e026822	<p>OBJECTIVE: To evaluate the utility of a novel discharge tool adapted for heart failure (HF) on patient experience. DESIGN: Semistructured interviews assessed the utility of a novel discharge tool adapted for HF; patient-oriented discharge summary (PODS-HF) at 72 hours and 30 days after leaving hospital. Interviews were recorded and transcribed verbatim. Three investigators used directed content analysis to determine themes and subthemes from the narrative data. SETTING: The cardiology ward of an urban academic institution in Canada. PARTICIPANTS: 13 patients and caregivers completed 24 interviews. Eligible patients were >18 years and admitted with a diagnosis of HF. RESULTS: Analysis revealed six interconnected themes: (1) Utility of discharge instructions: how patients perceive and use written and verbal instructions. Patients receiving PODS-HF identified value in the patient-centred summarised content. (2) Adherence: strategies used by patients to enhance adherence to medications, diet and lifestyle changes. PODS-HF provides a strong visual reminder, particularly early postdischarge. (3) Adaptation: how patients incorporate changes into 'new norms'. This was more evident by 30 days, and those using PODS-HF had less</p>

							<p>unscheduled visits and readmissions. (4) Relationships with healthcare providers: patients' perceptions of the roles of family physicians and specialists in follow-up care. (5) Role of family and caregivers: the pivotal role of caregivers in supporting adherence and adaptation. (6) Follow-up phone calls: the utility of follow-up calls, particularly early after discharge as a means of providing clarification, reassurance and education. CONCLUSION: PODS-HF is a useful tool that increases patients' confidence to self-manage and facilitates adherence by providing relevant written information to reference after discharge.</p>
<p>Schollar-Root, Olivia; Cassar, Joanne; Peach, Natalie; Cobham, Vanessa E.; Milne, Bronwyn; Barrett, Emma; Back, Sudie E.; Bendall, Sarah; Perrin, Sean; Brady, Kathleen; Ross, Joanne; Teesson, Maree; Kihass, Ivana; Dobinson, Katherine A.; Mills, Katherine L.</p>	2022	<p>Integrated Trauma-Focused Psychotherapy for Traumatic Stress and Substance Use: Two Adolescent Case Studies</p>	<p>Clinical Case Studies</p>	21	3	192-208	
<p>Schöllhorn, Wolfgang I.;</p>	2022	<p>Always Pay Attention to</p>	<p>International journal of</p>	19	2		<p>This critical review considers the epistemological and historical background of the theoretical construct of</p>

Rizzi, Nikolas; Slapšinskaitė-Dackevičienė, Agnė; Leite, Nuno		Which Model of Motor Learning You Are Using	environmental research and public health				motor learning for a more differentiated understanding. More than simply reflecting critically on the models that are used to solve problems-whether they are applied in therapy, physical education, or training practice-this review seeks to respond constructively to the recent discussion caused by the replication crisis in life sciences. To this end, an in-depth review of contemporary motor learning approaches is provided, with a pragmatism-oriented clarification of the researcher's intentions on fundamentals (what?), subjects (for whom?), time intervals (when?), and purpose (for what?). The complexity in which the processes of movement acquisition, learning, and refinement take place removes their predictable and linear character and therefore, from an applied point of view, invites a great deal of caution when trying to make generalization claims. Particularly when we attempt to understand and study these phenomena in unpredictable and dynamic contexts, it is recommended that scientists and practitioners seek to better understand the central role that the individual and their situatedness plays in the system. In this way, we will be closer to making a meaningful and authentic contribution to the advancement of knowledge, and not merely for the sake of renaming inventions.
Scholten, Matthé; Efke, Simone A.; Faissner, Mirjam; Finke, Marleen; Gather, Jakob; Gergel, Tania;	2023	Opportunities and challenges of self-binding directives: A comparison of empirical research with stakeholders in	European psychiatry : the journal of the Association of European Psychiatrists	66	1	e48	BACKGROUND: Self-binding directives (SBDs) are psychiatric advance directives that include a clause in which mental health service users consent in advance to involuntary hospital admission and treatment under specified conditions. Medical ethicists and legal scholars identified various potential benefits of SBDs but have also raised ethical concerns. Until recently, little was known about the views of stakeholders on the opportunities and challenges of SBDs. AIMS: This article aims to foster an

<p>Gieselmann, Astrid; van der Ham, Lia; Juckel, Georg; van Melle, Laura; Owen, Gareth; Potthoff, Sarah; Stephenson, Lucy A.; Szmukler, George; Vellinga, Astrid; Vollmann, Jochen; Voskes, Yolande; Werning, Anna; Widdershoven, Guy</p>		<p>three European countries</p>					<p>international exchange on SBDs by comparing recent empirical findings on stakeholders' views on the opportunities and challenges of SBDs from Germany, the Netherlands, and the United Kingdom. METHOD: Comparisons between the empirical findings were drawn using a structured expert consensus process. RESULTS: Findings converged on many points. Perceived opportunities of SBDs include promotion of autonomy, avoidance of personally defined harms, early intervention, reduction of admission duration, improvement of the therapeutic relationship, involvement of persons of trust, avoidance of involuntary hospital admission, addressing trauma, destigmatization of involuntary treatment, increase of professionals' confidence, and relief for proxy decision-makers. Perceived challenges include lack of awareness and knowledge, lack of support, undue influence, inaccessibility during crisis, lack of cross-agency coordination, problems of interpretation, difficulties in capacity assessment, restricted therapeutic flexibility, scarce resources, disappointment due to noncompliance, and outdated content. Stakeholders tended to focus on practical challenges and did not often raise fundamental ethical concerns. CONCLUSIONS: Stakeholders tend to see the implementation of SBDs as ethically desirable, provided that the associated challenges are addressed.</p>
<p>Scholten, Matthé; Gather, Jakov</p>	<p>2018</p>	<p>Adverse consequences of article 12 of the UN Convention on the Rights of</p>	<p>Journal of medical ethics</p>	<p>44</p>	<p>4</p>	<p>226–233</p>	<p>It is widely accepted among medical ethicists that competence is a necessary condition for informed consent. In this view, if a patient is incompetent to make a particular treatment decision, the decision must be based on an advance directive or made by a substitute decision-maker on behalf of the patient. We call this the</p>

		Persons with Disabilities for persons with mental disabilities and an alternative way forward					competence model. According to a recent report of the United Nations (UN) High Commissioner for Human Rights, article 12 of the UN Convention on the Rights of Persons with Disabilities (CRPD) presents a wholesale rejection of the competence model. The High Commissioner here adopts the interpretation of article 12 proposed by the Committee on the Rights of Persons with Disabilities. On this interpretation, CRPD article 12 renders it impermissible to deny persons with mental disabilities the right to make treatment decisions on the basis of impaired decision-making capacity and demands the replacement of all regimes of substitute decision-making by supported decision-making. In this paper, we explicate six adverse consequences of CRPD article 12 for persons with mental disabilities and propose an alternative way forward. The proposed model combines the strengths of the competence model and supported decision-making.
Schrade, Ernst; Hitzler, Johannes	2018	Mobbingintervention mit TZI - mutig und sorgsam in das Geschehen eingreifen (Teil 1)	TZI - Themenzentrierte Interaktion	32	1	61–71	Grundlagen der themenzentrierten Interaktion (TZI) als Mobbingintervention im schulischen Kontext werden vorgestellt. Im vorliegenden ersten Teil des Beitrags werden ausgehend von einem Fallbeispiel zunächst die zentralen Strukturen und Prozesse von Mobbing als Gruppensystem aufgezeigt. Im Anschluss werden die handlungsleitenden Elemente der TZI dargelegt und ihre Anwendungsmöglichkeiten in Bezug auf das konkrete Interventionsbeispiel ausformuliert. Zuletzt wird auf den zweiten Teil verwiesen, in dem die konkrete Durchführung der Intervention beschrieben wird.
Schrade, Ernst; Hitzler, Johannes	2018	Mobbingintervention mit TZI - mutig und sorgsam in das	TZI - Themenzentrierte Interaktion	32	2	161–169	Beschrieben wird eine Mobbingintervention in einer Schulklasse basierend auf den Prinzipien der Themenzentrierten Interaktion (TZI). Aufbauend auf dem ersten Teil des Beitrages, in dem die theoretischen

		Geschehen eingreifen (Teil 2)				Grundlagen der Intervention dargestellt wurden, wird nun der Verlauf geschildert und reflektiert. Hierbei kam es durch eine gezielte Förderung der Selbstregulation und Selbstverantwortung innerhalb der Gruppe zu einer Deeskalation der Mobbingdynamik. Unterstützt durch die Ergebnisse der Evaluation wird die Intervention als Erfolg bewertet.
Schramm, Elisabeth; Mack, Simon; Thiel, Nicola; Jenkner, Carolin; Elsaesser, Moritz; Fangmeier, Thomas	2020	Interpersonal psychotherapy vs. treatment as usual for major depression related to work stress: A pilot randomized controlled study	Frontiers in Psychiatry, 2020			Background: Depressive disorders are among the leading causes of sick leave and long-term work incapacity in most modern countries. Work-related stress is described by patients as the most common context of depression. It is vital to know what types of treatments are effective in improving work-related problems and occupational health. However, there is only limited evidence on work-focused interventions. Methods: The aim of our study was to evaluate the feasibility and generate first data on the effectiveness of Interpersonal Psychotherapy (IPT) adapted as a group program to focus on the work context (W-IPT). In total, 28 outpatients (22 women; M = 49.8 years old) with Major Depressive Disorder related to work stress were randomized to 8 weekly group sessions of W-IPT or to treatment as usual (TAU; guideline-oriented treatment). Primary endpoint was the Hamilton Rating Scale for Depression (HRSD-24) score. Key secondary endpoints were, among others, Beck Depression Inventory (BDI-II), Work Ability Index (WAI), Return to Work Attitude (RTW-SE), and the Effort-Reward-Imbalance (ERI). In addition, we evaluated the participants' overall satisfaction with the W-IPT program by two items. A follow-up assessment was conducted 3 months after end of acute treatment. Results: W-IPT was significantly more effective than TAU in reducing clinician-assessed depressive symptoms at follow-up (HRSD-24 W-IPT/TAU:

						<p>M = 6.6/12.0, SE: 1.46/2.17, $t((df = 1)) = -2.24$, $p = 0.035$, $d = 0.79$) and self-assessed depression (BDI-II W-IPT/TAU post-treatment: M = 8.8/18.8, SE: 1.69/2.70, $t((df = 1)) = -3.82$, $p = 0.001$, $d = 1.28$; follow-up: M = 8.8/16.1, SE: 1.62/2.26, $t((df = 1)) = -2.62$, $p = 0.015$, $d = 0.99$).</p> <p>Furthermore, W-IPT was superior in improving work-ability (WAI), return-to-work attitude (RTW-SE), and the effort-reward-ratio (ERI). No dropouts were observed in both groups. The vast majority (89 percent) of participants in the W-IPT condition were "very satisfied" with the program, although wishing for a greater number of sessions (75 percent). Conclusions: A work-focused IPT program for the treatment of depression associated to work stress was feasible and highly acceptable. W-IPT turned out to be more effective than standard treatment in reducing depression and work-related problems. However, further evidence in a multicenter trial extending this pilot study is necessary.</p>
Schrter, Veronika	2017	Messie-Welten. Das komplexe Strungsbild verstehen und behandeln				<p>Es wird ein differenzierter und wertschätzender berblick ber die unterschiedlichen Erscheinungsformen des Messie-Syndroms gegeben, der das Krankheitsbild auch fr Laien verstehbar macht und Ursachen von Messie-Verhalten aufzeigt. Konkrete Behandlungsschritte fr die Begleitung und Therapie geben den im psychologischen und sozialpdagogischen Feld Ttigen einen Leitfaden an die Hand. Bercksichtigung finden auch die Auswirkungen des Syndroms auf die Betroffenen selbst, private Beziehungen, das berufliche Umfeld, emotionale und psychosomatische Bereiche, Nachbarn und Vermieter sowie professionelle Helfer. Die aktuelle Forschungslage wird thematisiert. Vorgestellt wird zudem das Therapiekonzept der Identittsbildenden-Integrativen Messie-Therapie, das insbesondere die Kooperation der</p>

							<p>Betroffenen als Voraussetzung für Veränderung herausstellt.</p> <p>- Inhalt: (1) Definition und Symptomatik des Messie-Syndroms. (2) Auswirkungen des Messie-Syndroms. (3) Die Messie-Typologie. (4) Ursachen des Messie-Syndroms. (5) Empirische Untersuchungen zum Messie-Syndrom. (6) Kooperation als Voraussetzung für Veränderung. (7) Die professionelle Unterstützung von Menschen mit Messie-Syndrom. (8) Der non-direktive Umgang mit Messies. (9) Mein Therapiekonzept: Die Identitätsbildende-Integrative Messie-Therapie - Vom Sollen zum Wollen, vom Wollen zum Sein. (10) Wohnraum-Fachdienste in und rund um Stuttgart.</p>
Schuber, André Arik; Schmidt, Sebastian; Hombach, Sarah; Schaller, Andrea	2023	The effects of exercise therapy feedback on subjective treatment outcome and patient satisfaction: study protocol for a mono-centric, randomized, controlled trial in orthopedic rehabilitation (FeedYou)	BMC sports science, medicine & rehabilitation	15	1	17	<p>BACKGROUND</p> <p>The disease burden of musculoskeletal disorders necessitates multidisciplinary and patient-centered models of care. Exercise therapy represents a first-line treatment strategy and a central component of medical rehabilitation. In order to realize the goals of long-term physical activity and participation as proposed by the ICF, exercise therapy can be supplemented by interventional techniques from the field of psychotherapy. Although psychotherapist feedback has been shown to improve therapeutic outcome and patient satisfaction, feedback use in exercise therapy is mostly limited to motor learning and exercise instruction. The present paper therefore describes the use of multidimensional exercise therapy feedback in medical rehabilitation. The aims of the trial presented in this study protocol are to evaluate the effects of this novel feedback approach on rehabilitation outcomes in comparison to usual care.</p> <p>METHODS</p> <p>The study is designed as a prospective, mono-centric, randomized controlled, superiority trial (RCT) with two</p>

						<p>parallel groups and three measuring points: T0 = start of three-week inpatient rehabilitation, T1 = end of three-week inpatient rehabilitation, T2 = 12-week follow-up. In total, 132 patients suffering from chronic neck, shoulder and/or lumbar spine disorders will be recruited. The intervention involves multidimensional exercise therapy feedbacks during the initial and final physical therapist examination, as well as short exercise therapy feedbacks during the course units of the mandatory group-based exercise therapy program. Primary outcomes are the subjective treatment outcome, assessed by BPI and indication-specific questionnaires, as well as patient satisfaction, assessed by ZUF-8 and an intervention-specific questionnaire. The final data collection is expected by May 2023.</p> <p>DISCUSSION</p> <p>This study may provide a valuable insight into the effectiveness of multidimensional exercise therapy feedback to improve treatment outcomes and patient satisfaction in medical rehabilitation. This could contribute to rehabilitation quality assurance and the long-term physical activity behavior of rehabilitation patients. Trial registration The trial has been registered with the German Clinical Trial Register (DRKS) under the Registration Number DRKS00027263.</p>
Schuchardt, Julia; Roediger, Eckhard	2016	Schematherapie				<p>Das Buch bietet eine kompakte Einföhrung in das Modell der Schematherapie, in deren Beziehungsgestaltung und in deren wichtigste erlebnisaktivierende Techniken unter Berücksichtigung neuerer Entwicklungen wie einer metakognitiven und interpersonalen Perspektive. Die Schematherapie versteht viele Persönlichkeitsstrungen und krankheitsfrdernde Persönlichkeitsstrukturen als Folge von massiven Frustrationen psychischer Grundbedrfnisse</p>

							<p>und daraus resultierenden immer wiederkehrenden Erlebens- und Verhaltensmustern, sogenannten Lebensfallen. Ziel eines schematherapeutischen Vorgehens ist es deshalb, verletzte Grundbedrfnisse freizulegen und maladaptiv gewordene Bewltigungsformen in einer pdagogisch- und entwicklungsorientierten therapeutischen Beziehung aufzulsen. Das Buch ist als Einstieg fr Therapeuten aller Schulen sowie als berblick fr Schematherapeuten gedacht. Der Anhang bietet Arbeitsmaterialien fr die therapeutische Praxis. - Inhalt: (1) Zwei Fallvignetten als Praxisbeispiele. (2) Grundlagen des therapeutischen Konzepts. (3) Haltung; Menschenbild und Sicht auf den Patienten. (4) Schematherapeutische Modelle: Die Erfllung emotionaler Grundbedrfnisses als Basis des therapeutischen Handelns. (5) Schematherapeutische Beziehungsgestaltung. (6) Imaginationstechniken der Schematherapie. (7) Modusdialoge auf mehreren Sthlen. (8) Konzept des gesunden Erwachsenenmodus (GE). (9) Aufbau und Training des GE-Modus. (10) Phasen einer Schematherapie im berblick. (11) Schwierige Therapiesituation in der Schematherapie. (12) Annahmen zur Wirkweise der Schematherapie: Therapeutische Basisfaktoren und Spezifika der Schematherapie. (13) Schematherapie im Dialog. (14) Anhang: Therapiematerialien</p>
Schulthess, Peter	2018	Gutachten des deutschen Wissenschaftlichen Beirates zur Humanistischen Psychotherapie	jour! Psychotherapie-Berufsentwicklung	8	1	16-18	<p>Informiert wird ber das Gutachten des deutschen Wissenschaftlichen Beirates zum Antrag, den die Arbeitsgemeinschaft Humanistische Psychotherapie (AGHPT) 2012 gestellt hat, die Humanistische Psychotherapie als Verfahren nach 11 Psychotherapiegesetz anzuerkennen. Unter der Voraussetzung, dass die Emotionsfokussierte Therapie</p>

							<p>der Gesprächstherapie zugeordnet wird, ergaben sich lediglich für die Gesprächstherapie drei Indikationsbereiche, wo die Wirksamkeit ausreichend nachgewiesen wurde: affektive Strungen, Anpassungs- und Belastungsstrungen, psychische und soziale Faktoren. Damit kann sie zwar als wissenschaftlich anerkannte Methode für diese drei Strungsbereiche gelten, jedoch nicht als wissenschaftlich anerkanntes Verfahren. Die von der AGHPT und der Gesellschaft für Personenzentrierte Psychotherapie und Beratung (GwG) vorgebrachte Kritik an diesem Gutachten wird besprochen. Im abschließenden Kommentar wird unter anderem betont, dass der Wissenschaftlichkeitsbegriff des deutschen Beirates zu kritisieren ist und dass, wenn diese Kriterien für den Wirksamkeitsnachweis in der Schweiz angewendet worden, keines der humanistischen und Körpertherapieverfahren der Charta eine Akkreditierung erhalten hätte.</p>
Schulthess, Peter; Koemeda-Lutz, Margit; Tschuschke, Volker; Crameri, Aureliano; Wyl, Agnes von	2017	Gestalttherapie wirkt. Ergebnisse für die Gestalttherapie aus einer vergleichenden naturalistischen Praxisstudie	Gestalttherapie	31	1	79–100	<p>Berichtet wird über die Ergebnisse der Gestalttherapie aus einer vergleichenden naturalistischen Praxisstudie zur ambulanten Psychotherapie, welche von 2007 bis 2012 in der Schweiz durchgeführt wurde. Psychotherapeutinnen und -therapeuten von zehn verschiedenen Therapieverfahren wirkten mit. Die sieben Gestalttherapeutinnen und -therapeuten brachten im Studienzeitraum 33 psychotherapeutische Behandlungen ein, von denen 23 ausgewertet werden konnten. Die Behandlungsergebnisse der Gestalttherapie werden als durchschnittlich gut eingestuft. Mit etwa 38 Therapiesitzungen wurden akzeptable Effektstärken von .75 erreicht. In der Behandlung depressiver Prozesse wurden die höchsten Werte erzielt (durchschnittliche Effektstärke von 1.57). In katamnestic</p>

							Untersuchungen erwiesen sich die erzielten Therapieeffekte als sehr stabil und verbesserten sich noch weiter. Schlussfolgernd wird die Gestalttherapie als ein in der Praxis wirksames Verfahren bezeichnet.
Schultz, Megan E.; Fronk, Gaylen E.; Jaume, Natalie; Magruder, Katherine P.; Curtin, John J.	2022	Stressor-elicited smoking and craving during a smoking cessation attempt	Journal of Psychopathology and Clinical Science	131	1	73–85	Stressors can undermine smokers' attempts to quit smoking. Although contemporary theories and animal models support this idea, human research has struggled to demonstrate definitively the relationship between stressors and smoking. Researchers have employed more ecologically valid methods like ecological momentary assessment to address this question, but studies focusing explicitly on stressors remain sparse and findings inconsistent. The purpose of this study was to examine the effect of stressful event intensity on smoking and craving among cigarette smokers during a quit attempt. We conducted preregistered, complementary concurrent and prospective (i.e., 8-hour lag window between stressful event and outcomes) analyses to maximize statistical power and provide temporal ordering, respectively. We also conducted follow-up moderation (Lag × Stressful Event Intensity) analyses. We hypothesized that smokers would be more likely to report both smoking and craving as the intensity of stressful events increased. Cigarette smokers (N = 125; 77 male) were randomly assigned to take nicotine replacement therapy (NRT) or placebo and provided 4x daily self-reports during the first 2 weeks of a quit attempt. Stressful events increased craving and the probability of smoking in concurrent analyses, and lag moderated the effect of stressful event intensity in follow-up prospective lagged analyses. NRT reduced the probability of smoking but not craving and did not moderate the effect of stressful events on smoking or craving. This study supports a

							prospective relationship between stressful events and smoking/craving in situ and demonstrates that NRT does not reduce the impact of stressors on smoking or craving. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Schultze-Gebhardt, Till; Sehrig, Jrgen	2020	Das Politische im PZA: Vor welchen Herausforderungen stehen wir? . Sieben Thesen als Einladung zu einem verbandsinternen Diskurs	Gesprchspsych ootherapie und Personenzentrierte Beratung	51	3	48–49	Vorgestellt wird ein Thesenpapier der Gesellschaft fr Personenzentrierte Psychotherapie und Beratung (GwG) zur gesellschaftspolitischen Relevanz des Personenzentrierten Ansatzes.
Schultze-Gebhardt, Till; Werkhausen, Marius; Ritzenhoff, Andreas; Orlik, Waltraud; Esher, Thomas; Diepholz, Annerieke; Isele, Gabriele	2020	"P2025 EXTRA" - ein Dialogprojekt in Zeiten der Krise. (Mit 6 Einzelbeitrgen)	Gesprchspsych ootherapie und Personenzentrierte Beratung	51	2	18–21	In sechs Einzelbeitrgen nehmen psychotherapeutisch ttige Mitglieder der Gesellschaft fr Personenzentrierte Psychotherapie und Beratung (GwG) Stellung zu ihren persnlichen Erfahrungen, Eindrcken und Erkenntnissen whrend der Corona-Pandemie.
Schulze, Henning; Sejkora, Klaus	2021	Positive Transaktionsanalyse: Scham und Freude als Triebfedern des Skripts . Vom Lebensplan zum	Zeitschrift fr Transaktionsanalyse	38	4	310–347	In der Sichtweise der Positiven Transaktionsanalyse folgt das Skript ursprnglich kreativen und konstruktiven Intentionen, die aus der kindlichen Wahrnehmung heraus das berleben sichern, das Leben lebenswert machen und Autonomie ermöglichen sollen. Durch die elementare Angst vor Scham entwickeln Menschen ihr Skript mehr und mehr destruktiv und schrnken so ihre Autonomie ein.

		Beziehungsraum				Die Scham wird so zum Energetisierer im Hintergrund. In der auf dem Racket- oder Skriptsystem basierenden Landkarte des Script Cube wird eine Verknüpfung der zentralen Bauelemente des Skripts vor der Kulisse der Scham bzw. der Angst vor Beschmug beschrieben. An einem Fallbeispiel werden Möglichkeiten veranschaulicht, dieses "Skript-Gefngnis" zu verlassen. Eine Alternative dazu bietet der Beziehungsraum, zu dem ein Weg in zwlf Schritten aufgezeigt wird.
Schuster R AUID- ORCID: 0000-0002- 6447-9132; Fichtenbauer I; Sparr VM; Berger T AUID- ORCID: 0000- 0002-2432- 7791; Laireiter AR; Krug K AUID- ORCID: 0000-0002- 9795-7954; Bossert J AUID- ORCID: 0000- 0001-6285- 013X; Deis N; Krisam J AUID- ORCID: 0000- 0003-4092- 7874; Villalobos M AUID- ORCID: 0000-		Feasibility of a blended group treatment (bGT) for major depression: uncontrolled interventional study in a university setting. Effects of an Interprofessiona l Communication Approach on Support Needs, Quality of Life, and Mood of Patients with Advanced Lung Cancer: A Randomized Trial			00 03- 99 93 (Lin kin g)	OBJECTIVE: This study investigated the feasibility of a novel blended (face-to-face and computer-based) group intervention for the reduction of depressive symptoms in major depression. DESIGN: Patient-centred uncontrolled interventional study. SETTING: University setting in a general community sample. A multimodal recruitment strategy (public health centres and public areas) was applied. PARTICIPANTS: Based on independent interviews, 26 participants, diagnosed with major depressive disorder (81% female; 23% comorbidity >1 and 23% comorbidity >2), entered treatment. INTERVENTION: Acceptance and mindfulness based, as well as self-management and resource-oriented psychotherapy principles served as the theoretical basis for the low-threshold intervention. The blended format included face-to-face sessions, complemented with multimedia presentations and a platform featuring videos, online work sheets, an unguided group chat and

<p>0002-8730-1134; Siegle A AUID- ORCID: 0000-0002-0164-9931; Jung C AUID- ORCID: 0000-0003-2814-2935; Hagelskamp L AUID- ORCID: 0000-0002-1283-3320; Unsöld L; Jünger J AUID- ORCID: 0000-0003-2391-6225; Thomas M; Wensing M AUID- ORCID: 0000-0001-6569-8137; Hasenfratz K; Moergeli H; Sprött H; Ljutow A; Hefti R; Rittmayer I; Peng-Keller S; Rufer M; Dockweiler C; Kupitz A; Hornberg C; Chieffo DPR; Lafuenti L;</p>							<p>remote therapist-patient communication. MAIN OUTCOME MEASURES: The Center for Epidemiological Studies-Depression scale and the 12-item General Health Questionnaire. RESULTS: Large to very large within group effect sizes were found on self-reported depression ($F((2, 46.37))=25.69, p<0.001; d=1.80$), general health ($F((2,46.73))=11.47, p<0.001; d=1.32$), personal resources ($F((2,43.36))=21.17, p<0.001; d=0.90$) and mindfulness ($F((2,46.22))=9.40, p<0.001; d=1.12$) after a follow-up period of 3 months. Treatment satisfaction was high, and 69% ranked computer and multimedia use as a therapeutic factor. Furthermore, participants described treatment intensification as important advantage of the blended format. Half of the patients (48%) would have preferred more time for personal exchange. CONCLUSION: The investigated blended group format seems feasible for the reduction of depressive symptoms in major depression. The development of blended interventions can benefit from assuring that highly structured treatments actually meet patients' needs. As a next step, the intervention should be tested in comparative trials in routine care. TRIAL REGISTRATION NUMBER: DRKS00010894; Pre-results.</p> <p>BACKGROUND: To address the support needs of newly</p>
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<p>Mastrilli L; De Paola R; Vannuccini S; Morra M; Salvi F; Boškoski I AUID- ORCID: 0000-0001-8194-2670; Salutari V; Ferrandina G; Scambia G; Baez S; Hoch MC; Hoch JM</p>						<p>diagnosed patients with lung cancer with limited prognosis, the Milestone Communication Approach (MCA) was developed and implemented. The main elements of the MCA are situation-specific conversations along the disease trajectory conducted by an interprofessional tandem of physician and nurse. The aim of the study was to evaluate the effects of MCA on addressing support needs, quality of life, and mood as compared with standard oncological care. PATIENTS AND METHODS: A randomized trial was conducted with baseline assessment and follow-up assessments at 3, 6, and 9 months in outpatients with newly diagnosed lung cancer stage IV at a German thoracic oncology hospital. The primary outcome was the Health System and Information Needs subscale of the Short Form Supportive Care Needs Survey (SCNS-SF34-G) at 3-month follow-up. Secondary outcomes included the other subscales of the SCNS-SF34-G, the Schedule for the Evaluation of Individual Quality of Life, the Functional Assessment of Cancer Therapy lung module, the Patient Health Questionnaire for Depression and Anxiety, and the Distress Thermometer. RESULTS: At baseline, 174 patients were randomized, of whom 102 patients (MCA: n = 52; standard care: n = 50) provided data at 3-month follow-up. Patients of the MCA</p>
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						<p>group reported lower information needs at 3-month follow-up (mean \pm SD, 33.4 \pm 27.5; standard care, 43.1 \pm 29.9; p = .033). No effects were found for secondary outcomes. CONCLUSION: MCA lowered patient-reported information needs but did not have other effects. MCA contributed to tailored communication because an adequate level of information and orientation set the basis for patient-centered care. IMPLICATIONS FOR PRACTICE: By addressing relevant issues at predefined times, the Milestone Communication Approach provides individual patient-centered care facilitating the timely integration of palliative care for patients with a limited prognosis. The needs of patients with lung cancer must be assessed and addressed throughout the disease trajectory. Although specific topics may be relevant for all patients, such as information about the disease and associated health care, situations of individual patients and their families must be considered. Additionally, using the short form of the Supportive Care Needs Survey in clinical practice to identify patients' problems might support individually targeted communication and preference-sensitive care.</p> <p>Background: Chronic pain is a complex, multidimensional experience. Spirituality</p>
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						<p>is hypothesized to impact pain experience in various ways. Nevertheless, the role that spirituality plays in multimodal pain therapy remains controversial and, to date, quantitative data on whether and for which patients spiritual aspects should be considered in the treatment of chronic pain is lacking. The aim of this study was thus to investigate the proportion and characteristics of patients with chronic pain who wish spiritual aspects to be integrated in their treatment.</p> <p>Methods: Two hundred nine patients with chronic pain were recruited from five inpatient departments and outpatient clinics in the German-speaking part of Switzerland. Patients filled out validated questionnaires, such as the Hospital Anxiety and Depression Scale (HADS), the Resilience Scale (RS-11), the Spiritual and Religious Attitudes in Dealing with Illness (SpREUK), and the 12-item Spiritual Well-Being Scale (FACIT-Sp-12). Results: More than 60% (CI(95%): 55.5-67.9%) of the patients wanted to address spiritual aspects in their treatment. These patients were significantly younger, had higher levels of education, and suffered from more frequent and more severe pain than patients who did not wish to address spiritual aspects. Furthermore, there were high correlations with existing spiritual resources and higher</p>
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						<p>scores of spirituality.</p> <p>Conclusions: These results confirm that the majority of chronic pain patients wish spiritual aspects to be considered in their treatment. Additionally, the finding that these patients had more spiritual resources underlines the importance of integrating spiritual aspects in a resource-oriented, patient-centered care approach for this condition.</p> <p>OBJECTIVES: Over the past few years, there has been a considerable increase in online-based therapeutic services for people affected by depressive disorders. The efficacy and efficiency of these programmes is well documented by now. User acceptance is considered as a significant factor of success in establishing this new patient-centered care. Theory-based acceptance surveys can provide valuable scientific knowledge regarding long-term introduction.</p> <p>METHODS: A nationwide online survey was conducted to determine the attitude towards web-based psychotherapy services for depressive disorders, the current state of knowledge and the intention of 186 participants (124 female and 62 male participants; aged 21 and above) to use these services. The participants were recruited from support groups for depressive disorders. The determinants of the intention to use online</p>
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						<p>therapy, which is included in the binary logistic regression, are based upon the Unified Theory of Acceptance and Use of Technology (UTAUT). RESULTS: Nearly two-thirds of the respondents could conceive making use of online-based therapeutic services in the near future. The perceived performance and expected effort proved to be significantly influential predictors regarding the intention to use. Specifically, these included an evaluation of the use of E-Mental Health to assist disease management, and better assessment of the course of one's disease. CONCLUSION: The actual contribution of E-Mental Health is closely connected to technical and jurisprudential assessments. But also, it significantly depends on evidence-based issues as well as user orientation in research, development and implementation. The results offer an initial theory-based approach to an increased user-oriented technology research in health care, with further diversity criteria to be taken into account in the future.</p> <p>Background: Several subjects affected by cancer experience a significant level of multidimensional disease. This longitudinal study aims to evaluate the effectiveness of psycho-oncological support using Cinema as an emotional mediator</p>
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						<p>and to promote perceived well-being by personalized psychological treatment.</p> <p>Methods: Thirty women diagnosed with gynecological cancer watched 12 movies and participated in a psychotherapy group co-conducted by two psychotherapists.</p> <p>Patients completed nine questionnaires at T0 (baseline), T1 (3 months) and T2 (6 months). Results: Patients observed significant improvements (CORE-OM: $p < 0.001$) in psychological well-being. The results showed statistically significant differences, even in several other dimensions, such as Anxiety (STAY-Y1-2: $p < 0.001$), Empathy (BEES, $p < 0.001$), Coping (COPE: $p < 0.001$), QoL (QLQ-C30, $p: 0.026$), couple relationship (DAS, Satisfaction: $p: 0.013$; Cohesion: $p: 0.004$) and alexithymia (TAS-20, Difficulty Identifying Feeling: $p: 0.002$; Externally-Oriented Thinking: $p: 0.003$). Conclusions: The data show that cinema, as an innovative psychological approach, could be a valid instrument to support patients in oncological pathways as well as facilitating the process of recognizing themselves in other patients and communicating about their own feelings.</p> <p>FAU - Chieffo, Daniela Pia Rosaria</p> <p>OBJECTIVES: To systematically locate, critically appraise, and synthesize the</p>
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							available evidence regarding the effectiveness of cognitive behavioral therapies (CBTs) and psychoeducation that can be implemented by rehabilitation specialists to treat fear-a
Schuster, Beate	2020	Führung im Klassenzimmer. Disziplinschwierigkeiten und sozialen Strungen effektiv begegnen - der LMU-Leitfaden für Miteinander im Unterricht					In einem Leitfaden für Lehrer wird über Möglichkeiten der Vorbeugung und Bewältigung von Disziplinproblemen und sozialen Strungen im Klassenraum informiert. Disziplinprobleme, unmotiviertes Lernverhalten und soziale Strungen stellen für Lehrkräfte wie für Schülerinnen und Schüler ein zentrales Problem im Unterricht dar. Vor diesem Hintergrund wird etabliertes psychologisches Wissen nutzbar gemacht, um die Dynamik hinter diesen Phänomenen besser verstehen und vor allem ihnen gezielter begegnen zu können. Es wird gezeigt, dass man keine "geborene Lehrperson" sein muss, sondern dass es eine Fülle von Überlegungen und Maßnahmen gibt, die für eine gelingende Klassenführung gelernt und berücksichtigt werden können. Ein Schwerpunkt wird auf einfach umzusetzende Ideen gelegt. Neben abstrakten Grundideen, die über verschiedenste Situationen hinweg einen Leitgedanken liefern, werden auch konkrete, praxistaugliche Tipps für typische Alltagssituationen gegeben. - Inhalt: (1) Einleitung: Zentrale Probleme im Klassenzimmer. (2) Die Bedeutung der Lehrkraft: Entdecken von Handlungsspielräumen und erste Vorschläge aus der Forschung zu Klassenführung. (3) Nutzung von klinisch-psychologischen Überlegungen zur Veränderung von Verhalten in der pädagogischen Arbeit: Die "Pädagogische Verhaltensmodifikation". (4) Das Primat der Beziehung und Überlegungen zu Gesprächsführung: Bindungstheorie und Klientenzentrierte Gesprächstherapie, Feedback-Geben und Vermittlung bei

							<p>Konflikten (Mediation). (5) Die Bedeutung des Miteinander: Verständnis für die Dynamik und Konsequenzen von sozialer Ausgrenzung und Mobbing. (6) Gezielte Gestaltung der Situation: Einsichten aus der Sozialpsychologie. (7) Individuelle Ansatzpunkte beim Kind: Möglichkeiten, die Schlerinnen selbst zur Verfügung stehen mit besonderem Augenmerk auf der Bedeutung der Gedanken ("Kognitive (Therapitheorien)") sowie Hinweise zur Elternarbeit. (8) Ein historischer Exkurs zur Soziometrie: Von den Anfängen in einem europäischen Flüchtlingslager, den Einsichten aus einer amerikanischen Besserungsanstalt, und von heute vergessenen Konzepten. (9) Beispiele aus der neueren Forschung: Von der dunklen Seite von Peer Populärkultur und Anregungen aus der Literatur zu Verzeihen. (10) Abschließendes Fazit: Reflexion von Lösungsansätzen und zusammenfassende Auflistung der konkreten Einzeltipps des LMU - Leitfadens für Miteinander im Unterricht (Abschließendes Fazit). - Anhang: Auswahl an Quellen und Hinweise für weiterführende Beschäftigung mit der Thematik. (c) ZPID</p>
Schuster, Raphael; Fichtenbauer, Isabelle; Sparr, Verena Maria; Berger, Thomas; Laireiter, Anton-Rupert	2018	Feasibility of a blended group treatment (bGT) for major depression: uncontrolled interventional study in a university setting	BMJ open	8	3	e018412	<p>OBJECTIVE: This study investigated the feasibility of a novel blended (face-to-face and computer-based) group intervention for the reduction of depressive symptoms in major depression. DESIGN: Patient-centred uncontrolled interventional study. SETTING: University setting in a general community sample. A multimodal recruitment strategy (public health centres and public areas) was applied. PARTICIPANTS: Based on independent interviews, 26 participants, diagnosed with major depressive disorder (81% female; 23% comorbidity >1 and 23% comorbidity >2), entered treatment. INTERVENTION: Acceptance and mindfulness based, as</p>

						<p>well as self-management and resource-oriented psychotherapy principles served as the theoretical basis for the low-threshold intervention. The blended format included face-to-face sessions, complemented with multimedia presentations and a platform featuring videos, online work sheets, an unguided group chat and remote therapist-patient communication. MAIN OUTCOME MEASURES: The Center for Epidemiological Studies-Depression scale and the 12-item General Health Questionnaire. RESULTS: Large to very large within group effect sizes were found on self-reported depression ($F(2, 46.37)=25.69, p<0.001; d=1.80$), general health ($F(2,46.73)=11.47, p<0.001; d=1.32$), personal resources ($F(2,43.36)=21.17, p<0.001; d=0.90$) and mindfulness ($F(2,46.22)=9.40, p<0.001; d=1.12$) after a follow-up period of 3 months. Treatment satisfaction was high, and 69% ranked computer and multimedia use as a therapeutic factor. Furthermore, participants described treatment intensification as important advantage of the blended format. Half of the patients (48%) would have preferred more time for personal exchange. CONCLUSION: The investigated blended group format seems feasible for the reduction of depressive symptoms in major depression. The development of blended interventions can benefit from assuring that highly structured treatments actually meet patients' needs. As a next step, the intervention should be tested in comparative trials in routine care. TRIAL REGISTRATION NUMBER: DRKS00010894; Pre-results.</p>
Schuster, Raphael; Laireiter, Anton-Rupert; Berger,	2020	Immediate and long-term effectiveness of adding an	Journal of affective disorders	274	643-651	Abstract not released by publisher

Thomas; Moritz, Steffen; Meyer, Bjrn; Hohagen, Fritz; Klein, Jan Philipp		Internet intervention for depression to routine outpatient psychotherapy: Subgroup analysis of the EVIDENT trial					
Schwab, Marisa E.; Lianoglou, Billie R.; Gano, Dawn; Gonzalez Velez, Juan; Allen, Isabel E.; Arvon, Regina; Baschat, Ahmet; Bianchi, Diana W.; Bitanga, Melissa; Bourguignon, Anne; Brown, Richard N.; Chen, Bruce; Chien, May; Davis-Nelson, Shareece; de Laat, Monique W M; Ekwattanakit, Supachai; Gollin, Yvonne;	2023	The impact of in utero transfusions on perinatal outcomes in patients with alpha thalassemia major: the UCSF registry	Blood advances	7	2	269–279	Alpha thalassemia major (ATM) is a hemoglobinopathy that usually results in perinatal demise if in utero transfusions (IUTs) are not performed. We established an international registry (NCT04872179) to evaluate the impact of IUTs on survival to discharge (primary outcome) as well as perinatal and neurodevelopmental secondary outcomes. Forty-nine patients were diagnosed prenatally, 11 were diagnosed postnatally, and all 11 spontaneous survivor genotypes had preserved embryonic zeta-globin levels. We compared 3 groups of patients; group 1, prenatally diagnosed and alive at hospital discharge (n = 14), group 2, prenatally diagnosed and deceased perinatally (n = 5), and group 3, postnatally diagnosed and alive at hospital discharge (n = 11). Group 1 had better outcomes than groups 2 and 3 in terms of the resolution of hydrops, delivery closer to term, shorter hospitalizations, and more frequent average or greater neurodevelopmental outcomes. Earlier IUT initiation was correlated with higher neurodevelopmental (Vineland-3) scores (r = -0.72, P = .02). Preterm delivery after IUT was seen in 3/16 (19%) patients who continued their pregnancy. When we combined our data with those from 2 published series, patients who received ≥2 IUTs had better outcomes than those with 0 to 1 IUT, including

<p>Hirata, Greigh; Jelin, Angie; Jolley, Jennifer; Meyer, Paul; Miller, Jena; Norton, Mary E.; Ogasawara, Keith K.; Panchalee, Tachjaree; Schindewolf, Erica; Shaw, Steven W.; Stumbaugh, Tammy; Thompson, Alexis A.; Towner, Dena; Tsai, Pai-Jong Stacy; Viprakasit, Vip; Volanakis, Emmanuel; Zhang, Li; Vichinsky, Elliott; MacKenzie, Tippi C.</p>							<p>resolution of hydrops, delivery at ≥ 34 weeks gestation, and 5-minute appearance, pulse, grimace, activity, and respiration scores ≥ 7. Neurodevelopmental assessments were normal in 17/18 of the ≥ 2 IUT vs 5/13 of the 0 to 1 IUT group (OR 2.74; P = .01). Thus, fetal transfusions enable the survival of patients with ATM and normal neurodevelopment, even in those patients presenting with hydrops. Nondirective prenatal counseling for expectant parents should include the option of IUTs.</p>
<p>Schwartz, Karen M.</p>	<p>2018</p>	<p>Making unformulated experience real through painting:</p>	<p>Journal of clinical psychology</p>	<p>74</p>	<p>2</p>	<p>239-248</p>	<p>I contend that painting, like psychoanalytic psychotherapy, is an intersubjective process able to connect hearts and minds of painters and viewers alike, because the creative process of making a painting brings painters into more complex and more animated</p>

		Painting and psychoanalytic psychotherapy practice as two ways of making sense					relationship with themselves. My own painting process is largely nonverbal. Interactions between me and my evolving artwork-in-process reveal experiences, thoughts, and feelings not yet formulated in words, and so, not available explicitly to conscious awareness until visual representation allows questions of meaning and intention to be thought about and elaborated in the usual, verbal sense. I describe how my particular painting practice provides an experiential frame for the creative process of self-articulation that goes on in psychotherapy, as well as how the physical and mostly nonverbal dialogue experienced in the painting studio served as a source of listening attitudes and self-regulation in my work with a patient's inhibited self-expression and thwarted artistic ambitions.
Schwartz, Rachel A.; Chambless, Dianne L.; Milrod, Barbara; Barber, Jacques P.	2021	Patient, therapist, and relational antecedents of hostile resistance in cognitive-behavioral therapy for panic disorder: A qualitative investigation	Psychotherapy	58	2	230–241	Hostile resistance (clients' openly combative behavior directed at therapists) predicts poor outcomes in cognitive-behavioral therapy (CBT) for panic disorder, but its origins are poorly understood. It is important to have a holistic understanding of the etiology of hostile resistance that incorporates the therapeutic context if these behaviors—and their negative consequences—are to be prevented and effectively addressed. Of the 71 adults who received CBT for panic disorder as part of larger trial, 8 exhibited hostile resistance. Grounded theory methodology was used to develop a theoretical framework to understand why these patients became hostile in session. The 10 minutes of session preceding instances of hostile resistance and matched portions of sessions from five never hostile controls were coded. Two pathways to hostile resistance emerged—one in which patient characteristics were primary and one wherein therapist failures (particularly of empathy) were primary.

						Being a challenging patient (i.e., narcissistic, obsessive, angry, resistant) moderated which pathway was followed. However, even among challenging patients, rarely was hostile resistance attributable to patients' dispositions alone. Most often, patient factors interacted with therapist (e.g., displays of frustration) and treatment (e.g., directiveness, degree of structure) factors to produce such resistance. Contrary to the view of hostile resistance as simply a product of a hostile patient, the picture is more complex. Findings indicate that greater attention to common factors in CBT and more flexible applications of treatment protocols is warranted. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Schwenker, R.; Dietrich, C. E.; Hirpa, S.; Nothacker, M.; Smedslund, G.; Frese, T.; Unverzagt, S.	2023	Motivational interviewing for substance use reduction	Cochrane Database of Systematic Reviews	12(1 2):C D008 063. doi: 10.1 002/ 1465 1858 .CD0 0806 3.pu b3	12	Abstract - Background Substance use is a global issue, with around 30 to 35 million individuals estimated to have a substance-use disorder. Motivational interviewing (MI) is a client-centred method that aims to strengthen a person's motivation and commitment to a specific goal by exploring their reasons for change and resolving ambivalence, in an atmosphere of acceptance and compassion. This review updates the 2011 version by Smedslund and colleagues. Objectives To assess the effectiveness of motivational interviewing for substance use on the extent of substance use, readiness to change, and retention in treatment. Search methods We searched 18 electronic databases, six websites, four mailing lists, and the reference lists of included studies and reviews. The last search dates were in February 2021 and November 2022. Selection criteria We included randomised controlled trials with individuals using drugs, alcohol, or both. Interventions were MI or motivational enhancement therapy (MET), delivered individually and face to face. Eligible control interventions were no

						<p>intervention, treatment as usual, assessment and feedback, or other active intervention. Data collection and analysis We used standard methodological procedures expected by Cochrane, and assessed the certainty of evidence with GRADE. We conducted meta-analyses for the three outcomes (extent of substance use, readiness to change, retention in treatment) at four time points (post-intervention, short-, medium-, and long-term follow-up). Main results We included 93 studies with 22,776 participants. MI was delivered in one to nine sessions. Session durations varied, from as little as 10 minutes to as long as 148 minutes per session, across included studies. Study settings included inpatient and outpatient clinics, universities, army recruitment centres, veterans' health centres, and prisons. We judged 69 studies to be at high risk of bias in at least one domain and 24 studies to be at low or unclear risk. Comparing MI to no intervention revealed a small to moderate effect of MI in substance use post-intervention (standardised mean difference (SMD) 0.48, 95% confidence interval (CI) 0.07 to 0.89; $I^2 = 75\%$; 6 studies, 471 participants; low-certainty evidence). The effect was weaker at short-term follow-up (SMD 0.20, 95% CI 0.12 to 0.28; 19 studies, 3351 participants; very low-certainty evidence). This comparison revealed a difference in favour of MI at medium-term follow-up (SMD 0.12, 95% CI 0.05 to 0.20; 16 studies, 3137 participants; low-certainty evidence) and no difference at long-term follow-up (SMD 0.12, 95% CI -0.00 to 0.25; 9 studies, 1525 participants; very low-certainty evidence). There was no difference in readiness to change (SMD 0.05, 95% CI -0.11 to 0.22; 5 studies, 1495 participants; very low-certainty evidence). Retention in treatment was slightly higher with MI (SMD 0.26, 95%</p>
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							<p>CI -0.00 to 0.52; 2 studies, 427 participants; very low-certainty evidence). Comparing MI to treatment as usual revealed a very small negative effect in substance use post-intervention (SMD -0.14, 95% CI -0.27 to -0.02; 5 studies, 976 participants; very low-certainty evidence). There was no difference at short-term follow-up (SMD 0.07, 95% CI -0.03 to 0.17; 14 studies, 3066 participants), a very small benefit of MI at medium-term follow-up (SMD 0.12, 95% CI 0.02 to 0.22; 9 studies, 1624 participants), and no difference at long-term follow-up (SMD 0.06, 95% CI -0.05 to 0.17; 8 studies, 1449 participants), all with low-certainty evidence. There was no difference in readiness to change (SMD 0.06, 95% CI -0.27 to 0.39; 2 studies, 150 participants) and retention in treatment (SMD -0.09, 95% CI -0.34 to 0.16; 5 studies, 1295 participants), both with very low-certainty evidence. Comparing MI to assessment and feedback revealed no difference in substance use at short-term follow-up (SMD 0.09, 95% CI -0.05 to 0.23; 7 studies, 854 participants; low-certainty evidence). A small benefit for MI was shown at medium-term (SMD 0.24, 95% CI 0.08 to 0.40; 6 studies, 688 participants) and long-term follow-up (SMD 0.24, 95% CI 0.07 to 0.41; 3 studies, 448 participants), both with moderate-certainty evidence. None of the studies in this comparison measured substance use at the post-intervention time point, readiness to change, and retention in treatment. Comparing MI to another active intervention revealed no difference in substance use at any follow-up time point, all with low-certainty evidence: post-intervention (SMD 0.07, 95% CI -0.15 to 0.29; 3 studies, 338 participants); short-term (SMD 0.05, 95% CI -0.03 to 0.13; 18 studies, 2795 participants); medium-term (SMD 0.08, 95% CI -0.01 to 0.17; 15</p>
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						<p>studies, 2352 participants); and long-term follow-up (SMD 0.03, 95% CI -0.07 to 0.13; 10 studies, 1908 participants). There was no difference in readiness to change (SMD 0.15, 95% CI -0.00 to 0.30; 5 studies, 988 participants; low-certainty evidence) and retention in treatment (SMD -0.04, 95% CI -0.23 to 0.14; 12 studies, 1945 participants; moderate-certainty evidence). We downgraded the certainty of evidence due to inconsistency, study limitations, publication bias, and imprecision. Authors' conclusions Motivational interviewing may reduce substance use compared with no intervention up to a short follow-up period. MI probably reduces substance use slightly compared with assessment and feedback over medium- and long-term periods. MI may make little to no difference to substance use compared to treatment as usual and another active intervention. It is unclear if MI has an effect on readiness to change and retention in treatment. The studies included in this review were heterogeneous in many respects, including the characteristics of participants, substance(s) used, and interventions. Given the widespread use of MI and the many studies examining MI, it is very important that counsellors adhere to and report quality conditions so that only studies in which the intervention implemented was actually MI are included in evidence syntheses and systematic reviews. Overall, we have moderate to no confidence in the evidence, which forces us to be careful about our conclusions. Consequently, future studies are likely to change the findings and conclusions of this review. Plain language summary Does motivational interviewing help people reduce their use of alcohol, drugs, or both? Key messages</p> <ul style="list-style-type: none">• Motivational interviewing may reduce substance use
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						<p>compared with no intervention for a short time. • We have moderate to no confidence in the evidence, which forces us to be careful about our conclusions. New research may change our conclusions. • Future studies comparing motivational interviewing to other treatments should be larger, better designed, and better reported. What is substance use? 'Substance use' refers to the consumption of drugs or alcohol, which can have various effects on the mind and body. Substance use can have a number of consequences, including addiction, physical and mental health problems, and social and legal issues. Alcohol and drugs are therefore potentially harmful substances. People who use substances can damage their health and become ill as a result. About 30 to 35 million people are ill because they use substances. Substance-use disorders are now recognised as complex conditions related to psychosocial, environmental, and biological factors. How is substance use (or substance-use disorder) treated? There are a variety of treatments. Our review focused on motivational interviewing, which is a type of counselling aimed at helping people find the motivation to reduce or stop their substance use. Motivational interviewing involves a conversation between a trained counsellor and a client. The two usually meet 1 to 4 times for about an hour each. In the sessions, the counsellor helps the person explore the reasons that prevent them from giving up substance use. The counsellor helps them find ways to feel more willing, able, and confident to reduce or stop using substances, instead of telling the person why and how to change their behaviour. What did we want to find out? We wanted to find out whether motivational interviewing is better than no treatment or other forms of treatment at helping</p>
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						<p>people to reduce or stop substance use. We also wanted to find out if motivational interviewing affects people's willingness to change and whether they stay in treatment. What did we do? We looked for studies involving people who used substances such as alcohol or drugs. In the studies, people were divided by chance into a motivational interviewing group and a 'control' group that received either no treatment, regular treatment, assessment and feedback, or another active treatment. Regular treatment involved sharing screening results, advising people to stop using alcohol/drugs, and providing educational materials. Assessment and feedback involved giving people relevant reading material and the chance to ask questions, but no counselling. Other active treatments varied; providing an educational programme about drugs and alcohol is a typical example. We compared and summarised the results of the studies, and rated our confidence in the evidence, based on factors such as study methods and sizes. What did we find? We found 93 studies that involved 22,776 people with substance use. The largest study involved 1726 people and the smallest involved 25 people. The studies were conducted in countries around the world; most were in the USA (72). In most studies (30), one motivational interviewing session was conducted. There were also studies in which more sessions were conducted, up to 9 sessions. Session durations varied, from as little as 10 minutes to as long as 148 minutes per session. The results show that motivational interviewing may make little to no difference to substance use compared with regular treatment or another active intervention. However, in the short term, motivational interviewing</p>
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<p>Seaward, Helene; Wangmo, Tenzin; Vogel, Tobias; Graf, Marc; Egli-Alge, Monika; Liebreuz, Michael; Elger, Bernice S.</p>	<p>2021</p>	<p>What characterizes a good mental health professional in court-mandated treatment settings?: Findings from a qualitative study with older patients and mental health care professionals</p>	<p>BMC psychology</p>	<p>9</p>	<p>1</p>	<p>121</p>	<p>BACKGROUND: Therapist-related activities and characteristics such as empathy and genuineness are factors that significantly contribute to psychotherapy outcome. As they play a role in psychotherapy more generally, it can be expected that they are equally important in the treatment of court-mandated patients more specifically. At the same time, these treatment settings come with specific challenges-e.g. due to coercion and control-and it could thus be that some therapist-related characteristics might have a different empathy on the therapy. This interview study sought to investigate service providers' and users' perspectives on therapist-related characteristics in the context of detention. METHODS: We conducted a qualitative interview study with 41 older incarcerated persons mandated to treatment, and 63 mental health professionals (MHP). The data analysis followed thematic analysis. RESULTS: Patients and experts both emphasized the importance of treating patients with respect by taking a humanistic approach, that is, condemn the deeds but embrace the person and display genuine interest in supporting patients with any issue or concern that is of relevance to them. Furthermore, interviewees underscored that the coerciveness of the therapy context required to incorporate patients' wishes into treatment planning, recognize and respond to the patients' needs, and allow some choice within the given framework. Such inclusive attitude was deemed critical to engage and motivate patients to participate in treatment. In addition, it was emphasized that feedback and advice by the therapists need to be concrete, detailed and applied to each person's current situation. Lastly, patients questioned MHP's qualification when they did not</p>
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							<p>progress in therapy. DISCUSSION: Our findings indicate that some therapist-related activities and characteristics are of particular importance in court-mandated settings. These include genuine interest in the patient, a respectful and positive attitude, as well as the capacity to target sensitive issues in a directive but non-confrontational manner. Further research needs to identify specific expressions and behaviors that are linked to the aforementioned characteristics in the forensic context. Our study therefore contributes to much-needed empirical research on clinician and patient perspectives on therapist characteristics and activities in the treatment of court-mandated patients.</p>
Seeber, Uwe	2016	Einsichten aus der klinischen Arbeit mit psychotisch erkrankten Menschen	Existenz und Logos	24		33–39	<p>Die Bedeutung logotherapeutischer und existenzanalytischer Grundannahmen für die Behandlung von psychotisch Erkrankten wird reflektiert. Der therapeutische Wert der vier Grunderfahrungen bzw. Grundmotive des Lebens wird unter Bezugnahme auf persönliche Erfahrungen aus der klinischen Arbeit dargelegt: Sein-können, Wert-sein-mögen, So-sein-dürfen und Sinnvoll-leben. Schizophreniepatienten sind der Darstellung folgend mit fundamentalen Fragen zu Wirklichkeit, Identität und Existenz konfrontiert, die in der Therapie adressiert werden sollten. Es wird betont, dass hierbei die Gestaltung der therapeutischen Beziehung und die therapeutische Haltung eine entscheidende Rolle spielen.</p>
Sehgal, Amita	2018	Exploring the Role of Blame in Couple Relationships within the Triangular	Brit J Psychotherapy (British Journal of Psychotherapy)	34	2	255–269	

		Setting of Couple Psychotherapy					
Sehrig, Jrgen	2022	Personzentrierte Beziehungsarbeit in der Arbeit mit Gewaltauswend en	Gesprchspsych othérapie und Personzentrierte Beratung	53	1	18–22	Gerade in Zeiten der Coronapandemie wird die Thematik der huslichen Gewalt mit groer Sorge beobachtet. Die Indizien weisen auf eine deutliche Zunahme von Partnerschaftsgewalt hin. Hierbei stellen sich folgende Fragen: Wie kann eine personzentrierte Soziale Arbeit auf Gewaltausbende eingehen? Wie knnen Motivation und Problemeinsicht bei den Tter innen aufgebaut werden? Wie kann eine personzentrierte Beziehungsarbeit dem uerem Druck durch Polizei, Staatsanwaltschaft und anderen Akteur innen Rechnung tragen, ohne die Beziehung zum r Gewaltauswend en selbst zu verstellen? Diese Fragen werden im Kontext eines Freiburger Anti-Gewalt-Trainings errtert. Die Chancen und Grenzen von Motivationsarbeit, z. B. motivierende Gesprchsfhrung, werden ausgelotet. Darber hinaus wird eine Haltung "wohlwollender" Konfrontation skizziert.
Seidler, Gnter H.; Freyberger, Harald J.; Glaesmer, Heide; Gahleitner, Silke Birgitta	2019	Handbuch der Psychotraumatologie					Inhalt: (1) Hellmuth Freyberger und Harald J. Freyberger: Ulrich Venzlaff-Nestor und Wegbereiter der Psychotraumatologie. - (A) Psychologische und biologische Grundlagen der Psychotraumatologie. (2) Marie Roxanne Sopp, Anke Kirsch und Tanja Michael: Trauma und Gedchtnis. (3) Carsten Spitzer und Harald J. Freyberger: Theorien zum Verstndnis von Dissoziation. (4) Andrea B. Horn und Andreas Maercker: Psychologische Theorien zum Verstndnis der Posttraumatischen Belastungsstrung. (5) Katja Wingenfeld, Carsten Spitzer und Martin Driessen: Psychoneuroendokrinologische Befunde zum Verstndnis der Posttraumatischen Belastungsstrung. (6) Peter Klaver: Funktionelle Neuroanatomie der Posttraumatischen Belastungsstrung.

						<p>(7) Andreas Maercker, Laura Pielmaier und Silke Birgitta Gahleitner: Risikofaktoren, Resilienz und posttraumatische Reifung. (8) Hans J. Grabe: Genetische Aspekte der Posttraumatischen Belastungsstrung. (9) Hellmuth Freyberger und Mitarbeiter: Transgenerationale Traumatransmission (am Beispiel der berlebenden des Holocaust). (10) Carsten Spitzer, Katja Wingenfeld und Harald J. Freyberger: Geschlechtsspezifische Aspekte der Posttraumatischen Belastungsstrung. - (B) Die Traumatheorie in den Hauptschulen der Psychotherapie - historische Entwicklung. (11) Werner Bohleber: Die Traumatheorie in der Psychoanalyse. (12) Birgit Kleim: Posttraumatische Belastungsstrung und Verhaltenstherapie. (13) Jochen Eckert und Eva-Maria Biermann-Ratjen: Die Traumatheorie in der Gesprächspsychotherapie nach Carl R. Rogers. (14) Reinert Hanswille: Trauma und Systemische Therapie. - (C) Krankheitsbilder und Komorbiditten. (15) Harald J. Freyberger, Heide Glaesmer und Rolf-Dieter Stieglitz: Die Posttraumatische Belastungsstrung und die Anpassungsstrungen in der ICD-10, im DSM-IV und DSM-5. (16) Naser Morina und Mitarbeiter: Diagnostik der Posttraumatischen Belastungsstrungen und weiterer Traumafolgestrungen. (17) Frank Wagner: Die Posttraumatische Belastungsstrung. (18) Ingo Schfer und Annett Lotzin: Die komplexe Posttraumatische Belastungsstrung. (19) Kai Baumann und Michael Linden: Verbitterungsemotionen und Posttraumatische Verbitterungsstrung. (20) Ulrich Venzlaff: Der erlebnisbedingte Persnlichkeitswandel. (21) Rita Rosner und Birgit Wagner: Anhaltende Trauerstrung. (22) Carsten Spitzer und Harald J. Freyberger: Dissoziative Strungen. (23) Ingo Schfer: Traumatisierung und Sucht. (24) Ingo</p>
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						<p>Schfer: Traumatisierung und Psychose. (25) Jessie Mahler und Hans J. Grabe: Trauma und Depression. (26) Andreas Maercker und Myriam Thoma: Trauma und Demenz. (27) Birger Dulz und Johanna Rnfeldt: Persönlichkeitsstrungen und Trauma. (28) Jonas Tesarz: Trauma und Schmerz. - (D) Spezifische Ereignisfolgen. (29) Manuela Dudeck: Traumafolgen nach anhaltender sexueller und anderer krimineller Gewalt. (30) Rolf Manz: Traumafolgen nach Arbeitsunfällen und Gewalt am Arbeitsplatz. (31) Rosmarie Barwinski: Erwerbslosigkeit als psychisches Trauma. (32) Peter L. Zimmermann: Traumatisierungen nach militärischen Einsätzen. (33) Laura Pielmaier und Ulrich Frommberger: Traumafolgestörungen nach Verkehrsunfällen. (34) Ulrike Ehlert und Rebecca Brnnimann: Traumafolgestörungen bei gefährdeten Berufsgruppen. (35) Angelika Treibei und Silke Birgitta Gahleitner: Husliche Gewalt. (36) Traumatische Nebenwirkungen der Psychotherapie. (36a) Bernhard Strau und Mitarbeiter: Folgen von narzisstischem und sexuellem Missbrauch in der Psychotherapie. (36b) Frank Neuner: Risiken und Nebenwirkungen der Traumatherapie. (37) Ursula Gasch und Anja Mack: Sexualdelikte im interdisziplinären Fokus - kriminologische, juristische und psychotraumatologische Aspekte. - (E) Traumata in der Lebensspanne. (38) Andrea Knop und Christine Heim: Belastende Kindheitserfahrungen. (39) Harald Schickedanz und Reinhard Plassmann: Belastende Kindheitserfahrungen und körperliche Erkrankungen. (40) Annette Streeck-Fischer: Traumafolgestörungen bei Kindern und Jugendlichen. (41) Heide Glaesmer, Maria Bttche und Susan Sierau: Die Konsequenzen traumatischer Erfahrungen: Eine Lebensspannenperspektive. - (F)</p>
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						<p>Trauma in gesellschaftlichen, kulturellen und medizinischen Kontexten. (42) Angelika Treibei und Gnter H. Seidler: Wer ist ein Opfer? ber Tter- und Opferstereotypen am Beispiel des Geschlechterstereotyps. (43) Heiner Keupp: Aufarbeitung des sexuellen Kindesmissbrauchs als gesellschaftliche Aufgabe. (44) Robert Bering, Claudia Schedlich und Gisela Zurek: Groschadenlagen als potentiell traumatisierende Ereignisse. (45) Heide Glaesmer und Jenny Rosendahl: Traumatisierungen im Kontext schwerer krperlicher Erkrankungen und medizinischer Behandlungen. (46) Silke Schermann und Anette Kersting: Die traumatisierte Patientin in der Gynkologie. (47) Monika Hauser und Karin Griese: Sexualisierte Gewalt gegen Frauen im Krieg: Hintergrnde, Folgen und Untersttzungsanstze. (48) Alexandra Liedl und Christine Knaevelsrud: Psychotraumatologische Folgen von Folter. (49) Yuriy Nesterko, Hans-Jrg Assion und Heide Glaesmer: Psychotraumatologie im Kontext von Flucht und Migration. (50) Hellmuth Freyberger und Harald J. Freyberger: Holocaust. (51) Harald J. Freyberger, Andreas Maercker und Carsten Spitzer: Traumatische Folgen der DDR-Diktatur. (52) Wolfgang U. Eckart: Traumatische Erfahrungen in der deutschen Kriegs- und Nachkriegsgesellschaft, 1914-1960: Weltkriegsromane, Kriegsgefangene, Zivilopfer, Holocaust-berlebende. (53) Werner Theobald: Trauma und Ethik. (54) Marie Kaiser, Heide Glaesmer und Susan Sierau: Ethische Aspekte in der psychotraumatologischen Forschung. - (G) Interventionen. (55) Silke Birgitta Gahleitner und Mitarbeiter: Beziehungs- und Milieuarbeit in Traumapdagogik, Traumaberatung und Traumatherapie. (56) Silke Birgitta Gahleitner und Lydia Hantke:</p>
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						<p> Psychosoziale Traumaarbeit. (57) Marc Schmid: Traumasensibilität und traumapädagogische Konzepte in der Jugendhilfe. (58) Luise Reddemann und Mitarbeiter: Stabilisierung. (59) Frank Wagner: Die kognitive Verhaltenstherapie. (60) Oliver Schubbe und Thomas Gruyters: EMDR. (61) Luise Reddemann und Wolfgang Wlller: Psychodynamische Verfahren. (62) Eva-Maria Biermann-Ratjen, Jochen Eckert und Silke Birgitta Gahleitner: Die gesprächspsychotherapeutische Behandlung. (63) Reinert Hanswille: Der systemische Ansatz. (64) Jochen Peicht: Ego-State-Therapie. (65) Alexandra Liedl und Christine Knaevelsrud: Gruppentherapie. (66) Karin Wild und Jochen Binder: Arbeit mit körperbezogenen Traumaspuren - ein pragmatischer Ansatz für effektive Körpertherapie. (67) Julia C. Seidler: Spiritualität und traumatherapeutische Ansätze. (68) Robert Bering, Claudia Schedlich und Gisela Zurek: Situationstypologien der Psychosozialen Notfallversorgung. (69) Birgit Wagner und Christine Knaevelsrud: Webbasierte Interventionen. (70) Hans-Peter Kapfhammer: Pharmakotherapie der frühen posttraumatischen Krise, der Akuten und der Posttraumatischen Belastungsstörung. (71) Rita Rosner und Rebekka Eilers: Therapie der Posttraumatischen Belastungsstörung bei Kindern und Jugendlichen. - (H) Schnittstellen von Psychotraumatologie und Justiz. (72) Kirstin Drenkhahn und Manuela Dudeck: Trauma und Justiz. (73) Ferdinand Haenel, Doris Denis und Harald J. Freyberger: Die Begutachtung psychisch reaktiver Traumafolgen im Rahmen des Opferentschädigungsgesetzes. (74) Manuela Dudeck: Traumafolgestörungen bei Patienten und Patientinnen im </p>
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							Maregelvollzug und Gefngnis. - Das Handbuch wurde fr die vorliegende dritte Auflage bearbeitet und erweitert.
Seidler, Klaus-Peter; Hger, Diether	2020	Hngt das Selbsterleben von Patient*innen in der Psychotherapie stunde mit ihrem Bindungsmuster zusammen?. Ergebnisse einer Pilotstudie	Person	24	2	119-131	Von der Bindungstheorie werden unterschiedliche Strategien beschrieben, wie Menschen aufgrund frherer Bindungserfahrungen aktuelle Situationen von Bedrohung oder (innerer) Not emotional und interpersonell bewltigen. Dabei werden eine sichere, deaktivierende und hyperaktivierende Strategie und entsprechende Muster von sicherer, unsicher-vermeidender und unsicher-ambivalenter Bindung unterschieden. Die Studie geht der Frage nach, ob das Selbsterleben von Patient*innen in der Therapiestunde in Abhngigkeit von ihrem Bindungsmuster unterschiedlich ausfltt. Es wird angenommen, dass dieses fr Patient*innen mit sicherem Bindungsmuster unproblematischer bzw. positiver als fr Patient*innen mit unsicherem Bindungsmuster ausfltt und bei den unsicheren Bindungsmustern durch unterschiedliche Merkmale gekennzeichnet ist. Zudem wird davon ausgegangen, dass sich die erwarteten Unterschiede insbesondere in der Therapieanfangsphase zeigen. Untersucht wurden die ersten 15 Therapiestunden von 55 Patient*innen in Personenzentrierter Einzelpsychotherapie. Das Bindungsmuster wurde anhand des Bielefelder Fragebogens zu Klientenerwartungen (BFKE) und das stundenbezogene Selbsterleben anhand des Bielefelder Klienten-Erfahrungsbogen (BIKEB) erhoben. Die ersten fnf Stunden wurden als Therapieanfangsphase zusammengefasst und mit den folgenden Stunden verglichen. Die statistische "Analyse" (H- und Wilcoxon-Test) besttigt die Hypothesen weitgehend, wobei die Ergebnisse insbesondere aufgrund der kleinen Stichprobengre als vorlufig zu betrachten sind. Es werden ausfhrliche Hinweise in Hinblick auf

							weiterführende Studien gegeben und Empfehlungen für die therapeutische Praxis ausgeführt.
Seidler, Zac E.; Rice, Simon M.; Olliffe, John L.; Fogarty, Andrea S.; Dhillon, Haryana M.	2018	Men In and Out of Treatment for Depression: Strategies for Improved Engagement	Australian Psychologist	53	5	405–415	
Seiiedi-Biarag, Leila; Mirghafourvand, Mojgan; Ghanbari- Homayi, Solmaz	2020	The effect of cognitive- behavioral therapy on psychological distress in the mothers of preterm infants: a systematic review and meta-analysis	Journal of psychosomatic obstetrics and gynaecology	41	3	167–176	Introduction: The birth of a preterm infant has the potential to cause stress, anxiety, depression and Post-Traumatic Stress Disorder (PTSD) in mothers. Numerous interventions have been developed for the parents of preterm infants to deal with these problems. Cognitive-Behavioral Therapy (CBT) is a client-centered intervention for improving mental health and alleviating psychological distress by transforming unconstructive thoughts and behaviors. The present systematic review was conducted to evaluate the effect of CBT on anxiety, depression and PTSD (the primary outcomes) and stress (the secondary outcome) in the mothers of preterm infants. Methods: A search was carried out of all the articles published by 30 Sep. 2018 in English and Persian databases including Medline (via PubMed), Scopus, Embase (via Ovid), Web of Science, Psycinfo, Google Scholar, SID, Magiran and Iran Medex. The risk of bias was assessed for the studies based on the Cochrane Handbook. The meta-analysis results were reported as Standardized Mean Difference (SMD). The heterogeneity of the studies was examined using I(2), T(2) and Chi(2). Results: Four clinical trials on 455 mothers with preterm infants were systematically reviewed. The meta-analysis results revealed a lower mean depression score in the CBT group compared to the controls (SMD = -0.45; 95% CI: -0.98 to 0.08), but this

							<p>difference was not statistically significant ($p = .09$). The mean scores of PTSD (MD = -11.69; 95% CI: -19.45 to -3.94; $p = .003$) and anxiety (SMD = -0.38; 95% CI: -0.61 to -0.15; $p = .001$) were significantly lower in the CBT group too. Conclusion: CBT was effective in decreasing the level of PTSD and anxiety in the mothers of preterm infants. Due to the small number of included studies and the small sample size, clinical trials with large sample sizes and a low risk of bias are recommended to provide evidence for the implementation of interventions affecting psychological distress in the mothers of preterm infants in clinical settings.</p>
Sejkora, Klaus	2023	Das Episkript oder die "heie Kartoffel": Phnomenologie, Psychodynamik und Psychotherapie. Transgenerationale Weitergabe von Traumatisierungen, Schuldgefhlen und ngsten	Zeitschrift fr Transaktionsanalyse	40	1	59–76	<p>Das von Fanita English entwickelte Episkript ist eine TA-Landkarte zur Erfassung einer transgenerationalen Weitergabe von Traumatisierungen, Schuldgefhlen und ngsten. Phnomenologie und Psychodynamik dieses Prozesses werden beschrieben. Das Episkript wird als getrennt vom eigentlichen Skript sichtbar und ist damit kaum zugnglich fr Optionen, es konstruktiv zu verwerthen. Intrapsychisch entwickelt sich das Episkript zwischen zwei Aspekten: der Projektion unbewltigter eigener Erfahrungen vonseiten des bermittelnden Elternteils einerseits und der Introjektion durch das Kind andererseits. Strukturell beruhen diese Dynamiken bei beiden Personen auf Prozessen innerhalb ihrer Kind-Ich-Zustnde. Die psychotherapeutische Behandlung des Episkripts in Form der Therapie des Eltern-Ich-Zustands nach Richard Erskine wird anhand eines Fallbeispiels beschrieben. Dieser Prozess bietet Optionen dafr, die transgenerationale Weitergabe in die Bewusstheit der Person zu heben und sie zu integrieren.</p>

Sejkora, Klaus; Schulze, Henning S.	2021	Das Ich in der Krise. Resilient durch Positive Transaktionsana lyse					In Belastungen, Krisen und Traumata wird oft Hilflosigkeit erlebt. Was geschieht in solchen Situationen mit der Psyche? Welche Möglichkeiten gibt es, um darauf Einfluss zu nehmen? Welche Rolle spielt Resilienz dabei und warum lässt sie sich oft so schwer aktivieren? Warum führt der in der Kindheit erlernte Umgang mit Krisen und Belastungen heute so selten ans gewünschte Ziel? Auf diese Fragen wird geantwortet, indem Resilienz mit den Mitteln der Positiven Transaktionsanalyse veranschaulicht wird: Wenn Hilflosigkeit angenommen wird und ein Einlassen auf die Angst, die Verletztheit, die Traurigkeit, den Ärger und die Scham erfolgt, die damit verbunden sind, können die Quellen der Resilienz aktiviert werden. Sie liegen in der Identität, Autonomie und den Beziehungen. Anhand von zahlreichen Fallbeispielen, persönlichen Impulsen und Erfahrungen wird der Weg aus der Krise hin zu Bindung, Sinn und Freude gezeigt. - Inhalt: https://d-nb.info/1232581518/04
Senger, Katharina	2018	Emotionen	Psychotherapie im Dialog	19	1	16–17	Im Einleitungsbeitrag zum Themenheft "Emotionen" werden folgende Punkte besprochen: (1) Bestimmung des Emotionsbegriffs, (2) Emotionen in der Psychotherapie (Psychoanalyse, Verhaltenstherapie, Gesprächstherapie, Gestalttherapie, systemische Therapie), (3) therapeutischer Umgang mit Emotionen (emotionale Kompetenz, Emotionsregulation), (4) Emotionen als Ressource.
Senreich, Evan; Ogden, Lydia P.; Greenberg, Joy Pastan	2017	A postgraduation follow-up of social work students trained in "SBIRT":	Social work in health care	56	5	412–434	Screening, brief intervention, and referral to treatment (SBIRT) is an evidence-based modality that can help social workers work with substance-using clients as part of an integrated health care approach. This study reports the findings of a post-graduation one-year follow-up survey of 193 master's and bachelor's social work

		Rates of usage and perceptions of effectiveness					students trained in SBIRT in practice courses at a Northeast urban college. Forty-three percent of the trainees who were practicing social work after graduation were using SBIRT. A content analysis of participants' comments found that the vast majority found SBIRT to be a valuable practice modality, with barriers to utilization of SBIRT identified.
Serber, Eva R.; Fava, Joseph L.; Christon, Lillian M.; Buxton, Alfred E.; Goldberger, Jeffrey J.; Gold, Michael R.; Rodrigue, James R.; Frisch, Michael B.	2016	Positive Psychotherapy to Improve Autonomic Function and Mood in ICD Patients (PAM-ICD): Rationale and Design of an RCT Currently Underway	Pacing and clinical electrophysiology : PACE	39	5	458–470	<p>BACKGROUND Improving mental and physical health of patients with implantable cardioverter defibrillators (ICD) is critical because this group is at high risk for ventricular arrhythmias and sudden death and depressed or anxious cardiovascular disease (CVD) patients appear to be at even higher risk for mortality compared to nondepressed or nonanxious CVD patients. Further, autonomic dysfunction is present in these patients, and negative emotions and arrhythmias form a downward spiral further worsening mood, well-being, and cardiovascular health. Much research demonstrates that positive emotion is related to health benefits, improved physiology, and increased survival.</p> <p>METHODS AND RESULTS This is a two-arm randomized controlled trial aiming to recruit 60 adult ICD patients comparing 12 individually delivered, weekly sessions of: (1) a positive emotion-focused cognitive-behavioral therapy (Quality of Life Therapy [QOLT]), and (2) Heart Healthy Education. Autonomic functioning, heart rhythm indices, and psychosocial health are measured at baseline, 3 months, and 9 months. The first goal is feasibility and acceptability, with the primary outcome being arrhythmic event frequency data.</p> <p>CONCLUSION</p>

							<p>This study is designed to test whether QOLT produces changes in mood, quality of life/well-being, autonomic function, and arrhythmic and ICD therapy event rates. This feasibility trial is a foundational step for the next trial of QOLT to help determine whether a 3-month QOLT trial can reduce arrhythmias occurrences among ICD patients, and examine a mechanism of autonomic functioning. This study may help to develop and implement new medical or psychological therapies for ICD patients.</p>
Sereda, Magdalena; Xia, Jun; El Refaie, Amr; Hall, Deborah A.; Hoare, Derek J.	2018	Sound therapy (using amplification devices and/or sound generators) for tinnitus	The Cochrane database of systematic reviews	12	12	CD013094	<p>BACKGROUND: Tinnitus affects 10% to 15% of the adult population, with about 20% of these experiencing symptoms that negatively affect quality of life. In England alone there are an estimated ¾ million general practice consultations every year where the primary complaint is tinnitus, equating to a major burden on healthcare services. Clinical management strategies include education and advice, relaxation therapy, tinnitus retraining therapy (TRT), cognitive behavioural therapy (CBT), sound enrichment using ear-level sound generators or hearing aids, and drug therapies to manage co-morbid symptoms such as insomnia, anxiety or depression. Hearing aids, sound generators and combination devices (amplification and sound generation within one device) are a component of many tinnitus management programmes and together with information and advice are a first line of management in audiology departments for someone who has tinnitus. OBJECTIVES: To assess the effects of sound therapy (using amplification devices and/or sound generators) for tinnitus in adults. SEARCH METHODS: The Cochrane ENT Information Specialist searched the Cochrane ENT Register; Central Register of Controlled Trials (CENTRAL,</p>

						<p>via the Cochrane Register of Studies); Ovid MEDLINE; Ovid Embase; CINAHL; Web of Science; ClinicalTrials.gov; ICTRP and additional sources for published and unpublished trials. The date of the search was 23 July 2018. SELECTION CRITERIA: Randomised controlled trials (RCTs) recruiting adults with acute or chronic subjective idiopathic tinnitus. We included studies where the intervention involved hearing aids, sound generators or combination hearing aids and compared them to waiting list control, placebo or education/information only with no device. We also included studies comparing hearing aids to sound generators, combination hearing aids to hearing aids, and combination hearing aids to sound generators. DATA COLLECTION AND ANALYSIS: We used the standard methodological procedures expected by Cochrane. Our primary outcomes were tinnitus symptom severity as measured as a global score on multi-item tinnitus questionnaire and significant adverse effects as indicated by an increase in self-reported tinnitus loudness. Our secondary outcomes were depressive symptoms, symptoms of generalised anxiety, health-related quality of life and adverse effects associated with wearing the device such as pain, discomfort, tenderness or skin irritation, or ear infections. We used GRADE to assess the quality of evidence for each outcome; this is indicated in italics. MAIN RESULTS: This review included eight studies (with a total of 590 participants). Seven studies investigated the effects of hearing aids, four combination hearing aids and three sound generators. Seven studies were parallel-group RCTs and one had a cross-over design. In general, risk of bias was unclear due to lack of detail about sequence generation and allocation</p>
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						<p>concealment. There was also little or no use of blinding.No data for our outcomes were available for any of our three main comparisons (comparing hearing aids, sound generators and combination devices with a waiting list control group, placebo or education/information only). Data for our additional comparisons (comparing these devices with each other) were also few, with limited potential for data pooling.Hearing aid only versus sound generator device onlyOne study compared patients fitted with sound generators versus those fitted with hearing aids and found no difference between them in their effects on our primary outcome, tinnitus symptom severity measured with the Tinnitus Handicap Inventory (THI) at 3, 6 or 12 months (low-quality evidence). The use of both types of device was associated with a clinically significant reduction in tinnitus symptom severity.Combination hearing aid versus hearing aid onlyThree studies compared combination hearing aids with hearing aids and measured tinnitus symptom severity using the THI or Tinnitus Functional Index. When we pooled the data we found no difference between them (standardised mean difference -0.15, 95% confidence interval -0.52 to 0.22; three studies; 114 participants) (low-quality evidence). The use of both types of device was again associated with a clinically significant reduction in tinnitus symptom severity.Adverse effects were not assessed in any of the included studies.None of the studies measured the secondary outcomes of depressive symptoms or depression, anxiety symptoms or generalised anxiety, or health-related quality of life as measured by a validated instrument, nor the newly developed core outcomes tinnitus intrusiveness, ability to ignore, concentration, quality of sleep and sense of</p>
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							control. AUTHORS' CONCLUSIONS: There is no evidence to support the superiority of sound therapy for tinnitus over waiting list control, placebo or education/information with no device. There is insufficient evidence to support the superiority or inferiority of any of the sound therapy options (hearing aid, sound generator or combination hearing aid) over each other. The quality of evidence for the reported outcomes, assessed using GRADE, was low. Using a combination device, hearing aid or sound generator might result in little or no difference in tinnitus symptom severity. Future research into the effectiveness of sound therapy in patients with tinnitus should use rigorous methodology. Randomisation and blinding should be of the highest quality, given the subjective nature of tinnitus and the strong likelihood of a placebo response. The CONSORT statement should be used in the design and reporting of future studies. We also recommend the use of validated, patient-centred outcome measures for research in the field of tinnitus.
Serna, Celia Diez de Los Rios de la; Drury, Amanda; Oldenmenger, Wendy H.; Kelly, Daniel; Kotronoulas, Grigorios	2023	A Delphi Study of Core Patient-Reported Outcomes for Advanced Renal Cell Carcinoma and Advanced Hepatocellular Carcinoma	Seminars in oncology nursing	39	4	151409	OBJECTIVES: There is little research to help health care professionals understand what patient outcomes are considered a priority in advanced liver or kidney cancer. Knowing what is important to patients can help promote person-centered approaches to treatment and disease management. The aim of this study was to identify those patient-reported outcomes (PROs) that patients, carers, and health care professionals consider as "core" when providing care to those with advanced liver or kidney cancer. DATA SOURCES: A three-round Delphi study was undertaken to ask experts by profession or experience to rank PROs identified from a previous literature review. Fifty-four experts, including people living with advanced

							<p>liver or kidney cancer (44.4%), family members and caregivers (9.3%), and health care professionals (46.8%), reached consensus on 49 PROs including 12 new items (eg, palpitations, hopefulness, or social isolation). Items with the highest rate of consensus included quality of life, pain, mental health, and capacity to do daily activities. CONCLUSION: People living with advanced liver or kidney cancer experience complex health care needs. Some important outcomes were not actually captured in practice in this population and were suggested as part of this study. There are discrepancies between the views of health care professionals, patients, and family in what is important, highlighting the need of using measures to facilitate communication. IMPLICATIONS FOR NURSING PRACTICE: Identification of priority PROs reported here will be key to facilitate more focused patient assessments. The actual use of measures in cancer nursing practice to allow monitoring of PROs must be tested for feasibility and usability.</p>
Serrani, Laura	2023	A journey through languages: A systematic literature review on the multilingual experience in counselling and psychotherapy with children and adolescents	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	1	6-19	

Setnikar, Alexandra; Lecordier, Didier	2024	Using nursing knowledge in the acute phase of stroke: An exploratory qualitative descriptive study	Recherche en soins infirmiers	154	3	55–69	INTRODUCTION: Strokes represent a major public health issue in which nurses are involved, both in care and in research. The literature reveals a description of their activities in treating the disease and the altered functions in which it results, as well as in managing the experience of the sufferer. The aim of this work was to describe the knowledge upon which nurses draw when caring for patients in the acute phase of stroke. METHODS: This exploratory qualitative descriptive multicentric survey was carried out via non-directive interviews with nurses working in neurovascular units. Thematic qualitative analysis was used to describe their activities and to highlight the knowledge and skills used. RESULTS: The results show that the nurses express themselves with ease when discussing their medical knowledge, and with more difficulty concerning knowledge from the human, social, and nursing sciences. However, they often combine this knowledge in a nursing perspective. DISCUSSION: This work opens up prospects with regard to supporting the nursing knowledge already leveraged and developing the nursing knowledge (concepts and theory of care) relevant to the particular context of strokes. The results also encourage a reflective analysis of nurses' experience.
Settanni, Michele; Bronzini, Monica; Carzedda, Giuseppe; Godino, Giuseppe; Manca, Maria	2022	Introducing the QACP: development and preliminary validation of an instrument to measure psychotherapist	Research in psychotherapy (Milano)	25	2		The movement towards the conceptualization, description and evaluation of psychotherapists' competencies has been widely developed in the last years and has relevant implications for psychotherapy, training, and continuous education. In Italy, this movement has been supported by the Committee for Psychotherapists' Competencies established in 2010 by FIAP (Italian Federation of Psychotherapy's Associations) and CNSP (National Association of Psychotherapy's

Luisa; Martini, Luisa; Provvedi, Gianluca; Quilghini, Francesco; Zucconi, Alberto; Francesetti, Gianni		's core competencies					Training Institutes) and has involved more than 1000 psychotherapists from different approaches, by means of conferences, expert meetings, workshops, and focus groups. One of the outcomes of this process has been the development of a new self-assessment tool for core competencies (i.e., those that are shared by therapists from all modalities): the QACP (Questionario per l'Autovalutazione delle Competenze dello Psicoterapeuta). The present study aims to present the process of development and the preliminary proofs of the validity of this tool. Construct and knowngroup validity of the questionnaire were examined, and reliability was estimated by computing the internal consistency reliability coefficients for both the overall and the subscale scores. Overall, the instrument showed satisfactory psychometric characteristics. The limitations of the study and the results are discussed and directions for further research are proposed.
Shah, Anuj K.; Becicka, Roman; Talen, Mary R.; Edberg, Deborah; Namboodiri, Sreela	2017	Integrative Medicine and Mood, Emotions and Mental Health	Primary care	44	2	281–304	An integrative approach to individuals with mood, emotional or mental health concerns involves a comprehensive model of care that is person-centered. Integrative medicine builds on a patient's personal meaning and goals (spiritual aspects) and includes herbal therapies, nutritional support, movement and physical manipulative therapies, mindfulness, relaxation strategies, and psychotherapies.
Shah, Stuart; Smotherman, Carmen; Louis, Mariam	2021	Determinants of bilevel therapy in the management of obstructive sleep apnea	Sleep & breathing = Schlaf & Atmung	25	2	1181– 1186	BACKGROUND: The aim of this study was to investigate potential patient or polysomnogram (PSG) characteristics that can help determine who might benefit from bilevel positive airway pressure (BPAP) in the treatment of uncomplicated OSA. STUDY DESIGN: This was a single center, retrospective, observational study in which 19 patients who met our inclusion criteria for BPAP were

						<p>matched to 40 patients in the control group. Data on patient baseline characteristics as well as PSG results were analyzed. RESULTS: Baseline patient and PSG characteristics were similar with the exception of shorter sleep time in the BPAP group, 290 min compared with 351 min ($p = 0.005$). Analysis of oxygen saturations revealed that the percent of total sleep time (TST) spent below 90% ($SpO_2 < 90\%$) was statistically higher in BPAP group (mean $21.4\% \pm 23.6\%$) compared with CPAP (mean $9.1\% \pm 11.1\%$, $p = 0.045$). For every 5% increase in TST at $SpO_2 < 90\%$, there is a 28% increase in the odds of BPAP prescription (OR = 1.276, 95%CI 1.029, 1.582, $p = 0.027$), and for every 10% increase, there is an increase of 63% (OR 1.627, 95%CI 1.058-2.502). The Hosmer-Lemeshow goodness-of-fit test revealed a good fit ($p = 0.23$). The AUC was 0.7. CONCLUSION: There is an association between duration of hypoxemia on the PSG and the likelihood of requiring BPAP for the treatment of uncomplicated OSA. More research is needed to understand the best patient-centered therapy when initiating PAP in the management of OSA.</p>
Shahar, Golan		Yalom, Strenger, and the psychodynamics of inner freedom: A contribution to existential psychoanalysis	Psychoanalytic Psychology	39	1	<p>Carlo Strenger was a unique person, for many reasons. One such reason was his ability to integrate the existential (humanistic) and psychoanalytic schools of thought into a seamless whole. Nowhere is this seamless integration more apparent than in Strenger's treatment of inner freedom. In this article, I juxtapose Irvin Yalom's seminal work on the four existential concerns in psychopathology and psychotherapy (death, responsibility, isolation, and meaning) against Strenger's work on the psychodynamics of inner freedom. More specifically, I touch upon Strenger's identification of three psychological processes that enable inner freedom: self-</p>

							creation (the tendency of some people to create their own personality “from the ashes,” in the face of serious traumatic life circumstances), Sosein (active self-acceptance of one’s own mistakes through life), and the act of transcending the fear of insignificance (the ability to live life through one’s own eyes rather than through the eyes of historical accounts). Strenger’s illumination of these processes, I argue, construes inner freedom as a higher-order existential concern that underlies the four concerns discussed by Yalom. I then discuss the way I put these theoretical observations to use in my theoretical and clinical work, focusing on depression and suicidality. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Shaker, Marcus; Hsu Blatman, Karen; Abrams, Elissa M.	2020	Engaging patient partners in state-of-the-art allergy care: Finding balance when discussing risk	Annals of allergy, asthma & immunology : official publication of the American College of Allergy, Asthma, & Immunology	125	3	252–261	OBJECTIVE: To review risk communication in the context of shared decision making. DATA SOURCES: Articles describing risk communication, shared decision making, and cost-effective healthcare delivery. STUDY SELECTIONS: A narrative review detailing approaches to improve risk communication and shared decision making to optimize patient-centered cost-effective practice. RESULTS: Risk communication must occur on a foundation of mutual trust and can be improved by keeping risk in perspective of everyday hazards, such as using pictograms when possible, providing numeric likelihoods of risks and benefits, and discussing absolute risks. Variability in patient-perceived quality of life for allergic and nonallergic health states may affect the health and economic outcomes of many allergy therapies. Shared decision making improves patient knowledge and risk perception, engagement, and adherence. Patient decision aids can be time-consuming to develop and validate, but their use is associated with a

							more accurate understanding of patient-oriented outcomes. CONCLUSION: Communicating risk is complex, and validated patient decision aids using visual aids, presenting essential information, using knowledge checks, and incorporating values clarification can reduce decisional conflict and improve decisional self-efficacy.
Shanaube, Kwame; Schaap, Ab; Floyd, Sian; Phiri, Mwelwa; Griffith, Sam; Chaila, Joseph; Bock, Peter; Hayes, Richard; Fidler, Sarah; Ayles, Helen	2017	What works - reaching universal HIV testing: lessons from HPTN 071 (PopART) trial in Zambia	AIDS (London, England)	31	11	1555–1564	OBJECTIVE: To determine the uptake of home-based HIV counselling and testing (HCT) in four HPTN 071 (PopART) trial communities (implementing a 'full' combination HIV prevention package that includes universal HIV testing and treatment) in Zambia. We also explore factors associated with uptake of HCT in these communities. DESIGN: HPTN 071 (PopART) is a three-arm community-randomized trial in 12 communities in Zambia and nine communities in South Africa evaluating the impact of a combination HIV prevention package, including universal HIV testing and treatment, on HIV incidence. METHODS: Using a door-to-door approach that includes systematically revisiting households, individuals were offered participation in the intervention, and verbal consent was obtained. Data were analysed for the first 18 months of the intervention, December 2013 to June 2015 for individuals 18 years and older. RESULTS: Among 121 130 enumerated household members, 101 102 (83.5%) accepted the intervention. HCT uptake was 72.2% (66 894/92 612), similar by sex but varied across communities. HCT uptake was associated with younger age, sex, community, being symptomatic for TB and sexually transmitted infections and longer time since previous HIV test. Knowledge of HIV status due to the intervention increased by 36% overall and by 66% among HIV positive participants; the highest impact was among 18-24 years old. CONCLUSION: Overall acceptance of

							HIV-testing through offering a door-to-door-based combination HIV prevention package was 72.2%. The intervention increased knowledge of HIV status from ~50 to ~90%. However, challenges still remain and a one-off intervention is unlikely to be successful but will require repeated visits and multiple strategies.
Shao, Ruodan; He, Long; Chang, Chu-Hsiang; Wang, Mo; Baker, Nathan; Pan, Jingzhou; Jin, Yanghua	2021	Employees' reactions toward COVID-19 information exposure: Insights from terror management theory and generativity theory	Journal of Applied Psychology	106	11		As the coronavirus disease (COVID-19) has imposed significant risks to our health and affected our social and economic order, information on COVID-19 becomes readily accessible via various mass media and social media. In the current research, we aim to understand the impacts of employees' exposure to COVID-19 information on their workplace behaviors. Integrating Terror Management Theory (TMT; Becker, 1973; Greenberg et al., 1986) with Generativity Theory (Erikson, 1963, 1982), we proposed and investigated two psychological mechanisms (i.e., death anxiety and generativity-based death reflection) that account for the effects of employees' COVID-19 information exposure on their work withdrawal and helping behaviors toward coworkers. We also examined organizational actions [internal and external corporate social responsibility (CSR) activities] that served as a context for employees to make sense of their COVID-19 information exposure. We conducted two studies with samples of full-time employees (N1 = 278; N2 = 382) to test our predictions. Results in both studies showed that employees' exposure to COVID-19 information was positively related to their death anxiety and generativity-based death reflection, which in turn predicted their work withdrawal and helping behaviors, respectively. Further, employees' perceived internal CSR of their organization mitigated the positive association between COVID-19 information exposure and their death

							anxiety, weakening the positive indirect effect of COVID-19 information exposure on their work withdrawal. Our study offers new insights to the understanding of work and employment in the COVID-19 pandemic and sheds light on how individuals' death-related experiences shape work-related behaviors. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Shareh, Hossein; Ghodsi, Maryam; Keramati, Samira	2022	Emotion-focused group therapy among women with premenstrual dysphoric disorder: A randomized clinical trial	Psychotherapy research: journal of the Society for Psychotherapy Research	32	4	440-455	ObjectivePremenstrual Dysphoric Disorder (PMDD) contributes to couple burnout, reduced quality of life, sexual dysfunction, and social isolation. The present study aimed to investigate the effectiveness of emotion-focused group therapy (EFGT) in pain perception, self-compassion, sexual function, and couple burnout in women with PMDD. Method: Among married females with PMDD, 72 participants were selected and randomly assigned to experimental and waitlist control groups. EFGT was performed in 10 sessions for the subjects in the experimental groups. The McGill Pain Questionnaire, Self-Compassion Scale, Female Sexual Function Index and Couple Burnout Measure were used to collect data in the pre-test and post-test. To analyze the data, an analysis of covariance test was applied. Results: The findings demonstrated that EFGT was effective in pain perception ($p < .001$, $\eta^2 = .80$), self-compassion ($p < .001$, $\eta^2 = .86$), sexual function ($p < .001$, $\eta^2 = .38$), and couple burnout ($p < .001$, $\eta^2 = .70$). Participants of EFGT improved well, were satisfied with treatment, and had a good therapeutic relationship. Conclusion: Implementing EFGT increased the components of self-compassion and sexual function, and reduced the components of pain perception and couple burnout. It seems that EFGT could be effective in women with PMDD.

Sharma, Himadhari; Consoli, Andrés J.; Abdel-Haq, Noor	2023	“Break down these walls”: Stories of mental health service access by Asian Indian Americans	Asian American Journal of Psychology	14	1		The present study sought to gain a multifaceted understanding of the personal stories of Asian Indian Americans when accessing mental health services. Specifically, it explored the difficulties that seven adult participants faced and how they overcame such difficulties when accessing services while focusing on potential family and cultural factors involved. Following Pescosolido et al. (1998) Network Episode Model, a multiple case study approach (Stake, 1995, 2006) was used to explore the uniqueness of each participant’s story of access, followed by a thematic analysis identifying specific themes across participants’ stories (Braun & Clarke, 2006). The difficulties experienced by participants were systematized into three main themes: stigma and stereotypes of mental illness and treatment, limited mental health awareness, and unfavorable experiences in therapy. What helped participants when accessing services was organized into seven main themes: privacy in services, a positive therapy experience, increased psychoeducation, accessibility, motivation for self-improvement, normalizing of mental health treatment, and support system. These emerged themes expand the conceptualization of mental health service access within this community and highlight the contribution of personal, community, and systemic factors in the access experience. The results can be used to inform mental health providers, community leaders, and policymakers in how to better meet the needs of this growing community. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Sharma, Naveen P.; Gupta, Vikas	2023	Therapeutic Communication					Therapeutic communication as a concept emerged early in medicine and has since shown significant benefits borne out in research. Two of the earliest reported cases

						<p>of therapeutic communication, which primarily involved the idea of the therapeutic relationship and the benefits of such a relationship, were documented during the moral treatment era of asylums. Both of the patients were admitted in 1791 and 1800, and both responded to moral treatment, despite having severe symptomatology. In the late 1800s, Florence Nightingale had previously commented on the importance of the “communication that develops between the nurse and the patient” in the late 1800s. She was quoted as saying, “Always sit within the patient’s view, so that when you speak to him, he has not painfully to turn his head round to look at you. Everybody involuntarily looks at the person when speaking. So, also by continuing to stand, you make him continuously raise his eyes to see you...” In the 1950s, Harry Stack Sullivan and Jurgen Ruesch, prominent figures in interpersonal theory and communication, respectively, both published the importance of communication in providing therapeutic benefit, specifically in mental illness. Other significant contributors to the concept of therapeutic communication and related topics include Carl Rogers, Hildegard Peplau, and Tudor. Of note, Hildegard Peplau published her original paper in 1952 and later published subsequent reviews and revisions in 1991 and 1997, which provided a foundation for the concept of therapeutic communication. This theory, named “Theory of Interpersonal Relations,” was founded on integrating knowledge of Sullivan’s interpersonal theory, as well as psychoanalysis, psychotherapy, and nurse therapy. Peplau’s theory described multiple “phases” of the interaction and considered the relationship as a primary mediator for the healing process. The importance of the</p>
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						relationship to healing is accepted in common factors of psychotherapy research as a factor with empirical support. Other theorists include Travelbee, Rogers, and King, who have all contributed to the field of therapeutic communication. "Therapeutic communication" ultimately emerged as a term in PubMed-indexed literature as early back as 1964 to 1965, in the setting of psychotherapy, psychiatry, sociology, medicine, rehabilitation, and nursing literature. Since then, the concept of therapeutic communication has expanded to apply to many other fields, particularly in healthcare. Other terms in the literature that overlap with therapeutic communication include patient-centered communication and therapeutic relationships.
Sharma, Vandana; Kaur, Sukhminder	2017	Spiritual wellness among aggressive adolescents: Efficacy of Raga Bhairavi	Psychomusicology: Music, Mind, and Brain	27	4	The objective of the present study was to investigate the efficacy of Raga Bhairavi for the promotion of spiritual wellness among aggressive adolescents. It was hypothesized that postintervention scores on spiritual wellness would be significantly higher as compared with preintervention scores. A pre- and postassessment design was adopted. The Spiritual Wellness Inventory (Elliott Ingersoll, 1995) and Aggression Questionnaire (Buss & Perry, 1992) were used to identify 32 adolescents with low spirituality and high aggression. A flute version of Raga Bhairavi was played for eight sessions. Scores were subjected to t test statistical comparison. Postintervention mean scores on subscales of spiritual wellness were comparatively higher than preintervention scores. Results revealed that raga therapy enhanced connectedness ($t = 3.04$; $p < .01$), meaning ($t = 2.02$; $p < .05$) and hope ($t = 2.11$; $p < .05$) dimensions of spiritual wellness. The difference between pre- and postintervention scores on aggression was also observed.

							(PsycINFO Database Record (c) 2017 APA, all rights reserved)
She, Zhuang; Duncan, Barry L.; Reese, Robert J.; Sun, Qiwu; Shi, Yanwei; Jiang, Guangrong; Wu, Caizhi; Clements, Alyssa L.	2018	Client feedback in China: A randomized clinical trial in a college counseling center	Journal of Counseling Psychology	65	6	727-737	Although client feedback has been demonstrated to improve psychotherapy outcomes in over a dozen randomized clinical trials, no studies to date have investigated the feedback effect outside of the United States or Europe. This study examined the impact of a client feedback intervention, the Partners for Change Outcome Management System, in a college counseling center in Wuhan, China (N = 186). Using a randomized design within routine care, treatment as usual (TAU; n = 85) was compared with a feedback condition (n = 101) in which therapists had access to client-generated outcome and alliance information at each session. Clients in the feedback condition demonstrated significantly greater improvement than those in the TAU condition at posttreatment. Not-on-track (n = 60) clients also demonstrated significantly more improvement at 6 times the rate of reliable change compared with the TAU condition. Survival analysis revealed that 66.7% of the clients in the feedback condition achieved reliable and clinically significant change after a median of 4 sessions whereas 57.0% of the clients in the TAU condition achieved reliable and clinically significant change after a median of 6 sessions. Alliance scores improved significantly more across treatment and were higher at posttreatment in the feedback condition. Although preliminary, this study suggests that the positive effects of improved outcomes and increased efficiency associated with systematic client feedback can also occur in a college counseling setting in China. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

<p>She, Zhuang; Řiháček, Tomáš; Xu, Jun; Yang, Wenxian; Xu, Dan; Zhou, Ningning; Ji, Weidong; Xi, Juzhe</p>	<p>2023</p>	<p>Psychometric Evaluation of the Cooper-Norcross Inventory of Preferences-Therapist Version</p>	<p>Assessment</p>	<p>30</p>	<p>5</p>	<p>1651–1661</p>	<p>The Cooper-Norcross Inventory of Preferences (C-NIP) is a commonly used and psychometrically validated measure of client preferences in therapy. However, the C-NIP version for therapists (C-NIP-T) has not yet been validated. This study aimed to develop a Chinese version of the C-NIP-T and test its factor structure, reliability, and concurrent validity. A national sample of 1,054 Chinese mental health professionals completed the C-NIP-T and provided relevant demographic information. Confirmatory factor analysis (CFA) and exploratory structural equation modeling (ESEM) were used to examine the factor structure of the C-NIP-T. ESEM provided stronger evidence than CFA for the hypothesized four-factor model. Internal consistency coefficients (Cronbach's α) of the four subscales ranged between .60 and .76. Full or partial scalar invariance was established across therapists' therapeutic orientations, gender, personal therapy, and clinical experience. There were significant differences in subscale scores among therapists who identified as cognitive/cognitive-behavioral, psychoanalytic/psychodynamic, and humanistic/client-centered, supporting the concurrent validity of the C-NIP-T. The C-NIP-T is a psychometrically sound measure that can be used to assess therapists' preferences about therapy.</p>
<p>She, Zhuang; Xi, Juzhe; Cooper, Mick; Norcross, John C.; Di Malta, Gina</p>	<p>2023</p>	<p>Validation of the Cooper–Norcross Inventory of Preferences (C-NIP) in Chinese lay clients and mental health</p>	<p>Journal of Counseling Psychology</p>	<p>70</p>	<p>4</p>	<p>436–447</p>	<p>The Cooper–Norcross Inventory of Preferences (C-NIP) is one of the most widely used measures of psychotherapy preferences. However, its psychometric properties have not been examined in non-Western samples. Research on disparities between the preferences of mental health professionals and their clients is also limited. We evaluated the C-NIP's psychometric properties and measurement invariance in Chinese lay clients and</p>

		professionals: Factor structure, measurement invariance, and scale differences					mental health professionals and evaluated the latent mean differences between clients' and professionals' scores on the C-NIP's four scales (preference for therapist vs. client directiveness, emotional intensity vs. emotional reserve, past vs. present orientation, and warm support vs. focused challenge). This cross-sectional investigation involved 301 lay clients and 856 mental health professionals who completed the Chinese version of the C-NIP. Confirmatory factor analysis (CFA) and exploratory structural equation modeling (ESEM) were used to examine the factor structure of the C-NIP. ESEM provided stronger evidence than CFA for the four-factor model in both samples. The four scales had adequate internal consistency in both the lay clients (α s = .68–.89) and the mental health professionals (α s = .70–.80). Partial scalar invariance was established across these two populations. Chinese mental health professionals preferred less therapist directiveness, past orientation, and warm support—but more emotional intensity—than Chinese lay clients (d s = 0.25–0.90). Culture-specific cutoff values (norms) to identify strong therapy preferences were established. This study supports the application of the C-NIP to non-Western populations and suggests that discrepancies between the preferences of lay clients and mental health professionals are a cross-cultural phenomenon. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Shepardson, Robyn L.; Funderburk, Jennifer S.; Weisberg, Risa	2023	Brief, modular, transdiagnostic, cognitive-behavioral intervention for anxiety in	Psychological Services	20	3	622–635	Anxiety is undertreated in primary care, and most treatment provided is pharmacological rather than behavioral. Integrating behavioral health providers (BHPs) using the Primary Care Behavioral Health (PCBH) model can help address this treatment gap, but brief interventions suitable for use in PCBH practice are

B.; Maisto, Stephen A.		veteran primary care: Development, provider feedback, and open trial					<p>needed. We developed a modular, cognitive-behavioral anxiety intervention, Modular Anxiety Skills Training (MAST), that is evidence-based, transdiagnostic, feasible for PCBH, and patient-centered. MAST comprises up to six 30-min sessions emphasizing skills training. This article describes the rationale for and development of MAST as well as pilot work in the Veterans Health Administration (VA) to tailor and refine MAST for delivery to Veterans in VA primary care (MAST-V) to improve feasibility for VA BHPs and acceptability to Veterans. We used a convergent mixed-methods design with concurrent data collection. In phase one, we interviewed five BHPs to obtain feedback on the treatment manual. BHPs assessed MAST-V to be highly compatible with PCBH and provided suggestions to enhance feasibility. In phase two, we conducted an open trial in which six Veterans experiencing clinically significant anxiety received and provided feedback on all nine possible modules; we also assessed changes in mental health symptoms and functioning as well as treatment satisfaction and credibility. Veterans found MAST-V to be highly acceptable, and pre–post clinical outcomes were very promising with large effect sizes. Findings from this initial pilot provide preliminary support for the feasibility, acceptability, and efficacy of MAST-V and suggest further research with a randomized clinical trial is warranted. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Shepardson, Robyn L.; Minnick, Mark R.; Funderburk, Jennifer S.	2020	Anxiety interventions delivered in primary care behavioral	Families, Systems, & Health	38	2		<p>Introduction: Although anxiety is highly prevalent in primary care and a top reason for referral to primary care behavioral health (PCBH) services, there are limited data on which anxiety interventions are used in routine PCBH practice. The objective of this study was to identify</p>

		health routine clinical practice					<p>interventions delivered when treating anxiety in PCBH practice. Method: We conducted an online survey of PCBH providers regarding their clinical practice with patients who present for treatment of anxiety symptoms. The final sample comprised 209 PCBH providers recruited from e-mail listservs of national professional organizations (59.3% psychologists, 23.4% social workers, 12.4% counselors, 4.8% other). Providers reported on use (yes/no) of 17 interventions in their most recent session with their most recent adult patient presenting with a primary concern of non-trauma-related anxiety. Results: On average, patients were reported to be 42.2 (14.73) years old, White (73.7%), and male (56.5%) with anxiety symptoms of moderate severity (65.6%). Most reportedly had comorbid sleep difficulties (63.6%), depressive symptoms (58.4%), and/or stress/adjustment (56.0%). Providers reported delivering an average of 5.77 (2.05, range: 1–15) interventions, with psychoeducation (94.7%), relaxation training (64.1%), and supportive therapy (60.8%) being most common. Several highly efficacious evidence-based interventions for anxiety, including cognitive therapy (45.0%) and exposure (21.1%), were less common. Discussion: While PCBH providers delivered numerous brief interventions for anxiety, cognitive therapy and exposure were underutilized. Furthermore, PCBH patients with anxiety symptoms were complex, with significant severity and comorbidity. These results suggest implications for research, clinical training, intervention design, and future implementation efforts. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Shermeyer, Leaha; Morrow,	2019	College students' daily	Stress and health : journal	35	2	211–216	In this short communication, we investigated the relations of daily coping, mood, and quality of life in

Michael T.; Mediate, Nicholas		coping, mood, and quality of life: Benefits of problem-focused engagement	of the International Society for the Investigation of Stress				college students (n = 74) over seven consecutive days (n = 510). Specifically, we tested whether four types of daily coping (problem-focused engagement, problem-focused disengagement, emotion-focused engagement, and emotion-focused disengagement) were associated with three aspects of daily functioning (negative mood, positive mood, and quality of life). In a single multilevel multivariate regression model, we examined the day-to-day relations of the four coping strategies with mood and quality of life, while controlling for perceived stress. Results largely supported our hypotheses, such that problem-focused engagement was linked to lower negative mood and higher positive mood and quality of daily life, whereas the three other types of coping were negatively related or unrelated to daily functioning. These findings provide support for the benefits of problem-focused engagement in coping with everyday stressors of life as a college student, and implications for psychotherapy and counselling are discussed.
Sherrill, Andrew M.; Mehta, Mansi; Patton, Samantha C.; Sprang Jones, Kelsey; Hellman, Natalie; Chrysosferidis, Julie; Yasinski, Carly W.; Rothbaum, Barbara O.;	2024	Effectiveness of the massed delivery of unified protocol for emotional disorders within an intensive outpatient program for military service members and veterans	Psychological Services			No Paginatio n Specified -No Paginatio n Specified	Recent evidence supports the implementation of massed delivery of disorder-specific treatments in the military service member and veteran population. However, many treatment settings serve patients with a wide range of diagnoses, and often patients present with comorbid conditions. Growing evidence suggests transdiagnostic cognitive behavioral treatments are effective for a wide range of emotional disorders and may reduce barriers to access. Little is known about the feasibility and outcomes of the massed delivery of transdiagnostic treatments. The present study examined real-world outcomes of a 2-week intensive outpatient program using the Unified Protocol for emotional disorders (UP-IOP). The sample included military service members and veterans diagnosed with a

Rauch, Sheila A. M.						<p>range of emotional disorders, namely trauma- and stressor-related disorders, unipolar depressive disorders, and anxiety disorders. The present study examined outcomes of UP-IOP (depression, trauma-related symptom severity, and emotion dysregulation). Participants included all patients who sought UP-IOP in its first 15 months of operation (N = 117). A diagnosis of posttraumatic stress disorder (PTSD) was an exclusion criterion because the site had an established PTSD-specific IOP treatment option. Findings indicate UP-IOP was feasible, had 94% patient retention, and was effective in reducing symptom severity (Cohen's d = 0.76 for depression symptom severity, Cohen's d = 0.80 for trauma-related symptom severity). There was no observed reduction in emotion dysregulation over the 2-week course of treatment. The intensive transdiagnostic approach resulted in effective symptom reduction in an accelerated timeframe while minimizing patient attrition. These findings indicate massed delivery of transdiagnostic cognitive behavioral therapy (CBT) treatments should continue to be explored, especially for this population. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
Shin, Jeong-Won; Lee, Beom-Joon; Chung, Soojin; Lee, Ki-Sun; Kim, Kwan-Il; Hwang, Jee-In	2023	Understanding experiences of cancer-related fatigue in patients with lung cancer after their cancer treatment: a	Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation			<p>PURPOSE: Cancer-related fatigue (CRF) is an important symptom affecting the quality of life of patients with lung cancer. However, research on the characteristics of CRF in lung cancer and their relationship to cancer treatment is limited. We aimed to explore the unique features of CRF in patients with lung cancer, and investigate the influencing factors. METHODS: Semi-structured interviews were conducted with 21 adult patients with lung cancer until data saturation was reached. The collected data were analyzed using qualitative content</p>

		qualitative content analysis					<p>analysis. An inductive coding process and deductive content analysis incorporating the established CRF domains were employed. Patient data from electronic medical records were used for data triangulation.</p> <p>RESULTS: The analysis revealed five themes of CRF: (1) energy depletion, the double burden of illness and treatment, and daily life impediments; (2) feeling down and anxious; (3) neurovascular disturbances and changes in sensory perception; (4) cognitive impairment; and (5) personal and social isolation. CRF tended to improve over time, except for persistent emotional fatigue beyond 6 months. Patients who underwent surgery followed by adjuvant cancer treatment exhibited the most diverse CRF symptoms. The concurrent chemoradiation therapy group experienced significant physical fatigue, whereas the radiosurgery group reported distinct emotional fatigue. Certain factors, such as exercise, can serve as both alleviating and aggravating factors for CRF.</p> <p>CONCLUSION: Tailored interventions that take into account the multidimensional symptoms of CRF and patient characteristics are crucial. These findings will guide healthcare professionals when implementing patient-centered symptom management and patient education.</p>
Shin, Sang Min; Gonzalez, Jazmin	2018	A child-centered play therapy workshop for professional elementary school counselors: An	International Journal of Play Therapy	27	3		<p>The purpose of this qualitative study was to describe the experiences of professional school counselors participating in a play therapy workshop as an introduction to child-centered play therapy (CCPT). Constructivism led this qualitative study to describe six professional school-counselor participants' perceptions of CCPT and their experiences in attending the play therapy workshop. This article presents a development of the workshop for professional school counselors, findings</p>

		exploratory study					of this qualitative study, and discussion about implications for practice and research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Shnaider, Philippe; Boyd, Jenna E.; Cameron, Duncan H.; McCabe, Randi E.	2022	The relationship between emotion regulation difficulties and PTSD outcomes during group cognitive processing therapy for PTSD	Psychological Services	19	4	751–759	Emotion regulation difficulties (difficulty regulating the experience, occurrence, and expression of emotions) are associated with the severity of posttraumatic stress disorder (PTSD) symptoms across trauma types (e.g., childhood abuse, sexual assault, combat trauma). Despite emerging research suggesting that evidence-based treatments for PTSD, including cognitive processing therapy (CPT), are effective in improving emotion regulation difficulties, some have argued that these therapies may not be as safe or acceptable to patients compared to non-trauma focused treatments. Accordingly, the current study sought to determine the impact of pre-treatment emotion regulation difficulties on PTSD treatment outcomes and dropout, as well as whether emotion regulation difficulties improve over the course of treatment with group CPT among individuals with PTSD. One hundred and one individuals with PTSD participated in group CPT. Repeated measures t-tests found significant pre- to post-treatment improvements for emotion regulation difficulties ($d = .79$). Further, hierarchical linear modeling and logistic regression analyses revealed that pre-treatment emotion regulation difficulties were neither significantly associated with changes in PTSD symptoms over the course of treatment ($d = -.07$) nor with treatment dropout ($OR = 1.00$). These findings suggest that CPT delivered in a group setting to individuals with PTSD can lead to significant improvement in emotion regulation and that emotion regulation difficulties do not negatively impact treatment outcome

							or patient retention. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Sibley, D. Scott; Turns, Brie A.	2021	Lebow J. L. (2019). Treating the difficult divorce: A practical guide for psychotherapists. Washington, DC: American Psychological Association, 325 pp., \$59.99	Journal of marital and family therapy	47	3	803–804	
Siegrist, Ulrich	2021	Die Rolle des Felt Sense im Coaching. Veränderung im Kontext körperlich-emotionalen Erlebens	OSC Organisationsberatung - Supervision - Coaching	28	1	59–72	Im experientiellen Veränderungskonzept des Focusing spielt der Felt Sense eine besondere Rolle. Für das Coaching stellt sich vor dem Hintergrund neurowissenschaftlicher Erkenntnisse die Frage nach dem Einbezug affektiver und körperbezogener Aspekte. Im Rahmen einer explorativen Studie entwickelte der Autor ein auf Coaching bezogenes Veränderungsmodell, an dessen Ausgangspunkt Trilemma-Situationen im Sinne einer Spannung zwischen Situationsbezug und kontradiktorischen Anteilen der affektiv-kognitiven Wahrnehmung stehen. Der Felt Sense bzw. das ihm zugrunde liegende Experiencing kann als Ressource für einen themenbezogenen Klärungs- und Lösungsprozess genutzt werden. (c) Springer Fachmedien Wiesbaden GmbH.
Siegrist, Ulrich	2023	Experientieller Coaching. Veränderung im Kontext	Person	27	1	5–15	Vor dem Hintergrund neurowissenschaftlicher Erkenntnisse finden Konzepte, die den Körper und die Affekte ins Zentrum der Aufmerksamkeit stellen, in der arbeitsweltlichen Beratung zunehmende Beachtung. Der

		krperlich-emotionalen Erlebens					vorliegende Artikel geht der Frage nach, welche Rolle krperlich-emotionales Erleben tatschlich im Coaching spielt und wie sich entsprechende Prozesse beschreiben lassen. Grundlage dafr ist eine Studie des Autors, bei dem er aufgezeichnete Coachingprozesse mittels einer Taskanalyse untersuchte, um Schritte eines Vernderungsprozesses zu identifizieren. Es wird ein auf Coaching bezogenes Vernderungsmodell entwickelt, an dessen Ausgangspunkt Trilemma-Situationen im Sinne einer Inkongruenz oder Spannung zwischen Situationsbezug und kontradiktorischen Anteilen der affektiv-kognitiven Wahrnehmung stehen. Darauf aufbauend werden Mglichkeiten aufgezeigt, den Felt Sense bzw. Experiencing als Ressource fr Klrungsprozesse im Coaching zu nutzen.
Sierau, Susan; Knabe, Alena; Ahrens-Eipper, Sabine; Nelius, Katrin; Glaesmer, Heide	2019	Trauma First - an Outpatient, Cognitive-Behavioural Intervention for Children and Adolescents With Trauma-Related Disorders: a Pilot Study	Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie	47	4	289-298	Trauma First - an Outpatient, Cognitive-Behavioural Intervention for Children and Adolescents With Trauma-Related Disorders: a Pilot Study Abstract. Objective. Although traumatic experiences are one of the most important causes for psychiatric disorders in childhood and adulthood, trauma-specific intervention approaches are rarely applied in German outpatient clinics. The aim of the present pilot study was to evaluate a manualized, outpatient, cognitive-behavioural intervention programme ("Trauma First") for children and youths with trauma and stress-related disorders. We hypothesized that there would be specific improvements in PTSD symptoms as well as in depression, anxiety, and behavioural problems following the structured intervention programme. Method: The pilot study consisted of a pre-post-test design without a control group. Symptom severity of 33 children and youths (age: 10-15 years; 54.5 % female) with traumatic experiences

							was assessed by self-ratings and parent-ratings before and after the treatment. Results: After the treatment, improvements were found in children's PTSD symptoms, depression, anxiety, and behavioural problems (Cohen's d: 0.51-1.49). A trend was found showing improvement of children's life satisfaction. Effect sizes were comparable with results from meta-analyses. Conclusions: The pilot study provided first evidence for the effectiveness of "Trauma First" under ecologically valid conditions. This study is a first step in the evaluation process of psychotherapeutic effectiveness, which should be continued by conducting a randomized-controlled study design.
Siira, Meron; Getahun, Darios; Silverberg, Michael J.; Tangpricha, Vin; Goodman, Michael; Yeung, Howa	2023	Satisfaction with current hormone therapy and goals of additional gender-affirming care in transgender adults	The journal of sexual medicine	20	4	568–572	BACKGROUND: Many transgender persons seek hormone therapy to reduce gender dysphoria and improve quality of life, but little is known about patient satisfaction with current gender-affirming hormone therapy. AIM: To examine patient satisfaction with current gender-affirming hormone therapy and patients' goals of additional hormone therapy. METHODS: Transgender adults in the validated multicenter STRONG cohort (Study of Transition, Outcomes, and Gender) were asked to complete a cross-sectional survey about current and planned hormone therapy and the effects that they experienced or hoped to gain. The proportion of respondents reporting overall satisfaction with hormone therapy were compared with χ^2 or Fisher exact test. Cochran-Mantel-Haenszel analysis was used to compare the covariates of interest while controlling for age at the time of survey completion. OUTCOMES: Patient satisfaction across hormone therapies, each measured with a 5-point scale, was averaged and dichotomized. RESULTS: Out of 2136 eligible transgender adults, 696

							(33%) completed the survey: 350 transfeminine (TF) and 346 transmasculine (TM) respondents. Most participants (80%) were satisfied or very satisfied with their current hormone therapies. TF participants and older participants were less likely to report being satisfied with their current hormone therapies than TM participants and younger participants, respectively. However, TM and TF categories were not associated with patient satisfaction after controlling for age at the time of survey completion. More TF persons planned to take additional treatment. The most frequent goals for additional hormone therapy for TF persons included breast size growth, feminine body fat distribution, and facial feature softening; for TM persons, goals included diminishing dysphoria, greater muscle mass, and masculine body fat distribution. CLINICAL IMPLICATIONS: Multidisciplinary care beyond provision of hormone therapy-such as involvement of surgical, dermatologic, reproductive health, mental health, and/or gender expression care-may be important to help achieve unmet gender-affirming care goals. STRENGTHS AND LIMITATIONS: This study had a modest response rate and included only respondents with private insurance, limiting generalizability. CONCLUSION: Understanding patient satisfaction and goals of care will assist shared decision making and counseling in patient-centered gender-affirming therapy.
Sikstrom, Laura; Meyer, Tamar; Katz, Eva; Choi, Man-Man; Darragh, Margaret; Cutler-Palma,	2020	Increasing participation in research with therapy dogs: A qualitative study at a large urban mental health	PLoS one	15	8	e0238096	The benefits of involving patients as partners in research across diverse medical and psychiatric settings are well established in the literature. However, researchers continue to struggle to access, engage and retain participants from hard-to-reach populations. The main objective of this study was to co-create pet therapy activities with patients admitted for serious and complex

Amanda; Conforti, Theresa; Kalocsai, Csilla; Soklaridis, Sophie		and addiction hospital					mental illness to a large urban mental health and addiction hospital. Informed by the principles of participatory action research methodology, we conducted focus group discussions with 38 inpatients in seven different clinical units. An experienced volunteer handler and a certified therapy dog helped facilitate our discussions. Participating researchers, recreational therapists, volunteer handlers and our participants all reported that the presence of a certified therapy dog at each of our discussions was integral to their success. Certified therapy dogs increased the motivation to participate in our study, helped to build rapport with participants and created connections in our discussions that enriched our data. To our knowledge our study is the first to demonstrate the value of using a therapy dog as a participatory research tool in a healthcare setting. The authors believe that therapy dogs are a low-tech intervention that could be used effectively to engage hard-to-reach populations in research about their treatment and care in a diverse range of medical settings. These findings support the creation of a pilot study to test the value of including therapy dogs in patient-centered research with vulnerable and hard-to-reach populations.
Silva E Lima, Stella Godoy; Spagnuolo, Regina Stella; Juliani, Carmen Maria Casquel Monti; Colichi, Rosana Maria Barreto	2022	Nursing consultation in the Family Health Strategy and the nurse's perception: Grounded Theory	Revista brasileira de enfermagem	75	4	e202011 05	OBJECTIVES: to understand the experience of nurses with nursing consultations in the context of the Family Health Strategy and propose a representative model. METHODS: qualitative research using Grounded Theory, with 14 nurses working through non-directive interviews. For data analysis, three stages were used: open, axial and selective coding, which originated phenomena, themes, categories and subcategories, which supported the construction of the central category and, consequently, the theoretical model. RESULTS: the interrelation of

							phenomena emerged from the essence of the nurse's experience, revealing the central category: From nursing education to the practice of Nursing Consultation, unveiling learning, challenges and autonomy as intervening components. Final Considerations: the nurse's experience is positive and, despite numerous challenges in daily life, the nurse has been performing it based on comprehensive care. New studies may add new understandings that enable the expansion of working conditions, valuing the nursing consultation.
Silva, Bruna Carneiro; Primo, Cândida Caniçali; Almeida, Márcia Valéria de Souza; Cabral, Ivone Evangelista; Sant'Anna, Hugo Cristo; Lima, Eliane de Fátima Almeida	2021	Pregnant women's contribution in the construction and evaluation of an educational technology: the "Comics for Pregnant Women"	Revista brasileira de enfermagem	74	su ppl 4	e202012 43	OBJECTIVES: to describe the contribution of pregnant women to the construction and evaluation of educational technology. METHODS: a participatory study developed in three stages, which occurred between March 2018 and June 2019 for identifying the content, construction, and evaluation of the comic. Non-directive interviews were conducted in educational groups with 34 pregnant women. After the comic was built by a team, including a designer, an instrument was applied to 41 pregnant women to evaluate the items Objectives, Organization, Writing style, Appearance, and Motivation. RESULTS: the comic contains 40 pages of contents, illustrations, and quizzes (word search, cross-puzzle, seven mistakes, etc). The pregnant women evaluated it as easy to understand, self-explanatory, aesthetically attractive, and capable of motivating good care practices during pregnancy, obtaining a minimum agreement of 92.1%. FINAL CONSIDERATIONS: the innovation of the educational technology consisted of incorporating the voices of pregnant women in prenatal care, with the potential to stimulate reflections and the learning process of this target audience.

<p>Silva, João Paulo; Marques, Ana Teresa; Carrapato, Carlos; Machado, Rui; Alcazar, Rita; Delgado, Ana; Godinho, Carlos; Elias, Gonçalo; Gameiro, João</p>	<p>2023</p>	<p>A nationwide collapse of a priority grassland bird related to livestock conversion and intensification</p>	<p>Scientific reports</p>	<p>13</p>	<p>1</p>	<p>10005</p>	<p>Grassland birds are among the most threatened and fastest declining terrestrial vertebrate species in Europe, principally due to agricultural intensification and transformation. The little bustard is a priority grassland bird under the European Directive (2009/147/CE) that led to the classification of a network of Special Protected Areas (SPAs) in Portugal. A third national survey carried out in 2022 reveals a worsening of an ongoing population collapse at a national scale. The population declined by 77% and 56% compared to the previous surveys in 2006 and 2016, respectively. We found that the little bustard has greatly disappeared outside SPAs, while the remaining breeding population concentrated within the protected area network is showing a steep decline at a rate of 9% a year. This decline is now twice as fast when compared to the period 2006-2016. Analysis of the variation of the breeding densities between 2006 and 2022 at 49 survey sites revealed that those that initially had higher bustard densities and shifted toward a higher proportion of cattle among the total stocking rate experienced steeper declines. Areas where the density of roads increased also experienced declines over the course of the study period. Agricultural areas converted to or dominated by beef production likely relate to low breeding success and mortality of nesting females in fodder crops. Still, major habitat conversion outside SPAs to permanent crops led to overall habitat destruction, which contributed to the species decline and range contraction. Other threats are likely acting synergistically such as fragmentation, climate change and anthropogenic mortality. The extinction of the little bustard in Portugal is expected in the short term if no conservation actions are put in place.</p>
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<p>Silvennoinen, Reija; Turunen, Juha H.; Kovanen, Petri T.; Syväne, Mikko; Tikkanen, Matti J.</p>	<p>2017</p>	<p>Attitudes and actions: A survey to assess statin use among Finnish patients with increased risk for cardiovascular events</p>	<p>Journal of clinical lipidology</p>	<p>11</p>	<p>2</p>	<p>485–494</p>	<p>BACKGROUND: Statins are the first-line treatment for lowering serum cholesterol and preventing coronary artery disease (CAD). Patients who fail to comply with the prescribed statin treatment face a markedly increased risk for cardiovascular events. OBJECTIVE: The aim of the article was to study the subjective factors, which modulate persistence with and adherence to statin therapy among Finnish patients at high risk for cardiovascular events. METHODS: A total of 1022 Finnish adults diagnosed with CAD, diabetes, hypertension, or severe hereditary dyslipidemia completed an electronic questionnaire survey during a visit in 1 of the 84 community pharmacies participating in the study. RESULTS: Thirty-four percent of the survey respondents were diagnosed with CAD or severe hereditary dyslipidemia and 82% were current or former statin users. Prevalence of nonpersistence with statin therapy was 15% among CAD patients and 17% among respondents without the diagnosis. Most of the nonpersistent statin users had discontinued the medication without consultation of a physician. None of the studied sociodemographic background factors were associated with persistence with statin therapy. Instead, experienced adverse effects, fear of adverse effects, perceived lack of need, and difficulties in use of a statin emerged as powerful predictors of nonpersistence. Awareness of treatment goals was low, and strikingly, public discussion about adverse effects of statins had induced nearly every third discontinuation of statin treatment. CONCLUSION: Several subjective, potentially modifiable reasons for nonpersistence were identified from the patient perspective. Improved utilization of patient-centered approaches in pharmacologic management of</p>
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							cardiovascular risks is necessary to improve adherence, and ultimately, treatment outcomes.
Sim, Wonjin; Li, Xu; Hwang, Jeong Yeon; Hill, Clara E.; An, Mira; Da Kim, Hwin	2022	The process and outcome of spiritually integrated psychotherapies: A cross-cultural study in Asia, Africa, Europe, and Latin America	Psychotherapy	59	3	415–430	We investigated the process and outcome of spiritually integrated psychotherapies (SIPs) with 34 Catholic therapists and 359 clients in Asia, Africa, Europe, and Latin America using a practice-based evidence design. The three most frequently used spiritual interventions across all therapists were: “encouraging personal prayer,” “affirming trusting God,” and “encouraging listening to the heart,” but “discussing hope” was also one of the top three in Asia and Africa, “self-control” in Asia, “spiritual confrontation” and “self-disclosure” in Latin America, and “listening to spiritual issues” in Europe. In addition, using growth curve analyses, we found a significant decrease in both spiritual and nonspiritual distress over the course of SIPs; the levels of spiritual and nonspiritual concerns were highly correlated (but distinct) at any given time point. Also, the nonspiritual outcomes at one session significantly predicted the subsequent session’s spiritual outcomes, but not the other way around. Finally, a moderate number of spiritual interventions were associated with a faster decline in nonspiritual distress than was a low number, although we found mixed results regarding whether a high number of spiritual interventions was associated with a faster decline of clients’ nonspiritual distress than a moderate number. Results suggest that therapists should attend to spiritual concerns in psychotherapy. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Simon, Leena; Reick, Robert; Winter, Elena	2022	"Wir werden von unserem Smartphone entmündigt"	Gesprächspsychotherapie und Personzentrierte Beratung	53	3	26–28	Wie gehe ich heute verantwortungsvoll mit den Daten meiner Klientinnen und Klienten um? Robert Reick vom GwG-Ethikrat im Gespräch mit Netzphilosophin Leena Simon über Mündigkeit im digitalen Zeitalter und ihren

							Digitalcourage-Workshop fr die GwG, der am 28. Oktober 2022 online stattfindet.
Simpkins, Annellen M.; Simpkins, C. Alexander	2016	Core principles of meditation for therapy. Improving the outcomes for psychotherapeutic treatments					<p>"Provides clinicians with neuroscientific and clinical evidence supporting the use of meditation to improve client's mental health"--</p> <p>"Use print, audio, and video to incorporate meditation techniques into clients' psychotherapeutic routines Core Principles of Meditation for Therapy: Improving the Outcome of Psychotherapeutic Treatment provides the multi-modal strategies and tools therapists need to guide their clients' adaptations of meditation into their lives. Complete with text, audio, and video content, this package introduces a variety of meditation routines and explains how, when, and why each technique should be used to reach specific goals. The availability of audio and video, as well as print, allows the therapist to customize each presentation to the client and the presenting problem. Meditation simultaneously engenders both relaxation and alertness, and regular practice can change brain function to permanently improve internal sensing.€ The three major meditation methods&mdash;focus (Yoga meditations and postures), open-focus (Mindfulness), and no-focus (clearing the mind Zen and Taoist flow)&mdash;are best suited to different kinds of problems. Core Principles of Meditation for Therapy explains them all, and details the most practical applications of each. This guide matches the meditation type to a therapeutic goal. Shows how to individualize meditation practice for each client Provides neuroscientific and clinical evidence for the efficacy of meditation Guides clients toward new problem-solving skills Consistent with the positive psychology movement,</p>

							meditative practice puts people on a positive path and offers distinctive techniques to actualize change. This package's multi-sensory approach makes it adaptable to the needs of therapists and clients, supports their initiation, practice, and mastery of meditation for improved mental health. For clinicians seeking to integrate meditation and therapy, Core Principles of Meditation for Therapy is a complete guide to both theory and practice"--
Simpson, Emily K.; Ramirez, Narissa M.; Branstetter, Brittany; Reed, Aileen; Lines, Evan	2018	Occupational Therapy Practitioners' Perspectives of Mental Health Practices With Clients in Stroke Rehabilitation	OTJR : occupation, participation and health	38	3	181-189	Following a stroke, depression and anxiety may negatively affect recovery and decrease quality of life. Occupational therapy (OT) practitioners are distinctly qualified to address both the physical and psychosocial sequelae of a stroke, including clients' mental and emotional health. This study explored the ways in which OT practitioners address the mental health needs of clients post stroke. A sequential explanatory mixed-methods design was used to collect both survey and focus group data. In all, 754 OT practitioners across the United States completed an online survey, and 10 practitioners participated in focus groups. Practitioners considered their clients' mental health needs to be a priority (68.17%); however, only 56.64% were satisfied with the care they provided related to mental and emotional health. They identified barriers that included limited time, increased productivity standards, expectations related to physical recovery, and poor educational preparation. Practitioners are motivated to improve their provision of mental health services to clients post stroke. To address the conflict between practice realities and professional values, education programs should better integrate curricular components that focus on physical and mental health.

Simpson-Southward, Chloe; Waller, Glenn; Hardy, Gillian E.	2017	How do we know what makes for “best practice” in clinical supervision for psychological therapists? A content analysis of supervisory models and approaches	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	24	6	1228–1245	<p>Clinical supervision for psychotherapies is widely used in clinical and research contexts. Supervision is often assumed to ensure therapy adherence and positive client outcomes, but there is little empirical research to support this contention. Regardless, there are numerous supervision models, but it is not known how consistent their recommendations are. This review aimed to identify which aspects of supervision are consistent across models, and which are not. A content analysis of 52 models revealed 71 supervisory elements. Models focus more on supervisee learning and/or development (88.46%), but less on emotional aspects of work (61.54%) or managerial or ethical responsibilities (57.69%). Most models focused on the supervisee (94.23%) and supervisor (80.77%), rather than the client (48.08%) or monitoring client outcomes (13.46%). Finally, none of the models were clearly or adequately empirically based. Although we might expect clinical supervision to contribute to positive client outcomes, the existing models have limited client focus and are inconsistent. Therefore, it is not currently recommended that one should assume that the use of such models will ensure consistent clinician practice or positive therapeutic outcomes. Key Practitioner Messages There is little evidence for the effectiveness of supervision. There is a lack of consistency in supervision models. Services need to assess whether supervision is effective for practitioners and patients.</p>
Sin, Jacqueline; Spain, Debbie; Furuta, Marie; Murrells, Trevor; Norman, Ian	2017	Psychological interventions for post-traumatic stress disorder (PTSD) in people	The Cochrane database of systematic reviews	1	1	CD011464	<p>BACKGROUND Increasing evidence indicates that individuals who develop severe mental illness (SMI) are also vulnerable to developing post-traumatic stress disorder (PTSD), due to increased risk of exposure to traumatic events and social</p>

		with severe mental illness				<p>adversity. The effectiveness of trauma-focused psychological interventions (TFPIs) for PTSD in the general population is well-established. TFPIs involve identifying and changing unhelpful beliefs about traumatic experiences, processing of traumatic memories, and developing new ways of responding to cues associated with trauma. Little is known about the potential feasibility, acceptability and effectiveness of TFPIs for individuals who have a SMI and PTSD.</p> <p>OBJECTIVES To evaluate the effectiveness of psychological interventions for PTSD symptoms or other symptoms of psychological distress arising from trauma in people with SMI.</p> <p>SEARCH METHODS We searched the Cochrane Schizophrenia Group's Trials Study-Based Register (up until March 10, 2016), screened reference lists of relevant reports and reviews, and contacted trial authors for unpublished and/or specific outcome data.</p> <p>SELECTION CRITERIA We included all relevant randomised controlled trials (RCTs) which investigated TFPIs for people with SMI and PTSD, and reported useable data.</p> <p>DATA COLLECTION AND ANALYSIS Three review authors (DS, MF, IN) independently screened the titles and abstracts of all references identified, and read short-listed full text papers. We assessed risk of bias in each case. We calculated the risk ratio (RR) and 95% confidence interval (CI) for binary outcomes, and the mean difference (MD) and 95% CI for continuous data, on an intention-to-treat basis. We assessed quality of evidence using the Grading of Recommendations</p>
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						<p>Assessment, Development and Evaluation (GRADE) and created 'Summary of findings' tables.</p> <p>MAIN RESULTS</p> <p>Four trials involving a total of 300 adults with SMI and PTSD are included. These trials evaluated three active intervention therapies: trauma-focused cognitive behavioural therapy (TF-CBT), eye movement desensitisation and reprocessing (EMDR), and brief psychoeducation for PTSD, all delivered via individual sessions. Our main outcomes of interest were PTSD symptoms, quality of life/well-being, symptoms of co-morbid psychosis, anxiety symptoms, depressive symptoms, adverse events and health economic outcomes.</p> <p>1. TF-CBT versus usual care/waiting list</p> <p>Three trials provided data for this comparison, however, continuous outcome data available were more often found to be skewed than unskewed, leading to the necessity of conducting analyses separately for the two types of continuous data. Using the unskewed data only, results showed no significant differences between TF-CBT and usual care in reducing clinician-rated PTSD symptoms at short term (1 RCT, n =13, MD 13.15, 95% CI -4.09 to 30.39, low-quality evidence). Limited unskewed data showed equivocal results between groups in terms of general quality of life (1 RCT, n = 39, MD -0.60, 95% CI -4.47 to 3.27, low-quality evidence), symptoms of psychosis (1 RCT, n = 9, MD -6.93, 95% CI -34.17 to 20.31, low-quality evidence), and anxiety (1 RCT, n = 9, MD 12.57, 95% CI -5.54 to 30.68, very low-quality evidence), at medium term. The only available data on depression symptoms were skewed and were equivocal across groups at medium term (2 RCTs, n = 48, MD 3.26, 95% CI -3.66 to 10.18, very low-quality evidence). TF-CBT was not</p>
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						<p>associated with more adverse events (1 RCT, n = 100, RR 0.44, 95% CI 0.09 to 2.31, low-quality evidence) at medium term. No data were available for health economic outcomes. Very limited data for PTSD and other symptoms were available over the long term. 2. EMDR versus waiting list One trial provided data for this comparison. Favourable effects were found for EMDR in terms of PTSD symptom severity at medium term but data were skewed (1 RCT, n = 83, MD -12.31, 95% CI -22.72 to -1.90, very low-quality evidence). EMDR was not associated with more adverse events (1 RCT, n = 102, RR 0.21, 95% CI 0.02 to 1.85, low-quality evidence). No data were available for quality of life, symptoms of co-morbid psychosis, depression, anxiety and health economics. 3. TF-CBT versus EMDR One trial compared TF-CBT with EMDR. PTSD symptom severity, based on skewed data (1 RCT, n = 88, MD -1.69, 95% CI -12.63 to 9.23, very low-quality evidence) was similar between treatment groups. No data were available for the other main outcomes. 4. TF-CBT versus psychoeducation One trial compared TF-CBT with psychoeducation. Results were equivocal for PTSD symptom severity (1 RCT, n = 52, MD 0.23, 95% CI -14.66 to 15.12, low-quality evidence) and general quality of life (1 RCT, n = 49, MD 0.11, 95% CI -0.74 to 0.95, low-quality evidence) by medium term. No data were available for the other outcomes of interest.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Very few trials have investigated TFPIs for individuals with SMI and PTSD. Results from trials of TF-CBT are limited and inconclusive regarding its effectiveness on PTSD, or on psychotic symptoms or other symptoms of psychological distress. Only one trial evaluated EMDR and provided limited preliminary evidence favouring</p>
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							EMDR compared to waiting list. Comparing TF-CBT head-to-head with EMDR and brief psychoeducation respectively, showed no clear effect for either therapy. Both TF-CBT and EMDR do not appear to cause more (or less) adverse effects, compared to waiting list or usual care; these findings however, are mostly based on low to very low-quality evidence. Further larger scale trials are now needed to provide high-quality evidence to confirm or refute these preliminary findings, and to establish which intervention modalities and techniques are associated with improved outcomes, especially in the long term.
Singer, M.; Bliem, H. R.; Schubert, C.	2016	Achtsamkeitsbasierte Therapieverfahren aus der Sicht der Psychoneuroimmunologie	rztliche Psychotherapie und Psychosomatische Medizin	11	2	93–98	Psychoneuroimmunologische Grundlagen achtsamkeitsbasierter Therapieverfahren werden erlutert. In einem Einblick in wesentliche Regulationszusammenhnge des komplexen psychoneuroimmunologischen Gesamtsystems werden Einflsse von Stress auf die zellulre Immunaktivitt und immunsupprimierende antiinflammatorische Gegenreaktionen beschrieben. Anschlieend werden immunspezifische Effekte von Mediation und Achtsamkeit verdeutlicht, wobei auf den Parasympathikus und die symathovagale Balance sowie die Rolle des inflammatorischen Reflexes eingegangen wird. Als bergeordnetes Konzept wird der Mind-Body-Begriff eingefhrt und hinsichtlich seiner Auswirkungen auf die Auseinandersetzung mit menschlichem Leben diskutiert.
Singer, Susanne; Sievers, Luisa; Scholz, Ida; Taylor,	2023	Suicidal ideation and attempts in adults seeking outpatient	Clinical psychology & psychotherapy	30	2	317–334	Abstract Suicide is an important cause of death in patients with mental health disorders, but little is known about the occurrence of suicidal ideation and attempts in outpatient psychotherapy patients. The aim of this study was to identify the proportion of patients with and

Katherine; Blanck, Julian; Maier, Lena		psychodynamic psychotherapy					correlates of suicidal ideation and attempts in community-based psychotherapy practices. Using 983 applications for reimbursement of psychotherapy from individual patients, reports about suicidal thoughts and suicide attempts were extracted along with demographic, biographic and clinical data. Multivariate logistic regression analysis was used to identify correlates of suicidal ideation and attempts by calculating odds ratios (ORs). Among the patients, 19% presented with suicidal thoughts (11% currently and 8% in the past) and 6% with suicide attempts. Important correlates of suicidal thoughts were male gender (OR 1.7), lower education (OR 1.8), early retirement (OR 2.9), death of a parent when younger than 5?years old (OR 3.3), violence experienced from various people (OR 2.1), self-harm behaviour (OR 7.9) and alcohol misuse (OR 1.7). Suicide attempts were associated with male gender (OR 5.6), lower education (OR 4.2), violence experienced from partner (OR 2.5) or from various people (OR 9.5) and self-harm behaviour (OR 15.0). These results show that the proportion of suicidal patients seeking outpatient psychotherapy is high. It should therefore be a central topic in clinical training. Biographic data such as the loss of a parent at an early age or experiencing violence are associated with who is at increased risk and should be explored in detail.
Singh, Terry; Pascual-Leone, Antonio; Morrison, Orrin- Porter; Greenberg, Les	2021	Working with emotion predicts sudden gains during experiential therapy for depression	Psychotherapy research : journal of the Society for Psychotherapy Research	31	7	895-908	Objective: This study involves the first attempt to identify sudden gains in a sample of clients undergoing experiential therapy for depression while also investigating client and therapist change processes related to sudden gains.Method: Pre- and post-session Beck Depression Inventory, short form (BDI-SF) questionnaires were used to identify sudden gains and differentiate between in-session and between-session

							<p>symptom changes in thirty-six client-therapist dyads. Archival videotape data of a sub-sample were coded using the Experiencing Scale, Classification of Affective Meaning States, and the Coding System for Therapist Focus. Results: The study revealed that 63.9% of clients experienced a sudden gain and the bulk of the total mean symptom decrease (74.9%) was found to occur within the session preceding the sudden gain. During this critical session, clients were more likely to display deepened experiencing ($p < .01$, $\eta(2) = .34$), clients were more likely to express "primary adaptive emotions" ($p < .05$, $r = .38$), and therapists were found to be more likely to focus on unmet client needs ($p < .01$, $d = .75$). Conclusion: The majority of the sudden gain change occurs within session in experiential therapy, and primary adaptive emotions as well as addressing unmet needs are possible processes of sudden gains.</p>
<p>Singla, Daisy R.; Hossain, Sabrina; Andrejek, Nicole; Cohen, Matthew J.; Dennis, Cindy-Lee; Kim, Jo; La Porte, Laura; Meltzer-Brody, Samantha E.; Puerto Nino, Angie; Ravitz, Paula; Schoueri-Mychasiw, Nour; Silver,</p>	2022	<p>Culturally sensitive psychotherapy for perinatal women: A mixed methods study</p>	<p>Journal of consulting and clinical psychology</p>	90	10	770–786	<p>Objective: There is a critical need to better understand psychological treatments from a culturally sensitive lens. Using a process-oriented model, we examined treatment satisfaction among perinatal patients who received behavioral activation (BA) within a large psychotherapy trial for perinatal depression and anxiety, and explored how to optimize culturally sensitive delivery through a multistakeholder perspective. Method: In this mixed methods study, we estimated treatment satisfaction through mean client satisfaction scores (Client Satisfaction Questionnaire [CSQ]-8) among perinatal participants ($N = 417$) using one-way analysis of variance. We also conducted semistructured interviews with 20 ethnically diverse perinatal participants, 19 treatment providers, and five clinical leads. We employed content analysis to identify barriers, facilitators, and strategies for</p>

Richard; Vigod, Simone N.; Zibaman, Maral; Schiller, Crystal E.						<p>delivering culturally sensitive treatment. Results: CSQ-8 scores were similar across ethnic groups, $F(7, 409) = 0.70, p = .67$. Most participant interviewees reported that topics of race, ethnicity, and culture were raised during treatment sessions and that providers were able to address these topics in a culturally sensitive way. Despite this, almost all providers and clinical leads reported insufficient training to deliver culturally sensitive psychotherapy. The most-endorsed challenge for participants and providers was apprehension to bring up issues of race and ethnicity during treatment. Key facilitators included provider style, previous training, ongoing training resources, and supervision. Conclusion: BA offers one psychotherapeutic model that uses an idiosyncratic and process-oriented approach that fosters intersectional humility and benefits from cultural humility, comfort, and opportunities. We identify key recommendations to inform culturally sensitive, evidence-based psychological treatments that include explicitly acknowledging and eliciting topics of race, ethnicity, and culture during sessions and supervision and ongoing training and supervision. (PsyInfo Database Record (c) 2022 APA, all rights reserved)</p>
Singla, Daisy R.; Hossain, Sabrina; Ravitz, Paula; Schiller, Crystal E.; Andrejek, Nicole; Kim, Jo; La Porte, Laura; Meltzer-Brody, Samantha E.;	2022	Adapting behavioral activation for perinatal depression and anxiety in response to the COVID-19 pandemic and racial injustice	Journal of affective disorders	299	180–187	<p>BACKGROUND: We examined the implementation of a brief, behavioural activation (BA) model, via telemedicine, for perinatal populations during a confluence of significant global events in 2020. We conducted a rigorous qualitative study to identify relevant barriers and facilitators from the perspectives of both perinatal participants and treatment providers. We also present two case studies where BA was used and adapted to provide patient-centered care. METHODS: Within the ongoing SUMMIT non-inferiority randomized controlled</p>

Silver, Richard; Vigod, Simone N.; Jung, James W.; Dimidjian, Sona						<p>trial in Canada and USA, we interviewed a random selection of perinatal participants (n = 23) and all treatment providers (n = 28). A content analysis framework was developed to identify relevant barriers and facilitators and frequencies were calculated for each emergent theme within and across respondent groups. RESULTS: Key facilitators reported by participants receiving BA were that BA helped with support and social connection (73.9%), creative problem solving (26.1%) and attending to pandemic-related symptoms (21.7%). Key facilitators endorsed by providers delivering BA were the use of telemedicine (35.7%) and loosening of government restrictions (21.4%). Both participant groups reported similar barriers to BA during the pandemic such as a lack of privacy and limited activities due to pandemic restrictions. However, providers were more likely to endorse pandemic-related life stressors as a barrier to treatment delivery compared to participants (64.3% vs. 34.8%). Both participant groups experienced explicit discussion of race and the racial justice movements during sessions as beneficial and reported harms of not doing so to the therapeutic alliance. CONCLUSIONS: BA offers a person-centered model to facilitate social connection through creative problem-solving for women with perinatal depressive and anxiety symptoms within the context of the COVID-19 pandemic. Explicit discussion of race and racial injustice during sessions is an important and helpful aspect in psychological treatments.</p>
Sinyor, Mark; Williams, Marissa; Mitchell,	2020	Cognitive behavioral therapy for suicide	Journal of affective disorders	266	686–694	<p>BACKGROUND: Self-harm (SH) is among the strongest risk factors for eventual suicide death yet there are limited data on which interventions are most effective for treating SH in youth. METHODS: This single-blind, pilot</p>

Rachel; Zaheer, Rabia; Bryan, Craig J.; Schaffer, Ayal; Westreich, Neal; Ellis, Janet; Goldstein, Benjamin I.; Cheung, Amy H.; Selchen, Steven; Kiss, Alex; Tien, Homer		prevention in youth admitted to hospital following an episode of self-harm: A pilot randomized controlled trial					randomized controlled trial examined brief cognitive behavioral therapy (BCBT) for suicide prevention vs. minimally-directive supportive psychotherapy in youth (aged 16-26) hospitalized following SH. Both therapies included 10 acute sessions over 15 weeks with three booster sessions occurring at three month intervals thereafter. The primary feasibility outcome was $\geq 70\%$ retention at study endpoint. Efficacy measures, including repeat SH, were secondary outcomes. RESULTS: Twenty-four subjects were enrolled (12 per group) with one BCBT subject and two controls dropping out prior to the first therapy session. Five (45%) of the remaining BCBT subjects and seven (70%) control subjects completed all 10 acute therapy sessions. All subjects who completed five sessions went on to complete 10. There were significantly fewer instances of repeat SH in BCBT subjects (7 of 62 weeks of acute follow-up; 11%) compared to control subjects (24 of 79 weeks; 30%)(OR 0.34, 95%CI:0.13-0.92). Three subjects, all in the control condition, made a total of five suicide attempts during the study. LIMITATIONS: This study had a modest sample size and retention rate. CONCLUSIONS: This study failed to achieve its primary feasibility retention goal for BCBT. However, it did demonstrate that initial adherence to follow-up predicted study completion. Despite small numbers, it also found a significant reduction in repeat SH in the BCBT group, a finding which requires replication.
Skierkowski, Dorothy D.; Florin, Paul; Harlow, Lisa L.;	2019	A readability analysis of online mental health resources	American Psychologist	74	4	474-483	Analyzing the reading grade level of online mental health information is an important first step in ensuring that information is largely accessible by the general public, so as not to perpetuate existing health disparities across socioeconomic groups. The present study systematically

Machan, Jason; Ye, Yinjiao						<p>examined grade-level readability of mental health information related to various psychiatric diagnoses, obtained from 6 highly utilized mental health websites, using a generalized estimating equations approach. Results suggest that, in general, the readability of mental health information is largely well above the 6th-to-8th grade level recommended by several national health organizations, including the CDC and NIH (Kutner, Greenberg, Jin, & Paulsen, 2006; National Institutes of Health, 2001, 2017), with reading-grade-level estimates from the model ranging from 5.62 to 17.9. Further efforts are required to ensure that writers of online health information do not exacerbate existing health disparities by ignoring these guidelines. (PsyInfo Database Record (c) 2020 APA, all rights reserved)</p>
Skopp, Nancy A.; Kaplan, Dorothy A.; Todd, Briana L.; Drell, Marissa B.; Pratt, Kimberly M.	2023	Pilot outcomes of cognitive processing therapy implementation in military health system outpatient behavioral health clinics	Psychological Services	20	3	<p>Enterprise data indicates that U.S. service members (SMs) with posttraumatic stress disorder (PTSD) may not receive an evidence-based treatment (EBT) or may receive an EBT with low fidelity to the core components. Successful delivery of EBTs requires provider training and ongoing supervision/consultation, adjustment of clinic processes and structure, and leadership support. The Department of Defense (DoD) Practice-Based Implementation (PBI) Network is a dedicated team of implementation science specialists that support the integration of EBTs into clinical practice in the Military Health System (MHS). The PBI Network conducted a Cognitive Processing Therapy (CPT) pilot to investigate the acceptability and feasibility of a novel trauma specialist implementation approach proposed by South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR). This approach, CPT Trauma Specialist (CPT-TS), called for training</p>

							designated behavioral health (BH) therapists as the primary CPT providers in their clinics. In collaboration with the Uniformed Services University Center for Deployment Psychology, the PBI Network provided training and consultation to 26 providers across 13 MHS BH clinics and supported ongoing facilitation. Despite provider interest and clinic leadership support, less than half of the pilot provider participants were able to meet the consultation and CPT delivery requirements for designation as a CPT trauma trained specialist. Prevalent implementation barriers included lack of adequate clinic resources, provider challenges balancing clinical and military-related duties, the need to focus on high-risk patients, and other military system-related constraints. These findings highlight the need for implementation scientists to examine alternatives to traditional training models and identify fidelity-consistent adaptations that allow for delivery of evidence-based care within highly constrained systems of care. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Sloutmaeckers, Jef; Migerode, Lieven	2020	EFT and Intimate Partner Violence: A Roadmap to De-escalating Violent Patterns	Family process	59	2	328–345	This article aimed to extend and refine the existing roadmap of emotionally focused therapy (EFT) in cases of situational couple violence (SCV). SCV is a common problem with couples who seek out couple therapy. Based on attachment theory, academic research, EFT, and our clinical experience, we argue that SCV can be safely treated using EFT. Through a detailed case description of stage 1 of EFT with a violent couple, we demonstrate how EFT can help to reduce violence. We also discuss safety-related matters, specific therapeutic interventions, and potential limitations of the proposed method. 2019 Family Process Institute.

Smid, Geert E.; van der Meer, Christianne A. I.; Olf, Miranda; Nijdam, Mirjam J.	2018	Predictors of Outcome and Residual Symptoms Following Trauma-Focused Psychotherapy in Police Officers With Posttraumatic Stress Disorder	J. Traum. Stress (Journal of Traumatic Stress)	31	5	764–774	<p>Police officers exposed to potentially traumatic events (PTE) are at a heightened risk of developing posttraumatic stress disorder (PTSD). Little is known about trauma-focused psychotherapy outcomes in the police. In this naturalistic study, we evaluated whether PTE exposure and baseline clinical characteristics predicted PTSD symptom reduction during treatment and residual PTSD symptoms posttreatment. In consecutive referrals to a specialized mental health service for police officers (N = 665), PTSD was measured pre- and posttreatment using structured clinical interviews. Treatment consisted of brief eclectic psychotherapy for PTSD. We grouped PTE as follows: injury/maltreatment, loss (colleague or private), other job-related, other private traumatic events. Data were analyzed multivariably using structural equation modeling and logistic regression. Treatment effect size was large, $d = 3.6$, 95% CI [3.4, 3.8]. Police officers who reported more injury/maltreatment or private traumatic had more baseline PTSD symptoms as well as larger symptom reduction during treatment; police officers who reported more losses of loved ones showed smaller PTSD symptom reduction. Concentration problems persisted in 17.7% of police officers posttreatment, and these were predicted by baseline PTSD symptoms and loss of loved ones. Proportions of variance explained by the multivariable models ranged from 0.08 to 0.14. Our findings increase insight into the type of PTE and clinical characteristics of police officers with PTSD who benefit most from trauma-focused treatment. Because loss of loved ones can be presumed to have a profound impact on social and interpersonal functioning, a more specific treatment focus on grief processes may further enhance efficacy.</p>
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Smith, Colin M.; Stavig, Alissa; McCann, Peter; Moskovich, Ashley A.; Merwin, Rhonda M.	2021	"Let's Talk About Your Note": Using Open Notes as an Acceptance and Commitment Therapy Based Intervention in Mental Health Care	Frontiers in psychiatry	12		704415	
Smith, Grahame; Simkhada, Bibha	2019	Co-Creating the Living Well with Dementia Message	Issues in mental health nursing	40	9	825–826	
Smith, Gregory C.; Hayslip Jr., Bert; Hancock, Gregory R.; Strieder, Frederick H.; Montoro-Rodriguez, Julian	2018	A randomized clinical trial of interventions for improving well-being in custodial grandfamilies	Journal of Family Psychology	32	6	816–827	Despite the rising cultural phenomenon of grandparents parenting grandchildren on a full-time basis due to problems within the birth parent generation, intervention studies with these families have been scarce, methodologically flawed, and without conceptual underpinnings. We conducted a randomized clinical trial (RCT) with 343 custodial grandmothers recruited from across 4 states to compare the effectiveness of behavioral parent training (BPT), cognitive-behavioral therapy (CBT), and information-only control (IOC) conditions at lowering grandmothers' psychological distress, improving their parenting practices, and reducing the internalizing and externalizing difficulties of target grandchildren between ages 4 and 12. These outcomes were derived conceptually from the family stress model and modeled as latent constructs with multiple indicators. Each RCT condition was fully manualized and delivered across 10 sessions within groups led jointly by trained professionals and peer

							<p>facilitators in community settings. Multidomain second-order latent difference score models were performed on a full intent-to-treat basis to compare the 3 RCT conditions on changes in the above outcomes from baseline to postintervention and from baseline to 6 months postintervention. In general, while CBT and BPT interventions were both superior to IOC at both times of measurement on most outcomes, they differed little from each other. Effect sizes were generally in the moderate to large range and similar to those found in prior studies of BPT and CBT with traditional birth parents. We conclude from this research that evidence-based interventions focusing on appropriate skill development and behavioral change can yield positive outcomes within custodial grandfamilies. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Smith, Haley N.; Fields, Sally M.	2020	Changes in older adults' impairment, activity, participation and wellbeing as measured by the AusTOMs following participation in a Transition Care Program	Australian occupational therapy journal	67	6	517-527	<p>INTRODUCTION: Maintaining a continuum of care is vital to ensure adequate health among older adults, particularly during periods of care transitions, when they are vulnerable and at risk of poor health outcomes. The Transition Care Program in Australia is designed to support older adults following the conclusion of a hospital episode. Using the Australian Therapy Outcome Measures for Occupational Therapy (AusTOMs-OT), this study aimed to understand how the Transition Care Program impacts an older adult's occupational performance during care transitions. METHODS: Data were collected as a part of usual occupational therapy care from March 2016 to August 2017 from clients admitted to a Gold Coast Health Transition Care Program. Data from 110 clients were analysed on 5 AusTOMs-OT scales: functional walking and mobility, upper limb use, self care, domestic life-home, and community</p>

						life/recreation/leisure/play. Change data from these scales were analysed using the Wilcoxon Signed Ranks Test. RESULTS: Clients in the Transition Care Program experienced statistically and clinically significant improvements in all AusTOMs-OT scales analysed as well as in each domain of impairment, activity limitation, participation restriction and distress/wellbeing. CONCLUSION: These results are meaningful for clients, occupational therapists and Australian Transition Care Programs. Clients demonstrated progress towards their goals, indicating maintenance or improvements in their occupational performance, confirming for occupational therapists that the provision of services is promoting goal achievement and leading to improved occupational performance. The study also highlighted the benefits for the use of outcome measures such as the AusTOMs-OT to quantify and validate client change.
Smith, Harriet J.; Gilbert, Rebecca A.; Davis, Matthew H.	2023	Can speech perception deficits cause phonological impairments? Evidence from short-term memory for ambiguous speech	Journal of Experimental Psychology: General		No Paginat ion Specified -No Paginat ion Specified	Poor performance on phonological tasks is characteristic of neurodevelopmental language disorders (dyslexia and/or developmental language disorder). Perceptual deficit accounts attribute phonological dysfunction to lower-level deficits in speech-sound processing. However, a causal pathway from speech perception to phonological performance has not been established. We assessed this relationship in typical adults by experimentally disrupting speech-sound discrimination in a phonological short-term memory (pSTM) task. We used an automated audio-morphing method (Rogers & Davis, 2017) to create ambiguous intermediate syllables between 16 letter name-letter name (“B”-“P”) and letter name-word (“B”-“we”) pairs. High- and low-ambiguity syllables were used in a pSTM task in which participants (N = 36) recalled six- and eight-letter name sequences.

							Low-ambiguity sequences were better recalled than high-ambiguity sequences, for letter name–letter name but not letter name–word morphed syllables. A further experiment replicated this ambiguity cost (N = 26), but failed to show retroactive or prospective effects for mixed high- and low-ambiguity sequences, in contrast to pSTM findings for speech-in-noise (SiN; Guang et al., 2020; Rabbitt, 1968). These experiments show that ambiguous speech sounds impair pSTM, via a different mechanism to SiN recall. We further show that the effect of ambiguous speech on recall is context-specific, limited, and does not transfer to recall of nonconfusable items. This indicates that speech perception deficits are not a plausible cause of pSTM difficulties in language disorders. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Smith, Isabelle S.; Bind, Marie-Abèle; Weihs, Karen L.; Bei, Bei; Wiley, Joshua F.	2023	Targeting emotional regulation using an Internet-delivered psychological intervention for cancer survivors: A randomized controlled trial	British journal of health psychology	28	4	1185–1205	OBJECTIVES: This trial assessed the efficacy of an emotion-focused, modular, Internet-delivered adaptation of the Unified Protocol (UP) in improving cancer survivors' emotion regulation strategies. DESIGN: A two-arm randomized controlled trial (1:1) was used to compare the efficacy of two Internet-based interventions: UP-adapted CanCope Mind (CM) and lifestyle-focused active control CanCope Lifestyle (CL). METHODS: N = 224 cancer survivors randomized to CM or CL were assessed at baseline, between-modules, at post-intervention and 3-month follow-up on emotion regulation outcomes targeted by each CM module (Module 1: beliefs about emotions; Module 2: mindfulness; Module 3: cognitive reappraisal skills, catastrophizing, refocus on planning; Module 4: experiential avoidance). Primary analyses were intention-to-treat linear regressions using Fisher randomization tests for p-values and intervals were used to compare groups with standardized mean difference

							(SMD) effect sizes. RESULTS: CanCope Mind participants (n = 61 completers) experienced moderate-to-large improvements (SMDs from .44-.88) across all outcomes at post-intervention. CM's effects were larger than CL's (n = 75 completers) immediately post-intervention and at 3-month follow-up for beliefs about emotions, mindfulness, cognitive reappraisals and experiential avoidance (all p's < .05). CM experienced greater improvements in catastrophizing immediately post-intervention, with a trending effect at follow-up. However, we could not reject the null hypothesis of identical between-group effects for refocusing on planning both immediately post-intervention and at follow-up. Exploratory analyses revealed inconsistent between-module effects. CONCLUSIONS: In its entirety, CM is a promising intervention for improving and maintaining cancer survivors' adaptive emotion regulation, especially for mindfulness and experiential avoidance. This may have important clinical implications for promoting cancer survivors' emotional functioning and general well-being.
Smith, Jackson A.; Bandedaly, Ahad; Browne, Dillon T.	2023	A case study of virtually delivered emotion-focused family therapy	Journal of marital and family therapy	49	3	692-713	Clinical psychologists and therapists are increasingly taking advantage of internet and mobile-based technologies to deliver mental health services for individuals and groups since the COVID-19 pandemic. However, there is a dearth of research evaluating the appropriateness of virtual platforms for family interventions. Further, no research has examined the effectiveness of weekly emotion-focused family therapy (EFFT). This case study presents a virtually delivered 8-week EFFT intervention, which supported caregivers to manage child symptoms of depression, anxiety, and anger, facilitate emotion processing, and strengthen relationships. Two parents from one family during a

							marital separation participated and completed brief measures of therapeutic alliance, family functioning, parental self-efficacy, and parental and child psychological distress at 12 time points as well as a posttreatment semistructured interview. A strong therapeutic alliance was formed, and general family functioning, parental self-efficacy, parent psychopathology, and child depression, anger, and anxiety symptoms improved over the course of therapy.
Smith, Jonell; Gillon, Ewan	2021	Therapists' experiences of providing online counselling: A qualitative study	Couns and Psychother Res (Counselling and Psychotherapy Research)	21	3	545-554	
Smith, Liz; Proctor, Gillian; Akondo, Dania	2021	Confronting racism in counselling and therapy training—Three experiences of a seminar on racism and whiteness	Psychother Politics Int (Psychotherapy and Politics International)	19	2		
Smith, Meghan M.; McLeod, Bryce D.; Southam-Gerow, Michael A.; Jensen-Doss, Amanda; Kendall, Philip	2017	Does the Delivery of CBT for Youth Anxiety Differ Across Research and Practice Settings?	Behavior therapy	48	4	501-516	Does delivery of the same manual-based individual cognitive-behavioral treatment (ICBT) program for youth anxiety differ across research and practice settings? We examined this question in a sample of 89 youths (M age = 10.56, SD = 1.99; 63.70% Caucasian; 52.80% male) diagnosed with a primary anxiety disorder. The youths received (a) ICBT in a research setting, (b) ICBT in practice settings, or (c) non-manual-based usual care (UC) in practice settings. Treatment delivery was assessed using

C.; Weisz, John R.							<p>four theory-based subscales (Cognitive-behavioral, Psychodynamic, Client-Centered, Family) from the Therapy Process Observational Coding System for Child Psychotherapy-Revised Strategies scale (TPOCS-RS). Reliable independent coders, using the TPOCS-RS, rated 954 treatment sessions from two randomized controlled trials (1 efficacy and 1 effectiveness trial). In both settings, therapists trained and supervised in ICBT delivered comparable levels of cognitive-behavioral interventions at the beginning of treatment. However, therapists trained in ICBT in the research setting increased their use of cognitive-behavioral interventions as treatment progressed whereas their practice setting counterparts waned over time. Relative to the two ICBT groups, the UC therapists delivered a significantly higher dose of psychodynamic and family interventions and a significantly lower dose of cognitive-behavioral interventions. Overall, results indicate that there were more similarities than differences in manual-based ICBT delivery across research and practice settings. Future research should explore why the delivery of cognitive-behavioral interventions in the ICBT program changed over time and across settings, and whether the answers to these questions could inform implementation of ICBT programs.</p>
Smith, Ronald E.	2023	Robert J. Kohlenberg (1937–2021)	American Psychologist	78	1	63	<p>Memorializes Robert (Bob) Kohlenberg (1937-2021). A preeminent clinical psychologist, Bob retired as a professor of psychology from the University of Washington (UW) in 2020 after a half century of service. From 1997 to 2004, Bob served as director of clinical training, a period during which the program received the Distinguished Program Award from the Association of Behavioral and Cognitive Therapies. Influenced by Ivar</p>

							Lovaas and Irving Maltzman at UCLA, Bob's theoretical orientation was strongly behavioristic, and he remained a devoted Skinnerian during his entire career. In the mid-1980s, Bob's attention turned to the enterprise of psychotherapy. Based on the principle that client behaviors that occur in their "real world" interpersonal relationships will occur in the therapeutic relationship as well, Bob and his spouse, Mavis Tsai, developed a new operant-based treatment approach, functional analytic psychotherapy (FAP), which focused on genuine in-the-moment interactions between therapist and client. The publication of their seminal 1991 book, Functional Analytic Psychotherapy: Creating Intense and Curative Therapeutic Relationships, heralded a major new phase in Bob's career trajectory. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Smith, Tracey L.; Landes, Sara J.; Lester-Williams, Kristin; Day, Kristine T.; Batdorf, Wendy; Brown, Gregory K.; Trockel, Mickey; Smith, Brandy N.; Chard, Kathleen M.; Healy, Ellen T.; Weingardt, Kenneth R.	2017	Developing alternative training delivery methods to improve psychotherapy implementation in the U.S. Department of Veterans Affairs	Training and Education in Professional Psychology	11	4	266-275	The Department of Veteran Affairs (VA) has been a recognized leader in evidence-based psychotherapy (EBP) training, with 15 different EBP training programs that address posttraumatic stress disorder (PTSD), depression, chronic pain, insomnia, substance use, motivation for treatment, relationship distress, serious mental illness, and problem-solving skills. VA has a broad impact on the training of mental health professionals in the United States, training over 11,600 unique mental health staff in 1 or more of these EBPs since 2007. Original EBP training delivery methods relied on in-person workshops, followed by consultation with an EBP expert who provided feedback and ratings of audio-recorded sessions. Restrictions on federal government employee travel, in-person conferences, and budgets led to reductions in the number of mental health providers trained in EBPs during recent fiscal years. As a result,

							alternative training delivery methods were needed for training VA staff. This article describes the process used to select, develop, and pilot test alternative training delivery methods for EBPs. Surveys of key stakeholders and a literature review led us to retain consultation with review of audio-recorded sessions since evidence suggests this is critical to changing clinician behavior. All VA EBP training programs have begun pilot testing blended learning, regional training, or both, depending on local needs. Early results suggest that regional training (train the trainer method) was equivalent to, while blended learning methods showed mixed results relative to, the traditional training method. These alternative training methods may be more sustainable for training psychotherapists in large health care systems or across distances. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Smith, Valerie; Devane, Declan; Nichol, Alistair; Roche, David	2020	Care bundles for improving outcomes in patients with COVID-19 or related conditions in intensive care - a rapid scoping review	The Cochrane database of systematic reviews	12	12	CD013819	<p>BACKGROUND</p> <p>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the strain of coronavirus that causes coronavirus disease 2019 (COVID-19) can cause serious illness in some people resulting in admission to intensive care units (ICU) and frequently, ventilatory support for acute respiratory failure. Evaluating ICU care, and what is effective in improving outcomes for these patients is critical. Care bundles, a small set of evidence-based interventions, delivered together consistently, may improve patient outcomes. To identify the extent of the available evidence on the use of care bundles in patients with COVID-19 in the ICU, the World Health Organization (WHO) commissioned a scoping review to inform WHO guideline discussions. This review does not assess the effectiveness of the findings, assess risk of bias, or assess</p>

						<p>the certainty of the evidence (GRADE). As this review was commissioned to inform guideline discussions, it was done rapidly over a three-week period from 26 October to 18 November 2020.</p> <p>OBJECTIVES</p> <p>To identify and describe the available evidence on the use of care bundles in the ICU for patients with COVID-19 or related conditions (acute respiratory distress syndrome (ARDS) viral pneumonia or pneumonitis), or both. In carrying out the review the focus was on characterising the evidence base and not evaluating the effectiveness or safety of the care bundles or their component parts.</p> <p>SEARCH METHODS</p> <p>We searched MEDLINE, Embase, the Cochrane Library (CENTRAL and the Cochrane COVID-19 Study Register) and the WHO International Clinical Trials Registry Platform on 26 October 2020.</p> <p>SELECTION CRITERIA</p> <p>Studies of all designs that reported on patients who are critically ill with COVID-19, ARDS, viral pneumonia or pneumonitis, in the ICU setting, where a care bundle was implemented in providing care, were eligible for inclusion. One review author (VS) screened all records on title and abstract. A second review author (DR) checked 20% of excluded and included records; agreement was 99.4% and 100% respectively on exclude/include decisions. Two review authors (VS and DR) independently screened all records at full-text level. VS and DR resolved any disagreements through discussion and consensus, or referral to a third review author (AN) as required.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>One review author (VS) extracted the data and a second review author (DR) checked 20% of this for accuracy. As</p>
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						<p>the review was not designed to synthesise effectiveness data, assess risk of bias, or characterise the certainty of the evidence (GRADE), we mapped the extracted data and presented them in tabular format based on the patient condition; that is patients with confirmed or suspected COVID-19, patients with ARDS, patients with any influenza or viral pneumonia, patients with severe respiratory failure, and patients with mixed conditions. We have also provided a narrative summary of the findings from the included studies.</p> <p>MAIN RESULTS</p> <p>We included 21 studies and identified three ongoing studies. The studies were of variable designs and included a systematic review of standardised approaches to caring for critically ill patients in ICU, including but not exclusive to care bundles (1 study), a randomised trial (1 study), prospective and retrospective cohort studies (4 studies), before and after studies (7 studies), observational quality improvement reports (4 studies), case series/case reports (3 studies) and audit (1 study). The studies were conducted in eight countries, most commonly China (5 studies) and the USA (4 studies), were published between 1999 and 2020, and involved over 2000 participants in total. Studies categorised participant conditions patients with confirmed or suspected COVID-19 (7 studies), patients with ARDS (7 studies), patients with another influenza or viral pneumonia (5 studies), patients with severe respiratory failure (1 study), and patients with mixed conditions (1 study). The care bundles described in the studies involved multiple diverse practices. Guidance on ventilator settings (10 studies), restrictive fluid management (8 studies), sedation (7 studies) and prone positioning (7</p>
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						<p>studies) were identified most frequently, while only one study mentioned chest X-ray. None of the included studies reported the prespecified outcomes ICU-acquired weakness (muscle wasting, weight loss) and users' experience adapting care bundles. Of the remaining prespecified outcomes, 14 studies reported death in ICU, nine reported days of ventilation (or ventilator-free days), nine reported length of stay in ICU in days, five reported death in hospital, three reported length of stay in hospital in days, and three reported adherence to the bundle.</p> <p>AUTHORS' CONCLUSIONS</p> <p>This scoping review has identified 21 studies on care bundle use in critically ill patients in ICU with COVID-19, ARDS, viral influenza or pneumonia and severe respiratory failure. The data for patients with COVID-19 specifically are limited, derived mainly from observational quality improvement or clinical experiential accounts. Research is required, urgently, to further assess care bundle use and optimal components of these bundles in this patient cohort. The care bundles described were also varied, with guidance on ventilator settings described in 10 care bundles, while chest X-ray was part mentioned in one care bundle in one study only. None of the studies identified in this scoping review measured users' experience of adapting care bundles. Optimising care bundle implementation requires that the components of the care bundle are collectively and consistently applied. Data on challenges, barriers and facilitators to implementation are needed. A formal synthesis of the outcome data presented in this review and a critical appraisal of the evidence is required by a subsequent effectiveness review. This subsequent review should</p>
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							further explore effect estimates across the included studies.
Smoliak, Olga; MacMartin, Clare; Hepburn, Alexa; Le Couteur, Amanda; Elliott, Robert; Quinn-Nilas, Christopher	2022	Authority in therapeutic interaction: A conversation analytic study	Journal of marital and family therapy	48	4	961–981	A paradigmatic shift toward postmodern, collaborative practice in family therapy raises questions about how therapists can use professional authority to facilitate change and how clients can assert their knowledge and agency. We used conversation analysis to investigate how the authority to know and to determine here-and-now action (i.e., who does what, and how, in therapy) was negotiated and accomplished in 10 sessions of emotion-focused therapy involving chair work. Therapists were observed to rely on a particular interactional sequence structure: stepwise entry into a directive, in which directives were preceded by a question-answer sequence. We show how instances where clients' views were elicited prior to the delivery of a directive resulted in different interactional consequences from instances where therapists straightforwardly directed clients to perform some action. The study offers evidence concerning how therapists can facilitate chair work collaboratively and responsively.
Smout, Matthew F.; Simpson, Susan G.; Stacey, Fiona; Reid, Corinne	2022	The influence of maladaptive coping modes, resilience, and job demands on emotional exhaustion in psychologists	Clinical psychology & psychotherapy	29	1	260–273	Although it is well established that emotion-focused coping is associated with burnout, the schema therapy model may improve the prediction of who is most vulnerable to using emotion-focused coping and what kinds of emotion-focused coping carry the greatest risk of burnout. It is also unknown the extent to which resilience might buffer against maladaptive coping in protecting against burnout. The present study investigated whether maladaptive coping modes would incrementally predict emotional exhaustion (EE) adjusting for resilience and whether resilience might moderate the effect of maladaptive coping on EE. The possible role of

							maladaptive coping as a mediator of job demands on EE was also explored. Four hundred and forty-three clinical and counselling psychologists completed online measures of job demands, EE, resilience, and maladaptive coping modes. The Detached Protector mode was associated with greater EE after adjusting for resilience. Bully and Attack mode was associated with greater EE when considered separately from other coping modes but associated with decreased EE when considered together. Resilience did not moderate the effect of job demands on EE, or the effect of coping modes on EE, except for Compliant Surrenderer. Coping modes only partially mediated the effect of job demands on EE accounting for 20% or less of its effect. Maladaptive coping modes appear to make independent contributions to the risk of EE and efforts to reduce burnout in psychologists should focus dually on increasing resilience-building practices and decreasing maladaptive coping.
Smyth, Siobhan; De Vries, Jan M A; Rossetti, Jeanette; McCann, Edward	2021	"Stuck between a Rock and a Hard Place": How Mental Health Nurses' Experience Psychosocial interventions in Irish Mental Health Care Settings	Journal of psychiatric and mental health nursing	28	4	590–600	WHAT IS KNOWN ON THE SUBJECT?: Psychosocial interventions (PSI) are recognized and recommended internationally as they primarily focus on improving a client's mental health and preventing relapse. Limited qualitative studies focus on the similarities and differences on offering PSI in practice across many countries. WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: This manuscript provides readers with qualitative findings of mental health nurses' (MHNs) experiences of using PSI in practice and the need for regular clinical supervision to increase MHNs confidence and enhance the offering of PSI. MHNs want PSI guidelines for the offering of these skills to their client groups across practice settings. MHNs require work

						<p>release from practice to attend supplementary training on PSI so that they can do their job adequately. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: This study sheds light on the similarities and differences on PSI in Irish mental health services. It also highlights what MHNs recognize as important for PSI to be implemented. Clinical supervision and the development of PSI guidelines are necessary so that MHNs feel confident delivering these skills. They also need ongoing work release from practice to attend supplementary PSI training to provide best evidence to enhancing client experiences and positive PSI recovery outcomes.</p> <p>ABSTRACT: Description The paper will report on the interview data of trained MHNs' experiences of using PSI within the Irish context. This observational data will be reported elsewhere (Smyth et al. 2020-under review). Introduction This research is conducted when the current reform of Irish mental health governance demands clarification of key psychosocial skills (PSI) required for mental health nurses (MHNs) to embrace recovery-orientated ways of working. There is limited evidence about this important topic in Ireland and across countries. Aim To explore PSI-trained MHNs' experiences of using PSI within Ireland. Method A multiple case study methodology was used and situated within an interpretive paradigm. Data were gathered using semi-structured interviews with 40 PSI-trained MHNs. Findings Three overarching themes developed from the analysis. These included (a) PSI-trained MHNs' understanding and use of PSI; (b) facilitating factors supporting the use of PSI by PSI-trained MHNs; and (c) obstacles limiting the use of PSI by PSI-trained MHNs. Discussion MHNs recognize that regular clinical supervision is required to increase</p>
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							<p>their confidence, along with PSI guidelines for the offering of these skills across practice settings. MHNs also need work release to attend supplementary training on PSI so that they can do their job adequately. Implications for practice This study suggests that MHNs are often stuck between a rock and a hard place when delivering PSI in practice. MHNs need to be aware that this can affect client outcomes. Relevance statement This research identified a gap in knowledge within the Irish context but also across the world on this important topic. MHNs need access to regular clinical supervision, PSI guidelines and ongoing PSI training to feel confident in order to keep abreast of the changes happening in mental health practice and research.</p>
Snijders, Hans; Lietaer, Germain	2018	Gruppenpsychotherapie					<p>In diesem Kapitel beschreiben die Autoren die konkrete Praxis der Gruppenpsychotherapie, die im klientenzentriert-experienziellen Gedankengut wurzelt und in hohem Mae durch die interpersonale Sicht von Irvin Yalom (2010) beeinflusst ist. Dabei gehen sie von der Grundregel aus, dass der klientenzentrierte Gruppentherapeut Interventionen durchgehend so stark wie mglich an die Gruppenmitglieder delegiert, wobei die Aufmerksamkeit abwechselnd auf die Gruppe als Ganzes, auf das Individuum in der Gruppe und auf die Interaktionen innerhalb der Gruppe gerichtet wird. (c) Springer-Verlag GmbH Deutschland</p>
So, Hyejin	2019	Korean Music Therapy Students' Experience of Group Music Therapy: A	Frontiers in psychology	10		636	<p>The purpose of this qualitative case study is to describe the in-depth experiences of Korean students undergoing group music therapy. Seven students participated in eight consecutive weeks of group music therapy. The researcher collected and triangulated three data resources: individual interview transcripts, participant journals, and audiotaped sessions. The data were</p>

		Qualitative Case Study					analyzed using the case study method and peer debriefing was conducted for trustworthiness. The four emergent themes and six categories were as follows: (1) Discovering one's self (categories: what it means to be "me," learning about self), (2) Inside group music therapy (categories: various responses to experiencing non-directive group, two different sides of experiencing silence, feeling a sense of safety and acceptance, sharing difficult experience with one's own family), (3) Musical experience as a way to explore emotions, and (4) What learned through books became real. The results indicated that the student therapists' experiences were linked to their personal development, unique experience of group music therapy dynamics, musical experience as an emotional container, and clinical development. Finally, it is recommended that cultural adaptations are made by providing both structure and space for Korean students to express themselves.
Sokol, Randi; Albanese, Mark; Albanese, Chiara; Coste, Gerard; Grossman, Ellie; Morrill, Diana; Roll, David; Sobieszczyk, Amy; Schuman-Olivier, Zev	2020	Implementing group visits for opioid use disorder: A case series	Substance abuse	41	2	174-180	Background: Group-based models of Office-Based Opioid Treatment with buprenorphine-naloxone (B/N) are increasingly being implemented in clinical practice to increase access to care and provide additional therapeutic benefits. While previous studies reported these Group-Based Opioid Treatment (GBOT) models are feasible for providers and acceptable to patients, there has been no literature to help providers with the more practical aspects of how to create and maintain GBOT in different outpatient settings. Case series: We present 4 cases of GBOT implementation across a large academic health care system, highlighting various potential approaches for providers who seek to implement GBOT and demonstrate "success" based on feasibility and sustainability of these models. For each case, we

							describe the pros and cons and detail the personnel and resources involved, patient mix and group format, workflow logistics, monitoring and management, and sustainability components. Discussion: The implementation details illustrate that there is no one-size-fits-all approach, although feasibility is commonly supported by a team-based, patient-centered medical home. This approach includes the capacity for referral to higher levels of mental health and addiction support services and is bolstered by ongoing provider communication and shared resources across the health system. Future research identifying the core and malleable components to implementation, their evidence base, and how they might be influenced by site-specific resources, culture, and other contextual factors can help providers better understand how to implement a GBOT model in their unique clinical environment.
Solbrig, Linda; Whalley, Ben; Kavanagh, David J.; May, Jon; Parkin, Tracey; Jones, Ray; Andrade, Jackie	2019	Functional imagery training versus motivational interviewing for weight loss: a randomised controlled trial of brief individual interventions for overweight and obesity	International journal of obesity (2005)	43	4	883–894	<p>OBJECTIVE Functional Imagery Training (FIT) is a new brief motivational intervention based on the Elaborated Intrusion theory of desire. FIT trains the habitual use of personalised, affective, goal-directed mental imagery to plan behaviours, anticipate obstacles, and mentally try out solutions from previous successes. It is delivered in the client-centred style of Motivational Interviewing (MI). We tested the impact of FIT on weight loss, compared with time- and contact-matched MI.</p> <p>DESIGN We recruited 141 adults with BMI (kg/m²) ≥25, via a community newspaper, to a single-centre randomised controlled trial. Participants were allocated to one of two active interventions: FIT or MI. Primary data collection and analyses were conducted by researchers blind to</p>

							<p>interventions. All participants received two sessions of their allocated intervention; the first face-to-face (1 h), the second by phone (maximum 45 min). Booster calls of up to 15 min were provided every 2 weeks for 3 months, then once-monthly until 6 months. Maximum contact time was 4 h of individual consultation. Participants were assessed at Baseline, at the end of the intervention phase (6 months), and again 12 months post-baseline.</p> <p>MAIN OUTCOME MEASURES Weight (kg) and waist circumference (WC, cm) reductions at 6 and 12 months.</p> <p>RESULTS FIT participants (N = 59) lost 4.11 kg and 7.02 cm of WC, compared to .74 kg and 2.72 cm in the MI group (N = 55) at 6 months (weight mean difference (WMD) = 3.37 kg, $p < .001$, 95% CI [-5.2, -2.1], waist-circumference mean difference (WCMD) = 4.3 cm, $p < .001$, 95% CI [-6.3, -2.6]). Between-group differences were maintained and increased at month 12: FIT participants lost 6.44 kg (W) and 9.1 cm (WC) compared to the MI who lost .67 kg and 2.46 cm (WMD = 5.77 kg, $p < .001$, 95% CI [-7.5, -4.4], WCMD = 6.64 cm, $p < .001$, 95% CI [-7.5, -4.4]).</p> <p>CONCLUSION FIT is a theoretically informed motivational intervention which offers substantial benefits for weight loss and maintenance of weight reduction, compared with MI alone, despite including no lifestyle education or advice.</p>
Solomonov, Nili; McCarthy, Kevin S.; Keefe, John R.; Gorman, Bernard S.; Blanchard,	2018	Fluctuations in alliance and use of techniques over time: A bidirectional relation	Clinical psychology & psychotherapy	25	1	102-111	<p>OBJECTIVE: The aim of this study was twofold: (a) Investigate whether therapists are consistent in their use of therapeutic techniques throughout supportive-expressive therapy (SET) and (b) Examine the bi-directional relation between therapists' use of therapeutic techniques and the working alliance over the course of</p>

Mark; Barber, Jacques P.		between use of "common factors" techniques and the development of the working alliance					<p>SET. METHOD: Thirty-seven depressed patients were assigned to 16 weeks of SET as part of a larger randomized clinical trial (Barber, Barrett, Gallop, Rynn, & Rickels,). Working Alliance Inventory-Short Form (WAI-SF) was collected at Weeks 2, 4, and 8. Use of therapeutic interventions was rated by independent observers using the Multitheoretical List of Therapeutic Interventions (MULTI). Intraclass correlation coefficients assessed therapists' consistency in use of techniques. A cross-lagged path analysis estimated the working alliance inventory- Multitheoretical List of Therapeutic Interventions bidirectional relation across time. RESULTS: Therapists were moderately consistent in their use of prescribed techniques (psychodynamic, process-experiential, and person-centred). However, they were inconsistent, or more flexible, in their use of "common factors" techniques (e.g., empathy, active listening, hope, and encouragements). A positive bidirectional relation was found between use of common factors techniques and the working alliance, such that initial high levels of common factors (but not prescribed) techniques predicted higher alliance later on and vice versa. CONCLUSION: Therapists tend to modulate their use of common factors techniques across treatment. Additionally, when a strong working alliance is developed early in treatment, therapists tend to use more common factors later on. Moreover, high use of common factors techniques is predictive of later improvement in the alliance.</p>
Sommer, Robert; Seifert, Bernd	2021	Psychodramatische Arbeit in Selbsterfahrungsgruppen fr	Zeitschrift fr Psychodrama und Soziometrie	20	1	131-144	Dieser Artikel der Zeitschrift fr Psychodrama und Soziometrie befasst sich mit den praktischen Gegebenheiten und Mglichkeiten in psychodramatischen Selbsterfahrungsgruppen fr Menschen mit

		Menschen mit Diktaturerfahrung in Thringen					Diktaturerfahrung, speziell mit der Etablierung eines sicheren Raumes, dem Umgang mit der Hilfs-Ich-Methode und dem Einsatz von Visualisierungen. Die Erfahrungen und Verletzungen, die die TeilnehmerInnen durch die Diktatur der DDR und deren Akteure erfahren haben, haben in ihrem Leben bis heute auffindbare und nachwirkende Spuren hinterlassen. Es bedarf in ihrem heutigen Alltag oft nur kleiner Anste, traumatische Muster zu reaktivieren. Dieses Aufbrechen des Vergangenen, das die Betroffenen als ein erneutes Erleben in der Gegenwart erfahren, einer Neubewertung, einem neu zu erlernenden Muster und damit einem neuen Verhalten zugänglich zu machen, ist für alle Betroffenen die Chance in der Gruppenarbeit. (c) Springer Fachmedien Wiesbaden GmbH
Søndergaard, Amanda Ark; Juul, Sophie; Poulsen, Stig; Simonsen, Sebastian	2023	Mentalizing the therapist - Therapist experiences with short-term mentalization-based therapy for borderline personality disorder: A qualitative study	Frontiers in psychiatry	14		1088865	BACKGROUND: Mentalization-Based Therapy (MBT) was originally developed as a structured psychotherapy approach developed to treat borderline personality disorder (BPD) lasting up to 18 months in outpatient settings. However, a short-term (5 months) MBT program has recently been developed. No studies have investigated how MBT therapists experience the shift towards conducting short-term MBT for BPD. OBJECTIVE: The objective of this study was to explore therapist experiences with conducting short-term MBT for outpatients with BPD in the Danish mental health services. METHODS: Semi-structured qualitative interviews were conducted with seven therapists about their experiences with short-term MBT after a one-year pilot phase. The interviews were verbatim transcribed and analyzed using thematic analysis. RESULTS: The following four major themes from the therapists' experiences with short-term MBT were found in the qualitative analysis: (1)

							<p>The longer the better, (2) Change processes can be intellectual or experiential, (3) Short-term therapy is hard work, and (4) Termination is more challenging in short-term MBT. CONCLUSION: Most therapists were overall reluctant towards changing from long-term to short-term MBT. These therapist experiences could inform implementation of short-term MBT in mental health settings in the future.</p>
<p>Sønderland, Nils M.; Solbakken, Ole A.; Eilertsen, Dag E.; Nordmo, Magnus; Monsen, Jon T.</p>	<p>2023</p>	<p>Emotional changes and outcomes in psychotherapy: A systematic review and meta-analysis</p>	<p>Journal of consulting and clinical psychology</p>			<p>No Pagination Specified -No Pagination Specified</p>	<p>Objective: This systematic review and meta-analysis summarize current knowledge on emotional change processes and mechanisms and their relationship with outcomes in psychotherapy. Method: We reviewed the main change processes and mechanisms in the literature and conducted meta-analyses of process/mechanism–outcome associations whenever methodologically feasible. Results: A total of 121 studies, based on 92 unique samples, met criteria for inclusion. Of these, 85 studies could be subjected to meta-analysis. The emotional change processes and mechanisms most robustly related to improvement were fear habituation across sessions in exposure-based treatment of anxiety disorders ($r = .38$), experiencing in psychotherapy for depression ($r = .44$), and emotion regulation in psychotherapies for patients with various anxiety disorders ($r = .37$). Common methodological problems were that studies often did not ascertain representative estimates of the processes under investigation, determine if changes in processes and mechanisms temporally preceded outcomes, disentangle effects at the within- and between-client levels, or assess contributions of therapists and clients to a given process. Conclusions: The present study has identified a number of emotional processes and mechanisms associated with</p>

							outcome in psychotherapy, most notably fear habituation, emotion regulation, and experiencing. A common denominator between these appears to be the habitual reorganization of maladaptive emotional perception. We view this as a central pan-theoretical change mechanism, the essence of which appears to be increased differentiation between external triggers and one's own affective responses, which facilitates tolerance for affective arousals and leads to improved capacity for adaptive meaning-making in emotion-eliciting situations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Soong, Christine; Burry, Lisa; Greco, Maria; Tannenbaum, Cara	2021	Advise non-pharmacological therapy as first line treatment for chronic insomnia	BMJ (Clinical research ed.)	372		n680	
Sorgente, Angela; Iannello, Nicolò M.; Musso, Pasquale; Inguglia, Cristiano; Lanz, Margherita; Antonietti, Alessandro; Villani, Daniela	2022	The Utrecht-Management of Identity Commitments Scale (U-MICS): Psychometric properties of its adaptation to the religious domain of identity	European Journal of Psychological Assessment	38	3	176–186	The current study proposed the adaptation of the Utrecht-Management of Identity Commitments Scale (U-MICS) to the religious domain as an instrument to measure both individuals' religious identity formation processes (when a variable-centered approach is adopted) and religious identity statuses (when a person-centered approach is adopted). The scale has been tested on a sample of 727 Italian participants aged 13–65 years, by collecting evidence of score structure, convergent, and criterion-related validity. Regarding the score structure validity, we confirmed that religious identity formation consists of three processes (commitment, in-depth exploration, reconsideration of commitment) and that, by using these scores, individuals can be placed into five different religious identity clusters (achievement, diffusion,

						foreclosure, moratorium, searching moratorium). As to the convergent and criterion-related validity, we tested the relationship that the three factors (religious identity formation processes) and the five clusters (religious identity statuses) have with religiousness and subjective well-being, respectively. Results indicate that the instrument is a promising tool to measure religious identity. Future studies should test this scale in other countries and with people from diverse religious traditions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Sorrentino, Anneliese E.; Iverson, Katherine M.; Tuepker, Anaïs; True, Gala; Cusack, Meagan; Newell, Summer; Dichter, Melissa E.	2021	Mental health care in the context of intimate partner violence: Survivor perspectives	Psychological Services	18	4	Experience of violence or abuse from an intimate partner (intimate partner violence, IPV) can result in a variety of psychological and mental health impacts for which survivors may seek psychotherapy or other mental health services. Individuals experiencing IPV may have specific needs and preferences related to mental health care, yet the question of how to best provide client-centered mental health care in the context of IPV has received little attention in the literature. In this article, we report on findings from qualitative interviews with 50 women reporting past-year IPV who received care through the Veterans Health Administration regarding experiences with and recommendations for mental health services. Participants described client-centered mental health care in the context of recent or ongoing IPV as being characterized by flexibility and responsiveness around discussion of IPV; respect for the complexity of clients' lives and support for self-determination; and promoting safety and access to internal and external resources for healthy coping. We discuss findings in terms of their implications for the mental health field, highlighting the need for flexibility in application of evidence-based

							treatments, improved coordination between therapeutic and advocacy services, and training to enhance competencies around understanding and responding to IPV. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Soto, Christopher J.; John, Oliver P.	2017	The next Big Five Inventory (BFI-2): Developing and assessing a hierarchical model with 15 facets to enhance bandwidth, fidelity, and predictive power	Journal of Personality and Social Psychology	113	1	117-143	[Correction Notice: An Erratum for this article was reported in Vol 113(1) of Journal of Personality and Social Psychology (see record 2017-26058-001). In the article, all citations to McCrae and Costa (2008), except for the instance in which it appears in the first paragraph of the introduction, should instead appear as McCrae and Costa (2010). The complete citation should read as follows: McCrae, R. R., & Costa, P. T. (2010). NEO Inventories professional manual. Lutz, FL: Psychological Assessment Resources. The attribution to the BFI-2 items that appears in the Table 6 note should read as follows: BFI-2 items adapted from "Conceptualization, Development, and Initial Validation of the Big Five Inventory-2," by C. J. Soto and O. P. John, 2015, Paper presented at the biennial meeting of the Association for Research in Personality. Copyright 2015 by Oliver P. John and Christopher J. Soto. The complete citation in the References list should appear as follows: Soto, C. J., & John, O. P. (2015, June). Conceptualization, development, and initial validation of the Big Five Inventory-2. Paper presented at the biennial meeting of the Association for Research in Personality, St. Louis, MO. Available from http://www.colby.edu/psych/personality-lab/ All versions of this article have been corrected. All versions of this article have been corrected.] Three studies were conducted to develop and validate the Big Five Inventory-2 (BFI-2), a major revision of the Big Five Inventory (BFI). Study 1 specified a hierarchical model of personality

							<p>structure with 15 facet traits nested within the Big Five domains, and developed a preliminary item pool to measure this structure. Study 2 used conceptual and empirical criteria to construct the BFI-2 domain and facet scales from the preliminary item pool. Study 3 used data from 2 validation samples to evaluate the BFI-2's measurement properties and substantive relations with self-reported and peer-reported criteria. The results of these studies indicate that the BFI-2 is a reliable and valid personality measure, and an important advance over the original BFI. Specifically, the BFI-2 introduces a robust hierarchical structure, controls for individual differences in acquiescent responding, and provides greater bandwidth, fidelity, and predictive power than the original BFI, while still retaining the original measure's conceptual focus, brevity, and ease of understanding. The BFI-2 therefore offers valuable new opportunities for research examining the structure, assessment, development, and life outcomes of personality traits. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
<p>Southward, Matthew W.; Wilson, Anne C.; Cheavens, Jennifer S.</p>	<p>2021</p>	<p>On what do therapists agree? Assessing therapist evaluations of emotion regulation strategy effectiveness</p>	<p>Psychology and psychotherapy</p>	<p>94</p>	<p>2</p>	<p>231–246</p>	<p>OBJECTIVE To develop more unified, process-based, and disseminable psychotherapy treatments, it is important to determine whether there is consensus among therapists regarding intervention strategies.</p> <p>DESIGN Because emotion regulation is a cornerstone of modern treatments and a thriving area of clinical research, we assessed therapists' ratings of the effectiveness of commonly studied emotion regulation strategies.</p> <p>METHODS Therapists (n = 582) read eleven vignettes describing stressful scenarios and rated the effectiveness of ten</p>

						<p>emotion regulation strategies in each scenario.</p> <p>RESULTS</p> <p>Across therapists, we found general consensus regarding the most (i.e., problem-solving) and least (i.e., concealing emotions) effective strategies.</p> <p>Cognitive/behavioural/third-wave therapists rated acceptance and distraction as more effective, and emotional expression and gathering information as less effective, than other therapists, $F_s > 4.20$, $p_s < .05$, whereas hours of clinical experience were generally unrelated to strategy effectiveness ratings.</p> <p>CONCLUSIONS</p> <p>We discuss what these points of agreement and relative disagreement among therapists reveal about a more unified, process-based treatment approach and how these results can guide emotion regulation research.</p> <p>PRACTITIONER POINTS</p> <p>There is general consensus among practising therapists that problem-solving is the most effective emotion regulation strategy and expressive suppression is the least effective. However, CBT-oriented therapists rated acceptance and distraction as more effective than non-CBT-oriented therapists. Non-CBT-oriented therapists rated emotional expression and gathering information as more effective than CBT-oriented therapists. Years of experience were unrelated to ratings of emotion regulation strategy effectiveness.</p>	
Spaleck, Ulla; Spaleck, Gottfried Matthias	2021	"Nie war es so wertvoll wie heute....". Zur Bedeutung des Menschenbilds Viktor Franks	Existenz und Logos	29		13–39	<p>Der Beitrag beschreibt, dass die Menschheit aktuell mit zahlreichen Krisen konfrontiert ist, deren augenscheinlichste die momentane pandemische Krise ist. Krisen sind Chancen für eine Bewusstseinsweiterung. Vom Menschen gemachten Krisen liegen meist funktionale, reduzierende Menschen-</p>

		als Paradigmenwechsel in Zeiten globaler Krisen				und Weltbilder zugrunde. Das logotherapeutische Menschenbild beinhaltet die Möglichkeit eines psychischen und geistigen Blickwinkels. Der globale Umgang mit der gegenwärtigen pandemischen Krise erfolgt überwiegend auf der psychischen Ebene. Dies wird für die Bereiche der Grundrechte, des Umgangs mit der Natur, der Einstellung zum Phänomen "Angst", der Haltung zur Gegebenheit der menschlichen Sterblichkeit, der Stellung der Wissenschaft und der Digitalisierung aufgezeigt. Ein Grundphänomen dieser und anderer Krisen ist eine "Krise der Beziehung". Die Ur-Geste von Beziehung ist die Beziehung zu Gott. Die Beziehung zur Sphäre der Werte stellt jenseits aller Religionen ein einigendes Band für die Menschheit dar. Deshalb ist das Menschenbild der Logotherapie auch aktuell von herausragender Bedeutung.
Speed, Brittany C.; Goldstein, Brandon L.; Goldfried, Marvin R.		Assertiveness training: A forgotten evidence-based treatment	Clinical Psychology: Science and Practice	25	1	The current article discusses assertiveness training, a once highly popular area of investigation that has been neglected in recent years by the field of psychotherapy. A substantial body of research indicates that assertiveness is a relevant factor associated with a variety of clinical problems, populations, and contexts, and that assertiveness training is a valuable transdiagnostic intervention. Despite its demonstrated importance, research on assertiveness and assertiveness training as a stand-alone treatment within clinical psychology has diminished drastically. We review the history of assertiveness training, revisit early research evidence for assertiveness training in treating various clinical problems, discuss the current status of assertiveness training, consider issues of clinical implementation, and comment on how the variables accounting for unassertiveness map onto the NIMH RDoC funding

							priorities. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Speierer, Gert-Walter	2016	Grundlage einer personenzentriert integrativen Therapie: Das differenzielle Inkongruenzmodell	Gesprächspsychotherapie und Personenzentrierte Beratung	47	3	158–163	Die allgemeine und spezielle Strungstheorie des Differenziellen Inkongruenzmodells (DIM) der personenzentrierten Psychotherapie wird mit ihren Möglichkeiten der Diagnose, Indikationsstellung und Prognose sowie einer strungsspezifischen Behandlung dargestellt. Empirische Ergebnisse für eine strungsspezifische Behandlung mit Berücksichtigung der Empathie werden für sechs Diagnosegruppen präsentiert: Strungen durch Alkohol und Drogen, Panikstrungen, Zwangsstrungen, depressive Strungen, Essstrungen und psychosomatische Strungen sowie Phobien. Abschließend wird die Bedeutung des DIM für die Empathie diskutiert.
Speierer, Gert-Walter	2017	Ein personenzentriertes Konzept differenzieller Behandlung bei psychosomatischen Strungen	Gesprächspsychotherapie und Personenzentrierte Beratung	48	2	76–81	Ein personenzentriertes Konzept zur differentiellen Behandlung von psychosomatischen Strungen wird vorgestellt. Nach einem Einblick in die Bedeutung von Inkongruenzen für psychosomatische Strungen wird der Ablauf der Behandlung in drei Schritten, die unterschiedliche Stadien der Inkongruenzbearbeitung umfassen, dargestellt. Anschließend werden anhand praktischer Erfahrungen heilsame selbstkongruente Erfahrungen von PatientInnen im Verlauf einer personenzentrierten Behandlung illustriert.
Spencer, Katherine G.; Vencill, Jennifer A.	2017	Body beyond: A pleasure-based, sex-positive group therapy curriculum for transfeminine adults	Psychology of Sexual Orientation and Gender Diversity	4	4		Sexual and relationship health is a critical component of clinical practice with transgender and gender nonconforming (TGNC) clients. TGNC people face significant challenges in accessing trans-affirmative sexual health care and often lack safe spaces to explore their sexual concerns. In the rare instances that sexuality-specific health care is available to transgender people, it tends to utilize a disease prevention approach, focusing particularly on HIV/AIDS. Though this is a critical need,

							such a disease focus overlooks numerous aspects of sex and sexuality. As such, little is known about the sexual experiences of TGNC people and what their potential needs may be for overall sexual and relationship health. Working collaboratively with members of the local transgender community, we developed a sexual health therapy group specifically for transfeminine spectrum adults that is pleasure-based and sex positive in nature. The current article focuses on this curriculum, which is grounded in the Gender Affirmative Lifespan Approach (GALA) and includes 8 distinct group psychotherapy modules covering a range of transfeminine-specific sexual health topics. We present the therapeutic themes and interventions included within each module of the group therapy curriculum and provide a detailed example of 1 such module. This group therapy curriculum provides a much-needed foundation for developing more sexuality-related resources for TGNC people, as well as a clinical training resource for mental and sexual health providers. Recommendations for competent and effective utilization of the curriculum are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Spencer, Samuel D.; Buchanan, Jeffrey A.; Masuda, Akihiko	2020	Effects of Brief Acceptance and Cognitive Reappraisal Interventions on Experiential Avoidance in Socially Anxious Individuals: A Preliminary Investigation	Behavior modification	44	6	841–864	The current study compared the effects of 15-min acceptance-based and cognitive reappraisal-based interventions on experiential avoidance (EA) in socially anxious college students who participated in an experimental public speaking task. Participants were randomly assigned to receive one of the two interventions designed to aid in preparation for a 5-min laboratory-based public speaking task. Results indicated that participants receiving the acceptance-based intervention reported significantly lower levels of EA at the post-public speaking task measurement time, indicating that this

							brief acceptance-based intervention yielded the proposed mechanism of action in the sample used for this study. These findings highlight the importance of process-based accounts of cognitive-behavioral psychotherapy and shed light on the importance of developing interventions for alleviating social anxiety.
Spielmans, Glen I.; Flückiger, Christoph	2018	Moderators in psychotherapy meta-analysis	Psychotherapy research : journal of the Society for Psychotherapy Research	28	3	333–346	Psychotherapy meta-analyses sometimes generate heterogeneous results, partially due to key methodological characteristics which vary between studies (e.g., psychotherapy conditions are contrasted with structurally different control conditions). Examining these potential moderator variables can help explain heterogeneous results within and between psychotherapy meta-analyses. The present manuscript provides an overview of moderators that are highly relevant to test the generalizability of effects across psychotherapy trials. These moderators mainly fall into one of the following groups: (a) structural equivalence of interventions, (b) preferences/allegiances, (c) therapist effects, and (d) sample representativeness. Individual moderators include: Bona fide psychotherapy, proximity to psychological interventions, psychotherapy orientation, pre-training of therapists, supervision, caseload of therapists, dosage, homework, patient preferences, researcher and therapist allegiance, therapist effects in nested designs, aspects of sample representativeness, multiple outcomes, and time of assessment. Our analysis of 15 psychotherapy meta-analyses published in 2016 suggests that the structural equivalence of psychotherapeutic conditions, patient and therapist preferences/allegiances, therapist effects and nested data structures as well as sample representativeness were often neglected and little-discussed as potential

							<p>moderators. The manuscript describes further conceptual and methodological challenges when conducting moderator analyses such as the categorization of psychological treatments and the importance of interrater coding. We encourage meta-analysts to consider moderators which have previously shown utility in explaining heterogeneous results in the psychotherapy literature. Clinical or methodological significance of this article: Relevant moderator variables help explain heterogeneous results in psychotherapy meta-analyses. Though these variables are often overlooked, they should be regularly incorporated in meta-analyses.</p>
Spinosa, Daniel; Post, Annalisa; Kuller, Jeffrey A.; Dotters-Katz, Sarah	2020	Management Considerations for Recalcitrant Hyperemesis	Obstetrical & gynecological survey	75	1	50-60	<p>IMPORTANCE: Hyperemesis gravidarum (HEG) affects 0.3% to 3% of pregnancies and requires additional therapies beyond those commonly used for less severe instances of nausea and vomiting of pregnancy (NVP). Differentiating between NVP and HEG is a vital yet challenging function for any obstetrician. The literature for management of HEG is lacking compared with that of NVP. OBJECTIVE: Review etiology of NVP/HEG highlights key considerations in the workup of HEG as they compare to NVP and explore management options for recalcitrant HEG focusing principally on how they affect maternal and fetal outcomes and secondarily on where data are nonprescriptive. EVIDENCE ACQUISITION: This was a literature review primarily using PubMed and Google Scholar. RESULTS: Short-course corticosteroids and treatment for Helicobacter pylori have the most favorable risk-reward profiles of the 4 pharmacologic therapies evaluated. Mirtazapine and diazepam may have a place in highly selected patients. If nutritional supplementation is required, enteral nutrition is strictly preferred to</p>

						<p>parenteral nutrition. Postpyloric feeding approaches are less likely to induce vomiting. Surgically placed feeding tubes are less likely to be dislodged and may be worth the invasive insertion procedure if nasogastric or nasojejunal tubes are not tolerated. CONCLUSIONS AND RELEVANCE: Hyperemesis gravidarum is a diagnosis reserved for refractory cases of NVP and therefore by definition poses treatment challenges. Any clinical presentation that lent itself to prescriptive, algorithmic management would likely fall short of the diagnostic criteria for HEG. However, data can inform management on a patient-by-patient basis or at least help patient and provider understand risks and benefits of therapies reserved for refractory cases.</p>
Spitzer, Carsten; Grabe, Hans Jrgen	2013	Kindesmisshandlung. Psychische und krperliche Folgen im Erwachsenenalter				<p>Es wird ber psychische und physische Folgen von Kindesmisshandlung im Erwachsenenalter informiert. Neben Grundlagen zur Epidemiologie, Diagnostik und Psychobiologie wird die zentrale Rolle von Kindesmisshandlung in der Entstehung, Aufrechterhaltung und Behandlung vielfltiger psychischer und somatischer Erkrankungen behandelt. Zudem werden Behandlungsmglichkeiten, insbesondere spezifische neuere Therapieanstze, vorgestellt. Weitere Ausfhrungen betreffen besondere Aspekte wie die Selbststigmatisierung der Opfer, die Relevanz des Themas im hohen Lebensalter und forensische Implikationen. - Inhalt: (A) Grundlagen. (1) Matthias Becker und Andrea Schulz: Epidemiologie von Kindesmisshandlung. (2) Katharina Braun und Jrg Bock: Tierexperimentelle Befunde zum Einfluss von biographisch frhem Stress. (3) Katja Wingenfeld und Christine Heim: Psychobiologische Aspekte bei frher Traumatisierung. (4) Anja Fischer und Stefan M. Gold:</p>

						<p>Psychoneuroimmunologische Langzeitwirkungen traumatischer Kindheitserfahrungen. (5) Annette Streeck-Fischer: Kindesmisshandlung aus kinder- und jugendpsychiatrischer Perspektive. (6) Felicitas Michels-Lucht und Harald Jrgen Freyberger: Folgen von Kindesmisshandlung auf Krper- und Selbstbild. (7) Bernhard Strau: Kindesmisshandlung und Bindung. (8) Katja Wingenfeld, Hans J. Grabe und Carsten Spitzer: Diagnostik biographisch frher Traumatisierung. - (B) Krankheitsbilder. (9) Ingo Schfer: Substanzbezogene Strungen. (10) Ingo Schfer: Psychotische Strungen. (11) Hans J. Grabe, Jessie Mahler und Matthias Becker: Frhe Traumatisierung und affektive Strungen. (12) Carsten Spitzer und Michael Dmpelmann: Dissoziative und somatoforme Strungen. (13) Harald J. Freyberger: Artifizielle Strungen. (14) Johanna Rnfeldt und Birger Dulz: Trauma und Persnlichkeitsstrungen. (15) Carsten Spitzer, Kim Hinkelmann und Christian Otte: Kardiovaskulre Erkrankungen. (16) Carsten Spitzer und Christoph Heesen: Autoimmunerkrankungen. - (C) Behandlungsverfahren und Techniken. (17) Mathias Hirsch: Psychoanalytische Traumatherapie. (18) Christoph Muhtz: Kognitiv-verhaltenstherapeutische Behandlungsanstze. (19) Jeannette Bischkopf und Lea Kreft: Emotionsfokussierte Traumatherapie. (20) Stephan Doering: bertragungsfokussierte Psychotherapie (TFP). (21) Thomas Bolm: Mentalisierungsbasierte Therapie (MBT). (22) Luise Reddemann: Die psychodynamisch imaginative Traumatherapie (PITT). (23) Christian Stiglmayr und Kathlen Priebe: Die Dialektisch-Behaviorale Therapie (DBT). (24) Eva-Lotta Brakemeier und Mitarbeiter: Das Cognitive Behavioral Analysis System of Psychotherapy (CBASP). (25) Gitta Jacob und Arnoud</p>
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							Arntz: Imaginatives beschreiben. (26) Kathlen Priebe, Christian Schmahl und Martin Bohus: Evidenzbasierte Psychotherapieanstze der Posttraumatischen Belastungsstrung. (27) Volker Tschuschke: Gruppenpsychotherapie erwachsener Patienten mit traumatischen Erfahrungen im Kindesalter. - (D) Besondere Aspekte. (28) Sandy Krammer, Keti Simmen-Janevska und Andreas Maercker: Potenziell traumatische Kindheitserlebnisse und ihre psychischen Auswirkungen im Alter. (29) Manuela Dudeck: Delinquenz und frhe Stresserfahrungen. (30) Martin Rettenberger, Wolfgang Berner und Peer Briken: Wer missbraucht Kinder und Jugendliche? (31) Georg Schomerus: Stigmatisierung der Opfer von Kindesmisshandlung.
Springer, Paul; Bischoff, Richard J.; Kohel, Kara; Taylor, Nathan C.; Farero, Adam	2020	Collaborative Care at a Distance: Student Therapists' Experiences of Learning and Delivering Relationally Focused Telemental Health	Couns and Psychother Res (Counselling and Psychotherapy Research)	46	2	201-217	There is mounting evidence that telemental health is an effective delivery method for treating a variety of mental, emotional, behavioral, and relational health problems. While many of the therapeutic skills leading to the effectiveness of face-to-face treatments are transferable, the effectiveness of telemental health requires unique skills. The purpose of this phenomenological study was to determine the experience of learning how to use videoconferencing to deliver relationally focused mental health care. Participants included 10 graduates of a COAMFTE-accredited master's degree program emphasizing training in telemental health. Each student had practicum placements that required videoconferencing to deliver relationally based psychotherapy. Analysis of interview data revealed (a) personal reservations about distance delivery; (b) the importance of scaffolding student learning through curriculum, supervision, and mental health-care delivery protocols; (c) the technological barriers associated with

							this delivery method; and (d) overcoming technological barriers through intentionality.
Spruill, Tanya M.; Reynolds, Harmony R.; Dickson, Victoria Vaughan; Shallcross, Amanda J.; Visvanathan, Pallavi D.; Park, Chorong; Kalinowski, Jolaade; Zhong, Hua; Berger, Jeffrey S.; Hochman, Judith S.; Fishman, Glenn I.; Ogedegbe, Gbenga	2018	Telephone-based mindfulness training to reduce stress in women with myocardial infarction: Rationale and design of a multicenter randomized controlled trial	American heart journal	202		61–67	<p>BACKGROUND: Elevated stress is associated with adverse cardiovascular disease outcomes and accounts in part for the poorer recovery experienced by women compared with men after myocardial infarction (MI). Psychosocial interventions improve outcomes overall but are less effective for women than for men with MI, suggesting the need for different approaches. Mindfulness-based cognitive therapy (MBCT) is an evidence-based intervention that targets key psychosocial vulnerabilities in women including rumination (i.e., repetitive negative thinking) and low social support. This article describes the rationale and design of a multicenter randomized controlled trial to test the effects of telephone-delivered MBCT (MBCT-T) in women with MI. METHODS: We plan to randomize 144 women reporting elevated perceived stress at least two months after MI to MBCT-T or enhanced usual care (EUC), which each involve eight weekly telephone sessions. Perceived stress and a set of patient-centered health outcomes and potential mediators will be assessed before and after the 8-week telephone programs and at 6-month follow-up. We will test the hypothesis that MBCT-T will be associated with greater 6-month improvements in perceived stress (primary outcome), disease-specific health status, quality of life, depression and anxiety symptoms, and actigraphy-based sleep quality (secondary outcomes) compared with EUC. Changes in mindfulness, rumination and perceived social support will be evaluated as potential mediators in exploratory analyses. CONCLUSIONS: If found to be effective, this innovative, scalable intervention may be a promising</p>

						secondary prevention strategy for women with MI experiencing elevated perceived stress.
Sprung, Manuel; Riffer, Friedrich; Streibl, Lore Elisabeth; Kaiser, Elmar	2018	Transdiagnostische Behandlungsansätze				Die theoretisch und empirisch besttigte Verbindung zwischen PTBS und chronischen Schmerzen zieht konsequenterweise berlegungen zur Therapie nach sich. Transdiagnostischen Modellen kommt dabei eine wesentliche Bedeutung zu. In Bezug auf transdiagnostische Krankheitsfaktoren sind verschiedene transdiagnostische Behandlungsansätze relevant. Hierzu zahlen das Unified Transdiagnostic Protocol von David Barlow, die emotionsfokussierte kognitive Verhaltenstherapie (ECBT), die transdiagnostische Anwendung der Dialektisch-Behavioralen Therapie (DBT), die Akzeptanz- und Commitment-Therapie (ACT) nach Steven Hayes, die Mentalisierungsbasierte Therapie (MBT) nach Anthony Bateman und Peter Fonagy, Interoceptive Exposure sowie Biofeedback und narrative Exposition. Diese verschiedenen Ansätze werden in diesem Kapitel nher beschrieben. (c) Springer-Verlag GmbH Deutschland
Stadler M; Jesser A AUID- ORCID: 0000- 0002-0872- 1131; Humer E AUID- ORCID: 0000-0001- 9776-0353; Haid B; Stippl P; Schimböck W; Maaß E; Schwanzar H; Leithner D; Pieh C AUID- ORCID:		Remote Psychotherapy during the COVID-19 Pandemic: A Mixed-Methods Study on the Changes Experienced by Austrian Psychotherapist s. LID - 10.3390/life130			20 75- 17 29 (Lin kin g)	The outbreak of the COVID-19 pandemic and associated measures to contain the SARS-CoV-2 coronavirus required a change in treatment format from face-to-face to remote psychotherapy. This study investigated the changes experienced by Austrian therapists when switching to psychotherapy at a distance. A total of 217 therapists participated in an online survey on changes experienced when switching settings. The survey was open from 26 June until 3 September 2020. Several open questions were evaluated using qualitative content analysis. The results show

0000-0003-2708-303X; Probst T AUID-ORCID: 0000-0002-6113-2133		20360 [doi] LID - 360					<p>that the setting at a distance was appreciated by the therapists as a possibility to continue therapy even during an exceptional situation. Moreover, remote therapy offered the respondents more flexibility in terms of space and time. Nevertheless, the therapists also reported challenges of remote therapy, such as limited sensory perceptions, technical problems and signs of fatigue. They also described differences in terms of the therapeutic interventions used. There was a great deal of ambivalence in the data regarding the intensity of sessions and the establishment and/or maintenance of a psychotherapeutic relationship. Overall, the study shows that remote psychotherapy seems to have been well accepted by Austrian psychotherapists in many settings and can offer benefits. Clinical studies are also necessary to investigate in which contexts and for which patient groups the remote setting is suitable and where it is potentially contraindicated.</p> <p>FAU - Stadler, Michael</p>
Stadler, Barbara	2016	Behandlung von Substanzabhängigkeit im Einzelsetting	Gestalttherapie	30	1	122-140	<p>Besonderheiten der gestalttherapeutischen Behandlung von Substanzabhängigkeit im Einzelsetting ohne institutionellen Hintergrund werden erlutert. Einleitend wird allgemein ber Substanzabhängigkeit und Therapieangebote informiert. Anschließend werden Herausforderungen der Psychotherapie von substanzabhängigen Klienten in der niedergelassenen</p>

							Privatpraxis geschildert und an Fallbeispielen konkretisiert. Thematisiert werden Gegenbertragungs-Phnomene, der Umgang mit Rckfflen, Zutrauen in der Therapie sowie abhngige Beziehungsmuster und Grenzen der Behandlung.
Stahlmann, Katharina	2018	Therapie ohne gesicherten Aufenthaltsstat us					Berichtet wird ber die gestalttherapeutische Arbeit mit Geflchteten ohne gesicherten Aufenthaltsstatus. Dabei wird auf folgende Aspekte eingegangen: (1) Rahmenbedingungen der psychotherapeutischen Versorgung Geflchteter in Deutschland und (persnliche) politische Motivation fr die die psychotherapeutische Arbeit mit Geflchteten. (2) Psychotherapeutische Aufgaben in der Gestalttherapie mit Geflchteten ohne gesicherten Aufenthaltsstatus (Einflsse der rechtlichen Unsicherheit auf die therapeutische Beziehung; Organismus-Umwelt-Feld ("Deutschland lernen"); interkulturelle Aspekte; psychotherapeutische Arbeitsauftrge: Verluste verarbeiten, Unterscheidung zwischen realer Bedrohung und Angststrung). (3) Konfrontation mit dem eigenen Staat und der europischen Geschichte (staatsbrgerliche Erschttterung; Flchtlingsabwehr; europische Mitschuld an Fluchtursachen; Bedeutung fr gestalttherapeutisches Handeln).
Stahlmann, Katharina	2018	Begegnungen mit Geflchteten - Mglichkeiten der Gestalttherapie. Reflexionen zu Therapie, Beratung, Politik					Mglichkeiten der Gestalttherapie in der Arbeit mit Geflchteten und Reflexionen zu dieser Arbeit im gesellschaftlichen und politischen Kontext werden prsentiert. - Inhalt: (A) Gestalt - Handeln im gesellschaftlichen Kontext. (1) Katharina Stahlmann: Das Gesellschaftliche am individuellen Leiden - das Politische an der Psychotherapie. (2) Marc Oestreicher: ... un monde ou rien! (3) Maya Rechsteiner: Das Dorf und die Eritreer. (4) Nina Schmitz: Gestaltansatz in

							<p>Gemeinschaftsunterknften. (5) Dieter Bongers: Flchtlingsarbeit auf juristischem und politischem Parkett. - (B) Einzeltherapie mit Erwachsenen. (6) Regine Fresser-Kuby: Horizonterweiterung durch flexiblen Umgang mit Grenzen! (7) Colette Jansen Estermann: Auf der Suche nach Kontakt - Erfahrungen einer Gestalttherapeutin mit traumatisierten Geflchteten. (8) Deirdre Winter: Ein feldtheoretischer Blick auf die psychotherapeutische Behandlung traumatisierter Flchtlinge in Deutschland. (9) Katharina Stahlmann: Therapie ohne gesicherten Aufenthaltsstatus. - (C) Therapie mit Kindern und Jugendlichen. (10) Christian Wagner: Gestalttherapie mit queeren geflchteten Jugendlichen und jungen Erwachsenen. (11) Sabine Zankl: "Sabina, wo ist der Abrakadabra"? Dolmetschgesttzte Integrative Gestalttherapie mit einem vierjhrigen Kind. (12) Kathrin Bertholet-Roth: "Malen, Malen". ICH und DU beim Malspiel. - (D) Gruppentherapie mit Frauen. (13) Luitgard Gasser: Antworten finden. Gestaltarbeit mit geflchteten Frauen. Erfahrungsbericht einer Kurzzeitgruppe. (14) Gabriele Blankertz: "Circle of Peace" - Ein Gruppenprojekt mit geflchteten Frauen.</p>
Stain, Helen J.; Bucci, Sandra; Baker, Amanda L.; Carr, Vaughan; Emsley, Richard; Halpin, Sean; Lewin, Terry; Schall, Ulrich; Clarke, Vanessa;	2016	A randomised controlled trial of cognitive behaviour therapy versus non-directive reflective listening for young people at ultra high risk of developing	Schizophrenia research	176	2-3	212-219	<p>BACKGROUND: Intervention trials for young people at ultra high risk (UHR) for psychosis have shown cognitive behaviour therapy (CBT) to have promising effects on treating psychotic symptoms but have not focused on functional outcomes. We hypothesized that compared to an active control, CBT would: (i) reduce the likelihood of, and/or delay, transition to psychosis; (ii) reduce symptom severity while improving social functioning and quality of life, whether or not transition occurred. METHOD: This was a single-blind randomised controlled trial for young people at UHR for psychosis comparing CBT to an active</p>

Crittenden, Kylie; Startup, Mike		psychosis: The detection and evaluation of psychological therapy (DEPTH) trial					control condition, Non Directive Reflective Listening (NDRL), both in addition to standard care, with a 6month treatment phase and 12months of follow-up. Statistical analysis is based on intention-to-treat and used random effect models to estimate treatment effects common to all time-points. RESULTS: Fifty-seven young people (mean age=16.5years) were randomised to CBT (n=30) or NDRL (n=27). Rate of transition to psychosis was 5%; the 3 transitions occurred in the CBT condition (baseline, 2months, 5months respectively). The NDRL condition resulted in a significantly greater reduction in distress associated with psychotic symptoms compared to CBT (treatment effect=36.71, standard error=16.84, p=0.029). There were no significant treatment effects on frequency and intensity of psychotic symptoms, global, social or role functioning. CONCLUSION: Our sample was higher functioning, younger and experiencing lower levels of psychotic like experiences than other trials. The significantly better treatment effect of NDRL on distress associated with psychotic symptoms supports the recommendations for a stepped-care model of service delivery. This treatment approach would accommodate the younger UHR population and facilitate timely intervention. TRIAL REGISTRATION: ANZCTR 12606000101583.
Stamm, T. J.; Sondergeld, L-M; Juckel, G.; Bauer, M.	2018	Psychotherapy for people with bipolar disorders : An overview of evidence-based procedures and	Der Nervenarzt	89	3	263–270	Many individual studies and meta-analyses have shown that psychotherapeutic interventions for people with bipolar disorders can positively influence the course of the disease. This article gives an overview of the development of psychotherapy for people with bipolar disorders. According to the current guidelines the evidence-based procedures with their mechanisms of

		new developments				action are presented and new developments in psychotherapy research in this field are outlined.
Stamm, Thomas J.; Zwick, Julia C.; O'Malley, Grace; Sondergeld, Lene-Marie; Hautzinger, Martin	2020	Adjuvant psychotherapy in early-stage bipolar disorder: Study protocol for a randomized controlled trial	Trials, 2020			<p>Background: Bipolar disorders are serious illnesses with a chronic course and a high rate of relapse. Typically, bipolar disorders onset during adolescence or early adulthood, with patients experiencing significant personal and social costs as a consequence of their illness. Despite this, to date, there is limited (controlled) evidence regarding the effectiveness of psychotherapy during the critical stages of the disorder (e.g., early onset). Some preliminary studies suggest that targeted, tailored early interventions in particular may improve disease prognosis. The proposed study examines the effectiveness of group psychotherapy on relapse prevention, global adaptive functioning, and neuropsychological functioning in early-stage bipolar disorder. Methods: In this multicenter randomized controlled trial (RCT), 300 patients with bipolar disorder are randomized to one of two group psychotherapies: Specific Emotional-Cognitive Therapy (SECT; intervention group) or Emotion-Focused Supportive Therapy (EFST; active control group). Each therapy comprises of a total of 48-h sessions (delivered once a month) over a period of 4 months. Assessments take place at baseline (t1); 6 months follow-up, i.e., post-intervention (t2); 12 months follow-up (t3); and 18 months follow-up (t4), whereby 18 months follow-up is the primary time point of interest. Discussion: The goal of this study is to test the effects of an innovative, specific group therapy relative to an active control condition in terms of rates of relapse, global functioning, and neuropsychological functioning. Pending the outcomes of the trial, it will be possible to establish a firm evidence base for accessible group psychotherapy</p>

							adjuvant to routine psychiatric care for individuals with bipolar disorder. Trial registration: USA: ClinicalTrials.gov NCT02506322. Registered on 19 December 2014; Germany: German Clinical Trials Register DRKS00006013. Registered on 21 May 2015
Stamoulos, Constantina; Trepanier, Lyane; Bourkas, Sophia; Bradley, Stacy; Stelmaszczyk, Kelly; Schwartzman, Deborah; Drapeau, Martin	2016	Psychologists' perceptions of the importance of common factors in psychotherapy for successful treatment outcomes	Journal of Psychotherapy Integration	26	3	300–317	Research has extensively identified common factors and their contribution to successful psychotherapeutic outcomes. However, there are various inconsistencies in the literature and much debate regarding their importance and role in therapy. As such, in this study, we examined the extent to which different common factors are important in psychotherapy from the clinicians' perspective. Sixteen common factors were identified from a previous literature synthesis and consensual process method. Participants were expert psychologists (N = 21; 13 females) with an average of 23 years of experience providing psychotherapy. Participants completed a Q-sort task focusing on the common factors, and grouped them into categories of importance in practice. The data was analyzed using a Q-methodology technique. While most participants believed most of the common factors were important for facilitating successful therapeutic outcomes, there were mixed preferences. On average the most important common factor was the therapeutic alliance, and the least was combatting client's feelings of isolation. The Q-methodology analysis indicated two factors representing unique viewpoints. The study provides knowledge about the degrees of importance of the common factors as perceived by clinicians. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Stange, Jonathan P.;	2020	Brain-behavioral adaptability	Neuropsychologia	145		106408	Single-trial-level analyses afford the ability to link neural indices of elaborative attention (such as the late positive

<p>MacNamara, Annmarie; Kennedy, Amy E.; Hajcak, Greg; Phan, K. Luan; Klumpp, Heide</p>		<p>predicts response to cognitive behavioral therapy for emotional disorders: A person-centered event-related potential study</p>				<p>potential [LPP], an event-related potential) with downstream markers of attentional processing (such as reaction time [RT]). This approach can provide useful information about individual differences in information processing, such as the ability to adapt behavior based on attentional demands ("brain-behavioral adaptability"). Anxiety and depression are associated with maladaptive information processing implicating aberrant cognition-emotion interactions, but whether brain-behavioral adaptability predicts response to psychotherapy is not known. We used a novel person-centered, trial-level analysis approach to link neural indices of stimulus processing to behavioral responses and to predict treatment outcome. Thirty-nine patients with anxiety and/or depression received 12 weeks of cognitive behavioral therapy (CBT). Prior to treatment, patients performed a speeded reaction-time task involving briefly-presented pairs of aversive and neutral pictures while electroencephalography was recorded. Multilevel modeling demonstrated that larger LPPs predicted slower responses on subsequent trials, suggesting that increased attention to the task-irrelevant nature of pictures interfered with reaction time on subsequent trials. Whereas using LPP and RT averages did not distinguish CBT responders from nonresponders, in trial-level analyses individuals who demonstrated greater ability to benefit behaviorally (i.e., faster RT) from smaller LPPs on the previous trial (greater brain-behavioral adaptability) were more likely to respond to treatment and showed greater improvements in depressive symptoms. These results highlight the utility of trial-level analyses to elucidate variability in within-subjects, brain-behavioral</p>
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							attentional coupling in the context of emotion processing, in predicting response to CBT for emotional disorders.
Stanghellini, Giovanni	2019	The PHD Method for Psychotherapy: Integrating Phenomenology, Hermeneutics, and Psychodynamics	Psychopathology	52	2	75–84	This paper, endorsing the dialogical perspective in psychotherapy, provides a synopsis of the PHD psychotherapy method, based on the integration of phenomenology, hermeneutics and psychodynamics. The first section covers the background knowledge required for PHD psychotherapy, consolidating and extending three basic concepts: life-world (the originary domain of a person's experience), dialectical principle (psychopathological symptoms are the result of a disproportion between the occurrence of alterity and the person's capacity to make sense of it), dialogical principle (individual human consciousness is inherently dialogical since it is formed in the dynamic interrelation of self and other). The second section describes the know-how or practical implementation of these principles, including (1) the phenomenological unfolding (P) of the patient's experiences, which equips the clinician and patient with a systematic knowledge of the abnormal phenomena that affect the patient and are part of her life-world; (2) the hermeneutic moment (H), which focuses on the patient's default interpretation of her experiences and then encourages her to actively take a different perspective towards her experiences, aiming at the resignification of these experiences in order to restore a sense of agency or responsibility; (3) the (psycho-)dynamic moment (D), which aims to contextualize the patient's psychopathological experiences and position-taking within the personal life-history in which they are embedded, and to trace back psychopathological symptoms to the limit-situation from which they emerge. The final section discusses the "something more" or

							knowing how-to-be that is required of a clinician who aims to apply this therapeutic method; it includes a concise discussion of how psychotherapeutic dialogue is a kind of practice that moves in unpredictable directions to experience something new for both partners.
Stark, Shauna M.; Reagh, Zachariah M.; Yassa, Michael A.; Stark, Craig E. L.	2018	What's in a context? Cautions, limitations, and potential paths forward	Neuroscience letters	680		77-87	The purpose of memory is to guide current and future behavior based on previous experiences. Part of this process involves either discriminating between or generalizing across similar experiences that contain overlapping conditions (such as space, time, or internal state), which we often conceptualize as "contexts". In this review, we highlight major challenges facing the field as we attempt a neuroscience-based approach to the study of context and its impact on learning and memory. Here, we review some of the methodologies and approaches used to investigate context in both animals and humans, including the neurobiological mechanisms involved. Finally, we propose three tenets for operationalizing context in the experimental setting: 1) contexts must be stable over time along an experiential dimension; 2) contexts must be at least moderately complex in nature and their representations must be modifiable or adaptable, and 3) contexts must have some behavioral relevance (be it overt or incidental) so that its role can be measured.
Stark, Victoria; Hiltunen, Arto J.	2016	Affect at the different phases of cognitive behavioral therapy: An evaluation of psychotherapy	Scandinavian J Psychology (Scandinavian Journal of Psychology)	57	1	36-41	

		provided by candidates					
Stau, Hans; Isele, Gabriele	2017	Beziehung und Prozess. Die therapeutische Beziehung in der Personzentrierten Gesprächspsychotherapie	Verhaltenstherapie und Verhaltensmedizin	38	4	405–423	Die therapeutische Beziehung in der Personzentrierten Gesprächspsychotherapie wird besprochen. Zunächst wird betont, dass in der Gesprächspsychotherapie die therapeutische Beziehung als der zentrale Wirkfaktor angenommen wird. Ausgehend vom klassischen Ansatz von Carl Rogers werden die in diesem Zusammenhang relevanten Kerngedanken herausgearbeitet. Daran anschließend wird der modifizierende Einfluss der hauptsächlichen Weiterentwicklungen des Ansatzes, die aus dem Bemühen um Vertiefung einerseits, spezifische Anwendung auf besondere Problemsituationen und Strömungen andererseits hervorgegangen sind, skizziert.
Stefan, Robert; Hfner, Claudia	2023	Was ist die humanistische Psychotherapie?	Feedback: Zeitschrift für Gruppentherapie und Beratung	12	2	47–63	Vor dem Hintergrund der geplanten Novellierung des Psychotherapiegesetzes in Österreich wird derzeit diskutiert, ob es notwendig sein könnte, in Forschung und Lehre die einzelnen Verfahren einer Orientierung zu bündeln und den Fokus mehr auf die Orientierung als solche zu legen. Dies stellt für die sehr heterogen zusammengesetzte humanistische Orientierung eine Herausforderung dar. Es müsste dementsprechend geklärt werden, was die humanistische Psychotherapie ausmacht. Dazu werden in diesem Artikel zunächst Geschichte und Begriff des Humanismus und der humanistischen Psychotherapie untersucht. Es zeigt sich, dass der Begriff des Humanismus allein nicht sehr hilfreich ist, um die gleichnamige Orientierung hinreichend zu definieren. Angesichts dessen wird die phänomenologische Methode, eine wesentliche anthropologische und erkenntnistheoretische Grundlage dieser Psychotherapietradition, in ihrer Entwicklung und ihrem gegenwärtigen Stand dargestellt, um vorzuschlagen, diese

						als einheitsstiftenden metatheoretischen Rahmen für die Zukunft der humanistischen Orientierung in Erwägung zu ziehen.	
Stefan, Robert; Mantl, Gerd; Höfner, Claudia; Stammer, Julia; Hochgerner, Markus; Petersdorfer, Kathrin	2021	Remote Psychotherapy During the COVID-19 Pandemic. Experiences With the Transition and the Therapeutic Relationship. A Longitudinal Mixed-Methods Study	Frontiers in psychology	12		743430	Aims: Research conducted prior to the onset of the COVID-19 pandemic indicates that remote psychotherapy is as effective as in-person treatment. At that time, it usually was the therapist's individual choice to work remotely, whereas the pandemic pushed psychotherapists, including previous skeptics, to incorporate remote work methods into their routine due to limited face-to-face contact. There is little knowledge of the way therapists experienced this sudden and forced transition to remote psychotherapy as the only treatment option. The present study aims to assess psychotherapists' experience and proficiency delivering remote psychotherapy as well as to investigate perceived changes in the psychotherapeutic relationship. Methods: An online survey was administered to psychotherapists of the Austrian Association for Group Therapy and Group Dynamics (ÖAGG). Three test periods (t) were set (t1: April, 2020 with N = 175; t2: May-June, 2020 with N = 177; t3: November-December, 2020 with N = 113). Research was conducted longitudinally using a mixed-methods research design. Results: While psychotherapists' levels of experience with telephone-based psychotherapy remained similar across all test periods, they became slightly more experienced using video therapy over the test period observed. However, they continued to feel less experienced compared to the use of telephone-based psychotherapy. The therapeutic relationship appeared to improve over the course of the first two test periods, while the third period showed a slight decline. No general deterioration of the psychotherapeutic relationship was

							found in the timespan studied. Conclusion: Despite many challenges and concerns, psychotherapists seem to adapt and enhance their skills in remote psychotherapy over time. The present paper confirms and enhances previous findings in the field due to its longitudinal approach. Remote psychotherapy can be a credible and trustworthy alternative to in-person treatment to be adopted and implemented on principle by a majority of psychotherapists regardless of their orientation. Furthermore, it sheds light on chances, problems und general observations regarding the comprehensive provision of remote psychotherapy in a pandemic situation.
Steinbach, Anne; Diepholz, Annerieke; Lischke-Arzt, Claudia	2022	Der Personenzentrierte Ansatz in 3 Stzen?	Gesprchspsych ootherapie und Personenzentrierte Beratung	53	2	18–20	In dem Artikel wird der Frage nachgegangen, wie man den Personenzentrierten Ansatz mglichst verstdlich und prgnant Nicht-Fachpersonen bzw. auch (potenziellen) Klientinnen und Klienten vermitteln kann. Die Autorinnen sammeln dazu vor ihrem eigenen professionellen Erfahrungshintergrund Aussagen zu ihrer Ttigkeit als personenzentriert arbeitende Beraterin bzw. Therapeutin und zu mglichen Effekten auf ihre Klientinnen und Klienten.
Steinhart, Ingmar; Jenderny, Sarah; Wassiliwizky, Michael; Heinz, Andreas	2021	Person-centered care but living in a closed setting? The situation of closed residential facilities in Germany	Der Nervenarzt	92	9	941–947	BACKGROUND: The United Nations Convention on the Rights of Persons with Disabilities and the Federal Participation Act state that all human beings have the right to choose where to live. This human right is compromised by the institutional limitations of the community psychiatric system, where persons with severe mental illnesses and with intensive support needs are often housed in closed (i.e. physically locked) living contexts. How can the concept of person-centered care help to solve this conflict? OBJECTIVE: Description of the nationwide situation of closed residential facilities and

							discussion of the person-centered approach as a solution to the problem of closed living contexts. METHODS: Summary of current knowledge on the structural and procedural data of closed residential facilities in Germany, which were collated within the framework of the "Coercive measures in the psychiatric care system- Collation and reduction" (ZIPHER) study. RESULTS: The empirical data indicate a great need for regionally based care of the target group and a lack of individual arrangements as alternatives to closed living contexts. The necessity for regional care obligations is highlighted by the example of Mecklenburg-Western Pomerania. CONCLUSION: The avoidance and reduction of closed accommodation can primarily be achieved by individual arrangements within the framework of person-centered and flexible proposal landscapes. For this the service providers of integration assistance, including the psychiatric hospitals, must be committed to the care of all people in their region. An appropriate accompaniment and refunding by the service provider are also necessary.
Steinmann, Ravit; Gat, Inbal; Nir-Gottlieb, Ofir; Shahaar, Ben; Diamond, Gary M.	2017	Attachment-based family therapy and individual emotion-focused therapy for unresolved anger: Qualitative analysis of treatment outcomes and	Psychotherapy	54	3	281–291	Twenty-six clients who received 10 sessions of either attachment-based family therapy (ABFT) or individual emotion-focused therapy (EFT) for unresolved anger toward a parent were interviewed 6 months after completing treatment. Interviews were analyzed using the consensual qualitative research approach. Clients in both conditions reported improved relationships with parents, gaining a new perspective of their parent, increased compassion toward parent, less reactivity to anger, feeling cleaned-out, and acquiring new coping strategies. Whereas ABFT clients more often reported improved relationships with parents, EFT clients more often reported feeling cleaned-out. Clients in both groups

		change processes					<p>attributed change to productive emotional processing. Also, clients in both groups attributed change to saying difficult things that had never been said before directly to parents, though more so in ABFT. Whereas ABFT clients noted the importance of their parents participating in treatment and mutual vulnerability, EFT clients noted the importance of remembering previously avoided memories and feelings, and getting their anger of their chest. While some EFT clients reported that therapy had a negative impact on their relationship with their parents and increased their anger, some ABFT clients reported that the positive impact of therapy during the active phase of treatment did not last, though there were no meaningful between-groups differences regarding these negative treatment outcomes and processes. Results are discussed in the context of previous quantitative findings from the same sample, and in the context of prior research on experiential and emotion-focused therapies. Implications for future research are noted. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Stemberger, Gerhard; Buchholz, Michael B.; Kriz, Jrgen; Kstl, Rainer	2018	ber die Fhigkeit, an zwei Orten gleichzeitig zu sein. Ein Mehr-Felder-Ansatz zum Verstdnis menschlichen Erlebens	Gestalt Theory	40	2	207-234	<p>Der dnische Psychologe Edgar Rubin beschreibt 1915 in seinem berhmten Werk zur Figur-Grund-Wahrnehmung das Phnomen, dass bei eingehender Betrachtung eines Bildes ein zweites, virtuelles Ich entsteht, das sich gewissermaen vom Betrachter lst, um an den Konturen des Abgebildeten entlang zu wandern. Diese Beobachtung der Entstehung eines zweiten phnomenalen Ichs erweitert der deutsche Gestaltpsychologe Edwin Rausch 1982 zu der Feststellung, dass sich bei dieser intensiven Bildbetrachtung nicht nur ein zweites phnomenales Ich herausbildet, sondern mit ihm auch ein zweites phnomenales Gesamtfeld, also eine zweite phnomenale Welt mit einem eigenen Ich und dessen</p>

						<p>eigener Umwelt. Ich habe vor einigen Jahren vorgeschlagen, diese Forschungsergebnisse für einen Mehr-Felder-Ansatz in der Psychotherapie zu nutzen. Dieser Ansatz umfasst drei Ebenen: Erstens die Ebene der phänomenologischen Beobachtung und der psychologischen Analyse der Bedingungen, die für die Herausbildung eines solchen zweiten Gesamtfeldes (und auch weiterer Gesamtfelder) maßgeblich sind, egal ob diese spontan oder beabsichtigt oder infolge unserer Einwirkung erfolgt. Zweitens die Ebene der Erklärung verschiedener psychischer Vorgänge, die im Bereich der Psychotherapie bisher hauptsächlich auf tiefenpsychologischer Grundlage erfolgte, und die Konzeptualisierung der therapeutischen Situation und therapeutischer Prozesse aus gestaltpsychologischer Perspektive. Drittens schließlich die Ebene der praktischen Umsetzung so gewonnener Erkenntnisse für die Entwicklung angemessener Vorgehensweisen und Interventionen, die die Herausbildung solcher zweiter oder mehrfacher Gesamtfelder fördern oder hintanhaltend können. Der vorliegende Beitrag stellt den Mehr-Felder-Ansatz vor allem auf der ersten Ebene vor und verweist auf Bezüge zu Forschung und Diskussion über "Mindwandering", Imaginieren, Tagträumen und Dissoziieren.</p>
Stemberger, Gerhard; Lustig, Brigitte; Beneder, Doris	2018	Gestalttheoretische Beiträge zur Krankheits- und Gesundheitslehre der Psychotherapie				<p>Anhand einiger früher gestaltpsychologischer Beiträge zur Psychopathologie von H. Schulte und E. Levy werden das Grundverständnis und die Hauptmerkmale einer gestalttheoretisch begründeten psychotherapeutischen Krankheitslehre vorgestellt. Hierzu wird eingangs ein kurzer geschichtlicher Rückblick gegeben. Die grundlegenden Ausgangspunkte einer gestalttheoretisch fundierten Krankheits- und Gesundheitslehre werden in einer Aufzählung zusammengefasst. Anschließend wird das</p>

							Diagnostikverständnis in der gestalttheoretischen Psychotherapie erläutert.
Stephen, Susan; Bell, Laura; Khan, Maha; Love, Ruth; Macintosh, Hannah; Martin, Melanie; Moran, Rebecca; Price, Emily; Whitehead, Brigid; Elliott, Robert	2022	Comparing helpful and hindering processes in good and poor outcome cases: A qualitative metasynthesis of eight Hermeneutic Single Case Efficacy Design studies	Psychotherapy research : journal of the Society for Psychotherapy Research	32	3	389–403	Objective: We tested qualitative metasynthesis of a series of Hermeneutic Single Case Efficacy Design (HSCED) studies as a method for comparing within-session processes that may explain good and poor therapeutic outcome. Method: We selected eight HSCED studies according to change in clients' scores on the Strathclyde Inventory (SI), a brief self-report instrument used to measure outcome in person-centered psychotherapy. Four of the case studies investigated the experience of clients whose pre-post change in SI scores showed improvement by the end of therapy, and the other four focused on clients whose change in SI scores indicated deterioration. We conducted a qualitative metasynthesis, adopting a generic descriptive-interpretive approach to analyze and compare the data generated by the HSCED studies. Results: In contrast to improvers, deteriorators appeared to be less ready to engage in therapeutic work at the beginning of therapy, and found the process more difficult; their therapists were less able to respond to these difficulties in a responsive, empathic manner; deteriorators were less able to cope successfully with changes of therapist and, eventually, gave up on therapy. Conclusion: We found that our qualitative metasynthesis of a series of HSCED studies produced a plausible explanation for the contrasting outcomes that occurred.
Sternberg, Kirk von; DiClemente, Carlo C.; Velasquez, Mary M.	2018	Profiles of behavior change constructs for reducing alcohol use in women at risk of	Psychology of Addictive Behaviors	32	7	749–758	Using data from Project CHOICES, a randomized controlled trial to test an intervention to prevent alcohol-exposed pregnancies, this study examined process of change profiles composed of Transtheoretical Model of Change (TTM) constructs for alcohol. The primary purpose was to identify a profile of TTM variables

		an alcohol-exposed pregnancy					<p>associated with reduced drinking. Participants (n = 570) were women at risk of an alcohol-exposed pregnancy recruited from high risk settings. Profile analyses compared end-of-treatment (i.e., 3 months postintake) TTM construct mean profiles for women who reduced drinking to below NIAAA-defined risk levels¹ (changers) with women who continued to drink at risk levels (nonchangers) at the 9-month follow-up. TTM construct profiles included experiential and behavioral processes of change, pros and cons for change, confidence to reduce drinking, and temptation to drink above risk levels. Results revealed a parallelism effect or interaction (p < .001) in the end-of-treatment TTM construct profiles for the changers versus the nonchangers at the 9-month follow-up. Changers reported greater pros (p < .001) and lower cons for change (p = .012), greater confidence (p = .030), lower temptation (p < .001) and greater use of the experiential (p < .001) and behavioral processes of change (p < .001). A larger percentage of the women from the CHOICES intervention were in the end-of-treatment profile of the changers (48%) compared with the control condition (39%; p = .042). Interventions can potentially be enhanced by clinicians' understanding what successful change "looks like" for specific clients in terms of their process use, decisional balance, and self-efficacy, allowing for tailored interventions targeted to each client's specific strengths and deficits. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Stevenson, Brittney; Bolton, Tiffany; Dare, Nathaniel	2023	Focus Group With Parents of Children With Mental and Behavioral	OTJR : occupation, participation and health			1539449 2231200 904	<p>BACKGROUND: Scholars from multiple fields have shown that parents raising a child with mental and behavioral health concerns (MBHC) need additional support. We need parents to self-identify necessary supports as a basis for intervention planning. OBJECTIVES: In this study,</p>

		Health Concerns				we examined what parents say they need from professionals to support their families. METHODOLOGY: Occupational therapy faculty and students employed a strengths-based coaching approach to conduct a focus group with five parents. We conducted qualitative thematic analysis and used inductive coding to identify themes related to unmet self-identified needs of families. We refined themes through an iterative process and achieved 93% agreement after three rounds of coding. RESULTS: Four themes emerged from the transcript analysis: External Control, Internal Competence, Relating to Others, and Role of Self-Care. CONCLUSION: Professionals must consider the unique needs identified by parents who have children with MBHC when planning interventions within our education and health care systems.
Stewart, Regan W.; Orengo-Aguayo, Rosaura; Young, John; Wallace, Megan M.; Cohen, Judith A.; Mannarino, Anthony P.; Arellano, Michael A. de	2020	Feasibility and effectiveness of a telehealth service delivery model for treating childhood posttraumatic stress: A community-based, open pilot trial of trauma-focused cognitive-behavioral therapy		30	2	Telepsychotherapy (also referred to as telehealth or telemental health), the use of videoconferencing to deliver psychotherapy services, offers an innovative way to address significant gaps in access to care and is being used to deliver a variety of treatments for youth. Although recent research has supported the effectiveness of telehealth delivery of a variety of interventions for children, the literature has focused very little on childhood posttraumatic stress disorder. This pilot study examined the feasibility and potential effectiveness of trauma-focused cognitive-behavioral therapy (TF-CBT) delivered via telepsychotherapy in community-based locations of either schools or patient homes. Telepsychotherapy treatment was delivered to 70 trauma-exposed youth in 7 underserved communities. Of these, 88.6% completed a full course of TF-CBT and 96.8% of these treatment completers no longer met diagnostic

							<p>criteria for a trauma-related disorder at posttreatment. Results demonstrated clinically meaningful symptom change posttreatment, with large effect sizes evident for both youth- and caregiver-reported reduction in posttraumatic stress disorder symptoms. The results observed in this pilot evaluation are promising and provide preliminary evidence of the feasibility and effectiveness of this novel treatment format. The COVID-19 global pandemic has resulted in an unprecedented need to rethink how mental health services are delivered, which is particularly applicable to high base rate conditions related to posttraumatic stress. Given the existing network of nationally certified TF-CBT therapists, and many international TF-CBT therapists, these findings suggest the potential for providing effective and accessible telepsychotherapy intervention during this public health crisis (as well as those that will occur in the future). (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
Stiegler, Jan Reidar; Molde, Helge; Schanche, Elisabeth	2018	Does an emotion-focused two-chair dialogue add to the therapeutic effect of the empathic attunement to affect?	Clinical psychology & psychotherapy	25	1	e86-e95	<p>An increasing amount of research suggests that it is beneficial to work explicitly with emotions in psychotherapy. Emotion-focused therapy (EFT) utilizes interventions that are thought to enhance the evocativeness of emotional processing and facilitate explorations of new meaning. The purpose of this study was to examine the effect of such an intervention on therapeutic outcome. The intervention, a two-chair dialogue drawn from emotion-focused therapy, was added to the treatment conditions that consisted of empathically following the clients' emotional processes. The treatment comprised 2 phases. Using a multiple baseline design, 21 self-critical clients (15 women and 6 men) with clinically significant symptoms of depression</p>

							and/or anxiety first received 5, 7, or 9 sessions of a baseline treatment focused on alliance building, empathic attunement to affect, and therapeutic presence and genuineness. A two-chair dialogue intervention was then added for 5 sessions. The symptoms were measured before each session using Beck's Depression Inventory, Beck's Anxiety Index, and Forms of Self-Criticizing/Attacking and Self-Reassuring Scale. An analysis using Hierarchical Linear Modelling revealed that the phase with the two-chair dialogue had a larger impact on symptoms of anxiety and depression when compared to the baseline phase. On BDI-II, there was a greater impact on somatic-affective components than cognitive components. Self-criticism was reduced when we used time as a predictor for both phases but not significantly more after introducing the intervention. The results corroborate that the two-chair dialogue intervention is associated with change beyond what is shown when relationship conditions alone are being provided. Implications and limitations are discussed.
Stieglitz, Rolf-Dieter; Freyberger, Harald J.	2017	Diagnostik in der Psychotherapie. Ein Praxisleitfaden					Ausgehend davon, dass eine differenzierte Diagnostik nicht nur zu Beginn einer Psychotherapie durchgeführt werden sollte, sondern zur Erfolgskontrolle der Behandlung auch kontinuierlich in deren Verlauf, werden die Möglichkeiten einer therapiebegleitenden Diagnostik aufgezeigt. Neben allgemeinen Grundlagen und den therapieschulenspezifischen Anstzen werden auch die Diagnostik in Bezug auf die wesentlichen Strungsgruppen besprochen. - Inhalt: (A) Allgemeine Grundlagen. (1) Anton-Rupert Laireiter und Karin Kalteis: Allgemeine Grundlagen der Diagnostik in der Psychotherapie. (2) Rolf-Dieter Stieglitz und Harald J. Freyberger: Strungsbergreifende Verfahren in der Psychotherapie. (3)

							<p>Rolf-Dieter Stieglitz und Wolfgang Hiller: Erfassung von Vernderungen. - (B) Diagnostik in verschiedenen therapeutischen Schulen. (4) Wolfgang Schneider: Diagnostik in der Psychoanalyse und in der tiefenpsychologisch fundierten Psychotherapie. (5) Jochen Eckert und Reinhold Schwab: Diagnostik in der Gesprchpsychotherapie. (6) Rebekka Neu, Martin grosse Holtforth und Wolfgang Lutz: Diagnostik in der Verhaltenstherapie. (7) Maria Borcsa und Julia Hille: Diagnostik in der Systemischen Paar- und Familientherapie. - (C) Strungsspezifische Diagnostik. (8) Reinhard Ma: Diagnostik bei schizophrenen Strungen. (9) Lars P. Hlzel, Philomena Storz und Claus Normann: Diagnostik bei affektiven Strungen. (10) Sandra Brogli und Klaus Bader: Diagnostik bei Panik und Agoraphobie. (11) Jrgen Hoyer und Andre Pittig: Diagnostik bei Generalisierter Angststrung. (12) Jihong Lin und Ulrich Stangier: Diagnostik bei sozialen Angststrungen. (13) Harald J. Freyberger und Rolf-Dieter Stieglitz: Diagnostik bei posttraumatischen Belastungsstrungen. (14) Jan Terock, Deborah Janowitz und Hans-Jrgen Grabe: Diagnostik bei Zwangsstrungen. (15) Carsten Spitzer, Rolf-Dieter Stieglitz und Harald J. Freyberger: Diagnostik bei dissoziativen Strungen. (16) Beate Steinfeld und Mitarbeiter: Diagnostik bei Essstrungen. (17) Wolfgang Hiller: Diagnostik bei somatoformen Strungen und anderen Strungen mit unspezifischen krperlichen Beschwerden. (18) Harald J. Freyberger und Rolf-Dieter Stieglitz: Diagnostik bei Borderline-Persnlichkeitsstrungen.</p>
Stige, Signe Hjelen; Binder, Per-Einar	2017	From painstaking work to a new	Psychotherapy research : journal of the	27	5	571–582	<p>OBJECTIVE: The study explored how former trauma clients experienced the inclusion of skill training in their treatment, their ways of relating to and using these skills,</p>

		way of meeting the world- Trauma clients' experiences with skill training in a stabilization group approach	Society for Psychotherapy Research				and how this changed over time. METHOD: Semi-structured qualitative in-depth interviews were conducted with 13 clients within three months of their completion of treatment, and again 11-13 months later. RESULTS: Analysis of the material resulted in three main themes: (1) Being ready to find new ways to deal with trauma-related problems as a motivational starting point at intake, (2) Finding new agency through skills and understanding, and (3) One year on-Meeting the everyday world in a new way. An overreaching theme was the significant effort clients put into their treatments. CONCLUSIONS: The results show how skills over time became integrated and were linked to profound changes, including changes in emotional processing and an increased sense of agency. An experiential interrelationship between understanding and action was found, that supports the practice of coupling skill training with psychoeducation in trauma-specific treatment.
Stiles, W. B.; Barkham, M.; Mellor-Clark, J.; Connell, J.	2008	Routine psychological treatment and the Dodo verdict: a rejoinder to Clark et al. (2007)	Psychological medicine	38	6	905-10; discussion 910	
Stingl, Markus; Hanewald, Bernd; Kruse, Johannes; Sack, Martin		Positive side effects in trauma-focusing PTSD treatment: Reduction of attendant symptoms and	Psychological Trauma: Theory, Research, Practice, and Policy	13	6		Objective: Trauma-focusing treatments such as eye movement desensitization and reprocessing (EMDR) are highly effective in reducing the core symptoms of posttraumatic stress disorder (PTSD), for example, intrusive memories and flashbacks, hyperarousal, and avoidance. Additionally, suffering from PTSD is often accompanied by a broader set of mental comorbidities

		enhancement of affective and structural regulation					and complaints such as depression, anxiety disorders or somatization, and disturbed self-regulation abilities. According to the Adaptive Information Processing model (Shapiro, 2001), the processing of pathogenic memories can help not only to reduce the PTSD symptoms but also accompanying complaints additionally. Method: In an eye movement desensitization and reprocessing treatment study of 116 patients suffering from PTSD, we targeted the course of additional symptoms and structural skills using the Symptom Checklist-90 SCL-90, Beck Depression Inventory, Toronto Alexithymia Scale-20, and Hannover Selbstregulationsinventar in a pre-post design. Results: The results showed that apart from alleviating the PTSD symptoms, exposure-based treatment of pathogenic memories led to a significant decrease in accompanying symptoms such as depression, anxiety, and somatization. Furthermore, patients improved their structural abilities with regard to emotional perception and differentiation, controlling impulses, tolerating frustration, and regulating self-esteem. Conclusion: PTSD core symptoms and comorbid complaints are closely interlinked and can be seen as a traumatic-stress cluster, which is accompanied by significant impairments in self- and emotion regulation. Therefore, treatment concepts should explicitly foster emotional processing and structural abilities to target the posttraumatic stress responses entirely. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Storm, Vera	2019	Fear avoidance beliefs, pain-related self-efficacy, and subjective work	Schmerz (Berlin, Germany)	33	4	312-319	BACKGROUND: Work-related fear avoidance beliefs play an important role when considering subjective work ability among people with back pain. Pain-related self-efficacy is known as a predictor for physical activity and subjective work ability. OBJECTIVES: The present

		ability among back pain patients : A pilot study with voluntary subjects					longitudinal study aims to investigate the relationships between work-related fear avoidance beliefs, pain-related self-efficacy, and subjective work ability among back pain patients. MATERIALS AND METHODS: A total of 93 people with back pain (M = 35.58 years, SD = 13.45; range: 18-69) were assessed at baseline and 4 weeks later. Of the participants, 54.83% (n = 51) were female. Data analysis was performed with SPSS 25 using descriptive statistics and multiple regression methods. RESULTS: Work-related fear avoidance beliefs were negatively related with subjective work ability at baseline. Pain-related self-efficacy moderated this relationship. The relationship was stronger at low and medium levels of pain-related self-efficacy. The moderation effect was not found when considering subjective work ability after 4 weeks. CONCLUSION: Work-related fear avoidance beliefs among back pain patients seem to be important for subjective work ability in the short term. This especially holds true when patients have low self-efficacy beliefs. The investigated constructs should be emphasized in the patient-centered therapy. Longitudinal studies with larger samples and more frequent follow-ups should be investigated in future studies.
Straub, Jrgen	2016	Psychotherapie zwischen Heilung und Selbstoptimierung: Polyvalenz einer prothetischen Praxis	Gesprchspsych ootherapie und Personzentrierte Beratung	47	3	134-142	Auswirkungen kultureller Strmungen der Selbstoptimierung auf die psychotherapeutische Praxis werden diskutiert. Grundlagen einer als Prothetik verstehbaren Psychotherapie, die auf die Steigerungen des "Normalen", "Funktionstchtigen" und "Gesunden" abzielt, werden beschrieben und Verschiebungen des Zwecks psychotherapeutischer Behandlungen in Richtung einer unendlichen Optimierung des Selbst, des Erlebens, Denkens, Fhlens, Wollens und Handelns von Personen verdeutlicht. Die Optimierung des Selbst im

							Rahmen der Psycho-Prothetik wird dargestellt und die Spannung des psychotherapeutischen Handelns zwischen Heilung und Steigerung reflektiert. Zudem werden Zusammenhänge zwischen Autonomie und prothetischer Optimierung beleuchtet. Vor diesem Hintergrund wird die Bedeutung von professioneller psychotherapeutischer Reflexion zur Verhinderung einer blinden Akzeptanz der unendlichen Steigerungsspirale der Selbst-Optimierung diskutiert.
Strauch, Markus; Bro, Daniel	2020	Gestalt im Wald	Gestalt-Zeitung	33		39-43	Gemeinsamkeiten und Komplementaritäten der Gestalttherapie und des Naturcoachings, die in der gruppentherapeutischen Maßnahme "Gestalt im Wald" gemeinsam Anwendung finden, werden diskutiert. Es wird erlutert, dass beide Ansätze existenziell und ganzheitlich angelegt sind, Polaritäten und Dualitäten als strukturelle Grundmomente von Welt, Gesellschaft und Psyche verstehen und im Falle von Strungen Entgleisungen und Enge als ursächlich ansehen. Beide wenden Methoden der Rückverbindung und Rückbesinnung durch Prozessmodelle mit Schwelle beziehungsweise Engpass an. Es wird außerdem dargestellt, warum "Gestalt im Wald" über Angebote zu Erholung und Gesundheitsförderung hinausgeht.
Strauß, Bernhard; Drobinskaya, Anastasia	2018	First Experiences with the "Questionnaire for the Assessment of Side Effects and Negative Experiences in	Psychother Psychosom Med Psychol	68	9-10	437-442	This report describes the development of a questionnaire aiming in assessing unwanted effects of group psychotherapy and side effects of the group setting. Based upon interviews with experts and considering a model differentiating group related, therapist related strain within groups, stress caused by other members and subjective excessive demands, a first version of the questionnaire was developed and tested in the clinical field using heterogeneous groups. The data set from this sample (N=168 patients) was used to construct a 24-item

		Group Therapy" (NUGE-24)				short version with 6 items per scale reflecting the 4 contents. A first comparison of different groups related to unwanted experiences and side effects indicates that the NUGE-questionnaire might be useful in differentially assessing these effects. This should now be tested in more systematic studies.
Strech, Daniel; Haven, Tamarinde; Madai, Vince I.; Meurers, Thierry; Prasser, Fabian	2023	Generating evidence on privacy outcomes to inform privacy risk management: A way forward?	Journal of biomedical informatics	137	104257	Effective and efficient privacy risk management (PRM) is a necessary condition to support digitalization in health care and secondary use of patient data in research. To reduce privacy risks, current PRM frameworks are rooted in an approach trying to reduce undesired technical/organizational outcomes such as broken encryption or unintentional data disclosure. Comparing this with risk management in preventive or therapeutic medicine, a key difference becomes apparent: in health-related risk management, medicine focuses on person-specific health outcomes, whereas PRM mostly targets more indirect, technical/organizational outcomes. In this paper, we illustrate and discuss how a PRM approach based on evidence of person-specific privacy outcomes might look using three consecutive steps: i) a specification of undesired person-specific privacy outcomes, ii) empirical assessments of their frequency and severity, and iii) empirical studies on how effectively the available PRM interventions reduce their frequency or severity. After an introduction of these three steps, we cover their status quo and outline open questions and PRM-specific challenges in need of further conceptual clarification and feasibility studies. Specific challenges of an outcome-oriented approach to PRM include the potential delays between concrete threats manifesting and the resulting person/group-specific privacy outcomes. Moreover, new ways of exploiting privacy-

							sensitive information to harm individuals could be developed in the future. The challenges described are of technical, legal, ethical, financial and resource-oriented nature. In health research, however, there is explicit discussion about how to overcome such challenges to make important outcome-based assessments as feasible as possible. This paper concludes that it might be the time to have this discussion in the PRM field as well.
Strezova, Anita; O'Neill, Sheila; O'Callaghan, Cathy; Perry, Astrid; Liu, Jinzhu; Eden, John	2017	Cultural issues in menopause: an exploratory qualitative study of Macedonian women in Australia	Menopause (New York, N.Y.)	24	3	308–315	<p>OBJECTIVE: This study explored the attitudes to, and experience of, menopause among Macedonian women living in Australia, including attitudes and responses to hormone therapy (HT) and complementary therapies, as well as related psycho-sexual, relationship and other midlife issues. METHODS: Using qualitative methodology, the study was based on seven unstructured, nondirective group discussions. Natural social groups were recruited, meeting wherever each group felt most at home. A total of 81 participants ranged in age from 45 to 75 years. The women included both first-generation immigrants and women born in Australia to Macedonian parents. A bilingual Macedonian researcher conducted the fieldwork. RESULTS: Participants typically claimed they lacked information about menopause in their native language, and their knowledge of HT was highly variable. Some women only felt comfortable approaching Macedonian doctors. Others reported an easing of symptoms when they revisited their homeland. Deeply religious participants claimed their faith helped them through this phase of life, and that they were as likely to consult a priest as a doctor. A recurring theme was that Macedonian men tended to regard their wives differently after menopause, sometimes treating them as "non-sexual." Women regarded this shift in male attitudes as a</p>

							precipitating factor in domestic violence, extramarital affairs and divorce. Symptoms such as hot flashes and mood swings were associated with negative attitudes toward menopause. CONCLUSIONS: Culturally determined attitudes appear to affect the perception and experience of menopause. Other influencing factors include migration, women's roles, marital status, religion, use of herbal and traditional remedies, social situation, access to information, knowledge and experience of menopausal symptoms.
Strika-Bruneau, Lana; Fauvel, Baptiste; Benyamina, Amine		Case study: Acceptance and commitment therapy plus psychedelics in treating sexual and cannabis addiction	Practice Innovations				Acceptance and commitment therapy (ACT) has shown promising preliminary results for sexual addiction, and psychedelics have recently been theorized as a potential treatment option as well. Sexual addiction often presents with comorbidities, such as anxiety, depression, and substance use disorder. This case study thus describes and evaluates an ACT-informed approach to simultaneously treat an adult male's sexual and cannabis addiction, along with symptoms of depression and anxiety. It also presents the patient's spontaneously reported complementarity between ACT and a posttreatment recreational psychedelic use, and how this was subsequently integrated to deepen the therapeutic outcomes. Quantitative and qualitative results indicated clinically significant and persistent improvements of all aforementioned dimensions after ACT, that is, reduction of the cannabis and sex addiction, as well as anxiety and depression symptoms. Patient's reports suggested shared mechanisms of ACT and psychedelics, notably psychological flexibility. This case study, which describes an integrated ACT-based approach for sexual addiction with comorbidities, provides useful information for clinicians; and a clinical—although anecdotal—support

							of complementarity between ACT and psychedelics in a patient with sexual addiction, which indirectly gives credit to the hypothesis that ACT-based psychedelic therapy could be efficient for this condition. This article may encourage the development of more controlled studies of ACT-informed, and potentially psychedelic-assisted therapy for the treatment of sexual addiction. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Sttzle, Stefan; Schade, Daniela	2022	Das Potenzial des Personzentrierten Ansatzes in der Begegnung mit Menschen mit Behinderungen	Gesprächspsychotherapie und Personzentrierte Beratung	53	1	23–28	Menschen mit Behinderungen erleben in ihrem Alltag häufig Stigmatisierung, Ausgrenzung und Fremdbestimmung. Das deutsche Bundesteilhabegesetz, das seit 2017 stufenweise in Kraft tritt, hat zum Ziel, Menschen mit Behinderungen mehr Selbstbestimmung und Teilhabe am Leben in der Gemeinschaft zu ermöglichen. Vor dem Hintergrund dieser Zielsetzung beleuchtet der vorliegende Artikel die Stärken des Personzentrierten Ansatzes im Kontext des Teilhabekonzepts der Eingliederungshilfe. Nach einer Annäherung an den Begriff und das Konzept von Behinderung werden charakteristische Erfahrungen von Menschen mit Behinderungen dargestellt und aus personenzentrierter Sicht aufgegriffen. Dabei werden die Potenziale und Besonderheiten herausgearbeitet, die im personenzentrierten Arbeiten mit Menschen mit Behinderungen liegen.
Stuke, Frauke; Bröcker, Anna-Lena; Bayer, Samuel; Heinz, Andreas; Berpohl, Felix; Lempa, Günter; Haebler,	2020	Between a rock and a hard place: Associations between Mentzos' "dilemma", self-reported	Clinical psychology & psychotherapy	27	4	528–541	Primary aim of this study was to determine the extent and type of self-reported interpersonal problems in patients with non-affective psychoses and their impact on psychosocial functioning. Furthermore, we aimed to explore potential links with the psychodynamic construct of Stavros Mentzos' "psychotic dilemma", which describes an insufferable inner tension caused by an individual's struggle of being torn between "self-oriented"

Dorothea von; Montag, Christiane		interpersonal problems, and psychosocial functioning in individuals with non-affective psychoses				and "object-oriented" tendencies. In a cross-sectional study among 129 patients with non-affective psychoses, measures of cognition, symptom load and social functioning as well as a tentative, psychodynamic assessment of Mentzos' "dilemma" were obtained during a clinical research visit. Self-report data on interpersonal problems were gathered using the Inventory of Interpersonal Problems (IIP-64D) and compared with a German representative standard sample. Second, IIP-64D scores were compared between groups with or without Mentzos' "dilemma". Hierarchical regression analyses were performed to test for the impact of interpersonal problems on psychosocial functioning, while controlling for cognitive deficits and psychopathology. Results showed that IIP-64D scores differed significantly from healthy controls, except for "self-centred" and "intrusive" interpersonal styles. Participants with a potential "psychotic dilemma" scored significantly higher on the subscales: "domineering", "self-centred", "cold", and "socially avoidant" than the group without a "psychotic dilemma". The total amount of interpersonal problems, and particularly high scores on the IIP-64D "socially avoidant" subscale, predicted psychosocial dysfunction, whereas a "cold" interpersonal style had an opposite effect. In conclusion, specific interpersonal problems may predict psychotherapeutic outcome measures like psychosocial functioning and are partly compatible with the psychodynamic construct of Stavros Mentzos' "psychotic dilemma".
Stumm, Gerhard; Keil, Wolfgang W.	2018	Praxis der Personzentrierten Psychotherapie				Nach einer Einfhrung in die Grundlagen und das allgemeine Therapiekonzept werden konkrete therapeutische Vorgehensweisen - schulenspezifische wie schulenbergreifende Methoden und Techniken -

						<p>beschrieben, u.a. die Arbeit mit Emotionen, mit Persönlichkeitsanteilen, dem Felt Sense, Imaginationen und Träumen, bei Motivationsproblemen, aber auch die existenzielle Perspektive, Pr-Therapie, der Einbezug des Körpers, kreativer Medien oder von Aufstellungen. Darüber hinaus wird die psychotherapeutische Arbeit mit Kindern und Jugendlichen, Familien, Paaren und Gruppen vorgestellt, sowie der Umgang mit Personen, die an Krisen, Traumafolgestörungen, Suchtproblemen, Essstörungen, sexuellen Problemen, Depressionen, Angst- und Persönlichkeitsstörungen leiden. Die zweite Auflage wurde aktualisiert und inhaltlich bearbeitet. Ausgeweitet wurden vor allem die Abschnitte zu den Methoden und Techniken, zur Arbeit mit Emotionen sowie das Kapitel über Kinder- und Jugendlichenpsychotherapie. Das Buch weist eine Fülle von praktischen Beispielen und handlungsorientierten Leitstücken auf und ist für Praktiker und Personen in Ausbildung geeignet, aber auch für grundsätzlich an der Methodik interessierte Leser. (c) Springer-Verlag GmbH Deutschland - Inhalt: (A) Theoretischer Teil. (1) Gerhard Stumm und Wolfgang W. Keil: Theoretische Grundlagen. (2) Gerhard Stumm und Wolfgang W. Keil: Therapietheorie. - (B) Vorgangsweisen. (3) Wolfgang W. Keil und Gerhard Stumm: Methoden und Techniken. (4) Wolfgang W. Keil und Gerhard Stumm: Arbeit mit der Beziehung. (5) Wolfgang W. Keil und Gerhard Stumm: Arbeit mit dem Experiencing. (6) Imke Herrmann, Leslie Greenberg und Lars Auszra: Arbeit mit Emotionen - Emotionsfokussierte Therapie. (7) Wolfgang W. Keil und Gerhard Stumm: Arbeit mit Persönlichkeitsanteilen. (8) Gerhard Stumm und Wolfgang W. Keil: Arbeit an der Motivation. (9) Dion Van Werde: Pr-Therapie und Kontaktarbeit. (10) Norbert Groddeck:</p>
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Stumpf, Sibylle	2020	Die Corona-Pandemie vor dem Hintergrund der Bindungstheorie	Gesprchpsych ootherapie und Personzentrierte Beratung	51	3	20–26	<p>Mit dem Ausbruch der Corona-Pandemie kam es im Mrz 2020 auch in Deutschland zu weitreichenden Manahmen des "Social Distancing". Unter anderem wurden smtliche Schulen fr mehrere Wochen komplett geschlossen. Im Folgenden werden die Auswirkungen dieser Schulschlieungen und des Verzichts auf soziale Kontakte</p>

		Verständnismöglichkeiten und Handlungsimpulse in der Frühförderung				<p>fr Kinder und Jugendliche vor dem Hintergrund der Bindungstheorie beleuchtet. Die Beschreibung der Entwicklung verschiedener Bindungsmuster und deren Auswirkungen auf das Verhalten in Beziehungen soll verstehbar machen, wie unterschiedlich Kinder und Jugendliche in der Krise reagieren und welche Bedürfnisse sie an ihre erwachsenen Beziehungspersonen richten. Der Zusammenhang zwischen Bindung und Lernen wird erlutert. Aus dem Gesamtverständnis dieser Zusammenhänge werden Impulse entwickelt für Lehrkräfte und Personen aus Kindertagesstätten und Frühförderung für einen sensiblen Umgang mit den ihnen anvertrauten Kindern und Jugendlichen. Zum Zeitpunkt des Verfassens dieses Textes ist die Corona-Pandemie in vollem Gang. Die zeitlichen Dimensionen der Krise sind offen. Die Ausführungen und Impulse dieses Textes erreichen die Leser*innen möglicherweise zu einem Zeitpunkt, an dem es zu spät ist, um noch in der aktuellen Krise einen Nutzen zu entfalten. Doch vielleicht können manche Gedanken auch zu einem späteren Zeitpunkt - in anderen Krisensituationen oder auch in der Vorbereitung auf zukünftige Krisenszenarien - hilfreich sein und auch allgemein zu einem besseren Verständnis der Kinder in unserer Gesellschaft beitragen.</p>
Stynes, Greg; McHugh, Louise	2023	Brief acceptance and commitment therapy for shame among adults with experience of mental health difficulties using	Stigma and Health		No Pagination Specified -No Pagination Specified	<p>Shame and self-stigma are particularly prevalent among people with experience of mental health difficulties adding to psychological distress and negatively impacting on psychosocial functioning. This study employed a randomized, multiple baseline, single case experimental design (SCED) to evaluate a brief, online intervention to address shame and experiential avoidance among this population using acceptance and commitment therapy and compassion-focused exercises. Audio exercises and</p>

		a randomized multiple baseline, single case experimental design (SCED)					<p>a workbook were provided to support practice. Participants were seven Clubhouse members in Ireland with experience of mental health difficulties, three identifying as male, four as female, two in the 40–49 age category, four were 60–69, and one participant over 70. Participants submitted ecological momentary assessment (EMA) data for 74 days reporting on shame and experiential avoidance. Standardized questionnaires were used to evaluate impacts on shame and psychological flexibility. EMA shame data suggested that two participants significantly improved ($P(A) = .65, p = .009; P(AB) = .67, p = .001$), one disimproved ($P(A) = .15, p = .000$), another disimproving ($P(A) = .34, p = .006$) and the remainder experiencing no significant change. Standardized measures suggested that two participants experienced reliable improvement and clinical change in relation to shame, preintervention to follow-up. Two participants reliably improved preintervention to follow-up in terms of psychological flexibility and one participant deteriorated preintervention to postintervention. Overall, the results suggest that the intervention was insufficient to achieve the aims among these participants. Future research may consider lengthier and perhaps group-based interventions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Su, Shiang-Han; Tsai, Mei-Hsiang	2016	Group play therapy with children of new immigrants in Taiwan who are exhibiting	International Journal of Play Therapy	25	2	91–101	<p>The purpose of the present study was to investigate the effect of child-centered group play therapy on children of new immigrants in Taiwan exhibiting relationship difficulties. Eight second- and third-grade children in Northern Taiwan participated in the study. Research participants were randomly assigned into experimental groups and control groups. Children in the experimental</p>

		relationship difficulties				group received child-centered group play therapy once a week for 12 weeks. The Social Skill Behaviors and Characteristics Scale for Elementary and Junior School Students (SSBCS, student version and teacher version) and the Parenting Stress Index (PSI) were used to examine the effect. The children and their teachers also participated in semistructured interviews. Results revealed that child-centered group play therapy represented an effective treatment for interpersonal behavior, self-confidence, self-acceptance, and affection among the children of new immigrants. Child-centered group play therapy is also a way to enhance the psychological health of children of new immigrants in Taiwan and to improve the children's relationships in school. The limitations of this study and the recommendations for school counselors and future research are addressed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Suchla, Peter	2016	Logotherapie bei Psychosen	Existenz und Logos	24	22–32	Ein Leitfaden für die logotherapeutische Behandlung von Psychosen wird entworfen. Einleitend werden verbreitete, aber falsche Vorstellungen über Psychosen und deren Therapie angesprochen und abgrenzend davon charakteristische Merkmale dieses Formenkreises beschrieben. Daraus werden allgemeine Implikationen für die Gestaltung der psychotherapeutischen Behandlung und der therapeutischen Beziehung abgeleitet. Auf Grundlage von Viktor Frankls Menschenbild und seinen Einstellungen gegenüber psychotisch Erkrankten werden schließlich logotherapiespezifische Subjektivierungen für die Behandlung umrissen. Es wird beschrieben, wie Patienten auf verschiedenen Subjektebenen angesprochen werden können. Hierzu gehören (1) das Subjekt für die Trotzmacht und die Freiheit des Geistes, (2)

							das Subjekt für die Selbstdistanzierung und (3) das Subjekt für selbsttranszendentes Verhalten.
Suchla, Peter	2017	Neurowissenschaften und Logotherapie. Wie die neuere Hirnforschung die psychotherapeutische Arbeit und die Gestaltung des Alltags bereichert	Existenz und Logos	25		27–61	Ausgewählte Erkenntnisse der Neurowissenschaften werden skizziert und ihre Bedeutung für die psychotherapeutische Arbeit, insbesondere für die Logotherapie, dargelegt. Unter Bezugnahme auf Publikationen von Gerald Hter und Klaus Grawe wird beschrieben, wie sich im Gehirn "Erlebens-Netzwerke" herausbilden. Dieser dynamische und konstruktivistische Prozess findet demnach über die gesamte Lebensspanne statt und bildet die Grundlage menschlicher Erlebens- und Verhaltensmuster. Darauf aufbauend werden Implikationen dieser neurowissenschaftlich orientierten Sichtweise für die Psychotherapie reflektiert, vor allem hinsichtlich des Krankheitsbegriffes und der Therapeutenrolle. Abschließend werden die angeführten neurowissenschaftlichen Befunde mit Kernbegriffen der Logotherapie in Zusammenhang gebracht und ihre Kompatibilität herausgearbeitet.
Sugg, Holly Victoria Rose; Frost, Julia; Richards, David A.	2020	Personalising psychotherapies for depression using a novel mixed methods approach: an example from Morita therapy	Trials	21	1	41	BACKGROUND: Current quantitative methods for personalising psychotherapies for depression are unlikely to be able to inform clinical decision-making for hundreds of years. Novel alternative methods to generate hypotheses for prospective testing are therefore required, and we showcase mixed methods as one such approach. By exploring patients' perspectives in depth, and integrating qualitative and quantitative data at the level of the individual, we may identify new potential psychosocial predictors of psychotherapy outcomes, potentially informing the personalisation of depression treatment in a shorter timeframe. Using Morita therapy (a Japanese psychotherapy) as an exemplar, we thus explored how Morita therapy recipients' views on

						<p>treatment acceptability explain their adherence and response to treatment. METHODS: The Morita trial incorporated a pilot randomised controlled trial of Morita therapy versus treatment as usual for depression, and post-treatment qualitative interviews. We recruited trial participants from general practice record searches in Devon, UK, and purposively sampled data from 16 participants for our mixed methods analysis. We developed typologies of participants' views from our qualitative themes, and integrated these with quantitative data on number of sessions attended and whether participants responded to treatment in a joint typologies and statistics display. We enriched our analysis using participant vignettes to demonstrate each typology. RESULTS: We demonstrated that (1) participants who could identify with the principles of Morita therapy typically responded to treatment, regardless of how many sessions they attended, whilst those whose orientation towards treatment was incompatible with Morita therapy did not respond to treatment, again regardless of treatment adherence and (2) participants whose personal circumstances impeded their opportunity to engage in Morita therapy attended the fewest sessions, though still benefitted from treatment if the principles resonated with them. CONCLUSIONS: We identified new potential relationships between "orientation" and outcomes, and "opportunity" and adherence, which could not have been identified using existing non-integrative methods. This mixed methods approach warrants replication in future trials and with other psychotherapies to generate hypotheses, based on typologies (or profiles) of patients for whom a treatment is more or less likely to be suitable, to be tested in prospective trials. TRIAL REGISTRATION:</p>
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							Current Controlled Trials, ISRCTN17544090. Registered on 23 July 2015.
Suijkerbuijk, Yvonne B.; Schaafsma, Frederieke G.; van Mechelen, Joost C.; Ojajärvi, Anneli; Corbière, Marc; Anema, Johannes R.	2017	Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis	The Cochrane database of systematic reviews	9	9	CD011867	<p>BACKGROUND People with severe mental illness show high rates of unemployment and work disability, however, they often have a desire to participate in employment. People with severe mental illness used to be placed in sheltered employment or were enrolled in prevocational training to facilitate transition to a competitive job. Now, there are also interventions focusing on rapid search for a competitive job, with ongoing support to keep the job, known as supported employment. Recently, there has been a growing interest in combining supported employment with other prevocational or psychiatric interventions.</p> <p>OBJECTIVES To assess the comparative effectiveness of various types of vocational rehabilitation interventions and to rank these interventions according to their effectiveness to facilitate competitive employment in adults with severe mental illness.</p> <p>SEARCH METHODS In November 2016 we searched CENTRAL, MEDLINE, Embase, PsychINFO, and CINAHL, and reference lists of articles for randomised controlled trials and systematic reviews. We identified systematic reviews from which to extract randomised controlled trials.</p> <p>SELECTION CRITERIA We included randomised controlled trials and cluster-randomised controlled trials evaluating the effect of interventions on obtaining competitive employment for adults with severe mental illness. We included trials with competitive employment outcomes. The main</p>

						<p>intervention groups were prevocational training programmes, transitional employment interventions, supported employment, supported employment augmented with other specific interventions, and psychiatric care only.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>Two authors independently identified trials, performed data extraction, including adverse events, and assessed trial quality. We performed direct meta-analyses and a network meta-analysis including measurements of the surface under the cumulative ranking curve (SUCRA). We assessed the quality of the evidence for outcomes within the network meta-analysis according to GRADE.</p> <p>MAIN RESULTS</p> <p>We included 48 randomised controlled trials involving 8743 participants. Of these, 30 studied supported employment, 13 augmented supported employment, 17 prevocational training, and 6 transitional employment. Psychiatric care only was the control condition in 13 studies. Direct comparison meta-analysis of obtaining competitive employmentWe could include 18 trials with short-term follow-up in a direct meta-analysis (N = 2291) of the following comparisons. Supported employment was more effective than prevocational training (RR 2.52, 95% CI 1.21 to 5.24) and transitional employment (RR 3.49, 95% CI 1.77 to 6.89) and prevocational training was more effective than psychiatric care only (RR 8.96, 95% CI 1.77 to 45.51) in obtaining competitive employment.For the long-term follow-up direct meta-analysis, we could include 22 trials (N = 5233). Augmented supported employment (RR 4.32, 95% CI 1.49 to 12.48), supported employment (RR 1.51, 95% CI 1.36 to 1.68) and prevocational training (RR 2.19, 95% CI 1.07 to 4.46) were</p>
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						<p>more effective than psychiatric care only. Augmented supported employment was more effective than supported employment (RR 1.94, 95% CI 1.03 to 3.65), transitional employment (RR 2.45, 95% CI 1.69 to 3.55) and prevocational training (RR 5.42, 95% CI 1.08 to 27.11). Supported employment was more effective than transitional employment (RR 3.28, 95% CI 2.13 to 5.04) and prevocational training (RR 2.31, 95% CI 1.85 to 2.89). Network meta-analysis of obtaining competitive employmentWe could include 22 trials with long-term follow-up in a network meta-analysis.Augmented supported employment was the most effective intervention versus psychiatric care only in obtaining competitive employment (RR 3.81, 95% CI 1.99 to 7.31, SUCRA 98.5, moderate-quality evidence), followed by supported employment (RR 2.72 95% CI 1.55 to 4.76; SUCRA 76.5, low-quality evidence).Prevocational training (RR 1.26, 95% CI 0.73 to 2.19; SUCRA 40.3, very low-quality evidence) and transitional employment were not considerably different from psychiatric care only (RR 1.00,95% CI 0.51 to 1.96; SUCRA 17.2, low-quality evidence) in achieving competitive employment, but prevocational training stood out in the SUCRA value and rank.Augmented supported employment was slightly better than supported employment, but not significantly (RR 1.40, 95% CI 0.92 to 2.14). The SUCRA value and mean rank were higher for augmented supported employment.The results of the network meta-analysis of the intervention subgroups favoured augmented supported employment interventions, but also cognitive training. However, supported employment augmented with symptom-related skills training showed the best results (RR compared to psychiatric care only 3.61 with</p>
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						<p>95% CI 1.03 to 12.63, SUCRA 80.3).We graded the quality of the evidence of the network ranking as very low because of potential risk of bias in the included studies, inconsistency and publication bias. Direct meta-analysis of maintaining competitive employment Based on the direct meta-analysis of the short-term follow-up of maintaining employment, supported employment was more effective than: psychiatric care only, transitional employment, prevocational training, and augmented supported employment.In the long-term follow-up direct meta-analysis, augmented supported employment was more effective than prevocational training (MD 22.79 weeks, 95% CI 15.96 to 29.62) and supported employment (MD 10.09, 95% CI 0.32 to 19.85) in maintaining competitive employment. Participants receiving supported employment worked more weeks than those receiving transitional employment (MD 17.36, 95% CI 11.53 to 23.18) or prevocational training (MD 11.56, 95% CI 5.99 to 17.13).We did not find differences between interventions in the risk of dropouts or hospital admissions.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Supported employment and augmented supported employment were the most effective interventions for people with severe mental illness in terms of obtaining and maintaining employment, based on both the direct comparison analysis and the network meta-analysis, without increasing the risk of adverse events. These results are based on moderate- to low-quality evidence, meaning that future studies with lower risk of bias could change these results. Augmented supported employment may be slightly more effective compared to supported employment alone. However, this difference was small,</p>
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							based on the direct comparison analysis, and further decreased with the network meta-analysis meaning that this difference should be interpreted cautiously. More studies on maintaining competitive employment are needed to get a better understanding of whether the costs and efforts are worthwhile in the long term for both the individual and society.
Sumner, Walton 2nd; Walker, Mark S.; Highstein, Gabrielle R.; Fischer, Irene; Yan, Yan; McQueen, Amy; Fisher, Edwin B.	2016	A randomized controlled trial of directive and nondirective smoking cessation coaching through an employee quitline	BMC public health	16		550	BACKGROUND: Telephone quitlines can help employees quit smoking. Quitlines typically use directive coaching, but nondirective, flexible coaching is an alternative. Call-2-Quit used a worksite-sponsored quitline to compare directive and nondirective coaching modes, and evaluated employee race and income as potential moderators. METHODS: An unblinded randomized controlled trial compared directive and nondirective telephone coaching by trained laypersons. Participants were smoking employees and spouses recruited through workplace smoking cessation campaigns in a hospital system and affiliated medical school. Coaches were four non-medical women trained to use both coaching modes. Participants were randomized by family to coaching mode. Participants received up to 7 calls from coaches who used computer assisted telephone interview software to track topics and time. Outcomes were reported smoking abstinence for 7 days at last contact, 6 or 12 months after coaching began. Both worksites implemented new tobacco control policies during the study. RESULTS: Most participants responded to an insurance incentive introduced at the hospital. Call-2-Quit coached 518 participants: 22 % were African-American; 45 % had incomes below \$30,000. Income, race, and intervention did not affect coaching completion rates. Cessation rates were comparable with directive

							and nondirective coaching (26 % versus 30 % quit, NS). A full factorial logistic regression model identified above median income (odds ratio = 1.8, p = 0.02), especially among African Americans (p = 0.04), and recent quit attempts (OR = 1.6, p = 0.03) as predictors of cessation. Nondirective coaching was associated with high cessation rates among subgroups of smokers reporting income above the median, recent quit attempts, or use of alternative therapies. Waiting up to 4 weeks to start coaching did not affect cessation. Of 41 highly addicted or depressed smokers who had never quit more than 30 days, none quit. CONCLUSION: Nondirective coaching improved cessation rates for selected smoking employees, but less expensive directive coaching helped most smokers equally well, regardless of enrollment incentives and delays in receiving coaching. Some subgroups had very low cessation rates with either mode of quitline support. TRIAL REGISTRATION: ClinicalTrials.gov NCT02730260 , Registered March 31, 2016.
Sun, Qiwu; Holmqvist Larsson, Mattias; Falkenström, Fredrik	2021	Separating the effects of improvements and deteriorations in mechanisms on outcome using the asymmetric effects model	Journal of Counseling Psychology	68	6	696–704	Objective: The aim of this article was to introduce the Asymmetric Fixed Effects (AFE) model to psychotherapy mechanisms of change researchers as a novel way of studying the effects of improvements and deteriorations in the candidate mechanism(s) separately. Alliance-outcome research was used to illustrate the possibility of estimating separate effects of improvements and deteriorations in the alliance. Method: Two archival data sets were used. One was from community-based primary care services in Sweden using the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) and the Working Alliance Inventory-Short form (WAI-S, therapist form) each session with 1,096 patients. The

							<p>other data set was from a university counseling center in China using the Session Rating Scale (SRS) and the Outcome Rating Scale (ORS) each session with 292 patients. Data were analyzed using the AFE model. Results: The findings indicated that with raw scores, improvements in alliance from one session to the next were followed by lower symptoms/distress scores by the next session, but alliance deteriorations had no effect on next-session symptoms/distress. With alliance deteriorations and improvements defined relative to the sample's average linear change over time, improvements, and deteriorations had equal but opposite effects on next session symptom level. Conclusions: Findings confirm the utility of the Asymmetric Fixed Effect model across two cross-national samples in showing that alliance deteriorations and improvements can predict next session symptoms separately at the within-person level. Findings raise new questions regarding the use of detrending in within-patient mechanism of change studies. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
Suntai, Zainab; Laha-Walsh, Kirsten; Albright, David L.	2021	Effectiveness of remote interventions in improving caregiver stress outcomes for caregivers of people with traumatic brain injury	Rehabilitation Psychology	66	4	415-422	<p>Objective: Caregiver stress is the term used to define the adverse effects of caregiving, and its prevalence among caregivers of people with traumatic brain injury (TBI) is amplified by the suddenness of brain injury. This systematic review aimed to identify whether remote interventions can be helpful in minimizing those financial, emotional, and physical stressors associated with caring for a person with TBI. Method: Studies were located by searching the following databases: PsycINFO, PubMed, Science Direct, Web of Science, Academic Search Premier, CINAHL, Medline, and Cochrane Central Register of Controlled Trials. Studies were included if they</p>

							met the following criteria: (a) The study must be published in English, (b) The study must be published in a peer-reviewed journal, (c) The study must implement a remote intervention specific to caregivers of people with TBI, and (d) One or more symptoms of caregiver stress must be measured as an outcome. Results: After the review process, 12 articles met the inclusion criteria for the study. Most of the studies were randomized controlled trials, used an online problem-solving module, and targeted parents of children/adolescents with a TBI. Ten out of the 12 studies (83.3%) found that remote/online interventions improved caregiver stress outcomes and only two studies did not find improvement in caregiver stress outcomes. Conclusion: Results from this systematic review indicate that online interventions can be as effective as in-person interventions in reducing the symptoms of caregiver stress for caregivers of people with TBI. Implications for practice, research, and policy are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Sutcliffe, Kylie R.; Sedley, Ben; Hunt, Maree J.; Macaskill, Anne C.	2019	Relationships among academic procrastination, psychological flexibility, and delay discounting	Behavior Analysis: Research and Practice	19	4	315–326	Academic procrastination is prevalent and associated with negative outcomes such as lower grades and worse physical and mental health. This study explored whether lower psychological flexibility and steeper delay discounting are associated with procrastination, separately and in combination. Psychological flexibility is an individual's ability to tolerate internal experiences to act in accordance with their values, based on what the present situation affords. Delay discounting is a loss in reinforcer value as a function of delay. Students (N = 139) completed self-report measures of psychological flexibility and academic procrastination, and tasks that measured delay discounting in (a) a hypothetical delay

						paradigm and (b) an experiential waiting paradigm. The only measures significantly correlated were psychological flexibility and procrastination (a negative correlation), suggesting that psychological inflexibility may contribute to procrastination. Neither measure of delay discounting moderated this relationship, however. These results suggest that ACT therapists might explore approaches to increase psychological flexibility in order to reduce procrastination and enhance students' wellbeing. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Sutter, Marielle; Greenberg, Leslie	2021	Praxis der Emotionsfokussierten Therapie. Ein transdiagnostischer Leitfaden				In einem transdiagnostischen Leitfaden wird die Praxis der Emotionsfokussierten Therapie (EFT) beschrieben. Die EFT nimmt an, dass emotionale Verarbeitungsprobleme die Grundlage für psychische Strungen sind. Unabhängig vom Strungsbild stehen immer die beteiligten Emotionen im Zentrum der strungsbergreifenden Behandlung. Eingehend wird der therapeutische Prozess beschrieben mit den Schritten: Emotionen zulassen, modulieren, verarbeiten und transformieren. Hilfreiche Unterstützung für Praktikerinnen und Praktiker bieten das Kapitel zum Umgang mit schwierigen Therapiemomenten, die Beschreibung von Fallbeispielen und Therapiedialogen sowie bungsblätter für die Klientinnen und Klienten. - Inhalt: https://d-nb.info/1233703234/04
Svedlund, J.	1983	Psychotherapy in irritable bowel syndrome. A controlled outcome study	Acta psychiatrica Scandinavica. Supplementum	306		1-86

Swancy, Adriana G.	2019	Navigating an ethical dilemma through a feminist model: The work of psychologists with adolescent and young adults (AYA) with cancer	Professional Psychology: Research and Practice	50	4	240–245	Unlike children and older adults, adolescents and young adults (AYA) with cancer have the ability to biologically reproduce (National Comprehensive Cancer Network [NCCN], 2017). A focal area of concern is AYA's lack of awareness, understanding, and information regarding their fertility and sexual health. Licensed psychologists may provide therapeutic services to this population primarily as members of integrated health care teams or within organizational and independent practice settings. The role of the psychologist can serve to advocate and empower AYA to arrive at informed decisions regarding their reproductive health. Specifically, this article offers a hypothetical ethical dilemma involving a psychologist's female patient who was recently diagnosed with leukemia and her desire to initiate pregnancy before the start of cancer treatment. This article explores the ethical standards that come into play under the guiding principles of Beneficence and Nonmaleficence and Respect for People's Rights and Dignity. A feminist model for ethical decision-making and clinical vignette are offered as a way for psychologists to sort through the process of this ethical dilemma. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Sweeney, Angela; White, Sarah; Kelly, Katie; Faulkner, Alison; Papoulias, Stan; Gillard, Steve	2022	Survivor-led guidelines for conducting trauma-informed psychological therapy assessments: Development	Health expectations : an international journal of public participation in health care and health policy	25	6	2818–2827	BACKGROUND: Psychological therapy assessments are a key point at which a person is accepted into a service or referred on. There is evidence of service users experiencing harm, dropping out of services and potentially experiencing poor outcomes because of inadequate assessment practices. Approaches to assessment tend to be developed by individual services, with a lack of research identifying what makes a good assessment. METHODS: This survivor-led study, based in England, aimed to generate guidelines for conducting

		and modified Delphi study					<p>trauma-informed psychological therapy assessments. The study was guided by a Service User Advisory Group and a Clinician Advisory Group. The study was conducted in three key stages: (i) identifying, modelling and drafting guideline content (ii) modified Delphi study and (iii) guideline finalization. Stage 1 was informed by literature reviews, qualitative research, data workshops with Advisory Groups and an expert consultation. Fifty-nine people with relevant experiences then participated in a single-stage modified Delphi (Stage 2). The guidelines were finalized through an analysis of Delphi open comments and a final expert consultation (Stage 3). RESULTS: The guidelines evolved through each stage of the process, and all items were deemed important by >90% of Delphi participants. The final trauma-informed guidelines contain eight principles, including 'focus on relationships', 'from systems to people' and 'healing environments'. CONCLUSIONS: Experiential knowledge was key in generating the guidelines and conceptualizing content, with a consequent focus on areas, such as recognizing power differentials, understanding oppression as trauma and the relational aspects of assessments. Future research should focus on guideline implementation and investigate whether this impacts service user dropout, engagement with therapy, and outcomes. PATIENT OR PUBLIC CONTRIBUTION: This study is an example of survivor research, with several authors, including the study lead, identifying as survivors. We consider the ways in which our identities as survivor researchers impacted the study findings.</p>
Swift, Joshua K.; Tompkins,	2017	Understanding the client's perspective of	Journal of clinical psychology	73	11	1543–1555	The purpose of this study was to bridge the methodologies of significant events and micro-process research to gain a better understanding of clients'

Kelley A.; Parkin, Susannah R.		helpful and hindering events in psychotherapy sessions: A micro-process approach				<p>perceptions of helpful and hindering events in psychotherapy. A total of 16 clients were asked to review a recent psychotherapy session and, while watching, complete a moment-by-moment rating of helpful/hindrance using a dial rating system. They were also asked to describe the most helpful and hindering segments that were rated as such. The moment-by-moment ratings suggest that clients perceive a significant amount of variability within a single session. The qualitative results suggest that clients perceive both specific treatment and common factors techniques as being helpful. Further, some of the same therapist actions were rated as both helpful and hindering, but they differed in the timing and the client's experience of feeling heard and understood versus judged or given advice that was not perceived as relevant to them. These results have important implications for clinical practice.</p>
Sydow, Kirsten von	2016	Bindung, Paar-/Familientherapie und Systemische Therapie				<p>Im Überblick werden Gemeinsamkeiten und Unterschiede zwischen Bindungstheorie einerseits und Paar- und Familientherapie und Systemischer Therapie andererseits aufgezeigt, eine theoretische Integration entwickelt und klinische Implikationen abgeleitet. Außerdem werden spezifische bindungsorientiert-systemische Paar- und Familientherapieansätze kurz vorgestellt. Es handelt sich dabei um in Nordamerika entwickelte neue, manualisierte Varianten systemisch-bindungstheoretischer Paar- und Familientherapien, nämlich die "Emotionsfokussierte Paartherapie" bzw. "Emotion-Focused Couple Therapy" (EFT), die "Multidimensionale Familientherapie" bzw. "Multidimensional Family Therapy" (MDFT) und die "Bindungsorientierte Familientherapie" bzw. "Attachment-Based Family Therapy" (ABFT).</p>

<p>Sydow, Kirsten von; Borst, Ulrike</p>	<p>2018</p>	<p>Systemische Therapie in der Praxis</p>				<p>In Form eines Lehrbuchs wird umfassend über die Praxis der systemischen Therapie informiert. - Inhalt: (A) Grundlagen und Rahmenbedingungen. (1) Kirsten von Sydow: Was ist Systemische Therapie? (2) Ulrike Borst: Grundhaltung und Rahmung. (3) Ulrike Borst: Therapeutische Beziehung. - (B) Therapiebeginn, Erstgespräch und Diagnostik. (4) Kirsten von Sydow: Das Erstgespräch mit Einzelpersonen. (5) Helke Bruchhaus Steinert: Das Erstgespräch mit Paaren und Familien. (6) Ulrike Borst: Auftrags- und Zielklärung. (7) Kirsten von Sydow: Standardisierte Diagnostik. (8) Kirsten von Sydow: Indikationen und Kontraindikationen. (9) Hugo Stephan Grnwald: Qualitätssicherung und Therapieevaluation. (10) Ulrike Borst: Umgang mit Diagnosen und Arztbriefen. (11) Margarete Malzer-Gertz und Miriam Gertz: Umgang mit schwierigen Situationen in der Anfangsphase. - (C) Basisinterventionen der Systemischen Therapie. (12) Liz Nicolai: Ressourcenaktivierung und positive Umdeutung. (13) Bruno Hildenbrand: Genogrammarbeit. (14) Carmen Beilfu: Systemisches Fragen. (15) Kirsten von Sydow: Skulptur und Aufstellung. (16) Josef Buml und Gabriele Pitschel-Walz: Psychoedukation. (17) Björn Enno Hermans: Hausaufgaben und "intersession tasks". (18) Liz Nicolai: Zeitlinienarbeit. (19) Kathrin Stoltze: Arbeit mit Ritualen. (20) Ulrike Borst und Volkmar Aderhold: Reflektieren und Metakommunizieren. (21) Sebastian Baumann: Arbeit mit inneren Anteilen. (22) Uri Weinblatt: Mentalisieren und Spiegeln. (23) Carmen C. Unterholzer: Externalisieren von Problemen. (24) Kirsten von Sydow: Hilfreiche Literatur (und Medien) für Klienten und Therapeuten. (25) Carole Gammer: Videounterstützte Interventionen in der Systemischen Therapie. (26) Stefan Geyerhofer: Internalisieren von Lösungen. (27) Margarete Malzer-Gertz</p>
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						<p>und Miriam Gertz: Regule Therapiebeendigung und Behandlungsabbrche. - (D) Settings und Anwendungsformen. (28) Konrad Peter Grossmann: Systemische Einzeltherapie. (29) Hans Jellouschek: Paartherapie. (30) Reinert Hanswille: Familientherapie. (31) Bettina Wilms: Systemische Gruppentherapie. (32) Eia Asen: Multifamilien- und Paargruppentherapien. (33) Ulrike Borst und Volkmar Aderhold: Arbeit mit komplexen Helfersystemen. (34) Hartmut Epple: Aufsuchende Familientherapie ("Home Treatment"). (35) Martin Rufer: Vernderungen des Settings als Intervention. - (E) Strungs- und problemspezifische Anstze: Erwachsene. (36) Ulrike Borst: Depressionen. (37) Christina Hunger und Ulrike Willutzki: Angststrungen. (38) Igor Tominschek: Zwangsstrungen. (39) Urs Hepp und Jochen Binder: Belastungs-, Anpassungsstrungen und einfache PTBS. (40) Kirsten von Sydow: Komplexe Traumafolgestrungen und Borderline-Persnlichkeitsstrungen. (41) Elisabeth Wagner: Weitere Persnlichkeitsstrungen. (42) Ulrike Borst und Volkmar Aderhold: Psychotische Strungen. (43) Lothar Eder: Psychosomatik. (44) Kirsten von Sydow: Sexuelle Strungen und Probleme. (45) Sebastian Haas: Burn-out und arbeitsassoziierte Strungen. - (F) Strungs- und problemspezifische Anstze: Kinder, Jugendliche (und junge Erwachsene). (46) Dagmar Pauli: Essstrungen bei Kindern und Jugendlichen. (47) Andreas Schindler und Brigitte Gemeinhardt: Substanzgebrauchsstrungen bei Jugendlichen und (jungen) Erwachsenen. (48) Oliver Bilke-Hentsch: Internet- und medienbezogene Strungen. (49) Ingo Spitzcok von Brisinski: Depressionen bei Kindern und Jugendlichen. (50) Wilhelm Rotthaus: Angststrungen von Kindern und Jugendlichen. (51) Alexander Korittko: Traumafolgestrungen. (52) Helmut Bonney: ADHS. (53)</p>
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						<p>Couple Therapy for Alcohol and Drug Abuse (BCT). (76) Dagmar Kumbier: Systemische Therapie mit der inneren Familie (nach Richard Schwartz). (77) Kirsten von Sydow und Marianne Engelbrecht Lau: Systemische Gruppentherapie bei komplexen Traumafolgestörungen - Frauen nach sexuellem Missbrauch (Kopenhagener Manual). - (I) Systemisch-integrative Therapiemanuale für Kinder und Jugendliche. (78) Eli Lebowitz und Haim Omer: SPACE (Supportive Parenting for Anxious Childhood Emotions)- ein Programm für förderliches Elternverhalten bei Kindesängsten. (79) Guy Diamond: Bindungsbasierte Familientherapie (Attachment-Based Family Therapy, ABFT). (80) Roslyn Binford Hopf, James Lock und Daniel Le Grange: Familienbasierte Therapie für Jugendliche mit Essstörungen (Family-Based Treatment for Adolescent Eating Disorders, FBT). (81) Andreas Gantner und Howard Liddle: Multidimensionale Familientherapie (MDFT). (82) Bruno Rhiner: Multisystemische Therapie (MST). (83) Thomas Hegemann und Christina Achner: "ich schaff's" - das lernfokussierte Programm für Kinder und Jugendliche. (84) Uri Weinblatt: Elterliche Präsenz - Nonviolent Resistance (NVR) Elterncoaching. (85) Eia Asen und Uri Weinblatt: Mentalisierungsbasierte Therapie mit Familien (MBT-F). - (J) Methodenintegration und weitere Aspekte professioneller Praxis. (86) Martin Stellpflug und Jan Moeck: Ethik und Berufsrecht. (87) Bernhard Strau: Risiken und Nebenwirkungen. (88) Reinert Hanswille: Die Approbationsausbildung und -prüfung. (89) Kirsten von Sydow: Forschungsstand, wissenschaftliche und sozialrechtliche Anerkennung der Systemischen Therapie. (90) Kirsten von Sydow, Ulrike Borst und Stefan Geyerhofer: Aus- und Weiterbildung in Systemischer Therapie an Hochschulen und privaten</p>
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							Instituten. (91) William M. Pinsof: Integrative Systemische Therapie (nach William M. Pinsof) - IST.
Szász-Janocha, Carolin; Vonderlin, Eva; Lindenberg, Katajun	2020	Effectiveness of an early intervention program for adolescents with Internet Gaming and Internet Use Disorder: Medium-term effects of the PROTECT+ Study	Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie	48	1	3-14	Effectiveness of an early intervention program for adolescents with Internet Gaming and Internet Use Disorder: Medium-term effects of the PROTECT+ Study Abstract. Objective: Internet Gaming and Internet Use Disorder (IGD and IUD) have gained increasing attention in the scientific community over the last few years. The inclusion of "Gaming Disorder" in the ICD-11 (International Statistical Classification of Diseases and Related Health Problems) promoted the need for evidence-based and effective treatments. PROTECT+ is such a cognitive-behavioral group therapy program for adolescents with IGD and IUD. The present study evaluates the medium-term effects after 4 months. Method: N = 54 patients, aged 9 to 19 years (M = 13.48, SD = 1.72), participated in the early intervention study between April 2016 and December 2017 in Heidelberg, Germany. Symptom severity was assessed at baseline, at the end of the treatment, and at 4-month follow-up using standardized diagnostic tools. Results: Multilevel analyses showed a significant reduction in symptom severity using the Video Game Dependency Scale (CSAS) at 4-month follow-up. We found a small effect size in self-reported reduction of symptom severity (d = 0.35) and a moderate effect size in parental ratings (d = 0.77). The Reliable Change Index measured by the Compulsive Internet Use Scale (CIUS) indicated a high heterogeneity in individual symptom changes over time. Patients showed high satisfaction regarding the treatment program at 1- und 4-month follow-up. Conclusions: This study is internationally one of the few to show a significant reduction of IGD and IUD symptoms after 4 months.

Szigethy, Eva	2017	20.4 The Future Of Integrating Behavioral Health Into Medical Care	Journal of the American Academy of Child and Adolescent Psychiatry	56	10	S333-S334	
Taghavi, Leyla	2021	Spinnenangst. Durchführung einer effizienten monodramatischen Kurzzeittherapie	Zeitschrift für Psychodrama und Soziometrie	20	1	107-120	In diesem Artikel der Zeitschrift für Psychodrama und Soziometrie wird die monodramatische Kurzzeittherapie bei einer spinnenphobischen Patientin beschrieben. In diesem Konzept wurden auch Elemente aus der Verhaltenstherapie eingebaut. In der Monodramatherapie wurde der Angst "die volle Aufmerksamkeit" gewidmet und schrittweise durch gezielte Interventionen eine Reduktion der Spinnenangst erwirkt. (c) Springer Fachmedien Wiesbaden GmbH
Tai, Sara J.; Nielson, Elizabeth M.; Lennard-Jones, Molly; Johanna Ajantaival, Riikka-Liisa; Winzer, Rachel; Richards, William A.; Reinholdt, Frederick; Richards, Brian D.; Gasser, Peter; Malievskaia, Ekaterina	2021	Development and Evaluation of a Therapist Training Program for Psilocybin Therapy for Treatment-Resistant Depression in Clinical Research	Frontiers in psychiatry	12		586682	Introduction: Psychological support throughout psilocybin therapy is mandated by regulators as an essential part of ensuring participants' physical and psychological safety. There is an increased need for specially trained therapists who can provide high-quality care to participants in clinical studies. This paper describes the development and practical implementation of a therapist training program of psychological support within a current phase IIb international, multicenter, randomized controlled study of psilocybin therapy for people experiencing treatment-resistant depression. Description of Training Program: This new and manualized approach, based on current evidence-based psychotherapeutic approaches, was developed in partnership with different mental health researchers, practitioners, and experts; and has been approved by the FDA. Training consists of four components: an online learning platform; in-person training; applied clinical

							<p>training; and ongoing individual mentoring and participation in webinars. This paper provides a brief overview of the method of support, the rationale and methodology of the training program, and describes each stage of training. The design and implementation of fidelity procedures are also outlined. Lessons Learned: As part of the phase IIb study of psilocybin therapy for treatment-resistant depression, 65 health care professionals have been fully trained as therapists and assisting therapists, across the US, Canada and Europe. Therapists provided informal feedback on the training program. Feedback indicates that the didactic and experiential interactive learning, delivered through a combination of online and in-person teaching, helped therapists build conceptual understanding and skill development in the therapeutic approach. Clinical training and engagement in participant care, under the guidance of experienced therapists, were considered the most beneficial and challenging aspects of the training. Conclusions: Clinical training for therapists is essential for ensuring consistently high-quality psilocybin therapy. Development of a rigorous, effective and scalable training methodology has been possible through a process of early, active and ongoing collaborations between mental health experts. To maximize impact and meet phase III and post-approval need, enhanced online learning and establishing pathways for clinical training are identified as critical points for quality assurance. This will require close public, academic and industry collaboration.</p>
Tajalli, Saleheh; Ebadi, Abbas; Parvizy, Soroor; Kenner, Carole	2022	Maternal caring ability with the preterm infant: A Rogerian	Nursing forum	57	5	920-931	<p>AIM: To analyze the concept of maternal caring ability for a preterm infant to develop an operational definition. BACKGROUND: Each year, many newborns are born preterm and admitted to the neonatal intensive care unit</p>

		concept analysis					(NICU). Although their mothers are prepared for discharge home by the staff, it is difficult to identify an operational definition of their maternal caring ability for the preterm infant. DESIGN: Concept analysis. DATA SOURCES: Searches used PubMed, as the primary health-related literature, ProQuest, Science Direct, CINHALL, web of science, Scopus, and Google Scholar. Keywords caring ability, mother, and preterm infant were used to analyze the development of the concept from 1965 to 2020. METHODS: Rogers' and Knafel's evolutionary approach has been used to explain the concept of maternal caring ability for the preterm infant. RESULTS: The combined searches yielded 23,291 documents published in English. After the screening process, 43 documents were selected. The Graneheim and Lundman analysis method was used to identify the themes related to the attributes of maternal caring ability. Findings showed the caring ability to have four antecedents (maternal characteristics, support systems, infant characteristics, and the illness severity), four attributes (knowledge and skill in neonatal care, self-efficacy, sensitivity, responsibility, and problem-solving), and three consequences (parental adjustment, improving infant growth and development, and improving parent-infant relationships). CONCLUSION: The caring ability of the mother of a preterm infant is grounded in an adequate knowledge of caregiving needs of a preterm infant, high caregiving skills, a sense of self-efficacy, problem-solving, sensitivity, and responsibility.
Takagi, Gen; Sakamoto, Kazuma; Nihonmatsu,	2022	The impact of clarifying the long-term solution picture	PloS one	17	5	e0267107	Solution-focused brief therapy is a psychotherapeutic model. The purpose of this study was to examine the effects of clarity of long-term solutions on positive attitude towards life. In order to examine the effects of the

Naoto; Hagidai, Miki		through solution-focused interventions on positive attitude towards life					long-term solution image, the conditions for clarifying the long-term and short-term solution images, and not seeking clarification of the solution image were set and randomly assigned. A total of 94 participants who responded to all questions were included in the analysis. The results of this study indicate that clarity of the long-term solution enhances time-oriented attitude. In addition, the clarity of short-term solutions increases the reality of their goals. Furthermore, solution-building and, positive, and ideal levels of life were shown to increase after implementation, regardless of the condition. These results indicate that clarification of the long-term solution expands the positive attitude of valuing limited time.
Tal, Roy; Tal, Kineret; Green, Ohad	2018	Child-Parent Relationship Therapy with Extra-Familial Abused Children	Journal of child sexual abuse	27	4	386-402	Sexual abuse by a perpetrator outside of the family is the most prevalent form of child sexual abuse. It is associated with serious consequences for both the child and his family. Surprisingly, however, the issue of extra-familial sexual abuse has received very little research and clinical attention. The purpose of the current study was to explore the effectiveness of Child-Parent Relationship Therapy (CPRT), which uses nondirective play therapy tools, among parents of extra-familial abused children and their parents. In order to do so, data was collected from 51 parents who participated in CPRT, at three points in time: pretreatment stage, at the beginning of the first meeting; and in the post treatment stage. The data included the parents' reports via three questionnaires: Parenting Stress Inventory (PSI), Compassion Fatigue Self-Test (CFST), Child Behavior Checklist (CBCL). Overall, the results indicated a decrease in internalizing and externalizing symptoms among the children, as well as in parenting stress and in parental secondary trauma symptoms. This study contributes to the literature on

							interventions with victims of extra-familial child abuse and their parents. Specifically, the results highlight the benefits and importance of involving both parents and children in therapeutic interventions for victims of extra-familial child sexual abuse, with particular emphasis on the benefits of Child-Parent Relationship Therapy.
Tal, Shachaf; Bar-Kalifa, Eran; Kleinbub, Johann Roland; Leibovich, Liat; Deres-Cohen, Keren; Zilcha- Mano, Sigal		A multimodal case study utilizing physiological synchrony as indicator of context in which motion synchrony is associated with the working alliance	Psychotherapy	60	1		Interest in the association between patient and therapist's motion synchrony and the working alliance has been growing in recent years. This interest is part of a larger effort in psychotherapy research to study how the working alliance, being central to the therapeutic process, develops over the course of therapy. However, while previous studies suggest that such an association between motion synchrony and the working alliance exists, there are mixed results regarding the direction of it. The present single-case study seeks to shed light on these mixed results with a multimodal perspective of nonverbal synchrony. That is, through an exploration of a single case, the present study explores physiological synchrony as an indicator of context in which motion synchrony is associated with the working alliance. For this aim, a single case was chosen from a randomized control trial investigating short-term psychodynamic treatment for major depressive disorder. Statistical analysis identified an interaction between physiological synchrony and motion synchrony in predicting working alliance levels. Findings show that in the context of an antiphase pattern of physiological synchrony (negative association between physiological measures of the two participants), there was a positive association between motion synchrony and the working alliance. This study emphasizes the potential of a multimodal approach, while suggesting a possible explanation for mixed results

							in current literature that focuses on the association between motion synchrony and the working alliance. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Tamagawa, Rie; Groff, Shannon; Anderson, Jennifer; Champ, Sarah; Deiure, Andrea; Looyis, Jennifer; Faris, Peter; Watson, Linda	2016	Effects of a Provincial-Wide Implementation of Screening for Distress on Healthcare Professionals' Confidence and Understanding of Person-Centered Care in Oncology	Journal of the National Comprehensive Cancer Network : JNCCN	14	10	1259–1266	BACKGROUND: Although published studies report that screening for distress (SFD) improves the quality of care for patients with cancer, little is known about how SFD impacts healthcare professionals (HCPs). OBJECTIVES: This quality improvement project examined the impact of implementing the SFD intervention on HCPs' confidence in addressing patient distress and awareness of person-centered care. PATIENTS AND METHODS: This project involved pre-evaluation and post-evaluation of the impact of implementing SFD. A total of 254 HCPs (cohort 1) were recruited from 17 facilities across the province to complete questionnaires. SFD was then implemented at all cancer care facilities over a 10-month implementation period, after which 157 HCPs (cohort 2) completed post-implementation questionnaires. At regional and community care centers, navigators supported the integration of SFD into routine practice; therefore, the impact of navigators was examined. RESULTS: HCPs in cohort 2 reported significantly greater confidence in managing patients' distress and greater awareness about person-centered care relative to HCPs in cohort 1. HCPs at regional and community sites reported greater awareness in person-centeredness before and after the intervention, and reported fewer negative impacts of SFD relative to HCPs at tertiary sites. Caring for single or multiple tumor types was an effect modifier, with effects observed only in the HCPs treating multiple tumors. CONCLUSIONS: Implementation of SFD was beneficial for HCPs' confidence and awareness of person-

							centeredness. Factors comprising different models of care, such as having site-based navigators and caring for single or multiple tumors, influenced outcomes.
Tamminga, Sietske J.; Emal, Lima M.; Boschman, Julitta S.; Levasseur, Alice; Thota, Anilkrishna; Ruotsalainen, Jani H.; Schelvis, Roosmarijn Mc; Nieuwenhuijsen, Karen; van der Molen, Henk F.	2023	Individual-level interventions for reducing occupational stress in healthcare workers	The Cochrane database of systematic reviews	5	5	CD002892	<p>BACKGROUND Healthcare workers can suffer from work-related stress as a result of an imbalance of demands, skills and social support at work. This may lead to stress, burnout and psychosomatic problems, and deterioration of service provision. This is an update of a Cochrane Review that was last updated in 2015, which has been split into this review and a review on organisational-level interventions. OBJECTIVES: To evaluate the effectiveness of stress-reduction interventions targeting individual healthcare workers compared to no intervention, wait list, placebo, no stress-reduction intervention or another type of stress-reduction intervention in reducing stress symptoms. SEARCH METHODS: We used the previous version of the review as one source of studies (search date: November 2013). We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, PsycINFO, CINAHL, Web of Science and a trials register from 2013 up to February 2022. SELECTION CRITERIA We included randomised controlled trials (RCT) evaluating the effectiveness of stress interventions directed at healthcare workers. We included only interventions targeted at individual healthcare workers aimed at reducing stress symptoms. DATA COLLECTION AND ANALYSIS: Review authors independently selected trials for inclusion, assessed risk of bias and extracted data. We used standard methodological procedures expected by Cochrane. We categorised interventions into ones that: 1. focus one's attention on the (modification of</p>

						<p>the) experience of stress (thoughts, feelings, behaviour); 2. focus one's attention away from the experience of stress by various means of psychological disengagement (e.g. relaxing, exercise); 3. alter work-related risk factors on an individual level; and ones that 4. combine two or more of the above. The crucial outcome measure was stress symptoms measured with various self-reported questionnaires such as the Maslach Burnout Inventory (MBI), measured at short term (up to and including three months after the intervention ended), medium term (> 3 to 12 months after the intervention ended), and long term follow-up (> 12 months after the intervention ended). MAIN RESULTS: This is the second update of the original Cochrane Review published in 2006, Issue 4. This review update includes 89 new studies, bringing the total number of studies in the current review to 117 with a total of 11,119 participants randomised. The number of participants per study arm was ≥ 50 in 32 studies. The most important risk of bias was the lack of blinding of participants. Focus on the experience of stress versus no intervention/wait list/placebo/no stress-reduction intervention Fifty-two studies studied an intervention in which one's focus is on the experience of stress. Overall, such interventions may result in a reduction in stress symptoms in the short term (standardised mean difference (SMD) -0.37, 95% confidence interval (CI) -0.52 to -0.23; 41 RCTs; 3645 participants; low-certainty evidence) and medium term (SMD -0.43, 95% CI -0.71 to -0.14; 19 RCTs; 1851 participants; low-certainty evidence). The SMD of the short-term result translates back to 4.6 points fewer on the MBI-emotional exhaustion scale (MBI-EE, a scale from 0 to 54). The evidence is very uncertain (one RCT; 68</p>
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						<p>participants, very low-certainty evidence) about the long-term effect on stress symptoms of focusing one's attention on the experience of stress. Focus away from the experience of stress versus no intervention/wait list/placebo/no stress-reduction intervention Forty-two studies studied an intervention in which one's focus is away from the experience of stress. Overall, such interventions may result in a reduction in stress symptoms in the short term (SMD -0.55, 95 CI -0.70 to -0.40; 35 RCTs; 2366 participants; low-certainty evidence) and medium term (SMD -0.41 95% CI -0.79 to -0.03; 6 RCTs; 427 participants; low-certainty evidence). The SMD on the short term translates back to 6.8 fewer points on the MBI-EE. No studies reported the long-term effect. Focus on work-related, individual-level factors versus no intervention/no stress-reduction intervention Seven studies studied an intervention in which the focus is on altering work-related factors. The evidence is very uncertain about the short-term effects (no pooled effect estimate; three RCTs; 87 participants; very low-certainty evidence) and medium-term effects and long-term effects (no pooled effect estimate; two RCTs; 152 participants, and one RCT; 161 participants, very low-certainty evidence) of this type of stress management intervention. A combination of individual-level interventions versus no intervention/wait list/no stress-reduction intervention Seventeen studies studied a combination of interventions. In the short-term, this type of intervention may result in a reduction in stress symptoms (SMD -0.67 95%, CI -0.95 to -0.39; 15 RCTs; 1003 participants; low-certainty evidence). The SMD translates back to 8.2 fewer points on the MBI-EE. On the medium term, a combination of individual-level</p>
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						<p>interventions may result in a reduction in stress symptoms, but the evidence does not exclude no effect (SMD -0.48, 95% CI -0.95 to 0.00; 6 RCTs; 574 participants; low-certainty evidence). The evidence is very uncertain about the long term effects of a combination of interventions on stress symptoms (one RCT, 88 participants; very low-certainty evidence). Focus on stress versus other intervention type Three studies compared focusing on stress versus focusing away from stress and one study a combination of interventions versus focusing on stress. The evidence is very uncertain about which type of intervention is better or if their effect is similar.</p> <p>AUTHORS' CONCLUSIONS</p> <p>Our review shows that there may be an effect on stress reduction in healthcare workers from individual-level stress interventions, whether they focus one's attention on or away from the experience of stress. This effect may last up to a year after the end of the intervention. A combination of interventions may be beneficial as well, at least in the short term. Long-term effects of individual-level stress management interventions remain unknown. The same applies for interventions on (individual-level) work-related risk factors. The bias assessment of the studies in this review showed the need for methodologically better-designed and executed studies, as nearly all studies suffered from poor reporting of the randomisation procedures, lack of blinding of participants and lack of trial registration. Better-designed trials with larger sample sizes are required to increase the certainty of the evidence. Last, there is a need for more studies on interventions which focus on work-related risk factors.</p>
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Tan, Yeow May; Lee, Christopher W.; Averbeck, Lynn E.; Brand-de Wilde, Odette; Farrell, Joan; Fassbinder, Eva; Jacob, Gitta A.; Martius, Desiree; Wastiaux, Sophie; Zarbock, Gerhard; Arntz, Arnoud	2018	Schema therapy for borderline personality disorder: A qualitative study of patients' perceptions	PloS one	13	11	e0206039	<p>Schema therapy (ST) has been found to be effective in the treatment of borderline personality disorder (BPD). However very little is known about how the therapy is experienced by individuals with BPD including which specific elements of ST are helpful or unhelpful from their perspectives. The aim of this study is to explore BPD patients' experiences of receiving ST, in intensive group or combined group-individual format. Qualitative data were collected through semi-structured interviews with 36 individuals with a primary diagnosis of BPD (78% females) who received ST for at least 12 months. Participants were recruited as part of an international, multicenter randomized controlled trial (RCT). Interview data (11 Australian, 12 Dutch, 13 German) were analyzed following the procedures of qualitative content analysis. Patients' perceptions of the benefits gained in ST included improved self-understanding, and better awareness and management of their own emotional processes. While some aspects of ST, such as experiential techniques were perceived as emotionally confronting, patient narratives informed that this was necessary. Some recommendations for improved implementation of ST include the necessary adjunct of individual sessions to group ST and early discussion of therapy termination. Implications of the findings are also discussed, in particular the avenues for assessing the suitability of patients for group ST; management of group conflict and the optimal format for delivering treatment in the intensive group versus combined group-individual formats.</p>
Tanaka, Maki	2023	Exploring the ethics of physical	Nursing ethics	30	3	408–422	<p>BACKGROUND: Physical restraints are routinely employed to ensure patient safety in Japanese acute care. Little is known about nursing students' perspectives</p>

		restraints: Students' questioning					<p>and how they begin to question their value and knowledge in the face of restraint experiences in clinical practice. OBJECTIVE: To investigate nursing students' questions about patient restraints and how they understand the ethics of the use of restraints in nursing. RESEARCH DESIGN: Qualitative descriptive research using narrative analysis. PARTICIPANTS AND RESEARCH CONTEXT: Experiential data were generated and thematically analyzed from semi-structured interviews with 16 nursing students who had completed their bachelor's degree program requirements. ETHICAL CONSIDERATIONS: The study was approved by academic and clinical ethics agencies. Participants provided written informed consent. RESULTS: Physical restraints were encountered in 16 incidents, 3 with children and 13 with older patients with dementia. Students struggled to comprehend the policies and protocols of restraint use and worried their use was primarily for security rather than therapeutic purposes. Five themes were identified: (1). Questioning the tension between person-centered care, patient autonomy, and restraints, (2). Questioning the nature of restraints in which participants analyzed the policies and protocols around restraint use, (3). Questioning the professional nursing self whereby students reflected on how restraint use challenged their nursing values, and (4). Questioning professional nursing practice, in which students explored how restraints fit within a nursing perspective and positioned themselves as patient advocates. Students encountering physical restraints should ask questions based on values of patient-centeredness, autonomy, and advocacy. There is a need for education that facilitates reflection and questioning so that it informs students' ethical thinking which may</p>
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						<p>enhance nurse advocacy to reduce restraint use.</p> <p>CONCLUSIONS: Restraints provide contexts in which students must face tensions between nursing values and clinical reality. Further research on nursing education strategies within non-psychiatric settings is needed to reduce physical restraints.</p>
<p>Tanzilli, Annalisa; Giovanardi, Guido; Patriarca, Eleonora; Lingiardi, Vittorio; Williams, Riccardo</p>	2021	<p>From a Symptom-Based to a Person-Centered Approach in Treating Depressive Disorders in Adolescence: A Clinical Case Formulation Using the Psychodynamic Diagnostic Manual (PDM-2)'s Framework</p>	<p>International journal of environmental research and public health</p>	18	19	<p>BACKGROUND: Depressive disorders in adolescence are among the most challenging clinical syndromes to diagnostically identify and treat in psychotherapy. The Psychodynamic Diagnostic Manual, Second Edition (PDM-2) proposes an integration between nomothetic knowledge and an idiographic understanding of adolescent patients suffering from depression to promote a person-centered approach. This single-case study was aimed at describing and discussing the clinical value of an accurate diagnostic assessment within the PDM-2 framework. METHOD: Albert, a 16-year-old adolescent with a DSM-5 diagnosis of major depressive disorder, was assessed using instruments from various perspectives: the Structured Clinical Interview for DSM-5; the Psychodynamic Chart-Adolescent of the PDM-2, and other clinician-report instruments; and the Shedler-Westen Assessment Procedure for Adolescents and Defense Mechanisms Rating Scale Q-sort, coded by external observers. RESULTS: Albert's assessment revealed impairments in various mental capacities, especially in regulating self-esteem. He presented a borderline personality organization at a high level and an emerging narcissistic personality syndrome. CONCLUSIONS: The case discussion showed the importance of providing clinically meaningful assessments to plan for effective treatments in youth populations. Especially, it is necessary to understand the</p>

							adolescent's unique characteristics in terms of mental and personality functioning and consider the developmental trajectories and adaptation processes that characterize this specific developmental period.
Tapia-Fuselier, Jose L.; Ray, Dee C.; Allan, Robert; Reyes, Ana Guadalupe	2022	Emotionally focused therapists' experiences serving interabled couples in couple therapy: An interpretative phenomenological analysis	Journal of marital and family therapy	48	4	1206–1225	Interabled couples navigate various systems of care as they respond to the needs of the disabled partner. Interabled couples are defined as one disabled partner and one nondisabled partner. Emotionally focused therapy (EFT) has shown benefits in reducing relationship distress and increasing the experience of security within couples. The study used interpretative phenomenological analysis to address how EFT therapists make sense of their lived experience working with interabled couples in couple therapy. The purpose of the study was to examine the experiences of therapists' serving interabled couples. The study explored the experiences of 10 EFT therapists who served at least one interabled couple in couple therapy. Findings resulted in four superordinate themes, (a) ableism; (b) self-of-the-therapist; (c) reported relationship dynamics of interabled couples; and (d) the "fit" of EFT approach with interabled couples. The themes demonstrate a need to further identify disability-responsive practices within EFT in serving interabled couples. 2022 American Association for Marriage and Family Therapy.
Tarfa, Adati; Pecanac, Kristen; Shiyabola, Olayinka O.	2023	A qualitative inquiry into the patient-related barriers to linkage and retention in HIV care within the	Exploratory research in clinical and social pharmacy	9		100207	BACKGROUND: People with the Human Immunodeficiency Virus (PWH) experience barriers to care within the community that impedes their progress from when they discover that they are HIV positive to becoming virally suppressed. For individuals with HIV to achieve sustained viral suppression, they must be linked to care to start receiving anti-retroviral therapy and remain retained in care for continuous treatment.

		community setting					<p>However, HIV surveillance data shows that many PWH are not linked to care and become lost to continuous follow-up care. Although pharmacists, PWH, and social workers interact with one another and are aware of their roles in HIV care, their perspectives on barriers to linkage and retention in care have not been investigated collectively. OBJECTIVES: Explore the perspectives of PWH, pharmacists, and social workers on barriers to linkage and retention of HIV care within the community setting. METHODS: Convenience sampling was used to recruit 15 stakeholders (five PWH, five community pharmacists, and five social workers) who participated in 1-h, semi-structured interviews based on three domains of the Patient-centered Medical Home Model including (1) experiences (individual and system-level barriers to care experienced by PWH), (2) activities (social workers and pharmacists initiatives that impact adherence to care) and (3) interventions (critical issues pharmacists can address in the community to engage PWH in their HIV care). We conducted a directed content analysis based on deductive coding. To establish rigor, we focused on Lincoln and Guba's criteria of rigorous qualitative methodology: credibility, dependability, confirmability, and transferability. Similarities and divergences of themes were discussed during data analysis and agreement was reached before interpretation. RESULTS: Emergent themes uncovered barriers to linkage and retention in HIV care as HIV-related stigma, having mental health illnesses including a history of substance abuse and social determinants of health such as homelessness, food insecurity, and insurance issues. CONCLUSION: The perspectives of pharmacists, social workers, and PWH can provide insight into barriers that should be identified</p>
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							and addressed in people living with HIV to enhance their linkage and retention in care.
Target, Mary	2016	Mentalization within Intensive Analysis with a Borderline Patient	Brit J Psychotherapy (British Journal of Psychotherapy)	32	2	202-214	
Tauscher, Justin S.; Cohn, Eliza B.; Johnson, Tascha R.; Diteman, Kaylie D.; Ries, Richard K.; Atkins, David C.; Hallgren, Kevin A.	2021	What do clinicians want? Understanding frontline addiction treatment clinicians' preferences and priorities to improve the design of measurement-based care technology	Addiction science & clinical practice	16	1	38	BACKGROUND: Measurement-based care (MBC) is the practice of routinely administering standardized measures to support clinical decision-making and monitor treatment progress. Despite evidence of its effectiveness, MBC is rarely adopted in routine substance use disorder (SUD) treatment settings and little is known about the factors that may improve its adoptability in these settings. The current study gathered qualitative data from SUD treatment clinicians about their perceptions of MBC, the clinical outcomes they would most like to monitor in MBC, and suggestions for the design and implementation of MBC systems in their settings. METHODS: Fifteen clinicians from one publicly-funded and two privately-funded outpatient SUD treatment clinics participated in one-on-one research interviews. Interviews focused on clinicians' perceived benefits, drawbacks, and ideas related to implementing MBC technology into their clinical workflows. Interviews were audio recorded, transcribed, and coded to allow for thematic analysis using a mixed deductive and inductive approach. Clinicians also completed a card sorting task to rate the perceived helpfulness of routinely measuring and monitoring different treatment outcomes. RESULTS: Clinicians reported several potential benefits of MBC, including improved patient-provider communication, client empowerment, and improved communication

						<p>between clinicians. Clinicians also expressed potential drawbacks, including concerns about subjectivity in patient self-reports, limits to personalization, increased time burdens, and needing to learn to use new technologies. Clinicians generated several ideas and preferences aimed at minimizing burden of MBC, illustrating clinical changes over time, improving ease of use, and improving personalization. Numerous patient outcomes were identified as "very helpful" to track, including coping skills, social support, and motivation for change. CONCLUSIONS: MBC may be a beneficial tool for improving clinical care in SUD treatment settings. MBC tools may be particularly adoptable if they are compatible with existing workflows, help illustrate gradual and nonlinear progress in SUD treatment, measure outcomes perceived as clinically useful, accommodate multiple use cases and stakeholder groups, and are framed as an additional source of information meant to augment, rather than replace, existing practices and information sources.</p>
Taweeseedt, Pahnwat; Najeeb, Hala; Surani, Salim	2022	Patient-Centered Therapy for Obstructive Sleep Apnea: A Review	Medicina (Kaunas, Lithuania)	58	10	<p>Obstructive sleep apnea (OSA) is one of the most common sleep problems defined by cessation or decreased airflow despite breathing efforts. It is known to be related to multiple adverse health consequences. Positive airway pressure (PAP) is considered an effective treatment that is widely used. Various modes of PAP and other emerging treatment options are now available. A multidisciplinary approach, understanding diverse phenotypes of OSA, and shared decision-making are necessary for successful OSA treatment. Patient-centered care is an essential modality to support patient care that can be utilized in patients with OSA to help</p>

							improve outcomes, treatment adherence, and patient satisfaction.
Tecklenburg, Hans-Jrgen	2018	Alkoholismus					Auch bei vorrangig anderer Problematik, z. B. ngsten und Depressionen, bei denen ein Klient Untersttzung sucht, kann ein problematischer Suchtmittelkonsum bzw. ein Suchtverhalten urschlich oder verstrkend bestehen. Auch bei Personenzentrierter Therapie aus anderen Beweggrnden sollte von Fachleuten die Mglichkeit eines begleitenden oder urschlichen missbruchlichen Suchtmittelkonsums, nicht nur in der Kennenlernphase, im Auge behalten, geprft und in das therapeutische Angebot einbezogen werden. (c) Springer-Verlag GmbH Deutschland
Teeters, Jenni B.; Lancaster, Cynthia L.; Brown, Delisa G.; Back, Sudie E.	2017	Substance use disorders in military veterans: prevalence and treatment challenges	Substance abuse and rehabilitation	8		69–77	Substance use disorders (SUDs) are a significant problem among our nation's military veterans. In the following overview, we provide information on the prevalence of SUDs among military veterans, clinical characteristics of SUDs, options for screening and evidence-based treatment, as well as relevant treatment challenges. Among psychotherapeutic approaches, behavioral interventions for the management of SUDs typically involve short-term, cognitive-behavioral therapy interventions. These interventions focus on the identification and modification of maladaptive thoughts and behaviors associated with increased craving, use, or relapse to substances. Additionally, client-centered motivational interviewing approaches focus on increasing motivation to engage in treatment and reduce substance use. A variety of pharmacotherapies have received some support in the management of SUDs, primarily to help with the reduction of craving or withdrawal symptoms. Currently approved medications as well as treatment challenges are discussed.

Teh, Yang Yang; Lek, Evonne	2018	Culture and reflexivity: systemic journeys with a British Chinese family	Journal of Family Therapy	40	4	520–536	
Teichmann-Wirth, Beatrix	2019	Traumatasensible Begleitung rund um die Diagnose Krebs . Ein integrativer Ansatz	Person	23	2	139–150	Nach der Beschreibung von spezifischen Facetten einer personenzentrierten Beziehung in der psychoonkologischen Begleitung werden die Symptome des Schocks, die mit einer Krebsdiagnose zumeist verbunden sind und oftmals denen einer akuten traumatischen Belastungsreaktion ähneln, sowie deren neurophysiologischer Hintergrund beschrieben. Es wird auf die Traumataspezifika und das Traumatisierungspotenzial einer Krebsdiagnose eingegangen. Es werden Elemente einer traumatasensiblen Diagnose vorgestellt wie auch traumafokussierte Maßnahmen zur Akuthilfe, die einer potenziellen Traumatisierung entgegenwirken. Ziel des vorliegenden Artikels ist es, mithilfe von traumataspezifischem Wissen einen Verstehenshintergrund für die teilweise heftigen Reaktionen nach einer Krebsdiagnose zu geben. Es werden Möglichkeiten vorgestellt, wie der Ausbildung einer posttraumatischen Belastungsreaktion und dem damit verbundenen erhöhten Rezidivrisiko entgegengewirkt werden kann, damit die Krebsdiagnose als Herausforderung und nicht als Beförderung erlebt werden kann.
Telfener, Umberta; Ticozzelli, Elia	2023	Strategizing: The state of the art in the Milan School	Family process	62	3	1024–1039	It is important to understand the need to have directions and goals in order to organize a therapeutic path. After having considered the common aspects of strategic therapies, the authors-both representing the Milan School of Boscolo and Cecchin-explain the unavoidable use of a strategic attitude and its evolution, from the

							adherence to the Palo Alto model, to Tomm's (1987) proposal, to considering strategizing the fourth guideline of the Milan Approach. We then discuss the utilization of strategizing in the present times. Does it make sense to speak of directive or nondirective psychotherapists now a days? The answer is that if we take a second-order positioning-which is the attitude that distinguishes therapy from a common chat among friends-we are inevitably and contemporarily both directive and nondirective. An example from the botanical field is offered.
Tempel, Katharina	2017	Deine persnliche Glckswoche. Evaluation Positiv- Psychologischer Interventionen zur Steigerung des Psychologische n Wohlbefindens					Bisherige Interventionsstudien konnten zeigen, dass bungen auf Grundlage der Positiven Psychologie (PP) - Positiv-Psychologische Interventionen (PPI) - das Subjektive Wohlbefinden (SWB) steigern und depressive Symptome verringern knnen. Unbekannt ist hingegen, ob und wie sich solche bungen auf das Psychologische Wohlbefinden (PWB) auswirken. Im Rahmen der vorliegenden Dissertation wurde untersucht, ob mit Hilfe verschiedener bekannter Interventionen auf Grundlage der PP das PWB erhht werden kann. Die simultane Erhebung des SWB und des PWB sollte darber hinaus ermglichen, mehr ber die Unterschiede und Gemeinsamkeiten dieser beiden Wohlbefindenskonzepte zu erfahren. Zur Beantwortung der Fragestellungen wurde eine Onlinestudie durchgefhr, an der ber 1500 Personen teilnahmen. Diese wurden randomisiert vier experimentellen Bedingungen (Three Good Things: TGT; Best Possible Self: BPS; Using Signature Strengths in a New Way: USS und eine kombinierte bung: KOM) sowie zwei Kontrollgruppen (Warteliste-KG: WL und Plazebo-KG: LD) zugeteilt und gebeten, verschiedene Inventare zur Erfassung ihres Wohlbefindenszustandes auszufllen. Im

						<p>Anschluss an den Prtest wurden die Teilnehmer aufgefordert, ihre jeweiligen bungen eine Woche lang tglich fr etwa fnf Minuten auszufhren und im Anschluss ein zweites Mal alle erforderlichen Fragebogen auszufllen. Im Abstand von einem, drei und sechs Monaten wurden die Teilnehmer erneut befragt, um potenzielle Langzeiteffekte der Interventionen erfassen und ein umfangreiches Wirkdiagramm der einzelnen bungen erstellen zu knnen. Eine hohe Abbruchquote, die sich bedeutsam zwischen den Gruppen unterschied und von unterschiedlichen Ergebnisvariablen beeinflusst wurde, fhrte dazu, dass sich die Teilnehmer, trotz erfolgreicher Randomisierung zu Beginn, systematisch in ihren Ausgangsvariablen unterschieden. Um die Gruppen in ihren Ausgangswerten wieder vergleichbar zu machen, wurde ein "Propensity Score Weighting" durchgefhrte, und nachfolgende Analysen wurden mit den gewichteten Daten gerechnet. Es zeigte sich, dass die Befunde frherer Studien z. T. repliziert werden konnten, nach denen die ausgewhlten PPI mit signifikanten Anstiegen im Wohlbefinden sowie signifikanten Reduktionen depressiver Symptome einhergehen. Wie postuliert, zeigten sich neben Auswirkungen auf das Authentische Glck (AG) und SWB auch bedeutsame Effekte auf das PWB. Im Vergleich zur Warteliste gingen alle drei PPI zum Posttest mit signifikanten Anstiegen im AG und signifikanten Reduktionen der depressiven Symptomatik einher. Der Vergleich zur Plazebo-KG wurde lediglich fr die USS-Intervention im Hinblick auf das AG signifikant. In allen drei PPI kam es darber hinaus zum Posttest im Vergleich zur Warteliste zu signifikanten Anstiegen im positiven Affekt der Teilnehmer. Bedeutsame Unterschiede in der Lebenszufriedenheit der Teilnehmer</p>
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						<p>ergaben sich erst zum 1-Monats-Follow-up zwischen der TGT-Intervention und der Warteliste. Zu diesem Zeitpunkt wiesen Teilnehmer aller drei PPI ein hheres AG auf als Teilnehmer der Warteliste. Bedeutsame Anstiege im SWB sowie signifikante Reduktionen der depressiven Symptome lagen zum 1-Monats-Follow-up lediglich noch fr Teilnehmer der TGT-Intervention im Vergleich zu Teilnehmern der Warteliste vor. Das PWB war fr Teilnehmer der TGT-Intervention signifikant im Vergleich zur Warteliste erhht und zwar unmittelbar nach Durchfhrung der Intervention ebenso wie zum 1-Monats- und zum 3-Monats-Follow-up, wobei insbesondere die PWB-Facetten Kontrollierbarkeit der Umwelt, Autonomie und Selbstakzeptanz signifikante Anstiege aufwiesen. Der Vergleich zur Plazebo-KG wurde fr Teilnehmer der TGT-Intervention nur zu den Follow-up-Messungen und auch hier nur multivariat signifikant. Teilnehmer der USS-bung wiesen unmittelbar nach Durchfhrung im Vergleich zu beiden Kontrollgruppen signifikant hhere Anstiege im PWB auf und zwar insbesondere in den PWB-Subskalen Kontrollierbarkeit der Umwelt, Lebenssinn und Positive Beziehungen zu Anderen. Langzeiteffekte konnten fr die USS-Gruppe nur multivariat im Vergleich zur Plazebo-KG festgestellt werden. Die BPS-Intervention ging unmittelbar nach Durchfhrung der Intervention im Vergleich zur Warteliste mit signifikanten Verbesserungen im positiven Affekt, im AG und den depressiven Symptomen der Teilnehmer einher, jedoch nicht mit Vernderungen im PWB. Im Hinblick auf die Gemeinsamkeiten und Unterschiede der beiden Wohlbefindenskonzepte deuten die Ergebnisse darauf hin, dass es sich bei SWB und PWB um bezogene, aber unterscheidbare Konstrukte handelt. Die Limitationen der</p>
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							vorliegenden Studie werden abschließend diskutiert und Empfehlungen für künftige Studien werden ausgesprochen.
Terjung, Beatrix; Winter, Elena	2021	Wo es um konstruktive Beziehungen geht, ist der PZA zu Hause	Gesprächspsychotherapie und Personenzentrierte Beratung	52	4	24–25	Beatrix Terjung hat sich als langjähriges GwG-Mitglied unter anderem für das Thema Organisationsentwicklung stark gemacht und dazu beigetragen, das Bildungsangebot "Personenzentrierte Beratung in der Personal- und Organisationsentwicklung" zu etablieren. Ein Interview über Ihr bisheriges Wirken.
Terrill, Alexandra L.; Reblin, Maija; MacKenzie, Justin J.; Cardell, Beth; Einerson, Jackie; Berg, Cynthia A.; Majersik, Jennifer J.; Richards, Lorie		Development of a novel positive psychology-based intervention for couples post-stroke	Rehabilitation Psychology	63	1		Objective: Stroke provides challenges for survivors and partner caregivers. Stroke survivors and caregivers are interconnected in their emotional health, including depression, a common stroke sequelae. The purpose of this study was to develop and test the feasibility of a dyadic positive psychology-based intervention (PPI) for couples coping poststroke. Design: Community-dwelling couples consisted of 1 partner who had a stroke ≥6 months ago and a cohabiting partner caregiver. One or both partner(s) had to report depressive symptoms. The PPI consisted of 1 brief face-to-face training session and an 8-week self-administered intervention in which participants were instructed to engage in at least 2 activities alone and 2 together each week. Two dyads were randomly assigned to a waitlist control to test feasibility of this process. Baseline, postintervention, and 3-month follow-up assessments and post-program feedback were obtained. Descriptive statistics were used to analyze sample characteristics, recruitment and retention rates, adherence, key pre- and postintervention outcomes, and satisfaction with the intervention. Results: Eleven of 20 couples responding to recruitment letters were enrolled in the study. Ten of 11 dyads completed the program. All participants engaged in activities for at least 6 of 8 weeks. Feedback data indicated participant

						<p>satisfaction with the intervention, and key outcome measures demonstrated adequate variability. Conclusions: The self-administered dyadic PPI is feasible for implementation with couples poststroke. The PPI represents a first step in a novel dyadic approach in this population. Recruitment, enrollment and attrition rates, and feedback will be used to inform a larger randomized trial. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Teusch, Ludwig	2018	Angst- und Zwangsstrungen				<p>Angststrungen gehen mit einer Lebenszeit-Prvalenz von ca. 16 Prozent zu den hufigsten psychischen Strungen. Unter phnomenologischen Gesichtspunkten knnen dabei Generalisierte Angststrungen, Agoraphobien, Panikattacken, Phobien vor spezifischen Objekten oder Situationen sowie Soziale Phobien unterschieden werden. Akute und Posttraumatische Belastungsstrungen zhlen ebenfalls zu den Angststrungen, werden in diesem Buch aber gesondert behandelt. Panikattacken und Panikstrungen, die fr die Betroffenen extrem qulend sind, begegnen uns im therapeutischen Alltag hufig. Sie werden nachfolgend zusammen mit der Agoraphobie ausfhrlich besprochen, wobei die personzentrierte Praxis bei Klienten mit Phobien in typischer Form gut sichtbar wird. (c) Springer-Verlag GmbH Deutschland</p>
Thakur, E. R.; Holmes, H. J.; Lockhart, N. A.; Carty, J. N.; Ziadni, M. S.; Doherty, H. K.; Lackner, J. M.; Schubiner, H.; Lumley, M. A.	2017	Emotional awareness and expression training improves irritable bowel syndrome: A randomized controlled trial	Neurogastroenterology and motility	29	12	<p>BACKGROUND Current clinical guidelines identify several psychological treatments for irritable bowel syndrome (IBS). IBS patients, however, have elevated trauma, life stress, relationship conflicts, and emotional avoidance, which few therapies directly target. We tested the effects of emotional awareness and expression training (EAET) compared to an evidence-based comparison condition-relaxation training-and a waitlist control condition.</p>

						<p>METHODS Adults with IBS (N=106; 80% female, Mean age=36 years) were randomized to EAET, relaxation training, or waitlist control. Both EAET and relaxation training were administered in three, weekly, 50-minute, individual sessions. All patients completed the IBS Symptom Severity Scale (primary outcome), IBS Quality of Life, and Brief Symptom Inventory (anxiety, depressive, and hostility symptoms) at pretreatment and at 2 weeks posttreatment and 10 weeks follow-up (primary endpoint).</p> <p>KEY RESULTS Compared to waitlist controls, EAET, but not relaxation training, significantly reduced IBS symptom severity at 10-week follow-up. Both EAET and relaxation training improved quality of life at follow-up. Finally, EAET did not reduce psychological symptoms, whereas relaxation training reduced depressive symptoms at follow-up (and anxiety symptoms at posttreatment).</p> <p>CONCLUSIONS & INFERENCES Brief emotional awareness and expression training that targeted trauma and emotional conflicts reduced somatic symptoms and improved quality of life in patients with IBS. This emotion-focused approach may be considered an additional treatment option for IBS, although research should compare EAET to a full cognitive-behavioral protocol and determine which patients are best suited for each approach. Registered at clinicaltrials.gov (NCT01886027).</p>
Thal, Sascha B.; Baker, Paris; Marinis, Jonathon;	2023	Therapeutic frameworks in integration sessions in	Clinical psychology & psychotherapy			<p>Serotonergic psychedelics and related substances have been explored as potential adjuncts in substance-assisted psychotherapy (SAPT) for treating various disorders. SAPT can be divided into three phases:</p>

<p>Wieberneit, Michelle; Sharbanee, Jason M.; Bruno, Raimundo; Skeffington, Petra M.; Bright, Stephen J.</p>		<p>substance-assisted psychotherapy: A systematised review</p>				<p>preparation, administration and integration. Integration is commonly defined as the comprehension and effective application of insights from psychedelic experiences into everyday life. However, there is limited research regarding the most appropriate therapeutic approach during SAPT. In this article, we discuss the current evidence for different therapeutic frameworks for integration sessions when serotonergic psychedelics and entactogens are used as adjuncts to psychotherapy. We conducted a systematised review of the literature following PRISMA guidelines and searched PsycINFO, MEDLINE and Cochrane Library databases. The final synthesis included 75 clinical trials, mixed-methods investigations, treatment manuals, study protocols, quasi-experiments, qualitative investigations, descriptive studies, opinion papers, reviews, books and book chapters, published until 11 November 2022. The effects that various therapeutic approaches for integration sessions have on therapeutic outcomes have not been investigated by means of rigorous research. Most of the available evidence we retrieved was not supported by empirical data, thus limiting any conclusive statements regarding appropriate therapeutic frameworks for integration sessions for SAPT. Current clinical studies have used a range of therapeutic frameworks with the majority drawing from the humanistic-experiential tradition. While integration is regarded as crucial for the safe application of SAPT, there is currently an insufficient evidence base to suggest that any type of therapy is effective for guiding integration sessions. A systematic investigation of different therapeutic frameworks for integration and additional therapy-related factors is needed.</p>
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The Lancet Diabetes, Endocrinology	2017	Diabetes care: putting patients front and centre	The lancet. Diabetes & endocrinology	5	6	403	
Theunissen, Maudy T. M.; van den Elsen, Renee M; House, Tiffany L.; Crittenden, Brad; van Doorn, Pieter A.; van der Ploeg, Ans T; Kruijshaar, Michelle E.; van der Beek, Nadine A M E	2024	The impact of COVID-19 infection, the pandemic and its associated control measures on patients with Pompe disease	Journal of neurology	271	1	32–45	<p>BACKGROUND: Patients with Pompe disease, a rare metabolic myopathy, were thought to be at increased risk of severe COVID-19 disease during the pandemic. In addition, the lockdown may have affected their regular treatment. OBJECTIVE: To assess the perceived effect of COVID-19 infection and of the pandemic on the treatment, and physical and mental health of patients with Pompe disease. METHODS: Patients with Pompe disease over 16 years of age participated in an international, cross-sectional, online survey (September 20, 2022-November 7, 2022). The questionnaire, available in eight languages, consisted of 89 questions divided into 3 parts: (A) severity of Pompe disease, (B) COVID-19 precautions and infection(s) and (C) effects of the COVID-19 pandemic. RESULTS: Among 342 respondents, originating from 25 different countries, 47.6% experienced one or more COVID-19 infections. While most recovered within 4 weeks (69.7%) and only eight patients needed to be admitted to the hospital, 42.2% of patients experienced an impact of the infection on their overall condition, respiratory status and/or mobility status. More severely affected patients took more stringent control measures. The pandemic additionally caused interruptions in medical care in many patients (56.0%) and 17.2% of patients experienced interruptions of enzyme replacement therapy. The pandemic also affected many patients' disease severity (27.7%), mental health (55.4%) and feeling of loneliness (43.4%). CONCLUSION: COVID-19 infection(s) and the pandemic affected the treatment, physical health and mental health</p>

							of patients with Pompe disease, emphasizing the importance of continued patient centered care during a difficult time such as the COVID-19 pandemic.
Thielen, Manfred	2020	Die Zukunft der Humanistischen Psychotherapie	Gesprchspsych ootherapie und Personzentrierte Beratung	51	3	16-19	In diesem Artikel werden zwei Fragen behandelt: Wie wurde Psychotherapie, speziell Krperpsychotherapie, in der Hochphase von Corona per Video durchgefhrht? Und wie sollte die Zukunft der Psychotherapie nach der Ausbildungsreform und der gegenwrtigen Weiterbildungsdiskussion aussehen und welche Rolle knnte dabei die Humanistische Psychotherapie spielen?
Thielen, Manfred	2022	Aktuelle Situation der Gesprchspsych ootherapie im Rahmen der Aus- und Weiterbildungsreform	VPP aktuell	58		14-15	Wie ist der Stand der Diskussionen zur Anerkennung der Gesprchspsychotherapie? Manfred Thielen skizziert den aktuellen Stand der Debatte und wagt einen Blick nach vorne.
Thielen, Manfred; Arnim, Angela von; Willach-Holzapfel, Anna	2018	Lebenszyklen - Krperrhythmen. Krperpsychotherapie ber die Lebensspanne					Entwicklungspsychologische Erkenntnisse werden fr die krperpsychotherapeutische Praxis nutzbar gemacht. Dabei wird systematisch die gesamte Lebensspanne einbezogen - angefangen bei prnatalen Erfahrungen und Geburt, ber Kindheit, Jugend, sexuelle und geschlechtliche Entwicklung bis hin zum gereiften Erwachsenen und zu den Herausforderungen des lterwerdens und der Sterblichkeit. Chancen und Krisen in den verschiedenen Phasen der Entwicklung und Reifung, Verkrperungsprozesse unter traumatischen oder defizitren Bedingungen und Potenziale menschlicher Reifung und Verkrperung werden aus der Perspektive der Krperpsychotherapie beleuchtet. - Inhalt: (A) Einleitende Beitrge. (1) Angela von Arnim: Lebenszyklen und Krperrhythmen. Eine umkreisend-einschwingende

						<p>Annherung an das Thema. (2) Ulfried Geuter. Selbst und Struktur. Zum klinischen Verstdnis kindlicher Entwicklung in der Krperpsychotherapie. (3) Manfred Thielen: Krperpsychotherapie in den verschiedenen Lebenszyklen. - (B) Beitrge zu den Lebenszyklen: Schwangerschaft - Geburt - Eltern-Baby-Therapien. (4) Claudia Khler: Pr- und perinatale Krperpsychotherapie. (5) Renate Abel: Der Start ins Leben. Wie prgen Empfngnis, Schwangerschaft, Geburt und postnatale Zeit unser Leben? (6) Elke Wagner: Ressource Tanz. (7) Paula Diederichs: Nachtschreck. Fallbeschreibung aus der krperorientierten Krisenbegleitung der SchreiBabyAmbulanz Berlin. - (C) Krperpsychotherapie mit Kindern und Jugendlichen. (8) Doris Lange: Aufmerksamkeitsdefizit-Hyperaktivitsstrung (ADHS). Funktionelle Entspannung in der Kinderpsychotherapie. (9) Thomas Haudel: Krperpsychotherapie mit Jungen im Schulalter. - (D) Beitrge zu den Lebenszyklen: Sexualitt und geschlechtliche Identitt. (10) Robert Fischer: Partnerschaft, Sexualitt, Entwicklung und Reifung. (11) Anna Willach-Holzappel: Frauenkrper - Mnnerkrper. Gedanken zum "doing gender" im Krperpsychotherapieraum. (12) Heide Gerdts und Thomas Scheskat: "Furchtbar und Fruchtbar - die Kraft der Aggression". Ein krperorientiertes Erfahrungskonzept - nicht nur - zur Begegnung der Geschlechter. (13) Leonhard Schrenker: Knnen Paarbeziehungen alte Wunden heilen? Die Aufladung von Paarbeziehungen mit ungestillten frhen Bedrfnissen aus Sicht der Pesso-Therapie (PBSP). - (E) Beitrge zu den Lebenszyklen: Krperpsychotherapie im Umgang mit lterwerden, Krankheit und Sterblichkeit. (14) Bettina Schroeter: Reif werden zum Leben - Reif werden zum Sterben. Zur</p>
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						<p>Integration der Sterblichkeit in die Psychotherapie. (15) Joachim Vieregge: "How you think is how you see". Gedanken ber die Therapie mit alten Menschen. - (F) Spezielle Fragen der Krperpsychotherapie: Krperpsychotherapie und Humanistische Psychotherapie. (16) Manfred Thielen: Krperpsychotherapie als eine Richtung der Humanistischen Psychotherapie. (17) Werner Eberwein: Krperpsychotherapie und Humanistische Psychotherapie. (18) Ernst Kern: Krperpsychotherapie und Humanistische Psychotherapie aus Sicht der Personzentrierten Krperpsychotherapie (19) Gustl Marlock: Notizen zum Verhlnis von Krperpsychotherapie und Humanistischer Psychologie. - (G) Spezielle Fragen der Krperpsychotherapie: Spezielle Zugangswege in der Krperpsychotherapie. (20) Julianne Appel-Opper: Relationale krperliche Prozesse in Psychotherapie und Supervision. (21) Sabine Schrem: Atemrhythmus - Lebensrhythmen. (22) Ernst Kern: Personzentrierte Krperpsychotherapie. - (H) Spezielle Fragen der Krperpsychotherapie: Wirkfaktoren der Krperpsychotherapie. (23) Verena Lauffer: In den Strungen sind die Lsungen verborgen - die Kunst der Integration. (24) Sabine C. Koch: Wirkfaktoren der Tanz- und Bewegungstherapie. (25) Ernst Kern: Wirkfaktoren der Krperpsychotherapie. Personzentrierte Krperpsychotherapie: ber Krperwahrnehmung Zugang zu Emotionen und Gefhlsregulation ffnen.</p>
Thielen, Manfred; Eberwein, Werner	2019	Zwei Fallvignetten. Humanistisch-psychotherapeutische Behandlungen				<p>Zwei Fallvignetten humanistisch-psychotherapeutischer Behandlungen werden prsentiert. Im ersten Fall handelt es sich um die Behandlung eines 36-jhrigen Patienten mit der Diagnose einer mittelgradigen depressiven Episode. Exemplarische Schritte der Psychotherapie, die sich ber 78 Einzelsitzungen erstreckte, werden aufgefhrt. Der</p>

							<p>Patient schloss die Psychotherapie ab mit einem gewachsenen Selbstwert- gefhl, gewachsener Selbstbehauptungs- und Konfliktfhigkeit, einer gestrkten Fhigkeit, Gefhle anzunehmen, zu kommunizieren und zu regulieren. Er erlebte mehr Lebensfreude und Wohlbefinden. Er erlernte Selbsthilfemglichkeiten, um mit eventuell wieder auftauchenden Stimmungstiefs umgehen zu knnen. Seine Testwerte waren im Normbereich. Im zweiten Fall handelt es sich um eine 36-jhrige Patientin mit einer Panikstrung, deren Behandlung krperpsychotherapeutische, gestalttherapeutische, transaktionsanalytische, psychodramatische und existenzanalytische Anteile beinhaltete. Auch hier wurde die Behandlung erfolgreich abgeschlossen.</p>
Thielen, Manfred; Eberwein, Werner	2019	Fhlen und Erleben in der Humanistischen Psychotherapie					<p>Humanistische Psychotherapie mit dem Fokus auf Fhlen und Erleben im Hier und Jetzt untersttzt Patientinnen und Patienten in ihrer emotionalen Selbstregulation, ihrer existenziellen Orientierungssuche und ihrer lebenswirklichen Handlungsfhigkeit. Sie erfahren affektiv und emotional ihre Problematiken und lernen, strende Muster zu verndern. Vor diesem Hintergrund verdeutlichen prominente Vertreterinnen und Vertreter verschiedener Anstze der Humanistischen Psychotherapie theoretisch wie praktisch ihre integrativ zusammengewachsenen Arbeitsprinzipien und unterstreichen dabei die zentrale Rolle von Emotion und Erleben. - Inhalt: (1) Manfred Thielen: Fhlen und Erleben in schwierigen Zeiten. (2) Werner Eberwein: Heraus aus dem Hamsterrad. Psycho-kologie und Sinnorientierung im Zeitalter des Narzissmus. (3) Jrgen Kriz: Erlebe dein Fhlen und fhle dein Erleben! Der zentrale Fokus Humanistischer Psychotherapie. (4) Alfried Lngle: Das Wesentliche spren. Erleben als Grundlage</p>

						<p>phnomenologischer Wahrnehmung in der Psychotherapie. (5) Martha Hsgen-Adler: Emotionsfokussierung und Erlebnisaktivierung bei Strukturellen Strungen. (6) Christoph Kolbe: Wie fhlt sich das an? Verstdnis und Bedeutung von Emotionen in der Humanistischen Psychotherapie. (7) Brbel Wardetzki: Weiblicher Narzissmus. Ein Leben zwischen extremen Gefhlen. (8) Silke Birgitta Gahleitner: Traumatherapie imkreativen Beziehungsraum mit Kindern und Jugendlichen. (9) Albrecht Boeckh: Die Rolle der Gefhle in der Gestalttherapie. (10) Werner Eberwein: Wie geschieht Heilung in der Humanistischen Psychotherapie? Welche Rolle spielt dabei die Patient-Therapeut-Beziehung? (11) Manfred Thielen und Werner Eberwein: Zwei Fallvignetten. Humanistisch-psychotherapeutische Behandlungen.</p>
Thivissen, Jan G.; Wlte, Dieter	2018	Schulenspezifische Beratungsmodelle und deren Integration				<p>In einem kurzen berblick werden schulenspezifische Beratungsmodelle und ausgewhlte Konzepte ihrer Integration beschrieben. Bezglich der Modelle werden die psychodynamische/psychoanalytische Beratung, die kognitiv-verhaltenstherapeutische Beratung, die klientenzentrierte Beratung/Gesprchspsychotherapie sowie die systemische Beratung skizziert. Als Konzepte integrativer Beratung und Psychotherapie werden die Allgemeine Psychotherapie nach Klaus Grawe, das transtheoretische Modell nach James Prochaska und Carlo DiClemente sowie die "Systematic Treatment Selection" nach Larry Beutler prsentiert.</p>
Thomas, D.; Abramson, M. J.; Bonevski, B.; George, J.	2017	System change interventions for smoking cessation	Cochrane Database of Systematic Reviews	2(2): CD010742.	2	<p>Abstract - Background System change interventions for smoking cessation are policies and practices designed by organizations to integrate the identification of smokers and the subsequent offering of evidence-based nicotine dependence treatments into usual care. Such strategies</p>

				<p>10.1 002/ 1465 1858 .CD0 1074 2.pu b2</p>		<p>have the potential to improve the provision of smoking cessation support in healthcare settings, and cessation outcomes among those who use them. Objectives To assess the effectiveness of system change interventions within healthcare settings, for increasing smoking cessation or the provision of smoking cessation care, or both. Search methods We searched databases including the Cochrane Tobacco Addiction Group Specialized Register, CENTRAL, MEDLINE, Embase, CINAHL, and PsycINFO in February 2016. We also searched clinical trial registries: WHO clinical trial registry, US National Institute of Health (NIH) clinical trial registry. We checked 'grey' literature, and handsearched bibliographies of relevant papers and publications. Selection criteria Randomized controlled trials (RCTs), cluster-RCTs, quasi-RCTs and interrupted time series studies that evaluated a system change intervention, which included identification of all smokers and subsequent offering of evidence-based nicotine dependence treatment. Data collection and analysis Using a standardized form, we extracted data from eligible studies on study settings, participants, interventions and outcomes of interest (both cessation and system-level outcomes). For cessation outcomes, we used the strictest available criteria to define abstinence. System-level outcomes included assessment and documentation of smoking status, provision of advice to quit or cessation counselling, referral and enrolment in quitline services, and prescribing of cessation medications. We assessed risks of bias according to the Cochrane Handbook and categorized each study as being at high, low or unclear risk of bias. We used a narrative synthesis to describe the effectiveness of the interventions on various outcomes,</p>
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						<p>because of significant heterogeneity among studies. Main results We included seven cluster-randomized controlled studies in this review. We rated the quality of evidence as very low or low, depending on the outcome, according to the GRADE standard. Evidence of efficacy was equivocal for abstinence from smoking at the longest follow-up (four studies), and for the secondary outcome 'prescribing of smoking cessation medications' (two studies). Four studies evaluated changes in provision of smoking cessation counselling and three favoured the intervention. There were significant improvements in documentation of smoking status (one study), quitline referral (two studies) and quitline enrolment (two studies). Other secondary endpoints, such as asking about tobacco use (three studies) and advising to quit (three studies), also indicated some positive effects. Authors' conclusions The available evidence suggests that system change interventions for smoking cessation may not be effective in achieving increased cessation rates, but have been shown to improve process outcomes, such as documentation of smoking status, provision of cessation counselling and referral to smoking cessation services. However, as the available research is limited we are not able to draw strong conclusions. There is a need for additional high-quality research to explore the impact of system change interventions on both cessation and system-level outcomes. Plain language summary Do organizational changes to support people quitting smoking improve services and help more people to quit? Background Smoking is a cause of many health problems, including cancers, heart and lung diseases. Health professionals (e.g. doctors, nurses, pharmacists, dentists, etc.) may be able to reduce this harm by helping</p>
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						<p>smokers to quit during a clinic visit. However, it may be difficult for health care providers to recognize smokers. They may also feel they cannot deliver good support as they do not have enough time, skills, training, budget or resources. A change within health professionals' wider organization may help to improve their involvement in care to help people to stop smoking, and in turn improve the chances of them quitting smoking. These changes may include introducing a system for asking patients if they smoke and recording smoking status on the patient health records; providing health care providers with training, budget or resources to help them deliver more effective quitting support; identifying a dedicated staff member to provide quitting support; introducing new rules to restrict smoking or support quitting activities; introducing advice to quit smoking into routine care; and paying health workers for delivering cessation support. This review aimed to find out whether implementing these organizational changes improves health professionals' involvement in quit smoking activities, and whether it helps smokers stop smoking. We assessed the following activities by health professionals to evaluate their involvement in quit smoking activities: 1) asking about tobacco use; 2) documenting smoking status on patient health records; 3) advising smokers to quit; 4) counselling to quit; 5) providing medicines to quit smoking; and 6) referring to other centers such as quitlines (a telephone support service for smokers to quit) where smokers can obtain further help. Study characteristics We searched for studies published up to February 2016. Our search identified seven studies which investigated changes made to the way organizations offered stop-smoking support in healthcare settings; six studies were</p>
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							<p>conducted in the USA and one in Spain. Two studies evaluated the changes implemented in primary care clinics and another two studies evaluated changes in dental clinics. One study each evaluated changes in community pharmacy, Veterans Affairs Medical Center and pediatric practice. All included studies were supported or funded by government agencies. None of the studies implemented all the recommended changes or activities listed above. Five studies implemented four types of changes and two studies implemented three types of changes. Identifying all smokers, training health professionals and advising smokers to quit were part of all included studies. Key results Of the seven studies identified, only four evaluated the effect of organizational changes on study participants' quitting status. Of these, two found that organizational changes helped people to quit smoking, but the other two studies reported that they did not, and hence no conclusion could be drawn on this factor. Activities such as counselling to quit, recording smoking status in patient health records, and referring smokers to an outside stop-smoking clinic improved after those changes were made. Of the three studies which evaluated factors such as asking about tobacco use and advising to quit, two reported that organizational changes could improve both of those factors. Quality of the evidence The overall quality of the evidence was judged to be low because of the small number of available studies and inadequate study designs. More well-conducted studies are needed to fill this knowledge gap. Some studies are already underway but need to be evaluated in detail to include in the review.</p>
Thomas, Elizabeth C.;	2018	Person-Oriented Recovery of	Psychiatric services	69	3	259–267	<p>OBJECTIVE: Although there is significant literature examining changes over time in the functional recovery of</p>

<p>Despeaux, Katie E.; Drapalski, Amy L.; Bennett, Melanie</p>		<p>Individuals With Serious Mental Illnesses: A Review and Meta-Analysis of Longitudinal Findings</p>	<p>(Washington, D.C.)</p>			<p>people with serious mental illnesses, relatively little is known about the longitudinal nature of person-oriented recovery. The purpose of this review and meta-analysis is to synthesize findings pertaining to the study of person-oriented recovery constructs over time and concomitants of change. METHODS: Systematic searches up to February 2017 were conducted and were supplemented by hand-searching of reference lists and by contacting study authors. Twenty-three independent studies that included a sample of individuals with serious mental illnesses and that quantitatively measured person-oriented recovery, empowerment, or hope over at least two time points were included in the review. Of these, seven were randomized controlled trials that were included in the meta-analysis. Data were independently extracted by two reviewers. Aggregate effect sizes for person-oriented recovery outcomes were calculated, and individual, intervention, and methodological characteristics served as moderators in meta-regression analyses. RESULTS: The meta-analysis (N=1,739 participants) demonstrated that consumers experience greater (and sustained) improvement in person-oriented recovery outcomes when they are involved in recovery-oriented mental health treatment versus usual care or other types of treatment. Only type of intervention provider was a significant moderator; a study of an intervention that was delivered by both mental health professionals and peer providers demonstrated the greatest differences between treatment and control groups. CONCLUSIONS: Recovery-focused interventions, especially those that involve collaborations between mental health professionals and peer providers, may serve to foster increased recovery, hope, and</p>
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							empowerment among individuals with serious mental illnesses.
Thomas, Mark; Crabtree, Michael; Janvier, David; Craner, Wanda; Zechner, Michelle; Bussian, Lyn Barrett	2022	Bridging religion and spirituality with gestalt psychotherapy to improve clinical symptoms: Preliminary findings using gestalt pastoral care	Psychotherapy	59	3	400–404	An inherent tension between religion and psychotherapy has inhibited the conversation between the two paradigms in determining the most effective approaches to improving mental health outcomes for people of faith. Preliminary research has suggested that the intersection between the two may prove fruitful in providing mental health interventions. As a part of a broader big-data study sponsored by the Bridges Consortium of Brigham Young University and underwritten by the John Templeton Foundation, the present study evaluated the effectiveness of the spiritually integrated strategies of the modality Gestalt Pastoral Care (GPC) focusing on two goals: (a) determining the overall clinical effectiveness of GPC, not previously scientifically validated, and (b) evaluating the effectiveness of GPC in the reduction of symptoms most commonly seen in clients using empirically validated clinical measures. Using a practice-based research design, 324 participants, engaging in individual session format and/or multiperson retreat format, were followed up to 1 year using measures including the Clinically Adaptive Multidimensional Outcome Survey (CAMOS), the Clinical Outcomes in Routine Evaluation (CORE-10), the Primary Care PTSD Screen for Diagnostic and Statistical Manual of Mental Disorders [DSM]-5(PC-Post-traumatic Stress Disorder [PTSD]-5), and the Spiritual Index of Well-Being (SIWB). A series of paired t-tests compared differences from the first session (pretreatment) to last session (posttreatment) and showed significant improvements in all of the clinical outcomes. These data indicate a slightly stronger relationship between symptom reduction and

							delivery in the retreat setting. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Thombs, Brett D.; Kwakkenbos, Linda; Carrier, Marie-Eve; Bourgeault, Angelica; Tao, Lydia; Harb, Sami; Gagarine, Maria; Rice, Danielle; Bustamante, Laura; Ellis, Kelsey; Duchek, Delaney; Wu, Yin; Bhandari, Parash Mani; Neupane, Dipika; Carboni-Jiménez, Andrea; Henry, Richard S.; Krishnan, Ankur; Sun, Ying; Levis, Brooke; He, Chen; Turner, Kimberly A.; Benedetti, Andrea; Culos-Reed, Nicole; El-Baalbaki, Ghassan;	2020	Protocol for a partially nested randomised controlled trial to evaluate the effectiveness of the scleroderma patient-centered intervention network COVID-19 home-isolation activities together (SPIN-CHAT) program to reduce anxiety among at-risk scleroderma patients	Journal of psychosomatic research	135		110132	<p>OBJECTIVE Contagious disease outbreaks and related restrictions can lead to negative psychological outcomes, particularly in vulnerable populations at risk due to pre-existing medical conditions. No randomised controlled trials (RCTs) have tested interventions to reduce mental health consequences of contagious disease outbreaks. The primary objective of the Scleroderma Patient-centered Intervention Network COVID-19 Home-isolation Activities Together (SPIN-CHAT) Trial is to evaluate the effect of a videoconference-based program on symptoms of anxiety. Secondary objectives include evaluating effects on symptoms of depression, stress, loneliness, boredom, physical activity, and social interaction.</p> <p>METHODS The SPIN-CHAT Trial is a pragmatic RCT that will be conducted using the SPIN-COVID-19 Cohort, a sub-cohort of the SPIN Cohort. Eligible participants will be SPIN-COVID-19 Cohort participants without a positive COVID-19 test, with at least mild anxiety (PROMIS Anxiety 4a v1.0 T-score ≥ 55), not working from home, and not receiving current counselling or psychotherapy. We will randomly assign 162 participants to intervention groups of 7 to 10 participants each or waitlist control. We will use a partially nested RCT design to reflect dependence between individuals in training groups but not in the waitlist control. The SPIN-CHAT Program includes activity engagement, education on strategies to support mental health, and mutual participant support. Intervention participants will receive the 4-week (3 sessions per week) SPIN-CHAT Program via videoconference. The primary</p>

<p>Hebblethwaite, Shannon; Bartlett, Susan J.; Dyas, Laura; Patten, Scott; Varga, John</p>							<p>outcome is PROMIS Anxiety 4a score immediately post-intervention. ETHICS AND DISSEMINATION The SPIN-CHAT Trial will test whether a brief videoconference-based intervention will improve mental health outcomes among at-risk individuals during contagious disease outbreak.</p>
<p>Thompson-Brenner, Heather; Boswell, James F.; Espel-Huynh, Hallie; Brooks, Gayle; Lowe, Michael R.</p>	<p>2019</p>	<p>Implementation of transdiagnostic treatment for emotional disorders in residential eating disorder programs: A preliminary pre-post evaluation</p>	<p>Psychotherapy research : journal of the Society for Psychotherapy Research</p>	<p>29</p>	<p>8</p>	<p>1045–1061</p>	<p>Objective: Data are lacking from empirically supported therapies implemented in residential programs for eating disorders (EDs). Common elements treatments may be well-suited to address the complex implementation and treatment challenges that characterize these settings. This study assessed the preliminary effect of implementing a common elements therapy on clinician treatment delivery and patient (N = 616) symptom outcomes in two residential ED programs. Method: The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders was adapted to address ED and co-occurring psychopathology and implemented across sites. Therapists' treatment fidelity was rated independently to assess implementation success. Additionally, longitudinal (pre-post) design compared treatment outcomes among patients treated before and after implementation. Patient outcomes included ED and depressive symptoms, experiential avoidance, anxiety sensitivity, and mindfulness. Results: Following training and implementation, clinicians demonstrated adequate to good fidelity. Relative to pre-implementation, post-implementation patients showed significantly greater improvements in experiential avoidance, anxiety sensitivity, and mindfulness at discharge ($p \leq .04$) Relative to patients who were treated during the pre-implementation phase, patients in the post-</p>

							<p>implementation phase experienced more favorable outcomes on ED symptom severity, depression, mindfulness, and anxiety sensitivity at 6-month-follow-up ($p \leq .001$). A similar result was observed for experiential avoidance, yet this interaction effect was no longer statistically significant ($p = .10$) when the time x length of stay effect/covariate was added to the model.</p> <p>Conclusions: Preliminary pilot data support the feasibility of implementing transdiagnostic common elements therapy in residential ED treatment, and suggest that implementation may benefit transdiagnostic outcomes for patients. Clinical or methodological significance of this article: Limited data are available to guide evidence-based residential treatment for eating disorders. This study represents a unique effort to adapt, implement, and test an evidence-based therapy protocol across a large private network of intensive eating disorder treatment programs.</p>
Timulak, Ladislav	2018	Humanistic-experiential therapies in the treatment of generalised anxiety: A perspective	Couns and Psychother Res (Counselling and Psychotherapy Research)	18	3	233–236	
Timulak, Ladislav; McElvaney, James; Keogh, Daragh; Martin, Elaine; Clare, Peter; Chepukova,	2017	Emotion-focused therapy for generalized anxiety disorder: An exploratory study	Psychotherapy (Chicago, Ill.)	54	4	361–366	<p>Among psychological therapies for generalized anxiety disorder (GAD), cognitive-behavioral therapy has a dominant position as the most studied therapy. However, some researchers have recommended that to increase treatment options and broaden choice for clients, non-cognitive-behavioral therapy models for GAD should be examined. The present study was an exploratory study, assessing pre-post outcomes and 6-month follow-up of</p>

Elena; Greenberg, Leslie S.							emotion-focused therapy for GAD, supplemented by qualitative posttherapy client accounts of helpful and unhelpful aspects of therapy and changes reported since therapy started. Fourteen clients were assessed on several measures focusing on GAD symptoms, depressive symptoms, and general psychological functioning. Quantitative pre-post and 6-month follow-up data indicated large effect sizes. Qualitative data captured changes in emotional functioning, anxiety, self-acceptance, self-confidence, and self-understanding. Clients reported as helpful both relational aspects of the work and in-depth experiential tasks, although some found the experiential aspect of the work difficult. The findings suggest that there may be value in assessing emotion-focused therapy as a treatment for GAD in a randomized controlled trial. (PsycINFO Database Record (c) 2017 APA, all rights reserved).
Titze, Michael	2020	Die Umstellung der Schamgebundenen Einstellung	Existenzanalyse	37	1	90–97	Entwicklung, Auswirkungen und therapeutische Anstze zur Vernderung der schamgebundenen Einstellung werden beschrieben. Zunchst werden Scham- und Schuldgefhle voneinander abgegrenzt. Die besondere Form der selbstbezogenen Scham wird erlutert, ihre Entstehung durch negative Erfahrungen in der Kindheit wird dargestellt und ihre krperlichen Ausdrucksformen werden beschrieben. Dann wird auf Gelotophobie als spezifische Variante von Schamangst eingegangen. Schlielich werden Besonderheiten im psychotherapeutischen Umgang mit Schamangst sowie hilfreiche Interventionen wie die paradoxe Intention, Humordrama und der Clown als Identifikationsfigur beschrieben.

Todd, Megan; Teitler, Julien		Darker days? Recent trends in depression disparities among U.S. adults	American Journal of Orthopsychiatry	89	6		<p>Depression is the most prevalent mood disorder in the United States, and disparities in depressive symptoms and treatment by socioeconomic status have been well-documented. Recent evidence suggests the prevalence of depression is increasing, but less is known about time trends in disparities. Using nationally representative data from the National Health and Nutrition Examination Survey, we examined patterns of depressive symptoms (Patient Health Questionnaire-9) and treatment (self-reported psychotherapy and psychopharmacology). We assessed time trends in depression disparities by educational attainment among U.S. adults 2005–2014 using logistic regression models. Among the least educated groups, the odds of moderate to severe depressive symptoms increased; for the most educated, they remained stable (women) or decreased (men). At the same time, odds of receiving treatment, conditional on being depressed, declined (women) or remained stable (men) for the least educated group, whereas treatment rates stayed steady (women) or increased (men) for the most educated. Between 2005 and 2014, overall depression prevalence increased. Despite recent policies designed to improve mental health care coverage, depression treatment rates were unable to keep pace. The least educated consistently had the highest rates of moderate to severe depressive symptoms and the lowest rates of treatment. Disparities in depression by educational attainment have persisted or worsened. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Tolchin, Dorothy W.; Rushin, Claire; Tolchin,	2024	Top Ten Tips Palliative Care Clinicians	Journal of palliative medicine				<p>Palliative care (PC) clinicians are well poised to help people with disabilities (PWD) live well in the context of serious illness. PC prioritizes person-centered care with a</p>

<p>Ben; Slocum, Chloe; Meyerson, Jordana L.; Havercamp, Susan M.; Keeney, Tamra; Schwartz, Andrea W.; Schaefer, Kristen; Ross, Melissa; Stein, Michael A.; Jones, Christopher A.; Rosa, William E.; Brooks, Forrest A.</p>		<p>Should Know About Providing Care for People With Disabilities</p>				<p>focus on function, autonomy, and quality of life. This approach aligns with principles of high-quality care for PWD. An understanding of the unique experiences and needs of PWD can advance the delivery of comprehensive, equitable PC for this population. In this article, we provide 10 tips to help PC clinicians develop an informed disability lens in their approach to care.</p>
<p>Tomasi, David; Gates, Sheri; Reyns, Emily</p>	<p>2019</p>	<p>Positive Patient Response to a Structured Exercise Program Delivered in Inpatient Psychiatry</p>	<p>Global advances in health and medicine</p>	<p>8</p>	<p>2164956 1198486 57</p>	<p>BACKGROUND: The complexity of diagnostic presentations of an inpatient psychiatry population requires an integrative approach to health and well-being. In this sense, the primary need of this research aims at developing clinical strategies and healthier coping skills for anger, anxiety, and depression; promoting self-esteem, healthier sleep, and anxiety reduction; as well as enhancing mood and emotional-behavioral regulation via exercise and nutrition education. OBJECTIVES: The primary objective is to promote exercise, fitness, and physical health in inpatient psychiatry patients. The secondary objective includes therapeutic management of depressive symptoms and patient-centered approach to mania, angry outbursts, and generalized disruptive behavior. The tertiary objective is promoting research in</p>

							the psychophysiological effectors of exercise and nutrition education in combination with psychotherapy. METHOD: Monitoring self-reported changes in mood and general well-being via administration of surveys and questionnaires pre- and postexercise sessions. RESULTS: The research yielded positive outcomes in all areas investigated, suggesting the positive effects of exercise and mind-body strategies in the context of psychotherapy in inpatient psychiatry. CONCLUSION: Physical exercise may be a helpful way to reduce mental health disorders in the context of inpatient psychiatry by targeting anxiety, depression, anger, psychomotor agitation, and muscle tension and addressing stressors and triggers and to develop a more balanced and integrated sense of self.
Tompson, Martha C.; Sugar, Catherine A.; Langer, David A.; Asarnow, Joan R.	2017	A Randomized Clinical Trial Comparing Family-Focused Treatment and Individual Supportive Therapy for Depression in Childhood and Early Adolescence	Journal of the American Academy of Child and Adolescent Psychiatry	56	6	515–523	OBJECTIVE: Despite the morbidity and negative outcomes associated with early-onset depression, few studies have examined the efficacy of psychosocial treatment for depressive disorders during childhood. Integrating family in treatment could have particularly salutary effects during this developmental period. This trial compared immediate posttreatment effects of family-focused treatment for childhood depression (FFT-CD) with those of individual supportive psychotherapy (IP) for children 7 to 14 years old with depressive disorders. METHOD: Children were randomized to 15 sessions of FFT-CD (n = 67) or IP (n = 67) over 4 months. The primary treatment outcome was adequate clinical depression response, defined as at least a 50% decrease in score on the Children's Depression Rating Scale-Revised (CDRS-R). Additional outcomes included patient-centered outcomes (parent- and child-reported treatment satisfaction), remission (defined as CDRS-R score \leq 28), change in continuous CDRS-R score, and change in child

							and parent reports of depressive and non-depressive symptoms and social adjustment. RESULTS: Significant improvement was evident across groups for depressive and non-depressive symptoms, global response, and functioning and social adjustment. Compared with children randomized to IP, children randomized to FFT-CD showed higher rates of adequate clinical depression response (77.7% versus 59.9%; number needed to treat = 5.72; odds ratio 2.29; 95% CI 1.001-5.247; t = 1.97, p = .0498). Across treatments, families reported high satisfaction; compared with IP families, FFT-CD families reported greater knowledge and skills for managing depression. There were no significant differences between treatment arms on secondary outcomes. CONCLUSION: Results support the value of psychosocial intervention, emphasize the important role that families play, and highlight the potential for FFT-CD for supporting recovery in children with depression. Clinical trial registration information-Systems of Support Study for Childhood Depression; http://clinicaltrials.gov ; NCT01159041.
Toolan, Rochelle; Devereux, Megan; Timulak, Ladislav; Keogh, Daragh	2019	Relationship between self-worrying and self-critical messages in clients with generalised anxiety engaging in emotion-focused worry dialogues	Couns and Psychother Res (Counselling and Psychotherapy Research)	19	3	294-300	

<p>Topaloglou, Helena M.</p>	<p>2017</p>	<p>Im Erleben einer Krebserkrankung. Personenzentrierte Psychotherapie zwischen Diagnose, onkologischer Versorgung und Lebensrealität</p>				<p>Eine qualitative Studie zur Frage, wie sich krebserkrankte Menschen erleben und wie sich personenzentrierte Psychotherapie auf das Erleben und das Selbstkonzept Betroffener auswirken kann, wird präsentiert. Innerhalb einer psychoonkologischen tagesklinischen Versorgung wurde eine psychotherapeutische Begleitung von acht an Krebs erkrankten Personen (sieben davon weiblich) etabliert. Über einen sechs Monate geführten Gespräch wurden in ein Verdichtungsprotokoll übertragen. Die qualitative Analyse der Gesprächsprotokolle ergab, dass das Erleben der krebserkrankten Personen eine Fülle unterschiedlicher Ausprägungen umfasste, die allesamt in Verbindung zum Selbstkonzept sowie der subjektiven Empfindung und Vorstellung von Lebensrealität und Lebensqualität standen. Subjektiv fröhlich wahrgenommene Erfahrungen aus dem Bezugssystem, aufkommende Kindheitserinnerungen, einhergehende Wertungen und Gefühle können im Rahmen der Aufarbeitung oder Bewältigung einer Krebserkrankung Ressourcen aktivieren. Positives Denken und Optimismus sind hilfreich im Kontext der Krankheitsbewältigung. Hohe Selbstansprüche, wie sie sich in allen Biografien finden, können auch in einem engeren Zusammenhang mit dem darin verwobenen Bedürfnis nach Gerechtigkeit, Fairness oder Ausgleich verstanden werden. Positive Unterstützung durch die Arbeitgeber, wie auch ein fürsorglicher und bedachter Umgang zwischen Arbeitskollegen, kann sich schützend und haltgebend auswirken. Reaktionen bei der Ermittlung einer Krebsdiagnose erweisen sich als sehr unterschiedlich. Der Erhalt einer Krebsdiagnose kann Betroffene darüber hinaus mit Selbstvorwürfen und Schuldfragen konfrontieren. Fachliche und soziale Kompetenzen, gepaart mit hohen Erwartungen an die</p>
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						<p>onkologische Versorgung, haben für alle Betroffenen des Projekts einen existenziell hohen Stellenwert. Die persönliche Grundeinstellung zum Leben kann für die Krankheitsbewältigung maßgeblich sein. Eine Krebserkrankung kann davon Betroffene mit Situationen konfrontieren, die mit ihren Bedürfnissen und Ansprüchen sowie ihrem Konzept vom Selbst kollidieren und belastend erlebt werden. Die Beziehungsqualität und einhergehende Erfahrungen in der Partnerschaft können in Frage gestellt werden oder zu Reflexionen führen, inwieweit diese sich auf die Erkrankung auswirkten oder ihren Einfluss in der Gegenwart ausüben. Das Erleben einer Krebserkrankung beeinflusst die Sexualität. Sie führt in eine ungeahnte Erschöpfung, die die Frage nach dem existenziellen Sein in den Vordergrund drängt. - Inhalt: (1) Einleitung und Einführung. (2) Personenzentrierte Psychotherapie. (3) über das Erleben. (4) Forschungslücke und Forschungsfrage. (5) Die methodische Vorgehensweise. (6) Begegnungen und Gespräche. (7) Ein Panorama von Lebenswirklichkeiten. (8) nichts ist endgültig. (9) Eine disziplinäre Rückbindung. (10) Was ich noch lernen durfte? (11) Ausblick. (12) Kurzes Nachwort.</p>
Topaloglou, Helena Maria	2018	Wenn Krebs in mein/dein/unser (Er-)Leben eindringt. Personenzentrierte Beziehung in der Begegnung mit krebserkrankten Menschen im Spannungsfeld				<p>Besonderheiten der personenzentrierten Beziehung in der Begegnung mit krebserkrankten Menschen im Spannungsfeld zwischen Normalität, Selbstkonzept und Aktualisierungstendenz werden thematisiert. Die Grundlage dazu bilden Erkenntnisse aus einem qualitativen Forschungsprojekt mit sieben Klientinnen und einem Klienten.</p>

		zwischen Normalitt, Selbstkonzept und Aktualisierungstendenz					
Topaloglou, Helena Maria; Hammer, Andrea; Finger-Ossinger, Margarete; Hofer-Freundorfer, Sabine; Pawlowsky, Gerhard; Wakolbinger, Christine	2018	Beziehung im Fokus. Aktuelle Beitrge der Vereinigung Rogerianische Psychotherapie					<p>Unter dem Motto "Beziehung im Fokus" wird ein Bild der Vielfalt an personzentrierter Beziehungsgestaltung gezeichnet. Dabei erfolgt eine Konzentration auf die Beziehungsqualitt im psychotherapeutischen, prtherapeutischen und pdagogischen Kontext in dem Aufsprenen nach dem Was-Ist auf der Suche nach dem Was-werden-Will. In historischen, philosophischen, phnomenologischen und wissenschaftlichen Betrachtungen wird der Frage nachgegangen, wie sich eine konstruktive und frderliche Beziehung entwickeln und was sie in ihrer Wechselseitigkeit und Rckbezglichkeit bedeuten kann. - Inhalt: (1) Gerhard Pawlowsky: Pldoyer fr einen Paradigmenwechsel in der Personenzentrierten Psychotherapie. (2) Helena Maria Topaloglou und Mitarbeiter: Personenzentrierte Psychotherapie zwischen Wissenschaft und Praxis: Wie wirkt Beziehung? (3) Anton Wambach: Philosophische Grundlagen der Beziehung in der Antike nach Aristoteles. (4) Nikolas Hochstger und Helena Maria Topaloglou: In Beziehung zur Nicht-Direktivitt: Die Macht der Nicht-Direktivitt oder was macht die Nicht-Direktivitt? (5) Magdalena Kriesche: In Beziehung? Die natrlische Adaption in der Personenzentrierten Psychotherapie: Wie sich Therapeutinnen auf Klientinnen einstellen. (6) Andrea Hammer und Nina Ruiz: Die Bindungstheorie in ihrer Bedeutung fr die Psychotherapie. (7) Thomas Sonnenberg: Selbsteinbringung - Ein "No Go" in der</p>

							<p>Personenzentrierten Psychotherapie?. (8) Helena Maria Topaloglou: Wenn Krebs in mein/dein/unser (Er-)Leben eindringt. Personenzentrierte Beziehung in der Begegnung mit krebserkrankten Menschen im Spannungsfeld zwischen Normalität, Selbstkonzept und Aktualisierungstendenz. (9) Erika Schedler: Trauma in der therapeutischen Beziehung. (10) Lucilla Polosa: Sexueller und emotionaler Missbrauch in der therapeutischen Beziehung. (11) Margarete Finger-Ossinger: Person(en)zentrierte Psychotherapie in Folge einer gerichtlichen Weisung-ein Versuch des Unmöglichen? (12) Andrea Hammer und Mitarbeiter: "Brücken bauen" - In Kontakt-Kommen mit Menschen am Rand des psychotherapeutischen Interesses. (13) Nikolas Hochstger und Olivia Svegjarto: Personenzentrierte Pädagogik als Pädagogik der Beziehungstheoretische und praktische Überlegungen der Arbeitsgemeinschaft "Personenzentrierte Pädagogik".</p>
Toso Salman, Josefina; Wald, Melina; Hoffman, Liora; Brody, Hannah; Feliz, Laura	2023	Assessing barriers to engagement in a community mental health center using the Psychosocial Assessment Tool (PAT)	Psychological Services	20	Suppl 1	36-47	<p>Barriers in access to care prevent many individuals from benefiting from mental health services. The purpose of the current project was to assess the effectiveness and utility of incorporating the Psychosocial Assessment Tool (PAT; Kazak et al., 2001) into standard evaluation procedures at a pediatric psychiatry clinic in a diverse urban setting. As a secondary objective, PAT results were used to develop case management interventions to address identified barriers with families during initial treatment sessions. Over 6 months, the PAT was administered to 87 families during their initial psychiatric evaluation appointment. Depending on their responses, families were stratified into three different risk levels and received case management intervention accordingly to address barriers. Treatment engagement (i.e., number of sessions attended in the first treatment quarter) was</p>

						utilized as an outcome measure of the effectiveness of the intervention and was compared across an intervention group and a control sample. The majority of patients identified at least one barrier to engagement in mental health services, with the majority of families experiencing barriers related to caregiver mental health needs and a lack of resources (e.g., finances, unemployment, lack of child care). Initial outcome measures for families who completed the PAT and participated in intensive case management intervention indicate improved engagement in mental health services. The PAT is an easily implemented and evidence-based measure that facilitates assessment of potential barriers to treatment engagement. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Town, Joel M.; Falkenström, Fredrik; Abbass, Allan; Stride, Chris		The anger-depression mechanism in dynamic therapy: Experiencing previously avoided anger positively predicts reduction in depression via working alliance and insight	Journal of Counseling Psychology	69	3	A central tenet of psychodynamic theory of depression is the role of avoided anger. However empirical research has not yet addressed the question of for which patients and via what pathways experiencing anger in sessions can help. The therapeutic alliance and acquisition of patient insight are important change processes in dynamic therapy and may mediate the anger–depression association. This study was embedded into a randomized trial testing the efficacy of Intensive Short-Term Dynamic Psychotherapy (ISTDP) for treatment resistant depression. In-session patient affect experiencing (AE) was coded for every available session (475/481) by blinded observers in 27 patients randomized to ISTDP. Dynamic Structural Equation Modeling was used to examine within-person associations between variation in depression scores session-by-session and both patient ratings (alliance) and observer ratings (AE and insight) of the treatment process. Alliance and insight were independent mediators of the

							effect of anger on next-session depression. However, the relative importance of these two indirect effects of anger on depression was conditional on pretreatment patient personality pathology (PP). In patients with higher PP, in-session anger was negatively related to depressive symptoms next session, with this effect operating through higher alliance. In patients with low PP, in-session anger was negatively related to depressive symptoms next session, with this effect operating through enhanced patient insight. These findings highlight an anger–depression mechanism of change in dynamic therapy. Depending upon patient personality, either an “insight pathway” or a “relational pathway” may promote the effectiveness of facilitating arousal and expression of patients’ in-session feelings. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Tram, Jane M.; Nwankwo, Nnenna; Khan, Anam N.; Sabado, Jhoevhana A.	2023	Impact of faculty mentoring on ethnic and racial minority student program satisfaction	Scholarship of Teaching and Learning in Psychology	9	1	50–62	Faculty mentors are important for students (Brunnsma, Embrick, & Shin, 2017; González, 2006) and may be even more vital for ethnic and racial minority students (Chan, Yeh, & Krumboltz, 2015; Rogers & Molina, 2006). However, the importance of faculty mentoring in relation to other factors has not been empirically examined for ethnic and racial minority students (ERMS). Thus, we examined the contributions of satisfaction with faculty mentoring, satisfaction with financial support, incorporation of ethnic minority issues in classes, and dominant culture academic expectations to program satisfaction in ERMS enrolled in doctoral psychology programs. We found that mentoring, financial support, ethnic minority content, and academic socialization were each significantly related to program satisfaction. In addition, satisfaction with faculty mentoring had a unique and significant positive relation to program satisfaction

						<p>over and above the contributions of each of the other three factors considered individually and in combination. Our findings support and extend previous research on the importance of faculty mentors for ERMS. Given the impact of faculty mentors, it is crucial for faculty to receive the necessary support, resources, and acknowledgment (e.g., tenure, promotion) to succeed in this vital role. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Tran, Ulrich S.; Gregor, Bettina	2016	The relative efficacy of bona fide psychotherapies for post-traumatic stress disorder: A meta-analytical evaluation of randomized controlled trials	BMC Psychiatry (Online Journal), 2016			<p>Presents an updated metaanalysis on bona fide psychotherapies for posttraumatic stress disorder (PTSD), contrasting an improved application of the omnibus test of overall effect size heterogeneity with conventional random-effects metaanalyses of specified treatment types against all others. 22 studies with a total of 1,694 patients were included in this analysis. Results from a head-to-head comparison between trauma focused and nontrauma focused treatments revealed a small relative advantage for trauma-focused treatments at posttreatment, as well as at two follow-ups regarding PTSD symptom severity. After controlling for influential studies and publication bias, prolonged exposure and exposure therapies were found to be slightly more efficacious than other therapies regarding PTSD symptom severity at posttreatment, and prolonged exposure also had higher recovery rates. Present-centered therapies were slightly less efficacious regarding symptom severity at posttreatment and at follow-up , but were equally efficacious as available comparison treatments with regards to secondary outcomes. The improved omnibus test confirmed overall effect size heterogeneity. In conclusion, results demonstrated that trauma focused treatments, prolonged exposure, and exposure therapies</p>

							were slightly more efficacious than other therapies in the treatment of PTSD. However, treatment differences were small and far below proposed thresholds of clinically meaningful differences.
Treanor, C. J.; McMenamin, U. C.; O'Neill, R. F.; Cardwell, C. R.; Clarke, M. J.; Cantwell, M. M.; Donnelly, M.	2016	Non-pharmacological interventions for cognitive impairment due to systemic cancer treatment	Cochrane Database of Systematic Reviews	2016 (8):CD011325. doi:10.1002/14651858.CD011325.pub2	8		Abstract - Background It is estimated that up to 75% of cancer survivors may experience cognitive impairment as a result of cancer treatment and given the increasing size of the cancer survivor population, the number of affected people is set to rise considerably in coming years. There is a need, therefore, to identify effective, non-pharmacological interventions for maintaining cognitive function or ameliorating cognitive impairment among people with a previous cancer diagnosis. Objectives To evaluate the cognitive effects, non-cognitive effects, duration and safety of non-pharmacological interventions among cancer patients targeted at maintaining cognitive function or ameliorating cognitive impairment as a result of cancer or receipt of systemic cancer treatment (i.e. chemotherapy or hormonal therapies in isolation or combination with other treatments). Search methods We searched the Cochrane Centre Register of Controlled Trials (CENTRAL), MEDLINE, Embase, PUBMED, Cumulative Index of Nursing and Allied Health Literature (CINAHL) and PsycINFO databases. We also searched registries of ongoing trials and grey literature including theses, dissertations and conference proceedings. Searches were conducted for articles published from 1980 to 29 September 2015. Selection criteria Randomised controlled trials (RCTs) of non-pharmacological interventions to improve cognitive impairment or to maintain cognitive functioning among survivors of adult-onset cancers who have completed systemic cancer therapy (in isolation or combination with

						<p>other treatments) were eligible. Studies among individuals continuing to receive hormonal therapy were included. We excluded interventions targeted at cancer survivors with central nervous system (CNS) tumours or metastases, non-melanoma skin cancer or those who had received cranial radiation or, were from nursing or care home settings. Language restrictions were not applied. Data collection and analysis Author pairs independently screened, selected, extracted data and rated the risk of bias of studies. We were unable to conduct planned meta-analyses due to heterogeneity in the type of interventions and outcomes, with the exception of compensatory strategy training interventions for which we pooled data for mental and physical well-being outcomes. We report a narrative synthesis of intervention effectiveness for other outcomes. Main results Five RCTs describing six interventions (comprising a total of 235 participants) met the eligibility criteria for the review. Two trials of computer-assisted cognitive training interventions (n = 100), two of compensatory strategy training interventions (n = 95), one of meditation (n = 47) and one of physical activity intervention (n = 19) were identified. Each study focused on breast cancer survivors. All five studies were rated as having a high risk of bias. Data for our primary outcome of interest, cognitive function were not amenable to being pooled statistically. Cognitive training demonstrated beneficial effects on objectively assessed cognitive function (including processing speed, executive functions, cognitive flexibility, language, delayed- and immediate-memory), subjectively reported cognitive function and mental well-being. Compensatory strategy training demonstrated improvements on objectively assessed</p>
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						<p>delayed-, immediate- and verbal-memory, self-reported cognitive function and spiritual quality of life (QoL). The meta-analyses of two RCTs (95 participants) did not show a beneficial effect from compensatory strategy training on physical well-being immediately (standardised mean difference (SMD) 0.12, 95% confidence interval (CI) -0.59 to 0.83; I² = 67%) or two months post-intervention (SMD -0.21, 95% CI -0.89 to 0.47; I² = 63%) or on mental well-being two months post-intervention (SMD -0.38, 95% CI -1.10 to 0.34; I² = 67%). Lower mental well-being immediately post-intervention appeared to be observed in patients who received compensatory strategy training compared to wait-list controls (SMD -0.57, 95% CI -0.98 to -0.16; I² = 0%). We assessed the assembled studies using GRADE for physical and mental health outcomes and this evidence was rated to be low quality and, therefore findings should be interpreted with caution. Evidence for physical activity and meditation interventions on cognitive outcomes is unclear. Authors' conclusions Overall, the, albeit low-quality evidence may be interpreted to suggest that non-pharmacological interventions may have the potential to reduce the risk of, or ameliorate, cognitive impairment following systemic cancer treatment. Larger, multi-site studies including an appropriate, active attentional control group, as well as consideration of functional outcomes (e.g. activities of daily living) are required in order to come to firmer conclusions about the benefits or otherwise of this intervention approach. There is also a need to conduct research into cognitive impairment among cancer patient groups other than women with breast cancer. Plain language summary Interventions for cognitive impairment due to non-localised cancer treatment such as</p>
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						<p>chemotherapy or hormonal therapy</p> <p>The issue An increasing number of people are surviving and living longer with cancer due to earlier diagnosis, better treatments and an aging population. In turn, there is an increasing number of people with long-term or long-lasting effects of cancer and its treatment. For example, up to seven in 10 cancer survivors experience changes in ability regarding memory, learning new things, concentrating, planning and making decisions about their everyday life, as a result of cancer treatment. This is known as cognitive impairment and has a significant impact on the daily activities of cancer survivors. These changes may be caused by non-localised, systemic cancer treatment, such as chemotherapy and is often called 'chemo-fog' or 'chemobrain'. The aim of the review</p> <p>We reviewed studies that have tested interventions intended to improve cognitive impairment or to maintain cognitive function among people who have been treated with systemic cancer treatments. What are the main findings? We identified five eligible studies that described six interventions. These included two studies of computerised cognitive skills practice, two cognitive coping skills training programmes, one meditation intervention and one exercise intervention. All five studies included a total of 235 women who had been treated for breast cancer. The findings suggest that cognitive skills practice and cognitive coping skills training may be useful in improving patient reports and formal assessments of cognition, as well as quality of life. There was insufficient evidence to know if meditation and exercise interventions had any effect on cognition. What is the quality of the evidence? The quality of the evidence was low. There were problems with study designs and, so, we need to be</p>
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							cautious about our conclusions. What are the conclusions? There is not enough good quality evidence to know if any interventions improve cognitive impairment or maintain cognitive functioning among people who have received systemic treatment for cancer. There are several ongoing trials in the field, which may provide the necessary evidence in the future.
Treasure, Janet; Schmidt, Ulrike; Kan, Carol	2019	An illustration of collaborative care with a focus on the role of fathers in Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)	Journal of clinical psychology	75	8	1403–1414	The aim of this case study is to illustrate the importance of collaborative care as part of Maudsley Anorexia Nervosa Treatment for Adults (MANTRA). Mothers are often at the foreground of providing support within the family. However, fathers have the potential to play a profound role. In this paper, we describe a patient with anorexia nervosa treated with the MANTRA. The formulation of this case included autistic spectrum traits in both the father and daughter leading to social isolation. We describe how the family members were engaged into treatment and how paternal support was used to promote social connection and an improved quality of life in the daughter. Some details of the case have been altered to maintain confidentiality.
Treichler, Emily B. H.; Avila, Andrea; Evans, Eric A.; Spaulding, William D.	2020	Collaborative decision skills training: Feasibility and preliminary outcomes of a novel intervention	Psychological Services	17	1		Increasing consumer empowerment and agency in treatment decision-making is a priority for improving recovery among people with serious mental illness (SMI), as it is associated with a number of positive outcomes, including improved treatment engagement and satisfaction. Although there are many tools to promote initiation of shared decision-making by providers, there are few tools empowering consumers to independently initiate collaborative decision-making (CDM). Therefore, this study tests the feasibility of a novel skills training intervention for outpatients with SMI, collaborative decision skills training (CDST). Twenty-one consumers

						with SMI currently receiving community-based day services participated in CDST. Four areas of feasibility were assessed—acceptability, demand, practicality, and preliminary evidence of efficacy. Feasibility results were favorable, including high acceptability and practicality. Demand results were mixed: rates of attendance were high and attrition was low, but participants did not complete homework as often as expected. Finally, there was evidence CDST has a positive impact on targeted outcomes; participants reported an increased sense of personal recovery, and displayed improvements in both knowledge and skills targeted by CDST. CDST is feasible to implement with fidelity and is received well by participants. Next steps include larger controlled trials of CDST, which will better inform efficacy and implementation related questions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Treichler, Emily B. H.; Evans, Eric A.; Spaulding, William D.	2021	Ideal and real treatment planning processes for people with serious mental illness in public mental health care	Psychological Services	18	1	Treatment planning processes are a fundamental component of evidence-based practice in mental health for people with serious mental illness (SMI), who often present with complex concerns and require an interdisciplinary treatment team. It is unclear how well treatment planning practices in usual care settings for SMI adhere to best practices guidelines. In this study, we used qualitative methods to increase understanding of typical treatment planning practices. Twelve mental health providers completed a participatory dialogue focused on discussing perceptions of ideal and real treatment planning processes. Content analysis of the transcription from the dialogue was used to identify major themes and subthemes. Analysis revealed 6 primary themes with 23 subthemes. Providers described the ideal treatment planning process as dynamic and

						collaborative, including thorough assessment and inclusion of all stakeholders including the consumer, providers, and family members. Real treatment planning was described as directed by institutional and regulatory needs, resulting in treatment plans that were not personalized and not communicated to frontline staff or the consumer. These results indicate that providers have a strong understanding of evidence-based principles of treatment decision-making. However, actual treatment planning processes rarely live up to those principles. Providers identified several obstacles to enacting best practices. Although many obstacles were system-level, providers themselves also contributed to the gap between ideal and real treatment planning. Additional training and education may help to close this gap. Consumer self-advocacy is also important, given that providers often see themselves as lacking agency to make changes. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Treier, Anne-Katrin; Hautmann, Christopher; Dose, Christina; Nordmann, Lisa; Katzmann, Josepha; Pinior, Julia; Scholz, Kristin Katharina; Döpfner, Manfred	2022	Process Mechanisms in Behavioral Versus Nondirective Guided Self-help for Parents of Children with Externalizing Behavior	Child psychiatry and human development		1-14	The study examined potential mediating effects of therapist behaviors in the per-protocol sample (n = 108) of a randomized controlled trial comparing a behavioral and a nondirective guided self-help intervention for parents of children with externalizing disorders (4-11 years). Additionally, from an exploratory perspective, we analyzed a sequential model with parental adherence as second mediator following therapist behavior. Outcomes were child symptom severity of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder rated by blinded clinicians, and parent-rated child functional impairment. We found a significant indirect effect on the reduction of ADHD and functional impairment through emotion- and relationship-focused

							therapist behavior in the nondirective intervention. Additionally, we found limited support for an extended sequential mediation effect through therapist behavior and parental adherence in the models for these outcomes. The study proposes potential mediating mechanisms unique to the nondirective intervention and complements previous findings on mediator processes in favor of the behavioral group. Trial registration ClinicalTrials.gov NCT01350986.
Treier, Anne-Katrin; Hautmann, Christopher; Katzmann, Josepha; Nordmann, Lisa; Pinior, Julia; Scholz, Kristin-Katharina; Döpfner, Manfred	2022	Treatment components in behavioral versus nondirective telephone-assisted self-help interventions for parents of children with externalizing behavior problems	Journal of clinical psychology	78	5	735–746	BACKGROUND: The aim of this study was to analyze treatment differentiation in a behavioral and a nondirective telephone-assisted self-help intervention for parents of children with externalizing behavior problems, including the development and evaluation of a rating scale. METHODS: In a randomized controlled trial, 149 parents of children aged 4-11 years with externalizing behavior problems were allocated to a behavioral or a nondirective guided self-help intervention. Parents in both conditions received eight self-help booklets and ten telephone consultations. To analyze the content of the interventions, we developed the Therapist Intervention Scale (TIS). In order to evaluate the scale and analyze treatment differentiation, parent booklets and recorded telephone consultations were rated. RESULTS: Item selection and scale development were based on predefined psychometric criteria. The subscales Guidance & Structures and Relationship & Emotions were developed based on exploratory factor analyses. Interrater reliability and internal consistency were found to be acceptable to excellent. Analyses of construct validity demonstrated positive correlations for corresponding and negative correlations for non-corresponding subscales of therapist ratings. Therapists

						and booklets in the behavioral intervention showed higher scores on the subscale Guidance & Structures, while therapists and booklets in the nondirective intervention showed higher scores on the subscale Relationship & Emotions. CONCLUSION: The analyses of the TIS support its reliability and validity. The subscale Guidance & Structures contains mainly cognitive-behavioral treatment components, while the subscale Relationship & Emotions contains mainly nondirective treatment components. The implemented telephone-assisted self-help interventions demonstrated distinct treatment profiles which match their intended therapeutic approaches.
Trevino, Amira Y.; Tao, Karen W.; van Epps, John J.	2021	Windows of cultural opportunity: A thematic analysis of how cultural conversations occur in psychotherapy	Psychotherapy	58	2	A cultural opportunity is 1 of 3 pillars within multicultural orientation framework; it is defined as a moment in therapy when aspects of a client's background emerge, which can be deeply explored to better understand the salient aspects of a client's cultural identities. Research on cultural opportunities provides evidence that clients desire cultural conversations. However, no study to date has examined what cultural opportunities sound like in therapy and how therapists and clients utilize these opportunities. Accordingly, the purpose of this study was to examine the ways in which cultural conversations emerge during the first psychotherapy session and how clients and therapists engage in these cultural conversations. Psychotherapy sessions from diverse therapist-client pairings at a university counseling center (n = 22) were analyzed using (reflexive) thematic analysis. Qualitative findings revealed 4 themes around how cultural opportunities emerge (e.g., windowpane of feeling) and 3 themes in how they are responded to (e.g., look out the same window: using client's language to

							explore culture). Implications for therapist training and supervision are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Trindade, Inês A.; Marta-Simões, Joana; Ferreira, Cláudia; Pinto-Gouveia, José	2018	Developments on committed action: Validity of the CAQ-8 and analysis of committed action's role in depressive symptomatology in breast cancer patients and healthy individuals	Clinical psychology & psychotherapy	25	1	e42-e50	Committed action, a process of acceptance and commitment therapy's psychological flexibility model, is considered an understudied construct that currently can only be measured by one instrument, the Committed Action Questionnaire (CAQ-8). This study aims at analysing the psychometric properties of the CAQ-8 in healthy individuals and breast cancer patients. This study also aims to explore the specific meditational role of committed action in the well-established relationship between experiential avoidance and depression symptoms. The healthy sample comprised 294 adults from the general population, and the breast cancer samples comprised 82 participants. Both groups completed the validated self-report measures. CAQ-8's robustness was examined through validity analyses, confirmatory factor analyses, and multigroup analysis. The meditational model was conducted using structural equation modelling. The CAQ-8 presented good internal consistency and construct, convergent, concurrent, and divergent validity in both samples. Further, the CAQ-8 showed incremental validity over a measure of engaged living. Findings also demonstrated measurement invariance between healthy individuals and breast cancer patients. Regarding the conducted meditational model that was also invariant between the two analysed groups, it was demonstrated that part of the effect that experiential avoidance holds on depressive symptomatology is explained by committed action. This study suggests that the CAQ-8 is adequate for use in healthy and cancer populations. Moreover, it provides

							novel, empirical support regarding the links between committed action, experiential avoidance, and depressed mood, being also the first investigation to particularly study committed action in a cancer population. Implications for theory and practice are discussed.
Trindade, Inês A.; Marta-Simões, Joana; Ferreira, Cláudia; Pinto-Gouveia, José	2018	Chronic illness-related cognitive fusion explains the impact of body dissatisfaction and shame on depression symptoms in breast cancer patients	Clinical psychology & psychotherapy	25	6	886–893	Breast cancer is linked to psychological distress and mood disorders that are in turn associated with higher psychological dysfunction and decreased breast cancer survival. It is considered that psychological health in breast cancer is considerably affected by body image impairment, which in turn seems to be highly associated with shame. However, the impact of these variables on mental health may not be direct. The current study aimed to explore a comprehensive model regarding the role of chronic illness-related cognitive fusion in the relationship of body image dissatisfaction and chronic illness-related shame with depression symptoms. The sample was composed of 75 women with nonmetastatic breast cancer, recruited in a Radiotherapy Service in central Portugal. The conducted path model presented an excellent fit and accounted for 59% of the variance of depressive symptomatology. Further, it demonstrated that body image dissatisfaction's impact on depressed mood is significantly explained by the mechanisms of chronic illness-related shame and chronic illness-related cognitive fusion. It was also revealed that chronic illness-related cognitive fusion additionally mediated the impact of chronic illness-related shame on depression. These findings are suggestive of the importance of body image and chronic illness shame in the determination of breast cancer patients' depression symptoms and also the central role of chronic illness-related cognitive fusion in these relationships. Therefore, the implementation of

							acceptance and defusion-based psychotherapeutic interventions to improve mental health in cancer patients seems to be of great importance.
Troche, Stefan J.; Herzberg, Philipp Yorck	2017	On the role of dominance and nurturance in the confluence model: A person-centered approach to the prediction of sexual aggression	Aggressive behavior	43	3	251–262	Malamuth's (1998) confluence model holds that the combination of hostile masculinity, impersonal sexuality, and the constellation of high dominance and low nurturance plays a crucial role in explaining men's sexual aggression against women. Most studies on the confluence model concentrate on hostile masculinity and impersonal sexuality rather than dominance and nurturance. Using a person-centered approach, we investigated whether sexual aggressive men could be better identified in a sample of 692 men when not only hostile masculinity and impersonal sexuality but also dominance and nurturance were used as indicators in a latent profile analysis. Regardless of whether dominance and nurturance were considered or not, latent profile analyses revealed a high-risk group, which showed higher sexual aggression than other groups. In both cases, the sensitivity (i.e., the proportion of sexually aggressive men correctly assigned to the high-risk group) was low (33% and 31%, respectively) but increased substantially for the identification of severe sexual aggression. The positive prediction value, however, increased from 68% to 78% when dominance and nurturance were considered as predictor variables in addition to hostile masculinity and impersonal sexuality, indicating that more men assigned to the high-risk group were indeed sexually aggressive. These results demonstrate the power of the confluence model for identifying sexually aggressive men from a person-centered perspective. They also point to the necessity of expanding this perspective by considering further (e.g., situational) risk factors, which have

							previously been identified as predicting sexually aggressive behavior in men. Aggr. Behav. 43:251-262, 2017. © 2016 Wiley Periodicals, Inc.
Trohl, Ulrich; Wagner, Karoline; Kalfa, Vivian; Negash, Sarah; Wienke, Andreas; Führer, Amand	2021	Sick and Tired-Sociodemographic and Psychosocial Characteristics of Asylum Seekers Awaiting an Appointment for Psychotherapy	International journal of environmental research and public health	18	22		BACKGROUND: An EU directive holds the EU member states responsible for implementing the provision of health care for asylum seekers. However, current literature indicates insufficient care for asylum seekers in the German health system. This article aims to characterize the situation of the client population on the waiting list of a psychosocial center (PSZ). METHODS: We conducted a retrospective observational study based on client files in Halle (Saale), Germany. We included 437 adults who were on the PSZ waiting list between 2016 and 2019. Questionnaires that collected information on the clientele at two different times were analyzed. RESULTS: The average waiting time for psychotherapy was 50 weeks. In total, 85.6% of the 188 respondents reported sleep disorders (n = 161), 65.4% of clients reported pain (n = 123) and 54.8% suicide attempts/suicidal thoughts (n = 54). In the 16-week waiting period in which the clients waited for an initial appointment with a psychologist, the residence status deteriorated in 21.3% (n = 40). CONCLUSION: Improving asylum seekers' access to the German health system is urgently needed in order to prevent unnecessary suffering in the future and to comply with EU law.
Trusty, Wilson T.; Swift, Joshua K.	2023	Effort and effort discounting as predictors of seeking psychotherapy among	Journal of clinical psychology	79	11	2635–2649	OBJECTIVES Many individuals who experience depression do not seek psychotherapy, and past research has had limited success in predicting help-seeking in this population. Accounting for behavioral characteristics of depression that affect help-seeking decisions, such as effort discounting (devaluation of rewards as a function of

		individuals with depression					<p>effort), may address this gap.</p> <p>METHODS</p> <p>Individuals with moderate-severe depression symptoms who were not in psychotherapy (N = 253) reported their depression symptom severity and the amount of effort they anticipated seeking psychotherapy would require; they also completed a behavioral measure of effort discounting. At a 3-month follow-up, they reported whether they initiated psychotherapy during the follow-up period.</p> <p>RESULTS</p> <p>Depression symptom severity was associated with perceptions that seeking psychotherapy would be more effortful. In turn, perceptions that seeking psychotherapy would be more effortful prospectively predicted a lower likelihood of initiating psychotherapy. Effort discounting was unrelated to psychotherapy use.</p> <p>CONCLUSIONS</p> <p>These results suggest that differences in the anticipated effort required to seek psychotherapy can increase depressed individuals' risk of going untreated. Future research may test whether reducing the effort of seeking psychotherapy increases psychotherapy use among those with depression. For instance, streamlining insurance enrollment procedures, implementing patient decision aids, or offering telehealth treatment options may be beneficial.</p>
Trusty, Wilson T.; Swift, Joshua K.; Black, Stephanie Winkeljohn; Dimmick, A.	2022	Religious microaggressions in psychotherapy: A mixed methods	Psychotherapy	59	3	351–362	<p>Ethical guidelines state that psychologists should consider clients' religion in their practice. However, some clients have reported negative experiences regarding clinicians' treatment of religion in psychotherapy. These experiences may constitute microaggressions, which have been negatively associated with the working alliance</p>

Andrew; Penix, Elizabeth A.		examination of client perspectives				<p>and treatment outcomes among clients with various identities (e.g., those of marginalized racial groups or sexual orientations). The present study used mixed methods to examine religious microaggressions among current and former psychotherapy clients identifying as religious (N = 396). Approximately 39% of participants indicated that at least one religious microaggression occurred during treatment; the most common was minimization or avoidance of religious issues. Religious microaggressions were negatively associated with the working alliance and outcomes. Additionally, the working alliance fully mediated the association between religious microaggressions and poorer outcomes. Thematic analysis of qualitative descriptions of religious microaggressions yielded seven themes: minimization/avoidance of religious issues, assumptions of religious homogeneity, pathologizing religion, unhelpful/inappropriate interventions, pressure to embrace religion, prioritization of therapist's religious beliefs, and lack of expertise. Limitations include a retrospective, cross-sectional design and a majority White, female, and Christian sample. These results provide initial evidence that a substantial minority of religious clients may experience religious microaggressions in psychotherapy, which could impede treatment progress via negative effects on the working alliance. As such, clinicians may be able to enhance client outcomes by increasing awareness of religious microaggressions in their work and addressing microaggression-related alliance ruptures openly when they do occur. Implications for training are also discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
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Tschacher, Wolfgang; Ramseyer, Fabian; Koole, Sander L.	2018	Sharing the Now in the Social Present: Duration of Nonverbal Synchrony Is Linked With Personality	J Pers (Journal of Personality)	86	2	129-138	<p>Abstract Objective The social present is a novel descriptor of dyadic nowness and social sharing, extending research on individual nowness (James's [1890] specious present) to the interpersonal and intersubjective domain. We wished to connect this descriptor to personality attributes. Method We define the social present by the duration of significant nonverbal synchrony, based on the phenomenon of movement synchrony that generally emerges in social interactions. It is thus an implicit and objective measure that can be implemented by automated video analyses. In this study, 168 healthy participants were invited to verbal conversations in same-sex dyads. We analyzed the associations of the social present with personality attributes and interaction types (competition, cooperation, fun task). Results The average duration of the social present was 6.0 seconds, highest in competitive interactions and in male-male dyads. People with higher Openness to Experience, higher avoidant attachment, and lower narcissistic interpersonal styles showed extended social present in their interactions. Conclusions The concept of the social present extends personality attributes to the interpersonal domain and to intersubjectivity. The social present may be computed based on movement synchrony but also prosodic or physiological synchronies. We foresee implications for health-related interactions such as psychotherapy, where therapeutic presence is an essential property of alliance.</p>
Tsujimoto, Y.; Nakamura, Y.; Banno, M.; Kohmura, K.;	2021	Humour-based interventions for people with schizophrenia	Cochrane Database of Systematic Reviews	10(10):C013367. doi:	10		<p>Abstract - Background Humour-based interventions are defined as any intervention that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the absurdity or incongruity of life's situations. Humour-based interventions can be</p>

<p>Tsujimoto, H.; Kataoka, Y.</p>				<p>10.1 002/ 1465 1858 .CD0 1336 7.pu b2</p>		<p>implemented in different settings, including hospitals, nursing homes and day care centres. They have been posed as an adjunct to usual care for people with schizophrenia, but a summary of the evidence is lacking. Objectives To examine the effects of humour-based interventions as an add-on intervention to standard care for people with schizophrenia. Search methods On 31 July 2019 and 10 February 2021 we searched the Cochrane Schizophrenia Group's study-based register of trials, which is based on CENTRAL, CINAHL, ClinicalTrials.Gov, Embase, ISRCTN, MEDLINE, PsycINFO, PubMed, and WHO ICTRP. Selection criteria We included all randomised controlled trials comparing humour-based interventions with active controls, other psychological interventions, or standard care for people with schizophrenia. We excluded studies fulfilling our prespecified selection criteria but without useable data from further quantitative synthesis. Data collection and analysis Two review authors independently inspected citations, selected studies, extracted data and appraised study quality, following the guidance from the Cochrane Handbook for Systematic Reviews of Interventions . For binary outcomes we calculated risk ratios (RRs) and their 95% confidence intervals (CIs). For continuous outcomes we calculated the mean differences (MDs) and their 95% CIs. We assessed risks of bias for included studies and created summary of findings tables using the GRADE approach. Main results We included three studies in this review for qualitative synthesis, although one study did not report any relevant outcomes. We therefore include two studies (n = 96) in our quantitative synthesis. No data were available on the following prespecified primary outcomes: clinically-important change in general mental</p>
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						<p>state, clinically-important change in negative symptoms, clinically-important change in overall quality of life, and adverse effects. As compared with active control, humour-based interventions may not improve the average endpoint score of a general mental state scale (Positive and Negative Syndrome Scale (PANSS) total score: MD -1.70, 95% CI -17.01 to 13.61; 1 study, 30 participants; very low certainty of evidence); positive symptoms (PANSS positive symptom score: MD 0.00, 95% CI -2.58 to 2.58; 1 study, 30 participants; low certainty of evidence), negative symptoms (PANSS negative symptom score: MD -0.70, 95% CI -4.22 to 2.82; 1 study, 30 participants; very low certainty of evidence) and anxiety (State-Trait Anxiety Inventory (STAI): MD -2.60, 95% CI -5.76 to 0.56; 1 study, 30 participants; low certainty of evidence). Due to the small sample size, we remain uncertain about the effect of humour-based interventions on leaving the study early as compared with active control (no event, 1 study, 30 participants; very low certainty of evidence). On the other hand, humour-based interventions may reduce depressive symptoms (Beck Depression Inventory (BDI): MD -6.20, 95% CI -12.08 to -0.32; 1 study, 30 participants; low certainty of evidence). Compared with standard care, humour-based interventions may not improve depressive symptoms (BDI second edition: MD 0.80, 95% CI -2.64 to 4.24; 1 study, 59 participants; low certainty of evidence). We are uncertain about the effect of humour-based interventions on leaving the study early for any reason compared with standard care (risk ratio 0.38, 95% CI 0.08 to 1.80; 1 study, 66 participants; very low certainty of evidence). Authors' conclusions We are currently uncertain whether the evidence supports the use of humour-based</p>
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						<p>interventions in people with schizophrenia. Future research with rigorous and transparent methodology investigating clinically important outcomes is warranted.</p> <p>Plain language summary Humour-based interventions for people with schizophrenia</p> <p>Review question Are humour-based interventions effective in treating people with schizophrenia?</p> <p>Background Schizophrenia is a serious mental illness. It is a disorder of thought, namely firm fixed false beliefs despite there being evidence to the contrary, loss of reality ties, and altered perception. These symptoms are further classified as (i) positive symptoms, such as speech without order, illusions or mistaken and persistent ideas; and (ii) negative symptoms, a lack of emotion or restricted quantity of speech; and decline in cognitive function, including attention, memory, and behavior control. The standard treatment for schizophrenia is antipsychotic medications. Treatment with humour-based interventions, such as watching humorous movies, funny videos, or comedies, has been proposed as an add-on treatment that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the irrationality or inconsistency of life's situations.</p> <p>Searching for evidence We ran an electronic search in February 2021 for trials that randomised people with schizophrenia to receive humour-based interventions in addition to usual care, or to receive usual care only, another psychological intervention or a control condition. We found eight records and checked them for suitability to include in our review. Evidence found Three trials met the review requirements and two low-quality trials (total number of participants = 96) provided useable data. Compared with active control, humour-based interventions may not</p>
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							<p>improve positive symptoms and anxiety, but may improve depressive symptoms. However, when compared with standard care, humour-based intervention may not improve the depressive symptoms. Current evidence is very limited and is of low to very low quality. We are uncertain as to whether humour-based interventions may lead to clinically-important improvement in mental state or quality of life in people with schizophrenia.</p> <p>Conclusions There is insufficient research evidence to support the use of humour-based interventions in people with schizophrenia.</p>
Tsvieli, Noa; Diamond, Gary M.	2018	Therapist interventions and emotional processing in attachment-based family therapy for unresolved anger	Psychotherapy	55	3	289–297	<p>A growing body of research suggests that emotional processing is a central and common change mechanism across various types of therapies (Diener & Hilsenroth, 2009; Foa, Huppert, & Cahill, 2006; Greenberg, 2010), including attachment-based family therapy (Diamond, Shahar, Sabo, & Tsvieli, 2016). The purpose of this study was to examine which therapist interventions facilitated productive emotional processing in a sample of 15 young adults receiving attachment-based family therapy (Diamond, Diamond, & Levy, 2014) for unresolved anger toward a parent, and which therapist interventions led to a discontinuation of productive emotional processing once it had begun. Therapist interventions and productive emotional processing were measured during the course of individual, alliance-building sessions with the young adult. Results indicate that young adults' productive emotional processing occurred at a rate significantly greater than chance following therapists' focus on vulnerable emotions, focus on attachment needs, and empty-chair interventions. In contrast, therapists' focus on clients' rejecting anger preceded the discontinuation of such processing at rates significantly greater than</p>

							chance. Theoretical and clinical implications are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Tsvitman, Inna; Castel, Orit Cohen; Dagan, Efrat	2021	The association between perceived patient-centered care and symptoms experienced by patients undergoing anti-cancer treatment	Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer	29	11	6279–6287	<p>PURPOSE: Cancer patients undergoing active anti-cancer treatment experience multiple symptoms concurrently. Over the years, studies to improve patients' physical and psychological discomfort by focusing on patients' needs and preferences have reported promising outcomes. This study aims to explore perceived patient-centered care and its association to symptoms experienced by cancer patients undergoing active anti-cancer treatment.</p> <p>METHODS: A cross-sectional study was conducted at an outpatient cancer center between August 2018 and July 2019 among adult cancer patients receiving chemotherapy and biological therapy. Participants were asked by their oncology nurse to complete a self-administered questionnaire which included the three subscales (physical, psychological, and global distress) of the Memorial Symptoms Assessment Scale as well as the perceived patient-centered care questionnaire. To examine the association between participants' perceived patient-centered care and each of the symptoms scale scores, three hierarchical (block-wise) linear regression models were performed. RESULTS: Of the 125 participants, 57 (45.6%) were diagnosed with breast cancer and were treated with chemotherapy either alone (n = 62, 49.6%), with radiotherapy (n = 4, 3.2%), or with biological therapy (n = 45, 36.0%). Hierarchical regression models found that perceived patient-centered care contributed to 11.3%, $\beta = -.351$ ($p < 0.001$); 8.9%, $\beta = -.311$ ($p < 0.001$); and 10.3% $\beta = -.336$ ($p < 0.001$) of the variance of the global distress index, physical symptoms, and psychological symptoms, respectively.</p>

							CONCLUSIONS: This study shows the importance of perceived patient-centered care in alleviating physical and psychological symptoms and overall distress in cancer patients undergoing active anti-cancer therapy. Our findings call for oncology teams to adopt and implement patient-centered care as part of their routine work.
Tuczai, Monika	2019	(Erschwerte) Trauer nach Suizid . Personzentrierte s Verstehen und Trauerbegleitung von Hinterbliebenen nach Suizid	Person	23	2	151–161	Fast jeder Mensch kennt jemanden, der sich das Leben genommen hat. Je nher die Beziehung erlebt wird, umso tiefer trifft der Verlust. Im vorliegenden Artikel werden die Besonderheiten der Trauer von Hinterbliebenen nach Suizid beschrieben. Es wird dargestellt, wie Suizidtrauernde auf den Verlust reagieren und mit welchen spezifischen inhaltlichen Traueraspekten sie konfrontiert sind, z. B. Schuld- und Schamgefhle, Zurckweisung, Stigmatisierung. Dabei wird deutlich, dass sich die Trauerreaktion nach Suizid nicht grundstzlich von der Trauer nach anderen Todesursachen unterscheidet, dass jedoch Suizidtrauernde mit hherer Wahrscheinlichkeit erschwerte Trauerprozesse erleben. Weiterhin wird die Trauerreaktion nach Suizid aus personenzentrierter Sicht dargestellt, und es wird gezeigt, dass ein personenzentriertes Beziehungsangebot, wie es von Rogers beschrieben wurde, in der Trauerbegleitung von besonderem Wert und von Bedeutung ist.
Tully, P. J.; Ang, S. Y.; Lee, E. J.L.; Bendig, E.; Bauereiß, N.; Bengel, J.; Baumeister, H.	2021	Psychological and pharmacological interventions for depression in patients with coronary artery disease	Cochrane Database of Systematic Reviews	12(12):CD008012. doi: 10.1002/1465	12		Abstract - Background Depression occurs frequently in individuals with coronary artery disease (CAD) and is associated with a poor prognosis. Objectives To determine the effects of psychological and pharmacological interventions for depression in CAD patients with comorbid depression. Search methods We searched the CENTRAL, MEDLINE, Embase, PsycINFO, and CINAHL databases up to August 2020. We also

				1858 .CD0 0801 2.pu b4		<p>searched three clinical trials registers in September 2021. We examined reference lists of included randomised controlled trials (RCTs) and contacted primary authors. We applied no language restrictions. Selection criteria We included RCTs investigating psychological and pharmacological interventions for depression in adults with CAD and comorbid depression. Our primary outcomes included depression, mortality, and cardiac events. Secondary outcomes were healthcare costs and utilisation, health-related quality of life, cardiovascular vital signs, biomarkers of platelet activation, electrocardiogram wave parameters, non-cardiac adverse events, and pharmacological side effects. Data collection and analysis Two review authors independently examined the identified papers for inclusion and extracted data from the included studies. We performed random-effects model meta-analyses to compute overall estimates of treatment outcomes. Main results Thirty-seven trials fulfilled our inclusion criteria. Psychological interventions may result in a reduction in end-of-treatment depression symptoms compared to controls (standardised mean difference (SMD) -0.55, 95% confidence interval (CI) -0.92 to -0.19, I² = 88%; low certainty evidence; 10 trials; n = 1226). No effect was evident on medium-term depression symptoms one to six months after the end of treatment (SMD -0.20, 95% CI -0.42 to 0.01, I² = 69%; 7 trials; n = 2654). The evidence for long-term depression symptoms and depression response was sparse for this comparison. There is low certainty evidence that psychological interventions may result in little to no difference in end-of-treatment depression remission (odds ratio (OR) 2.02, 95% CI 0.78 to 5.19, I² = 87%; low certainty evidence; 3 trials; n =</p>
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						<p>862). Based on one to two trials per outcome, no beneficial effects on mortality and cardiac events of psychological interventions versus control were consistently found. The evidence was very uncertain for end-of-treatment effects on all-cause mortality, and data were not reported for end-of-treatment cardiovascular mortality and occurrence of myocardial infarction for this comparison. In the trials examining a head-to-head comparison of varying psychological interventions or clinical management, the evidence regarding the effect on end-of-treatment depression symptoms is very uncertain for: cognitive behavioural therapy compared to supportive stress management; behaviour therapy compared to person-centred therapy; cognitive behavioural therapy and well-being therapy compared to clinical management. There is low certainty evidence from one trial that cognitive behavioural therapy may result in little to no difference in end-of-treatment depression remission compared to supportive stress management (OR 1.81, 95% CI 0.73 to 4.50; low certainty evidence; n = 83). Based on one to two trials per outcome, no beneficial effects on depression remission, depression response, mortality rates, and cardiac events were consistently found in head-to-head comparisons between psychological interventions or clinical management. The review suggests that pharmacological intervention may have a large effect on end-of-treatment depression symptoms (SMD -0.83, 95% CI -1.33 to -0.32, I² = 90%; low certainty evidence; 8 trials; n = 750). Pharmacological interventions probably result in a moderate to large increase in depression remission (OR 2.06, 95% CI 1.47 to 2.89, I² = 0%; moderate certainty evidence; 4 trials; n = 646). We found an effect favouring</p>
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						<p>pharmacological intervention versus placebo on depression response at the end of treatment, though strength of evidence was not rated (OR 2.73, 95% CI 1.65 to 4.54, I² = 62%; 5 trials; n = 891). Based on one to four trials per outcome, no beneficial effects regarding mortality and cardiac events were consistently found for pharmacological versus placebo trials, and the evidence was very uncertain for end-of-treatment effects on all-cause mortality and myocardial infarction. In the trials examining a head-to-head comparison of varying pharmacological agents, the evidence was very uncertain for end-of-treatment effects on depression symptoms. The evidence regarding the effects of different pharmacological agents on depression symptoms at end of treatment is very uncertain for: simvastatin versus atorvastatin; paroxetine versus fluoxetine; and escitalopram versus Bu Xin Qi. No trials were eligible for the comparison of a psychological intervention with a pharmacological intervention. Authors' conclusions In individuals with CAD and depression, there is low certainty evidence that psychological intervention may result in a reduction in depression symptoms at the end of treatment. There was also low certainty evidence that pharmacological interventions may result in a large reduction of depression symptoms at the end of treatment. Moderate certainty evidence suggests that pharmacological intervention probably results in a moderate to large increase in depression remission at the end of treatment. Evidence on maintenance effects and the durability of these short-term findings is still missing. The evidence for our primary and secondary outcomes, apart from depression symptoms at end of treatment, is still sparse due to the low number of trials per outcome</p>
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						<p>and the heterogeneity of examined populations and interventions. As psychological and pharmacological interventions can seemingly have a large to only a small or no effect on depression, there is a need for research focusing on extracting those approaches able to substantially improve depression in individuals with CAD and depression. Plain language summary Treatments for depression in individuals with coronary artery disease This review examined clinical trials on psychological treatments and antidepressant drugs in individuals with coronary artery disease and depression. The objective was to determine the effects of these treatments on depression, mortality, cardiac events such as another heart attack, or heart surgery. We identified 37 trials as relevant for the review. Fifteen trials investigated psychological treatments, and 21 trials investigated pharmacological interventions including antidepressant drugs. Generally, psychological treatments compared to controls, and antidepressant drugs compared to placebo (inactive drug), may result in a reduction in depression symptoms at the end of treatment; however, the evidence is generally of low certainty. The evidence is very uncertain as to whether psychological treatments compared to control and antidepressant drugs compared to placebo reduce mortality and cardiovascular events. The evidence is current to August 2020.</p>
Tummala-Narra, Pratyusha; Claudius, Milena; Letendre, Paul J.; Sarbu, Ema;	2018	Psychoanalytic psychologists' conceptualizations of cultural competence in psychotherapy	Psychoanalytic Psychology	35	1	<p>While there has been increasing attention directed toward sociocultural issues in psychoanalytic scholarship and recent efforts to integrate cultural competence as a core emphasis in psychoanalytic theory and practice, there have been no empirical investigations of how cultural competence is conceptualized by psychoanalytic psychologists. The present study aimed to</p>

Teran, Vincenzo; Villalba, William							examine how psychoanalytic psychologists approach cultural competence in psychotherapy. Semistructured interviews were conducted with 20 psychologists (10 men and 10 women; 12 White, 4 Latino/a, 2 African American, 1 Asian American, 1 Multiracial) with at least 10 years of experience in providing psychoanalytic psychotherapy with clients from socially and culturally diverse backgrounds. Data was analyzed using conventional content analysis (Hsieh & Shannon, 2005), revealing 4 broad domains and several themes within each of these domains. The 4 broad domains included (a) Complexity of identity and affect, (b) Conscious and unconscious dynamics between therapist and client, (c) Social oppression and traumatic stress, and (d) Therapist's ongoing commitment to self-reflection. The findings support a process-oriented conceptualization of cultural competence. The implications of the findings for research, training, and practice are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Twomey, Conal; O'Reilly, Gary; Goldfried, Marvin R.	2023	Consensus on the perceived presence of transtheoretical principles of change in routine psychotherapy practice: A survey of clinicians and researchers	Psychotherapy	60	2	219–224	Goldfried (1982) hypothesized that there are five transtheoretical principles of change that guide routine psychotherapy practice. This survey investigated if there is consensus on the perceived presence of these principles in the approaches of a professionally diverse pool of psychotherapy clinicians and researchers. One thousand nine hundred ninety-eight participants, aged 21–85 years (M = 50.4 years, SD = 15.59) and representing a wide variety of theoretical orientations, completed an online survey. For consensus to be indicated, 95% confidence intervals of mean agreement scores had to be above 4.0 (out of 5). Mean agreement levels in response to “the extent to which you agree that the following principles are present in your own approach to

							<p>psychotherapy” indicated consensus for all five principles: (a) fostering hope, positive expectations, and motivation (M = 4.58; 95% CI [4.53, 4.62]); (b) facilitating the therapeutic alliance (M = 4.76; 95% CI [4.73, 4.80]); (c) increasing awareness and insight (M = 4.66; 95% CI [4.63, 4.70]); (d) encouraging corrective experiences (M = 4.44; 95% CI [4.39, 4.48]); (e) emphasizing ongoing reality testing (M = 4.15; 95% CI [4.09, 4.20]). These findings were unaffected by age, gender, working patterns, practice (clinician or researcher), and years of experience; however, consensus on the final two principles was not indicated for both psychodynamic and experiential psychotherapists. The demonstrated consensus surrounding the transtheoretical principles of change corresponds with their consistently yielded outcome associations in previous research. The combination of these evidence sources points to the importance of the principles in routine psychotherapy practice, which warrants further investigation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Tylicki, Jessica L.; Martin-Fernandez, Katy W.; Ben-Porath, Yossef S.	2019	Predicting therapist ratings of treatment progress and outcomes with the MMPI-2-RF	Journal of clinical psychology	75	9	1673–1683	<p>OBJECTIVE We examined the ability of scores on the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) scales to predict treatment progress (compliance and activity in therapy) and outcome at termination (success in therapy, readiness for termination, and functioning at termination).</p> <p>METHOD Our sample included 448 (185 males, 263 females) community mental health center outpatients with an average age of 32.2 years (standard deviation = 10.2). We used MMPI-2-RF (self-report) indicators of personality and psychopathology and a composite outcome variable</p>

							<p>that represents therapist ratings of clients' treatment progress and outcomes.</p> <p>RESULTS</p> <p>Scores on several MMPI-2-RF scales were correlated and associated with increased risk for poorer psychotherapy progress and outcomes in a mental health outpatient sample.</p> <p>CONCLUSIONS</p> <p>Clinicians can utilize the MMPI-2-RF to identify clients at risk for therapy process challenges and adverse outcomes, suggesting possible problem areas for intervention.</p>
Tyndall, Ian; Waldeck, Daniel; Pancani, Luca; Whelan, Robert; Roche, Bryan; Pereira, Antonina	2020	Profiles of Psychological Flexibility: A Latent Class Analysis of the Acceptance and Commitment Therapy Model	Behavior modification	44	3	365–393	<p>There exists uncertainty for clinicians over how the separate subcomponent processes of psychological flexibility, a core construct of the Acceptance and Commitment Therapy model, interact and influence distress experienced. The present study (N = 567) employed latent class analysis to (a) identify potential classes (i.e., subgroups) of psychological flexibility based on responses on measures of key subcomponent process and (b) examine whether such classes could reliably differentiate levels of self-reported psychological distress and positive and negative emotionality. We found three distinct classes: (a) High Psychological Flexibility, (b) Moderate Psychological Flexibility, and (c) Low Psychological Flexibility. Those in the Low Psychological Flexibility class reported highest levels of psychological distress, whereas those in the High Psychological Flexibility class reported lowest levels of psychological distress. This study provides a clearer view to clinicians of the profile of the broader spectrum of the psychological flexibility model to facilitate change in clients.</p>

Tzur Bitan, Dana; Abayed, Shiran	2020	Process expectations: Differences between therapists, patients, and lay individuals in their views of what works in psychotherapy	Journal of clinical psychology	76	1	20–30	<p>BACKGROUND In this study, we aimed to assess the degree to which individuals with varying levels of psychotherapeutic experience have predisposed ideas regarding what works in psychotherapy.</p> <p>METHOD Therapists (n = 107), patients (n = 97), and lay individuals with no prior experience in psychotherapy (n = 160) reported their process expectations and ranked seven mechanisms of change in the order of their perceived importance.</p> <p>RESULTS Therapists rated emotional processing and patient-therapist relations as higher in importance than did patients and lay individuals, but patients and lay individuals rated cognitive and emotional reconstruction higher than did therapists. Furthermore, therapists ranked the exploration of unconscious contents as most important, while patients and lay individuals ranked cognitive control to be the most important mechanism of change.</p> <p>CONCLUSIONS Therapists, patients, and lay individuals expect different mechanisms of change to take place in psychotherapy. Limitations and directions for future research are discussed.</p>
Tzur Bitan, Dana; Ben David, Tzviel; Moshe-Cohen, Rotem; Kivity, Yogev	2021	Patient–therapist congruence and incongruence of process expectations	Psychotherapy	58	4	493–498	Recent studies suggest that patient–therapist congruence of expectations affects psychotherapy outcome. Nonetheless, most studies assessing expectations in their dyadic context have focused on outcome expectations. This study was aimed to assess whether patients and therapists view expected processes similarly, and whether these beliefs change over time to

		during psychotherapy					become more congruent or more dissimilar. Patients (N = 75) were assessed for process expectations at baseline and at 3 months into treatment, and their therapists (N = 17) reported on their general expectations only once, prior to the initiation of treatment. Multilevel models were fitted to assess differences between patients' and therapists' process expectations at baseline and after 3 months and changes in level of congruence. The results indicated that at baseline, therapists perceived the processing of therapist-patient relations as the expected therapeutic process, whereas patients viewed the provision of tools of cognitive control as such. No significant changes in patients' expectations after 3 months of treatment were detected; however, therapists' higher expectations of the provision of tools for cognitive control predicted increases in patients' rankings of this process. These results suggest that patients and therapists are incongruent in their views of the expected therapeutic process, and that therapists' initial views of the therapeutic process affect patients' beliefs. These findings highlight the importance of investigating process expectations in the dyadic context and set the stage for subsequent process-outcome demonstrations, focusing on the effect of patient-therapist congruence of process expectations as a potential predictor or mediator of psychotherapy outcomes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Uhl, Jessica; Reuter, Julia; Rafaeli, Eshkol; Lutz, Wolfgang	2023	Interpersonelle Prozesse whrend des Imagery Rescripting. Zusammenhang	Die Psychotherapie	68	1	28-35	Hintergrund: Imagery Rescripting (IR), eine emotionsfokussierte Technik zur Bearbeitung dysfunktionaler Grundberzeugungen, ist zunehmend Gegenstand der Psychotherapieforschung. Die zugrunde liegenden Mechanismen der Technik sind jedoch nach wie vor unklar. Ergebnisse aktueller Studien zu

		<p>zwischen physiologischer Synchronie und emotionaler Verarbeitung</p>				<p>physiologischer Synchronie legen nahe, dass Prozesse wie Co-Regulation eine bedeutende Rolle spielen könnten. So wurden insbesondere lineare Zusammenhänge zwischen physiologischer Synchronie und unterschiedlichen Prozessvariablen während des IR untersucht. Es ist dennoch fraglich, ob ein linearer Zusammenhang immer das beste Ergebnis liefert. Fragestellung: Ziel dieser Studie ist es zu untersuchen, ob ein linearer oder quadratischer Zusammenhang zwischen physiologischer Synchronie in der therapeutischen Dyade und der emotionalen Verarbeitung von Klientinnen und Klienten während des IR besteht. Material und Methoden: Die Ergebnisse basieren auf 128 Therapiesitzungen mit 1926 zweimintigen Segmenten aus einer imaginationsbasierten Prüfungsangstbehandlung mit 50 Klientinnen und Klienten, im Umfang von 6 Sitzungen. Es handelt sich um eine studentische Stichprobe (88 % weiblich, Durchschnittsalter 24 Jahre). Die Gruppe der Therapeutinnen und Therapeuten setzte sich aus Psychotherapeutinnen und -therapeuten in Ausbildung und Masterstudierenden der Psychologie zusammen. Die elektrodermale Aktivität von Klientinnen und Klienten sowie Therapeutinnen und Therapeuten wurde kontinuierlich gemessen, und die emotionale Verarbeitung wurde von externen Ratern anhand der Experiencing Scale bewertet. Ergebnisse: Mithilfe von ordinaler Regressionsmodellierung wurde nachgewiesen, dass ein moderates Maß an physiologischer Synchronie mit einer höheren emotionalen Verarbeitung verbunden ist (linearer Term: $b = 7,85$, $SE = 2,39$, $p < 0,01$; quadratischer Term: $b = -16,80$, $SE = 4,92$, $p < 0,001$). Diskussion: Die Ergebnisse liefern erste Belege dafür, dass die physiologische Synchronie zwischen Klientinnen bzw.</p>
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							Klienten und Therapeutinnen bzw. Therapeuten ein wichtiger Indikator für die Tiefe der emotionalen Verarbeitung von Klientinnen und Klienten während IR sein könnte. (c) The Author(s), under exclusive licence to Springer Medizin Verlag GmbH
Uka, Fitim; Gashi, Arlinda; Studenica, Arvesa	2024	Internal cohesion psychotherapy: The nature, principles and application	Couns and Psychother Res (Counselling and Psychotherapy Research)	24	1	1–8	Abstract Psychotherapy is widely used to treat different mental health disorders and emotional difficulties. The main objective of psychotherapy is to help clients become aware of and have control over their thoughts, moods, feelings and behaviours, as well as create healthy strategies to respond to challenging situations. Since the existing psychotherapy approaches and other methods of treatment are not always effective in treating mental health disorders, there is still space for new approaches to fill this gap. In this paper, we provide information about internal cohesion psychotherapy, which is a new integrative approach. This paper presents a new approach to eclectic psychotherapy, focussing on four detrimental aspects of human functioning through different time perspectives.
Ulian, Mariana D.; Gualano, Bruno; Benatti, Fabiana B.; Campos-Ferraz, Patricia Lopes de; Coelho, Desire; Roble, Odilon J.; Sabatini, Fernanda; Perez, Isabel; Aburad, Luiz;	2017	The design and rationale of an interdisciplinary, non-prescriptive, and Health at Every Size®-based clinical trial: The "Health and Wellness in Obesity" study	Nutrition and health	23	4	261–270	BACKGROUND: This manuscript describes the design and rationale of a clinical trial that aims to investigate the multiple physiological, attitudinal, nutritional, and behavioral effects of a new interdisciplinary intervention based on the Health at Every Size® (HAES®) approach in obese women. METHODS: This will be a prospective, 7-month, randomized (2:1), mixed-method clinical trial. Obese women will be recruited and randomly allocated into two groups. The intervention group (I-HAES®; proposed n = 40) will undertake a novel HAES®-based intervention. Participants will take part in an exercise program, nutrition counseling sessions, and philosophical workshops, all aligned with the principles

<p>Pinto, Ana Jéssica; Vessoni, André; Victor, Jhessica Campos; Lima, Victoria Kupper; Unsain, Ramiro Fernandez; Morais Sato, Priscila de; Rogerio, Marcelo Macedo; Toporcov, Tatiana Natasha; Scagliusi, Fernanda B.</p>						<p>of the HAES® approach. The control group (CTRL; proposed n = 20) will participate in a program using a traditional HAES®-based group format, characterized by bimonthly lectures about the same topics offered to the experimental group, encouraging the adoption of a healthy lifestyle. The following multiple quantitative outcomes will be assessed pre and post intervention: health-related quality of life, cardiovascular risk factors, anthropometric assessments, physical activity level, physical capacity and function, and psychological and behavioral assessments. Qualitative analysis will be used to evaluate the experiences of the participants throughout the intervention, as assessed by focus groups and semi-structured interviews. CONCLUSIONS: The interdisciplinary research team leading this study has varied and complementary expertise. The knowledge arising from this study will help to guide new interdisciplinary interventions with the potential to holistically improve the health of obese individuals. This trial is registered at Clinicaltrials.gov (NCT02102061).</p>
<p>Unoka, Zsolt; Csáky- Pallavicini, Krisztina; Horváth, Zsolt; Demetrovics, Zsolt; Maraz, Aniko</p>	2022	<p>The Inventory of Personality Organization: A valid instrument to detect the severity of personality dysfunction</p>	<p>Frontiers in psychiatry</p>	13	995726	<p>BACKGROUND AND AIMS: In the eleventh revision of the International Classification of Diseases (ICD-11), the severity of personality dysfunction became the central dimension of personality disorder's (PDs) definition, besides the trait domain qualifiers. Personality functioning, also known as personality organization (PO), is becoming an increasingly important concept in administering, predicting, and measuring severity and nature of personality disturbance. Otto Kernberg and his team developed several tools to measure personality impairment. The Inventory of Personality Organization (IPO) is a self-report rating scale for the measurement of PO. Aim of this study was to identify severity groups</p>

						<p>according to the level of PO and to explore their validity.</p> <p>MATERIALS AND METHODS: A clinical sample of 118 patients was recruited from a 4-weeks in-patient cognitive psychotherapy program. Beside the IPO, Structured Clinical Interview for the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV.) Axis I and II, Symptom Check List-90 (SCL-90), State-Trait Anger Expression Inventory and Dissociative Experience scale (DES). Two types of analyses were conducted: a person-centered (latent profile) analysis and various variable-centered tests to confirm the factor structure of IPO and calculate group differences.</p> <p>RESULTS: The three-factor (CFI = 0.990, TLI = 0.990, RMSEA = 0.022, SRMR = 0.089) and the five-factor (CFI = 0.995, TLI = 0.995, RMSEA = 0.014, SRMR = 0.090) models of the IPO was supported. Latent class analysis identified three subgroups of PO: "Well-integrated," "Moderately integrated," and "Disintegrated" classes. There were no significant differences between the three classes in the number of Axis 1 diagnoses ($p = 0.354$; $\eta(2) = 0.01$). Group differences in the number of PDs, the number of PD symptoms as well as in the presence of borderline and depressive PD were significant (all $p < 0.001$; $V = 0.35-0.42$; $\eta(2) = 0.15-0.26$). Persons with more severe PO problem level had higher rates of psychopathological symptoms, state and trait anger, and dissociative characteristics (all $p < 0.001$; $\eta(2) = 0.13-0.36$).</p> <p>CONCLUSION: The IPO can be an appropriate instrument to measure the severity of personality disorganization and to classify participants along a continuum of severity in this regard. Our results present further evidence that the severity of personality dysfunction, the central dimension of the ICD-11 and the Alternative Model for PDs is</p>
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							detectable with an instrument, the IPO, that was initially developed to detect the disturbances in PO.
Uphoff, Eleonora; Ekers, David; Robertson, Lindsay; Dawson, Sarah; Sanger, Emily; South, Emily; Samaan, Zainab; Richards, David; Meader, Nicholas; Churchill, Rachel	2020	Behavioural activation therapy for depression in adults	The Cochrane database of systematic reviews	7	7	CD013305	<p>BACKGROUND Behavioural activation is a brief psychotherapeutic approach that seeks to change the way a person interacts with their environment. Behavioural activation is increasingly receiving attention as a potentially cost-effective intervention for depression, which may require less resources and may be easier to deliver and implement than other types of psychotherapy.</p> <p>OBJECTIVES To examine the effects of behavioural activation compared with other psychological therapies for depression in adults. To examine the effects of behavioural activation compared with medication for depression in adults. To examine the effects of behavioural activation compared with treatment as usual/waiting list/placebo no treatment for depression in adults.</p> <p>SEARCH METHODS We searched CCMD-CTR (all available years), CENTRAL (current issue), Ovid MEDLINE (1946 onwards), Ovid EMBASE (1980 onwards), and Ovid PsycINFO (1806 onwards) on the 17 January 2020 to identify randomised controlled trials (RCTs) of 'behavioural activation', or the main elements of behavioural activation for depression in participants with clinically diagnosed depression or subthreshold depression. We did not apply any restrictions on date, language or publication status to the searches. We searched international trials registries via the World Health Organization's trials portal (ICTRP) and ClinicalTrials.gov to identify unpublished or ongoing trials.</p> <p>SELECTION CRITERIA</p>

						<p>We included randomised controlled trials (RCTs) of behavioural activation for the treatment of depression or symptoms of depression in adults aged 18 or over. We excluded RCTs conducted in inpatient settings and with trial participants selected because of a physical comorbidity. Studies were included regardless of reported outcomes.</p> <p>DATA COLLECTION AND ANALYSIS</p> <p>Two review authors independently screened all titles/abstracts and full-text manuscripts for inclusion. Data extraction and 'Risk of bias' assessments were also performed by two review authors in duplicate. Where necessary, we contacted study authors for more information.</p> <p>MAIN RESULTS</p> <p>Fifty-three studies with 5495 participants were included; 51 parallel group RCTs and two cluster-RCTs. We found moderate-certainty evidence that behavioural activation had greater short-term efficacy than treatment as usual (risk ratio (RR) 1.40, 95% confidence interval (CI) 1.10 to 1.78; 7 RCTs, 1533 participants), although this difference was no longer evident in sensitivity analyses using a worst-case or intention-to-treat scenario. Compared with waiting list, behavioural activation may be more effective, but there were fewer data in this comparison and evidence was of low certainty (RR 2.14, 95% CI 0.90 to 5.09; 1 RCT, 26 participants). No evidence on treatment efficacy was available for behavioural activation versus placebo and behavioural activation versus no treatment. We found moderate-certainty evidence suggesting no evidence of a difference in short-term treatment efficacy between behavioural activation and CBT (RR 0.99, 95% CI 0.92 to 1.07; 5 RCTs, 601 participants). Fewer data were</p>
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						<p>available for other comparators. No evidence of a difference in short term-efficacy was found between behavioural activation and third-wave CBT (RR 1.10, 95% CI 0.91 to 1.33; 2 RCTs, 98 participants; low certainty), and psychodynamic therapy (RR 1.21, 95% CI 0.74 to 1.99; 1 RCT,60 participants; very low certainty). Behavioural activation was more effective than humanistic therapy (RR 1.84, 95% CI 1.15 to 2.95; 2 RCTs, 46 participants; low certainty) and medication (RR 1.77, 95% CI 1.14 to 2.76; 1 RCT; 141 participants; moderate certainty), but both of these results were based on a small number of trials and participants. No evidence on treatment efficacy was available for comparisons between behavioural activation versus interpersonal, cognitive analytic, and integrative therapies. There was moderate-certainty evidence that behavioural activation might have lower treatment acceptability (based on dropout rate) than treatment as usual in the short term, although the data did not confirm a difference and results lacked precision (RR 1.64, 95% CI 0.81 to 3.31; 14 RCTs, 2518 participants). Moderate-certainty evidence did not suggest any difference in short-term acceptability between behavioural activation and waiting list (RR 1.17, 95% CI 0.70 to 1.93; 8 RCTs. 359 participants), no treatment (RR 0.97, 95% CI 0.45 to 2.09; 3 RCTs, 187 participants), medication (RR 0.52, 95% CI 0.23 to 1.16; 2 RCTs, 243 participants), or placebo (RR 0.72, 95% CI 0.31 to 1.67; 1 RCT; 96 participants; low-certainty evidence). No evidence on treatment acceptability was available comparing behavioural activation versus psychodynamic therapy. Low-certainty evidence did not show a difference in short-term treatment acceptability (dropout rate) between behavioural activation and CBT (RR 1.03, 95% CI</p>
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							<p>0.85 to 1.25; 12 RCTs, 1195 participants), third-wave CBT (RR 0.84, 95% CI 0.33 to 2.10; 3 RCTs, 147 participants); humanistic therapy (RR 1.06, 95% CI 0.20 to 5.55; 2 RCTs, 96 participants) (very low certainty), and interpersonal, cognitive analytic, and integrative therapy (RR 0.84, 95% CI 0.32 to 2.20; 4 RCTs, 123 participants). Results from medium- and long-term primary outcomes, secondary outcomes, subgroup analyses, and sensitivity analyses are summarised in the text.</p> <p>AUTHORS' CONCLUSIONS</p> <p>This systematic review suggests that behavioural activation may be more effective than humanistic therapy, medication, and treatment as usual, and that it may be no less effective than CBT, psychodynamic therapy, or being placed on a waiting list. However, our confidence in these findings is limited due to concerns about the certainty of the evidence. We found no evidence of a difference in short-term treatment acceptability (based on dropouts) between behavioural activation and most comparison groups (CBT, humanistic therapy, waiting list, placebo, medication, no treatment or treatment as usual). Again, our confidence in all these findings is limited due to concerns about the certainty of the evidence. No data were available about the efficacy of behavioural activation compared with placebo, or about treatment acceptability comparing behavioural activation and psychodynamic therapy, interpersonal, cognitive analytic and integrative therapies. The evidence could be strengthened by better reporting and better quality RCTs of behavioural activation and by assessing working mechanisms of behavioural activation.</p>
Urquhart-Secord, Rachel;	2016	Patient and Caregiver	American journal of kidney	68	3	444–454	<p>BACKGROUND: In the context of clinical research, investigators have historically selected the outcomes that</p>

<p>Craig, Jonathan C.; Hemmelgarn, Brenda; Tam-Tham, Helen; Manns, Braden; Howell, Martin; Polkinghorne, Kevan R.; Kerr, Peter G.; Harris, David C.; Thompson, Stephanie; Schick-Makaroff, Kara; Wheeler, David C.; van Biesen, Wim; Winkelmayer, Wolfgang C.; Johnson, David W.; Howard, Kirsten; Evangelidis, Nicole; Tong, Allison</p>		<p>Priorities for Outcomes in Hemodialysis: An International Nominal Group Technique Study</p>	<p>diseases : the official journal of the National Kidney Foundation</p>			<p>they consider to be important, but these are often discordant with patients' priorities. Efforts to define and report patient-centered outcomes are gaining momentum, though little work has been done in nephrology. We aimed to identify patient and caregiver priorities for outcomes in hemodialysis. STUDY DESIGN: Nominal group technique. SETTING & PARTICIPANTS: Patients on hemodialysis therapy and their caregivers were purposively sampled from 4 dialysis units in Australia (Sydney and Melbourne) and 7 dialysis units in Canada (Calgary). METHODOLOGY: Identification and ranking of outcomes. ANALYTICAL APPROACH: Mean rank score (of 10) for top 10 outcomes and thematic analysis. RESULTS: 82 participants (58 patients, 24 caregivers) aged 24 to 87 (mean, 58.4) years in 12 nominal groups identified 68 outcomes. The 10 top-ranked outcomes were fatigue/energy (mean rank score, 4.5), survival (defined by patients as resilience and coping; 3.7), ability to travel (3.6), dialysis-free time (3.3), impact on family (3.2), ability to work (2.5), sleep (2.3), anxiety/stress (2.1), decrease in blood pressure (2.0), and lack of appetite/taste (1.9). Mortality ranked only 14th and was not regarded as the complement of survival. Caregivers ranked mortality, anxiety, and depression higher than patients, whereas patients ranked ability to work higher. Four themes underpinned their rankings: living well, ability to control outcomes, tangible and experiential relevance, and severity and intrusiveness. LIMITATIONS: Only English-speaking participants were eligible. CONCLUSIONS: Although trials in hemodialysis have typically focused on outcomes such as death, adverse events, and biological markers, patients tend to prioritize outcomes that are more relevant to their daily</p>
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							living and well-being. Researchers need to consider interventions that are likely to improve these outcomes and measure and report patient-relevant outcomes in trials, and clinicians may become more patient-orientated by using these outcomes in their clinical encounters.
Valenstein-Mah, Helen; Polusny, Melissa A.; Spont, Michele; Ackland, Princess E.; Meis, Laura; Orazem, Robert J.; Schnurr, Paula P.; Zickmund, Susan; Chard, Kathleen; Kehle-Forbes, Shannon M.	2023	Provider perceptions of their patients' dropout from trauma-focused therapy for PTSD in the U.S. Veterans Health Administration	Psychological Trauma: Theory, Research, Practice, and Policy	15	8		Objective: Many patients who initiate prolonged exposure (PE) and cognitive processing therapy (CPT) do not complete a full course, although little is known about how providers view PE and CPT dropout among their own patients. Method: Semistructured interviews were conducted with providers (n = 29) in the Veterans Health Administration to understand each provider's experience of dropout by a specific patient whom they treated using PE or CPT. Content analysis was used to categorize perceptions of dropout as negative, somewhat negative, or not negative. Themes associated with somewhat or not negative views of dropout were identified via inductive coding. Results: Fourteen percent of providers viewed their patient's dropout from PE or CPT as wholly negative, 38% as somewhat negative, and 48% as not a negative outcome. Themes associated with viewing dropout as something other than wholly negative included belief that the patient would not benefit from treatment if they were not ready, the importance of maintaining the therapeutic relationship, the view that trauma-focused therapy was not what the patient needed or that the patient could benefit from other approaches, the impression that the patient had made some gains, and that patients are responsible for treatment engagement and have the right to disengage. Conclusions: Providers' perceptions of dropout from PE or CPT for individual patients were rarely viewed as entirely negative. Research is needed to help

							providers determine when patient dropout is an undesirable outcome and when efforts to reengage patients in trauma-focused treatment are warranted. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Valsaraj, Blessy P.; Bhat, Shripathy M.; Prabhu, Ravindra; Kamath, Asha	2021	Follow-Up Study on the Effect of Cognitive Behaviour Therapy on Haemodialysis Adherence: A randomised controlled trial	Sultan Qaboos University medical journal	21	1	e58-e65	OBJECTIVES: Patients with chronic kidney disease (CKD) undergoing haemodialysis often experience a myriad of psychosocial problems, resulting in poor adherence to their therapeutic regimen. This study aimed to examine the effect of cognitive behaviour therapy (CBT) on dialysis, fluid, drug and diet adherence among a previously reported sample of CKD patients undergoing haemodialysis. METHODS: A randomised controlled trial was conducted between January 2013 to February 2014 on a random selection of 67 CKD patients attending a tertiary multispecialty hospital in India. The experimental group (n = 33) was exposed to CBT, whereas the control group (n = 34) received non-directive counselling. A haemodialysis adherence scale was developed and used to assess adherence to the treatment regimen. The effect size was calculated using Cohen's d statistics. RESULTS: At six months, mean reductions from baseline were observed in the experimental group in terms of interdialytic weight gain (-1.23 kg; effect size: 0.57), systolic blood pressure (-22.18 mmHg; effect size: 0.71) and diastolic blood pressure (-10.06 mmHg; effect size: 0.72), whereas mean increases were noted in haemoglobin (+0.75 g/dL; effect size: 0.31) and adherence to dialysis (+0.94; effect size: 0.51), fluids (+16.34; effect size: 2.30), diet (+61.19; effect size: 4.75) and drugs (+10.73; effect size: 1.3). Differences from baseline were significantly higher in the experimental group compared to the control group (P = 0.001 each). CONCLUSION: These results show that CBT

							is more effective than non-directive counselling for improving therapeutic adherence and physiological, clinical parameters among CKD patients undergoing haemodialysis.
van Bentum, Jaël S.; van Bronswijk, Suzanne C.; Sijbrandij, Marit; Lemmens, Lotte H. J. M.; Peeters, Frenk F. P. M. L.; Drukker, Marjan; Huibers, Marcus J. H.	2021	Cognitive therapy and interpersonal psychotherapy reduce suicidal ideation independent from their effect on depression	Depression and anxiety	38	9	940–949	<p>BACKGROUND Clinical guidelines suggest that psychological interventions specifically aimed at reducing suicidality may be beneficial. We examined the impact of two depression treatments, cognitive therapy (CT) and interpersonal psychotherapy (IPT) on suicidal ideation (SI) and explored the temporal associations between depression and SI over the course of therapy.</p> <p>METHODS Ninety-one adult (18-65) depressed outpatients from a large randomized controlled trial who were treated with CT (n = 37) and IPT (n = 54) and scored at least ≥ 1 on the Beck Depression Inventory II (BDI-II) suicide item were included. Linear (two-level) mixed effects models were used to evaluate the impact of depression treatments on SI. Mixed-effects time-lagged models were applied to examine temporal relations between the change in depressive symptoms and the change in SI.</p> <p>RESULTS SI decreased significantly during treatment and there were no differential effects between the two intervention groups ($B = -0.007$, $p = .35$). Depressive symptoms at the previous session did not predict higher levels of SI at the current session ($B = 0.016$, $p = .16$). However, SI measured at the previous session significantly predicted depressive symptoms at the current session ($B = 2.06$, $p < .001$).</p> <p>CONCLUSIONS Both depression treatments seemed to have a direct</p>

							association with SI. The temporal association between SI and depression was unidirectional with SI predicting future depressive symptoms during treatment. Our findings suggest that it may be most beneficial to treat SI first.
van Bogaert, P.; Tolson, D.; Eerlingen, R.; Carvers, D.; Wouters, K.; Paque, K.; Timmermans, O.; Dilles, T.; Engelborghs, S.	2016	SolCos model-based individual reminiscence for older adults with mild to moderate dementia in nursing homes: a randomized controlled intervention study	Journal of psychiatric and mental health nursing	23	9-10	568-575	<p>UNLABELLED</p> <p>WHAT IS KNOWN ON THE SUBJECT?: To stimulate reminiscence of older adults with dementia performed individually or through group sessions is a well-known practice in nursing homes resulting in effects on behaviour and well-being as an alternative for medication. Robust scientific proof of the effectiveness of individual reminiscence therapy performed in nursing homes is sparse. WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: We have provided individual standardized reminiscence therapy to residents with dementia. The therapy was developed and tested in a previous study and performed in this study by trained nursing home volunteers. In comparison with a control group who received usual care, residents who received the reminiscence therapy showed significant less depressive symptoms. Moreover, residents were, in general, attentive, open and collaborative during the sessions and volunteers experienced the sessions as useful and pleasant. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: Individual reminiscence therapy can be learned and used by nursing home volunteers to improve care in nursing homes.</p> <p>ABSTRACT</p> <p>Aim To investigate the effect of a standardized individualized intervention based on the SolCos transformational reminiscence model on depressive symptoms (primary outcome), cognition and behaviour</p>

							<p>(secondary outcomes) for older people with mild to moderate dementia, performed by trained nursing home volunteers as facilitators. Background Because of limited pharmacological treatment options for older adults with dementia relevant physical, sensory, psychological or social interventions offer alternative opportunities. Method Randomized controlled trial (ISRCTN74355073) was set up in two nursing homes with 29 and 31 residents in the intervention and the control groups respectively. Eighteen nursing home volunteers were trained to perform the reminiscence therapy. Various assessment scales were measured pre- and post-sessions. Results Linear regression analysis showed an impact on depressive symptoms. However, no impact was identified on cognition and behaviour. Facilitators experienced the sessions as useful and pleasant, and study participants were, in general, attentive, open and collaborative. Discussion Study results showed that organizing standardized individual reminiscence therapy with nursing home volunteers was feasible and study participants' attention and participation were overall good. Further study initiatives to explore the potential of individual reminiscence therapy within a person-centred framework are recommended in order to improve care in nursing homes.</p>
van Bronswijk, Suzanne C.; Bruijniks, Sanne J. E.; Lorenzo-Luaces, Lorenzo; DeRubeis, Robert J.;	2021	Cross-trial prediction in psychotherapy: External validation of the Personalized Advantage Index using machine	Psychotherapy Research	31	1	78-91	<p>Objective: Optimizing treatment selection may improve treatment outcomes in depression. A promising approach is the Personalized Advantage Index (PAI), which predicts the optimal treatment for a given individual. To determine the generalizability of the PAI, models needs to be externally validated, which has rarely been done. Method: PAI models were developed within each of two independent trials, with substantial between-study</p>

Lemmens, Lotte H. J. M.; Peeters, Frenk P. M. L.; Huibers, Marcus. J. H.		learning in two Dutch randomized trials comparing CBT versus IPT for depression					differences, that both compared CBT and IPT for depression (STEPd: n = 151 and FreqMech: n = 200). Subsequently, both PAI models were tested in the other dataset. Results: In the STEPd study, post-treatment depression was significantly different between individuals assigned to their PAI-indicated treatment versus those assigned to their non-indicated treatment (d = .57). In the FreqMech study, post-treatment depression was not significantly different between patients receiving their indicated treatment versus those receiving their non-indicated treatment (d = .20). Cross-trial predictions indicated that post-treatment depression was not significantly different between those receiving their indicated treatment and those receiving their non-indicated treatment (d = .16 and d = .27). Sensitivity analyses indicated that cross-trial prediction based on only overlapping variables didn't improve the results. Conclusion: External validation of the PAI has modest results and emphasizes between-study differences and many other challenges.
van de Graaf, Daniëlle L; Mols, Floortje; Trompetter, Hester R.; van der Lee, Marije L; Schreurs, Karlein M. G.; Børøsdund, Elin; Nes, Lise Solberg; Smeets, Tom	2022	Effectiveness of the online Acceptance and Commitment Therapy intervention "Embrace Pain" for cancer survivors with chronic painful chemotherapy-induced peripheral	Trials	23	1	642	BACKGROUND: About 30% of cancer survivors suffer from chemotherapy-induced peripheral neuropathy (CIPN) ≥6 months after completion of chemotherapy. This condition, for which treatment options are scarce, comes with limitations in daily life functioning and decreased quality of life. The current study examines the effectiveness of an online self-help intervention based on Acceptance and Commitment Therapy (ACT) in comparison to a waiting list condition (WLC) to deal with CIPN. In addition, it examines which factors moderate effects and to what extent the effects differ between guided and unguided ACT intervention. METHODS: A two-parallel, non-blinded randomized controlled trial (RCT)

		neuropathy: study protocol for a randomized controlled trial					will be carried out. Adult cancer survivors who experience painful CIPN for at least 3 months and completed chemotherapy at least 6 months ago will be recruited (n=146). In the intervention condition, participants will follow an 8-week self-management course containing 6 modules regarding psychoeducation and ACT processes, including therapeutic email guidance. By means of text and experiential exercises, supplemented with illustrations, metaphors, and audio files, people will learn to carry out value-oriented activities in their daily life with pain. Participants will learn new ways of coping with pain, including reducing pain avoidance and increasing pain acceptance. Participants in the WLC will be invited to follow the intervention without therapeutic guidance 5 months after start. Pain interference is the primary outcome, while psychological distress, quality of life, CIPN symptom severity, pain intensity, psychological flexibility, mindfulness skills, values-based living, and pain catastrophizing will serve as secondary outcomes. All outcome measures will be evaluated at inclusion and baseline, early-intervention, mid-intervention, post-treatment, and 3- and 6-month post-treatment. Qualitative interviews will be conducted post-treatment regarding experiences, usage, usability, content fit, and satisfaction with the intervention. DISCUSSION: This study will provide valuable information on the effectiveness of an online self-help intervention based on ACT versus WLC for chronic painful CIPN patients. TRIAL REGISTRATION: ClinicalTrials.gov NCT05371158 . Registered on May 12, 2022. PROTOCOL VERSION: version 1, 24-05-2022.
van de Water, Tanya; Rossouw,	2018	Adolescent and nurse	PloS one	13	7	e0199816	BACKGROUND: This investigation compared the perceived effectiveness of supportive counselling (SC)

Jaco; Yadin, Elna; Seedat, Soraya		perspectives of psychotherapeu tic interventions for PTSD delivered through task- shifting in a low resource setting				and prolonged exposure for adolescents (PE-A) by treatment users (adolescents with PTSD) and non-specialist treatment providers (supervised nurses). METHOD: Adolescent participants and nurse providers were purposively recruited to share their experiences of trial participation through face to face semi-structured in-depth interviews and treatment-specific focus groups (all recorded). Twelve adolescent participant transcripts (ten interviews and two focus groups) and three nurse provider transcripts were doubly transcribed. Thematic content analysis was applied using Atlas.ti software. Two emerging themes are presented in this paper: 1) Perceptions of the intervention and 2) Usefulness of the intervention. RESULTS: Regardless of treatment arm, adolescents experienced warm counselling relationships and described the process of extending trust to the counselor. Adolescents in the PE-A arm provided clear descriptions of session structure and treatment rationale compared with adolescents receiving SC. The most helpful tools were breathing retraining and imaginal exposure for PE-A and creation of distraction strategies during non-directive SC. Adolescents in both arms continued to use the techniques acquired during treatment and reported symptom improvement. Participants who received SC acknowledged ongoing reexperiencing. Nurses perceived SC to be an immediately transferable skill, but feedback on their preference for one intervention over the other was inconclusive. CONCLUSION: Both PTSD treatment strategies, implemented by non-specialists, were perceived as helpful. Overall, adolescents reported warm therapeutic relationships and a reduction in PTSD symptoms. Nurses stated that they would require
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							institutional support to ensure delivery of these interventions in a scalable and sustainable manner.
van der Feltz-Cornelis, Christina; Allen, Sarah F.; Holt, Richard I. G.; Roberts, Richard; Nouwen, Arie; Sartorius, Norman	2021	Treatment for comorbid depressive disorder or subthreshold depression in diabetes mellitus: Systematic review and meta-analysis	Brain and behavior	11	2	e01981	<p>OBJECTIVE To provide an estimate of the effect of interventions on comorbid depressive disorder (MDD) or subthreshold depression in type 1 and type 2 diabetes.</p> <p>METHODS Systematic review and meta-analysis. We searched PubMed, PsycINFO, Embase, and the Cochrane Library for randomized controlled trials evaluating the outcome of depression treatments in diabetes and comorbid MDD or subthreshold symptoms published before August 2019 compared to care as usual (CAU), placebo, waiting list (WL), or active comparator treatment as in a comparative effectiveness trial (CET). Primary outcomes were depressive symptom severity and glycemic control. Cohen's d is reported.</p> <p>RESULTS Forty-three randomized controlled trials (RCTs) were selected, and 32 RCTs comprising 3,543 patients were included in the meta-analysis. Our meta-analysis showed that, compared to CAU, placebo or WL, all interventions showed a significant effect on combined outcome 0,485 (95% CI 0.360; 0.609). All interventions showed a significant effect on depression. Pharmacological treatment, group therapy, psychotherapy, and collaborative care had a significant effect on glycemic control. High baseline depression score was associated with a greater reduction in HbA1c and depressive outcome. High baseline HbA1c was associated with a greater reduction in HbA1c.</p> <p>CONCLUSION All treatments are effective for comorbid depression in</p>

							type 1 diabetes and type 2 diabetes. Over the last decade, new interventions with large effect sizes have been introduced, such as group-based therapy, online treatment, and exercise. Although all interventions were effective for depression, not all treatments were effective for glycemic control. Effective interventions in comorbid depressive disorder may not be as effective in comorbid subthreshold depression. Baseline depression and HbA1c scores modify the treatment effect. Based on the findings, we provide guidance for treatment depending on patient profile and desired outcome, and discuss possible avenues for further research.
van der Steen, Sanne L; Houtman, Diewertje; Bakkeren, Iris M.; Galjaard, Robert-Jan H.; Polak, Marike G.; Busschbach, Jan J.; Tibben, Aad; Riedijk, Sam R.	2019	Offering a choice between NIPT and invasive PND in prenatal genetic counseling: the impact of clinician characteristics on patients' test uptake	European journal of human genetics : EJHG	27	2	235–243	Testing options for pregnant women at increased risk of common aneuploidies are non-invasive prenatal testing (NIPT) and invasive prenatal diagnosis (PND). Clinicians are challenged to comprehensively discuss the complex information in a patient-centered and non-directive manner, to allow for patients' informed decision-making. This study explored the information-centeredness, patient-centeredness, and level of non-directivity of different clinicians and examined group differences between their patients. First, semi-structured interviews with four senior obstetricians and one senior nurse were held regarding their information provision, their adaptation of a patient-centered attitude, and their practice of non-directivity. Interviews were transcribed verbatim and rated by four independent researchers. Secondly, 181 pregnant women were included in the study, of whom 82% opted for NIPT and 18% chose PND. Between clinicians, we assessed the distribution of choice ratios, patients' impression of clinicians' test preferences, and patients' knowledge scores. The results indicate that clinicians do not differ in their information-

						centeredness, but do differ in their patient-centeredness and their level of non-directivity. Significant differences in patients' NIPT/PND ratios were observed between clinicians, with the largest difference being 35 vs. 4% opting for invasive PND. Between 9 and 22% of the patients had an impression of their clinician's preference and chose in accordance with this preference. Patients' overall knowledge scores did not differ across clinicians. In conclusion, the differences in NIPT/PND ratios between clinicians indicate that clinicians' differing counseling approaches affect the choices their patients make. The interviews indicate a possible framing effect which may unintentionally steer the decision-making process.
van Deurzen, Emmy	2019	The Wiley World Handbook of Existential Therapy				Intro -- Title Page -- Copyright Page -- Contents -- About the Editors -- Notes on Contributors -- Acknowledgments -- Preface -- Introduction: What is Existential Therapy? -- What is existential therapy? -- Historical Foundations -- Existential thought and literature -- Hermeneutics -- Phenomenology -- Phenomenological and Existential Psychiatry -- Søren Kierkegaard (1813-1855) -- Friedrich Nietzsche (1844-1900) -- Martin Heidegger (1889-1976) -- Jean-Paul Sartre (1905-1980), Merleau-Ponty (1908-1961), and Simone de Beauvoir (1908-1986) -- Martin Buber (1878-1965), Karl Jaspers (1883-1969), Max Scheler (1874-1928), Paul Tillich (1886-1965), Paul Ricoeur (1913-2005), and Emmanuel Levinas (1906-1995) -- The schools of existential therapy -- Daseinsanalysis -- Existential-phenomenological therapy -- Existential-humanistic and Existential-integrative therapy -- Logotherapy and existential analysis -- Existential group therapy -- Dimensions of existential practice -- About the handbook -- Conclusion -- References -- Part I Daseinsanalysis -- Chapter 1 The History of Daseinsanalysis -- A Preliminary

							Overview -- Ancestry of Existential Psychotherapy -- 1900: A Milestone Year -- Sigmund Freud: Reluctant Doctor, Unhappy Philosopher -- A Philosophical Revolt: Tilling the Soil for Daseinsanalysis -- Martin Heidegger: From Consciousness to Existence -- Daseinsanalysis: The Birth of Existential Psychiatry, Psychology, and Psychotherapy -- Fundamental Ontology: The Philosophical Foundation of Daseinsanalysis -- Heidegger's "Turn" (Kehre): Fundamental Ontology to the Reciprocal Openness (Offenheit) of Being and Dasein -- References -- Chapter 2 Philosophy and Theory: Daseinsanalysis - An Ontological Approach to Psychic Suffering Based on the Philosophy of Martin Heidegger -- Introduction.
van Kalmthout, Martin; Nilkens, Norbert; Hlsermann- Nilkens, Brbel	2018	Schwerpunktthema: Spiritualitt in skularen Zeiten - eine personzentrierte Perspektive. (Mit 2 Einzelbeitrgen)	Gesprchspsych ootherapie und Personzentrierte Beratung	49	1	24-31	Zwei Beitrge zum Schwerpunktthema: "Spiritualitt in skularen Zeiten - eine personzentrierte Perspektive" werden vorgelegt. Die Anwendungsmglichkeiten von Spiritualitt als System der Sinnfindung in Therapie und Beratung werden dargestellt und anhand von praktischen Beispielen illustriert. Inhalt - (1) M. van Kalmthout: Spiritualitt und Sinnfindung - existenzielle Fragen in der Personzentrierten Psychotherapie und Beratung (S. 24-27). (2) N. Nilkens und B. Hlsermann: Die Kraft innerer Bilder - Spiritualitt als Ressource in der Arbeit mit psychisch erkrankten Menschen (S. 28-31).
van Malderen, K.; Man, J. G. de; Winter, B. Y. de; Schepper, H. U. de	2023	Epidemiological characteristics of a population visiting a patient-centered informative website about	Acta gastro- enterologica Belgica	86	1	17-25	BACKGROUND AND AIMS: Irritable bowel syndrome (IBS) is a chronic disorder characterized by abdominal pain and an altered bowel habit. The aim of this study was to evaluate the characteristics of a population visiting a patient-centered informative website about IBS. METHODS: Five digital surveys were used to assess the Rome IV criteria, red flag symptoms, healthcare use, psychological comorbidities, quality of life, symptom

		irritable bowel syndrome					severity, diet, physical activity. Patients were divided into a Rome positive and negative population with the Rome positive population being further subtyped based on dominant stool pattern. RESULTS: Red flag symptoms (42%) and comorbid psychological disorders (65% anxiety and 39% depression) were common. Despite consulting health care professionals and therapy, most patients (96%) still experienced moderate to severe symptoms with an average impact on quality of life. 73% performed regular physical exercise and 25% of the Rome positive population followed the FODMAP diet. Almost all participants consulted a health care professional at one point in time and used some form of therapy. 54% of the patients believed there is generally sufficient information available and 57% thinks that their physician takes IBS seriously. However, only 41% thinks that their physician has sufficient knowledge about IBS. CONCLUSIONS: This study underlines the importance of a thorough characterization of IBS patients. Furthermore, patients expressed an urgent need for high quality information and education for both health care professionals and patients.
van Mark, Gesine; Tittel, Sascha R.; Welp, Reinhard; Gloyer, Jörg; Sziegoleit, Stefan; Barion, Ralf; Jehle, Peter M.; Erath, Dieter; Bramlage, Peter;	2021	DIVE/DPV registries: benefits and risks of analog insulin use in individuals 75 years and older with type 2 diabetes mellitus	BMJ open diabetes research & care	9	1		INTRODUCTION: The aims of this study were to characterize insulin-treated individuals aged ≥ 75 years with type 2 diabetes using basal insulin analogs (BIA) or regular insulins (human insulin (HI)/neutral protamine Hagedorn (NPH)) and to compare the benefits and risks. RESEARCH DESIGN AND METHODS: The analysis was based on data from the DPV (Diabetes-Patienten-Verlaufsdokumentation) and DIVE (Diabetes Versorgungs-Evaluation) registries. To balance for confounders, propensity score matching for age, sex, diabetes duration, body mass index and hemoglobin A1c (HbA1c) as

Lanzinger, Stefanie						<p>covariates was performed. RESULTS: Among 167 300 patients aged ≥ 75 years with type 2 diabetes (mean age, 80.3 years), 9601 subjects used insulin regimens with basal insulin (HI/NPH or BIA). Of these 8022 propensity score-matched subjects were identified. The mean diabetes duration was ~ 12 years and half of the patients were male. At the time of switch, patients provided with BIA experienced more dyslipidemia (89.3% vs 85.9%; $p=0.002$) and took a greater number of medications (4.3 vs 3.7; $p<0.001$) and depression was more prevalent (8.4% vs 6.5%; $p=0.01$). Aggregated to the most actual treatment year, BIA was associated with a higher percentage of patients using basal-supported oral therapy (42.6% vs 14.4%) and intensified conventional insulin therapy (44.3% vs 29.4%) and lower total daily insulin doses (0.24 IU/kg/day vs 0.30 IU/kg/day; $p<0.001$). The study did not reveal significant differences in efficacy (HbA1c 7.4% vs 7.3%; $p=0.06$), hospitalizations (0.7 vs 0.8 per patient-year (PY); $p=0.15$), length of stay (16.3 vs 16.1 days per PY; $p=0.53$), or rates of severe hypoglycemia (4.07 vs 4.40 per 100 PY; $p=0.88$), hypoglycemia with coma (3.64 vs 3.26 per 100 PY; $p=0.88$) and diabetic ketoacidosis (0.01 vs 0.03 per 100 PY; $p=0.36$).</p> <p>CONCLUSION: BIA were used in more individually and patient-centered therapy regimens compared with HI/NPH in patients with a mean age of 80 years. Both groups were slightly overtreated with mean HbA1c $< 7.5\%$. The risk of severe hypoglycemia was low and independent of insulin type. Further analyses of elderly patients with type 2 diabetes are needed to provide evidence for best practice approaches in this age group.</p>
van Meter, Anna;	2015	Matching Empirically			168-187	

Youngstrom, Eric		Supported Therapies to Treatment Targets in Bipolar Disorder					
van Praag, Veroniek M.; Rueten-Budde, Anja J.; Jeys, Lee M.; Laitinen, Minna K.; Pollock, Rob; Aston, Will; van der Hage, Jos A; Dijkstra, P. D. Sander; Ferguson, Peter C.; Griffin, Anthony M.; Willeumier, Julie J.; Wunder, Jay S.; van de Sande, Michiel A J; Fiocco, Marta	2017	A prediction model for treatment decisions in high-grade extremity soft-tissue sarcomas: Personalised sarcoma care (PERSARC)	European journal of cancer (Oxford, England : 1990)	83		313-323	<p>BACKGROUND: To support shared decision-making, we developed the first prediction model for patients with primary soft-tissue sarcomas of the extremities (ESTS) which takes into account treatment modalities, including applied radiotherapy (RT) and achieved surgical margins. The PERsonalised SARcoma Care (PERSARC) model, predicts overall survival (OS) and the probability of local recurrence (LR) at 3, 5 and 10 years. AIM: Development and validation, by internal validation, of the PERSARC prediction model. METHODS: The cohort used to develop the model consists of 766 ESTS patients who underwent surgery, between 2000 and 2014, at five specialised international sarcoma centres. To assess the effect of prognostic factors on OS and on the cumulative incidence of LR (CILR), a multivariate Cox proportional hazard regression and the Fine and Gray model were estimated. Predictive performance was investigated by using internal cross validation (CV) and calibration. The discriminative ability of the model was determined with the C-index. RESULTS: Multivariate Cox regression revealed that age and tumour size had a significant effect on OS. More importantly, patients who received RT showed better outcomes, in terms of OS and CILR, than those treated with surgery alone. Internal validation of the model showed good calibration and discrimination, with a C-index of 0.677 and 0.696 for OS and CILR, respectively. CONCLUSIONS: The PERSARC model is the first to incorporate known clinical risk factors with the use</p>

							of different treatments and surgical outcome measures. The developed model is internally validated to provide a reliable prediction of post-operative OS and CILR for patients with primary high-grade ESTS. LEVEL OF SIGNIFICANCE: level III.
van Quekelberghe, Renaud	2019	Transpersonale Psychologie und Psychotherapie. Grenzenlose Grenze des Bewusstseins					Die Schulen und Denkströmungen der transpersonalen Psychologie und Psychotherapie werden dargestellt und es wird versucht, die kulturhistorische Bewusstseinsforschung mit neueren Modellen der Informatik und Quantenphysik zu verschränken. Dadurch wird eine neue Perspektive und Zugangsweise zum Schamanismus, zu den Weltreligionen und der transpersonalen Psychologie beziehungsweise zur modernen Spiritualität intendiert. Im ersten Teil wird der Versuch unternommen, die transpersonale Psychologie und Psychotherapie im Lichte eines neu konzipierten "fraktalsystemischen Paradigmas" systematisch zu beleuchten. Zentral für dieses Paradigma ist das Selbstrückkopplungs- oder Autorekursivitätsprinzip. Im zweiten Teil wird der Schamanismus als Ursprung aller religiösen oder spirituellen Schulen und Strömungen behandelt. Im dritten Teil wird in zentrale bewusstseinspsychologische Erkenntnisse aus Ost und West auf dem Hintergrund des fraktalsystemischen Paradigmas eingeführt. Im vierten Teil wird auf wichtige Vorläufer und Begründer der transpersonalen Psychologie und Psychotherapie eingegangen. Im fünften Teil werden "veränderte Bewusstseinszustände" erneut aufgegriffen und entsprechend der so genannten Trance- oder T-Gruppen untersucht. Schließlich wird der Versuch unternommen, die Konvergenz dieser Gruppen fraktalsystemisch näher zu fassen. Im letzten Teil kommt zunächst die "Neurotheologie" zur Sprache. Schließlich wird der

							Versuch unternommen, menschliche Glckseligkeit und Wissenschaft als zwei Seiten "des ewigen Bodhisattva-Gelbdes zur Allgte" anzusehen.
van Rooij, S. J. H.; Sippel, Lauren M.; McDonald, William M.; Holtzheimer, Paul E.	2021	Defining focal brain stimulation targets for PTSD using neuroimaging	Ethos (Berkeley, Calif.)	38	7	768–785	<p>Abstract Introduction Focal brain stimulation has potential as a treatment for posttraumatic stress disorder (PTSD). In this review, we aim to inform selection of focal brain stimulation targets for treating PTSD by examining studies of the functional neuroanatomy of PTSD and treatment response. We first briefly review data on brain stimulation interventions for PTSD. Although published data suggest good efficacy overall, the neurobiological rationale for each stimulation target is not always clear. Methods Therefore, we assess pre- and post-treatment (predominantly psychotherapy) functional neuroimaging studies in PTSD to determine which brain changes seem critical to treatment response. Results of these studies are presented within a previously proposed functional neural systems model of PTSD. Results While not completely consistent, research suggests that downregulating the fear learning and threat and salience detection circuits (i.e., amygdala, dorsal anterior cingulate cortex and insula) and upregulating the emotion regulation and executive function and contextual processing circuits (i.e., prefrontal cortical regions and hippocampus) may mediate PTSD treatment response. Conclusion This literature review provides some justification for current focal brain stimulation targets. However, the examination of treatment effects on neural networks is limited, and studies that include the stimulation targets are lacking. Further, additional targets, such as the cingulate, medial prefrontal cortex, and inferior parietal lobe, may also be worth investigation, especially when considering how to achieve network level</p>

							changes. Additional research combining PTSD treatment with functional neuroimaging will help move the field forward by identifying and validating novel targets, providing better rationale for specific treatment parameters and personalizing treatment for PTSD.
van Werde, Dion	2021	Pr-Therapie: Halt anbieten bei Kontaktverlust	Gesprächspsychotherapie und Personenzentrierte Beratung	52	3	11-17	Beschrieben und anhand eines Fallbeispiel illustriert wird die von Garry Prouty aus der Personenzentrierten Psychotherapie entwickelte Pr-Therapie. Diese Art der Intervention richtet sich an Menschen, die fr ungeeignet befunden werden, eine regulre Personenzentrierte Psychotherapie zu erhalten, weil kein unmittelbarer Kontakt zu ihnen hergestellt werden kann. Hierzu zhlen hufig Menschen mit schwerer geistiger Behinderung, Autismus und akuter Psychose. Vorgestellt werden fnf Arten der Kontaktreflexion. Abschlieend wird die hauptschliche Funktion der Pr-Therapie als Angebot eines Halts und niedrigschwelligen Kontaktangebots bei drohendem Kontaktverlust beschrieben.
van Wijk, M.; Lalleman, P. C. B.; Cummings, G. G.; Engel, J.	2022	Public Opinion Leadership in Nursing Practice: A Rogerian Concept Analysis	Policy, politics & nursing practice	23	1	67-79	In the Dutch nursing context, work remains in strengthening the voice of nurses serving as frontline health care providers and board members alike. Conceptual clarity of Public Opinion Leadership (POL) in nursing practice is needed to provide attributes, antecedents and consequences for nurses and nurse leaders so they can contribute in the public debate and policy making processes. Using Rodgers' method of evolutionary concept analysis and the key words "POL," "lobbying" and "public affairs," we searched PubMed (including MEDLINE), CINAHL, PsycINFO and Cochrane Library for articles written in English, published between January 1999 and May 2020, which resulted in a final selection of seven studies. In addition, transcripts of an expert panel discussion regarding POL were analyzed.

							<p>Attributes of POL are credibility, accessibility, altruism, dynamic networking and sense of systemness. Antecedents are a clinical background, authentic authority, policy and political awareness and strategic skills. The main consequences of POL entail influencing those who are involved in policy making processes, a new generation of public opinion leaders, and the raising of bottom-up political leaders. POL is a relatively new concept for nursing, with increasing interest given the need to ensure quality of care by increasing the use of evidence in clinical practice. POL in nursing practice is defined as the action of influencing public debate regarding policy making processes by maintaining dynamic (social) networks, having a high sense of systemness, and being (clinically) credible, altruistic and accessible to peers and a wide variety of stakeholders.</p>
<p>van Zutphen, L.; Maier, S.; Siep, N.; Jacob, G. A.; Tüscher, O.; van Elst, L. Tebartz; Zeeck, A.; Arntz, A.; O'Connor, M-F; Stamm, H.; Hudek, M.; Joos, Andreas</p>	2019	<p>Intimate stimuli result in fronto-parietal activation changes in anorexia nervosa</p>	<p>Eating and weight disorders : EWD</p>	24	6	1155–1164	<p>BACKGROUND: Intimacy is a key psychological problem in anorexia nervosa (AN). Empirical evidence, including neurobiological underpinnings, is however, scarce. OBJECTIVE: In this study, we evaluated various emotional stimuli including intimate stimuli experienced in patients with AN and non-patients, as well as their cerebral response. METHODS: Functional magnetic resonance imaging was conducted using stimuli with positive, neutral, negative and intimate content. Participants (14 AN patients and 14 non-patients) alternated between passive viewing and explicit emotion regulation. RESULTS: Intimate stimuli were experienced less positively in AN patients compared to non-patients. AN patients showed decreased cerebral responses in superior parietal cortices in response to positive and intimate stimuli. Intimate stimuli led to stronger activation of the orbitofrontal cortex, and lower activation</p>

							of the bilateral precuneus in AN patients. Orbitofrontal responses decreased in AN patients during explicit emotion regulation. CONCLUSIONS: These results show that intimate stimuli are of particular importance in AN patients, who show experiential differences compared to non-patients and altered activation of orbitofrontal and parietal brain structures. This supports that AN patients have difficulties with intimacy, attachment, self-referential processing and body perception. LEVEL OF EVIDENCE: Level III, case-control study.
Vandette, Marie-Pier; Jones, Georden; Gosselin, Julie; Kogan, Cary S.	2021	The role of the supervisory working alliance in experiential supervision-of-supervision training: A mixed design and multiple perspective study	Journal of Psychotherapy Integration	31	4	435–451	The supervisory working alliance is an essential element in the supervisor–supervisee relationship. Qualitative and quantitative methods were used to explore the role that the supervisory working alliance plays in the supervision training process and its relationship in the professional development of supervisors in training. Thirty-three practicum students, 29 supervisors in training, and 20 supervisors-mentors participated in this exploratory study. Quantitative data were collected at a minimum of one time and a maximum of three different times during a 12-month supervision-of-supervision (SOS) experiential training between 2013 and 2017. Data were analyzed using a mixed linear model with repeated measures approach. Qualitative data were then collected from 18 practicum students, nine supervisors in training, and nine supervisors-mentors at the end of their SOS training experience. Data were analyzed using inductive thematic analysis following Braun and Clarke’s (2006) guidelines. Results of both types of analyses suggest that the supervisory working alliance plays a role in the SOS training experience. Several important themes also emerged concerning practicum students, supervisors in training, as well as supervisors-mentors’ experience

							regarding the SOS training process. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Varese, Filippo; Morrison, Anthony P.; Beck, Rosie; Heffernan, Suzanne; Law, Heather; Bentall, Richard P.	2016	Experiential avoidance and appraisals of voices as predictors of voice-related distress	The British journal of clinical psychology	55	3	320–331	<p>OBJECTIVES: Research has suggested that the extent to which voices (i.e., auditory verbal hallucinations) are experienced as distressing might be influenced by negative beliefs about voices as well as maladaptive metacognitive styles involving the negative appraisal and maladaptive control of mental experiences. This cross-sectional study examined the contribution of both specific appraisals of voices and a metacognitive factor (i.e., experiential avoidance) to voice-related distress.</p> <p>METHODS: Self-report measures of voice characteristics (voice frequency, duration as well as amount and intensity of voice-related distress), experiential avoidance, and appraisals of voices were collected in a sample of 101 voice-hearers.</p> <p>RESULTS: Experiential avoidance and negative beliefs about voices were associated with higher levels of voice-related distress, but not to measures of voice frequency and duration. Experiential avoidance and negative 'metaphysical' beliefs about voices were significant predictors of voice-related distress even after accounting for the effect of frequency and duration of voices, and explained similar proportions of unique variance in distress.</p> <p>CONCLUSIONS: These findings suggest that the appraisals of voices and experiential avoidance are predictive of voice-related distress and that cognitive-behavioural interventions targeting both voice-specific appraisals and general maladaptive metacognitive processes could prove useful treatment approaches for clients with distressing voices.</p> <p>PRACTITIONER POINTS: Experiential avoidance (EA) and negative appraisals predict voice-related distress caused by voices, but not</p>

						their frequency and duration. Interventions for voices should consider targeting EA and negative appraisals (e.g., cognitive-behavioural therapy, Acceptance and Commitment Therapy) to ameliorate distress.
Vaughn, Jennifer E.; Ammermann, Chesley; Lustberg, Maryam B.; Bickel, Warren K.; Stein, Jeffrey S.	2021	Delay discounting and adjuvant endocrine therapy adherence in hormone receptor-positive breast cancer	Health Psychology	40	6	Objectives: Oral endocrine therapy improves survival among hormone responsive breast cancer (HRBC) survivors; however, 30–70% of patients are nonadherent. One patient-centered factor that may impact adherence is delay discounting (DD), or the degree to which patients value future outcomes. In prior research, DD is robustly associated with maladaptive health behavior; but no work to our knowledge has examined delay discounting and medication nonadherence in breast cancer patients. Study 1 examined cross-sectional associations between DD and endocrine therapy nonadherence. Study 2 examined whether DD in the HRBC population is amenable to a brief intervention—episodic future thinking (EFT), in which participants preexperience future events. Method: In Study 1, HRBC survivors completed assessments of DD and endocrine therapy adherence (pill count and self-report). In Study 2, participants were randomized to engage in a brief behavioral intervention (EFT) or a control condition, and again completed assessments of DD. Results: Eighty nine female HRBC survivors completed Studies 1 and 2. Controlling for other known risk factors, greater DD was significantly associated with poorer pill-count but not self-report adherence. In Study 2, the EFT intervention significantly reduced DD when compared to control episodic thinking. Conclusions: DD is associated with direct-observation (pill count) measures of endocrine therapy adherence in HRBC survivors, suggesting it is a potential therapeutic target for improving adherence. This target is also

							amenable to intervention with EFT. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Vaz, Alexandre; Ecker, Bruce	2020	Memory reconsolidation in psychotherapy for severe perfectionism within borderline personality	Journal of clinical psychology	76	11	2067–2078	Abstract Objective(s) For a case of severe perfectionism, comorbid with complex trauma symptomatology including suicidality, self-harming, and other markers of borderline personality, we demonstrate the use of the empirically confirmed process identified in memory reconsolidation (MR) research for the unlearning and nullification, or ?erasure,? of emotional and behavioral responses driven by learned expectations and mental models. MR has been proposed as a transtheoretical, unifying mechanism underlying profound psychotherapeutic change. The therapist (first author), under the second author's supervision, used a varied set of clinical skills woven together through a focus on the MR process. Results The result was a depotentiation of underlying, traumatic emotional learnings and near-total disappearance of perfectionistic and self-harming behaviors, urges and attitudes after 1 year of therapy. Conclusions Implications of this case are discussed in terms of symptom generation by implicit emotional learnings and MR as a promising framework for advancing the effectiveness and unification of psychotherapy.
Vazquez, Carmelo; Duque, Almudena; Blanco, Ivan; Pascual, Teodoro; Poyato, Natalia; Lopez-Gomez,	2018	CBT and positive psychology interventions for clinical depression promote healthy attentional biases: An eye-tracking study	Depression and anxiety	35	10	966–973	BACKGROUND Although there is a growing interest in the role of attentional biases in depression, there are no studies assessing changes in these biases after psychotherapeutic interventions. METHODS We used a validated eye-tracking procedure to assess pre-post therapy changes in attentional biases toward emotional information (i.e., happy, sad, and angry faces) when presented with neutral information (i.e., neutral

Irene; Chaves, Covadonga						<p>faces). The sample consisted of 75 participants with major depression or dysthymia. Participants were blindly assigned to one of two 10 weekly sessions of group therapy: a cognitive behavior therapy intervention (N = 41) and a positive psychology intervention (N = 34).</p> <p>RESULTS</p> <p>Both treatments were equally efficacious in improving depressive symptoms ($p = .0001$, $\eta^2 = .68$). A significant change in attentional performance after therapy was observed irrespective of the intervention modality. Comparison of pre-post attentional measures revealed a significant reduction in the total time of fixations (TTF) looking at negative information (i.e., sad and angry faces) and a significant increase in the TTF looking at positive information (i.e., happy faces)-all $p < .02$.</p> <p>CONCLUSIONS</p> <p>Findings reveal for the first time that psychotherapeutic interventions are associated with a significant change in attentional biases as assessed by a direct measure of attention. Furthermore, these changes seem to operate in the same direction typically found in healthy populations (i.e., a bias away from negative information and a parallel bias toward positive information). These findings illustrate the importance of considering attentional biases as clinical markers of depression and suggest the viability of modifying these biases as a potential tool for clinical change.</p>
Veale, Jaimie F.; Tan, Kyle K. H.; Byrne, Jack L.	2022	Gender identity change efforts faced by trans and nonbinary people in New Zealand:	Psychology of Sexual Orientation and Gender Diversity	9	4	<p>Based on their transphobic assumption that being transgender or nonbinary is pathological or otherwise undesirable, gender identity change efforts (GICE) attempt to make a person's gender conform with their sex assigned at birth. While many professional bodies have noted that GICE practices are unethical, there has been</p>

		Associations with demographics, family rejection, internalized transphobia, and mental health					little empirical research into the prevalence and correlates of GICE exposure. Counting Ourselves: The Aotearoa New Zealand Trans and Nonbinary Health Survey is a community-based study, which participants completed mostly online. Out of 610 participants who had ever spoken to a health professional about their gender, 19.7%, 95% CI [16.6%, 23.1%], reported GICE exposure, and a further 9.3% [7.2%, 11.9%] did not know. GICE exposure was higher among younger participants. Participants with GICE exposure were more likely than those without such exposure to report psychological distress, nonsuicidal self-injury, suicidal ideation, and suicide attempts (e.g., suicidal ideation OR = 2.39). GICE partially mediated the effect of family rejection on mental health, and internalized transphobia partially mediated the effect of GICE on mental health. These correlates between GICE and mental health replicate recent findings from the U.S. Trans Survey, and the mediation analyses help to understand potential causal mechanisms underlying these correlations. Although our findings are limited by being a convenience sample, they are consistent with the hypothesis that GICE exposure is harmful to transgender or nonbinary people's mental health. Moreover, these findings support moves by many professional bodies to emphasize that GICE is unethical and the legal steps taken by a growing number of jurisdictions to ban such practices. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Veilleux, Jennifer C.; Hyde, Katherine C.; Chamberlain,	2022	The "thinking threshold": A therapeutic concept guided by emotion	Practice Innovations	7	1	28–39	Cognitive reappraisal is an emotion regulation strategy with significant empirical support. However, it is also true that many people have difficulty using cognitive reappraisal—and any cognitive strategy that requires significant mental effort—while experiencing intense

Kaitlyn D.; Higuera, Danielle E.; Schreiber, Regina E.; Warner, Elise A.; Clift, Jeremy B.		regulation flexibility					emotions. Per the tenants of emotion-regulation flexibility, we provide information on a therapeutic concept we call the “thinking threshold” that helps clients identify the level of emotional distress at which their thinking becomes impaired. When clients are above the thinking threshold they are guided to use behavioral and bodily focused emotion regulation strategies, and to use cognitive reappraisal and problem solving when below the thinking threshold. In this article, we outline the rationale for considering emotion-regulation flexibility with clients, identify why level of emotional intensity is an important context to consider when helping clients identify effective emotion regulation strategies, and review research supporting the notion that effortful cognitive strategies are less effective at high levels of emotional distress. We also describe how we teach clients to use the thinking threshold concept and provide a brief case study demonstrating the utility of the concept with a client. Finally, we review ways in which the thinking threshold could be tailored and adapted alongside acceptance-based approaches, and we describe future directions for both empirical examination of the thinking threshold as well as expansion within clinical practice. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Veilleux, Jennifer C.; Schwartz-Mette, Rebecca A.; Gregus, Samantha J.	2022	Development of the standardized supervisee framework as a novel approach to supervision training	Training and Education in Professional Psychology	16	4		The standardized patient model is a high-quality method of training and assessment of clinical competencies, and with some modifications it could provide a useful approach for training and assessing supervisory competency. The goal of the current work was to (Study 1) develop and validate case materials (written intake summary, case notes, and brief video segments of mock therapy sessions) with experienced supervisors (n = 92),

						<p>and then (Study 2) pilot test the full standardized supervisee framework in clinical psychology doctoral students completing a supervision course (n = 6). Results from Study 1 confirmed that the four scenarios reliably differed from each other in the depiction of the central clinical issues that a supervisor would need to address. In Study 2, doctoral students completed the entire framework, where they reviewed the written case material and video clip from one scenario, and then conducted a mock supervision session with a trained clinician-actor and received feedback on their supervision skills. Qualitative interviews with Study 2 participants confirmed the feasibility of the standardized supervisee framework within a doctoral training program. Students reported learning about themselves as supervisors-in-training and learning how to demonstrate applied supervision skills. Data verified the importance of feedback on the development of supervision skills and that the experiential nature of the framework holds value. We discuss some additional ways the standardized supervisee framework could be used, including its potential value as an assessment of supervisory competency. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Velarde-Pedraza, Guillermo; Sánchez-Gayango, Agustín; Núñez-Garces, Marta	2021	The importance of organic screening, regarding a clinical case	Revista Colombiana de psiquiatria (English ed.)			<p>INTRODUCTION: Before cataloguing a morbid process as a "mental disorder", it is essential to bear in mind the importance of early diagnosis of causes of non-psychiatric origin for a possible clinical presentation. For this reason, we will try to reflect this fact, which it seems necessary to remember even though it is well known, since it can be overlooked in emergency situations in the hospital setting, with the consequences derived from an incomplete diagnosis and with the potential life-</p>

							<p>threatening risk for the patient. CASE PRESENTATION: A 13-year-old female adolescent, who presented an acute clinical picture suggestive of dissociative disorder. She required hospital admission for diagnostic-therapeutic clarification, and neuroimaging findings led to an initial diagnosis of a neoplastic lesion in the brain stem and, finally, as ischaemic lesion of vasculitic origin in said location. DISCUSSION: A differential diagnosis was proposed through the different psychic and nonpsychic aetiologies of the clinical picture, being the intervention of the hospital's paediatric service necessary for orientation and definitive affiliation, given the suspicion of non-psychiatric illness after a torpid evolution in spite of psychotherapeutic and psychopharmacological interventions. CONCLUSIONS: Through the presentation and review of a clinical case that happened in our hospital, we must insist on an adequate comprehensive approach to the patient, especially with the child-adolescent population, when faced with an acute clinical presentation and without previous studies at a relevant physical level.</p>
<p>Velarde-Pedraza, Guillermo; Sánchez-Gayango, Agustín; Núñez-Garces, Marta</p>	<p>2023</p>	<p>The importance of organic screening, regarding a clinical case</p>	<p>Revista Colombiana de psiquiatria (English ed.)</p>	<p>52</p>	<p>1</p>	<p>73–77</p>	<p>INTRODUCTION: Before cataloguing a morbid process as a "mental disorder", it is essential to bear in mind the importance of early diagnosis of causes of non-psychiatric origin for a possible clinical presentation. For this reason, we will try to reflect this fact, which it seems necessary to remember even though it is well known, since it can be overlooked in emergency situations in the hospital setting, with the consequences derived from an incomplete diagnosis and with the potential life-threatening risk for the patient. CASE PRESENTATION: A 13-year-old female adolescent, who presented an acute clinical picture suggestive of dissociative disorder. She</p>

							required hospital admission for diagnostic-therapeutic clarification, and neuroimaging findings led to an initial diagnosis of a neoplastic lesion in the brain stem and, finally, as ischaemic lesion of vasculitic origin in said location. DISCUSSION: A differential diagnosis was proposed through the different psychic and non-psychic aetiologies of the clinical picture, but the intervention of the hospital's paediatric service was necessary for orientation and definitive affiliation, given the suspicion of non-psychiatric illness after a torpid evolution in spite of psychotherapeutic and psychopharmacological interventions. CONCLUSIONS: Through the presentation and review of a clinical case that happened in our hospital, we must insist on an adequate comprehensive approach to the patient, especially with the child-adolescent population, when faced with an acute clinical presentation and without previous studies at a relevant physical level.
Vennebrger, Margret	2020	Den eigenen Kompass finden: Personzentriertes Coaching im 21. Jahrhundert	Gesprächspsychotherapie und Personzentrierte Beratung	51	1	39	In der Kolumne setzt sich die Autorin mit der Bedeutung des personenzentrierten Coachings im 21. Jahrhundert auseinander. Dabei werden gesellschaftliche Veränderungen thematisiert und wie sich die Coaching-Arbeit angesichts der Digitalisierung verändern könnte.
Venta, Amanda; Long, Tessa; Bailey, Cassandra; Galicia, Betsy; Abate, Anna; Walker, Jesse; Salinas, Kalin	2021	Measurement invariance of the Inventory of Peer and Parent Attachment among Latinx and non-Latinx college students	Journal of Latinx Psychology	9	3	179–188	The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, Journal of Youth and Adolescence, 1987, 16, 427–454), a 75-item self-report questionnaire, has been widely used to measure attachment to one's mother, father, and peers. Using the IPPA, attachment has emerged as a protective factor in relation to a range of psychosocial variables. Yet, these studies with the IPPA are decades old, and may not adequately represent the current demographic composition of the United States,

						<p>which is now composed of significantly more Latinx individuals. Indeed, no study has examined the cross-cultural psychometrics of this instrument, which is concerning in light of recent research, suggesting attachment may behave differently in Latinx populations. Thus, this study aimed to examine measurement invariance across Latinx and non-Latinx respondents on the IPPA. Data were collected across seven separate Texas universities (N = 1,787). Participants (74.3% female) were between the ages of 18 and 59 (m = 21, SD = 4.59), with 53.3% identifying as Latinx and 46.3% identifying as non-Latinx. Results indicate the IPPA mother, father, and peer subscales perform equivalently among Latinx and non-Latinx college students with regard to configural, metric, and scalar invariance. Yet, findings also suggest that the three-factor structure of the IPPA mother and father versions may be in need of refinement. These findings augment extant psychometric support for the IPPA's use in diverse college students while suggesting areas of exploration for future research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Vereenoghe, Leen; Flynn, Samantha; Hastings, Richard P.; Adams, Dawn; Chauhan, Umesh; Cooper, Sally-Ann; Gore, Nick; Hatton, Chris; Hood, Kerry; Jahoda,	2018	Interventions for mental health problems in children and adults with severe intellectual disabilities: A systematic review	BMJ Open, 2018			<p>Identified and evaluated the effectiveness of pharmacological and psychological interventions in the treatment of mental health problems in children and adults with severe and profound intellectual disabilities, given their difficulties in accessing standard mental health interventions, particularly talking therapies, and difficulties reporting drug side effects. Mental health problems are more prevalent in people with than without intellectual disabilities, yet treatment options have received little attention. A systematic review using electronic searches of PsycINFO, PsycTESTS, EMBASE, MEDLINE, CINAHL, ERIC, ASSIA, Science Citation Index,</p>

<p>Andrew; Langdon, Peter E.; McNamara, Rachel; Oliver, Chris; Roy, Ashok; Totsika, Vasiliki; Waite, Jane</p>							<p>Social Science Citation Index and CENTRAL was conducted to identify eligible intervention studies. Study selection, data extraction and quality appraisal were performed by two independent reviewers. Study samples included at least 70% children and/or adults with severe or profound intellectual disabilities or reported the outcomes of this subpopulation separate from participants with other levels of intellectual disabilities. Eligible intervention studies evaluated a psychological or pharmacological intervention using a control condition or pre-post design. Symptom severity, frequency or other quantitative dimension (e.g., impact) were assessed with standardized measures of mental health problems. The search retrieved 41,232 records, 573 full-text articles were reviewed, and five studies were identified as eligible for inclusion. These included three studies evaluating pharmacological interventions, and two studies evaluating psychological interventions. Study designs ranged from double-blind placebo controlled crossover trials to single-case experimental reversal designs. Quality appraisals of this very limited literature base revealed good experimental control, poor reporting standards, and a lack of follow-up data. Mental ill health requires vigorous treatment, yet the current evidence base was too limited to identify with precision effective treatments specifically for children or adults with severe and profound intellectual disabilities. Clinicians therefore must work on the basis of general population evidence, while researchers work to generate more precise evidence for people with severe and profound intellectual disabilities.</p>
<p>Vesentini, Lara; van Overmeire,</p>	<p>2022</p>	<p>Intimacy in Psychotherapy:</p>	<p>Archives of sexual behavior</p>	<p>51</p>	<p>1</p>	<p>453–463</p>	<p>A certain level of intimacy is necessary in psychotherapeutic relationships for them to be effective,</p>

Roel; Matthys, Frieda; Wachter, Dirk de; van Puyenbroeck, Hubert; Bilsen, Johan		An Exploratory Survey Among Therapists					<p>but it can sometimes develop further into more intimate feelings and behaviors related to friendship and sexuality, into friendship, or even into sexual relationships. In this study, a self-administered questionnaire was sent to psychotherapists in Flanders (Belgium), asking about the occurrence of these situations. It provides an overview of these occurrences and comparative data to view for generational and cultural differences with previous studies. A response rate of 40% was obtained (N = 786): 69% of respondents were female therapists and none were transgender. A total of 758 therapists stated that they had actually provided psychotherapy and were included for further analysis. Three percent started a sexual relationship with a current and/or former client, 3.7% started a friendship during therapy, and 13.4% started a friendship after therapy. About seven out of ten therapists found a client sexually attractive, a quarter fantasized about a romantic relationship, and a fifth gave a goodbye hug at the end of a session (22%). In general, more male therapists reported sexual feelings and behaviors than female therapists. Older therapists more often behaved informally and started friendships with former clients compared to younger colleagues. Psychiatrists reported sexual feelings and fantasies less often than non-psychiatrists, and behavioral therapists reported this less frequently than person-centered and psychoanalytic therapists. Overall, prevalence rates of intimate feelings and behaviors related to friendship and sexuality are lower than those in previous studies.</p>
Veseth, Marius; Stige, Signe Hjelen; Binder, Per-Einar	2019	Medicine and meaning—How experienced therapists	Couns and Psychother Res (Counselling and	19	1	66–74	

		describe the role of medication in recovery processes in bipolar disorder	Psychotherapy Research)				
<p>Vieten, Cassandra; Laraia, Barbara A.; Kristeller, Jean; Adler, Nancy; Coleman-Phox, Kimberly; Bush, Nicole R.; Wahbeh, Helané; Duncan, Larissa G.; Epel, Elissa</p>	2018	<p>The mindful moms training: development of a mindfulness-based intervention to reduce stress and overeating during pregnancy</p>	<p>BMC pregnancy and childbirth</p>	18	1	201	<p>BACKGROUND: Pregnancy is a time of high risk for excessive weight gain, leading to health-related consequences for mothers and offspring. Theory-based obesity interventions that target proposed mechanisms of biobehavioral change are needed, in addition to simply providing nutritional and weight gain directives. Mindfulness training is hypothesized to reduce stress and non-homeostatic eating behaviors - or eating for reasons other than hunger or caloric need. We developed a mindfulness-based intervention for high-risk, low-income overweight pregnant women over a series of iterative waves using the Obesity-Related Behavioral Intervention Trials (ORBIT) model of intervention development, and tested its effects on stress and eating behaviors.</p> <p>METHODS: Overweight pregnant women (n = 110) in their second trimester were enrolled in an 8-week group intervention. Feasibility, acceptability, and facilitator fidelity were assessed, as well as stress, depression and eating behaviors before and after the intervention. We also examined whether pre-to-post intervention changes in outcomes of well-being and eating behaviors were associated with changes in proposed mechanisms of mindfulness, acceptance, and emotion regulation.</p> <p>RESULTS: Participants attended a mean of 5.7 sessions (median = 7) out of 8 sessions total, and facilitator fidelity was very good. Of the women who completed class evaluations, at least half reported that each of the three</p>

							<p>class components (mindful breathing, mindful eating, and mindful movement) were "very useful," and that they used them on most days at least once a day or more. Women improved in reported levels of mindfulness, acceptance, and emotion regulation, and these increases were correlated with reductions in stress, depression, and overeating. CONCLUSIONS: These findings suggest that in pregnant women at high risk for excessive weight gain, it is both feasible and effective to use mindfulness strategies taught in a group format. Further, increases in certain mindfulness skills may help with better management of stress and overeating during pregnancy. TRIAL REGISTRATION: ClinicalTrials.gov NCT01307683 , March 8, 2011.</p>
<p>Viksveen, Petter; Bjønness, Stig Erlend; Berg, Siv Hilde; Cardenas, Nicole Elizabeth; Game, Julia Rose; Aase, Karina; Storm, Marianne</p>	2017	User involvement in adolescents' mental healthcare: protocol for a systematic review	BMJ open	7	12	e018800	<p>INTRODUCTION: User involvement has become a growing importance in healthcare. The United Nations state that adolescents have a right to be heard, and user involvement in healthcare is a legal right in many countries. Some research provides an insight into the field of user involvement in somatic and mental healthcare for adults, but little is known about user involvement in adolescents' mental healthcare, and no overview of the existing research evidence exists. METHODS AND ANALYSIS: The aim of this systematic review is to provide an overview of existing research reporting on experiences with and the effectiveness and safety issues associated with user involvement for adolescents' mental healthcare at the individual and organisational level. A systematic literature search and assessment of published research in the field of user involvement in adolescents' mental healthcare will be carried out. Established guidelines will be used for data extraction (Cochrane Collaboration guidelines,</p>

							<p>Strengthening the Reporting of Observational studies in Epidemiology and Critical Appraisal Skills Programme (CASP)), critical appraisal (Cochrane Collaboration guidelines and Pragmatic-Explanatory Continuum Indicator Summary) and reporting of results (Preferred Reporting Items for Systematic reviews and Meta-Analyses, Consolidated Standards of Reporting Trials and CASP). Confidence in the research evidence will be assessed using the Grading of Recommendations Assessment, Development and Evaluation approach. Adolescents are included as coresearchers for the planning and carrying out of this systematic review. This systematic review will provide an overview of the existing research literature and thereby fill a knowledge gap. It may provide various stakeholders, including decision-makers, professionals, individuals and their families, with an overview of existing knowledge in an underexplored field of research. ETHICS AND DISSEMINATION: Ethics approval is not required for this systematic review as we are not collecting primary data. The results will be published in a peer-reviewed journal and at conference presentations and will be shared with stakeholder groups.</p>
<p>Vissers, Wiede; Keijsers, Ger P. J.; Kampman, Mirjam; Hendriks, Gert-Jan; Rijnders, Paul; Hutschemaekers, Giel J. M.</p>	2017	<p>Symptom Reduction Without Remoralization: A Randomized, Waiting-List Controlled Study Aimed at Separating Two Beneficial Psychotherapy</p>	<p>Journal of clinical psychology</p>	73	7	785–796	<p>OBJECTIVE Treatment effects in psychotherapy outcome research are generally based on the reduction of symptoms. Standard inclusion of other beneficial treatment effects such as remoralization (increase of hope, self-efficacy, well-being) might lead to more elaborate findings in the field of psychotherapy. On the other hand, it is also possible that symptom reduction and remoralization always go hand in hand in the experience of patients. The present study sought to experimentally test this assumption.</p> <p>METHOD</p>

		Outcome Effects					<p>A total of 78 patients suffering from panic disorder were randomly assigned to brief remoralization treatment, brief exposure treatment, or waiting list (WL).</p> <p>RESULTS</p> <p>Both treatments increased remoralization and both reduced symptoms of panic disorder as compared to WL.</p> <p>CONCLUSION</p> <p>It is unlikely that patients experience remoralization without symptom reduction or symptom reduction without remoralization. These findings do not favor the assumption that conclusions within psychotherapy outcome research are flawed because of its heavy reliance on measurements of symptom reduction.</p>
Vizeshfar, Fatemeh; Zare, Marzieh; Keshtkaran, Zahra	2019	Role-play versus lecture methods in community health volunteers	Nurse education today	79		175-179	<p>BACKGROUND</p> <p>Considering the key role of health volunteers in promoting community's health, their effective training is of particular importance. Training can be more effective through cooperative and learner-centered methods. Role-play is among the cooperative methods with numerous advantages. Considering the positive impact of training via various methods, we aimed to compare training through role-play and lecture on health volunteers' health knowledge in selected comprehensive health centers of Shiraz, Iran.</p> <p>METHODS</p> <p>This quasi-experimental study was conducted on all health volunteers in four comprehensive health centers selected via random cluster sampling during the second half of 2017. The participants were divided into intervention and control groups and took part in the pretest based on the book entitled "Promotion of Breastfeeding". Based on the pretest results, health volunteers trained the participants in three educational</p>

							<p>sessions. The two groups were evaluated again immediately and two months after the intervention.</p> <p>RESULTS</p> <p>The mean age of the participants was 49.97 ± 8.1 and 46.52 ± 10.74 years in intervention and control groups, respectively. Most participants were married (94.8%) and had diplomas (92.1%). A significant difference was seen between both groups in knowledge scores at the three time points ($P < 0.001$). A significant difference was found between the two groups regarding knowledge scores immediately and two months after the intervention ($P < 0.001$), indicating the effectiveness of training through role-play.</p> <p>CONCLUSION</p> <p>The advantages of role-play, including development of communication skills and active listening, resulted in the learners' enthusiasm and motivation. This method was accompanied with higher educational output as well as longer knowledge persistence. Role-play increased cooperation and group discussions performed after the role-play promoted the transfer emotional experiences.</p>
Vlschow, Yvette; Hbner, Catharina	2022	Organisationelle Einbettung personzentrierte n Herangehens: Berufsbergreifende Implikationen fr die Arbeit mit Betroffenen von Menschenhandel	Gesprchspsych ootherapie und Personzentrierte Beratung	53	1	28–33	<p>Dieser Beitrag befasst sich mit den Ursachen und den Folgen von Menschenhandel zum Zweck sexueller Ausbeutung und Zwangsprostitution. Dabei zeigt sich, dass Betroffene nicht selten aufgrund der ausbeutungsspezifischen Dynamiken traumatisiert und als "Hard to reach"-Klientel zu beschreiben sind. Dies erfordert einen entsprechenden Umgang der in diesem Bereich ttigen professionellen Akteur innen, wie Polizei, Ordnungs- bzw. Gesundheitsamt und (psycho)soziale Arbeit. Daher wird aufgezeigt, warum die personzentrierte Herangehensweise eine wichtige Ressource bei der Untersttzung von Frauenhandelsopfern darstellt. Dabei</p>

						werden neben der Anbahnung der professionellen (Beratungs-)Beziehung auch ausgewählte Chancen, Begrenzungen und Gelingensbedingungen ihrer Implementierung thematisiert.
Vogelgesang, Monika; Schuhler, Petra	2016	Psychotherapie der Sucht. Methoden, Komorbidität und klinische Praxis				<p>Auf der Grundlage des biopsychosozialen Modells werden verschiedene methodische Ansätze in der Psychotherapie der Sucht - von der kognitiven Verhaltenstherapie über die personenzentrierte Therapie bis hin zu körperorientierten und imaginativen Verfahren - praxisorientiert dargestellt. Des Weiteren werden komorbide Störungen und Modelle der integrierten Behandlung erlutert. - Inhalt: (A) Elemente/Aspekte der Suchttherapie. (1) Monika Vogelgesang: Elemente der Suchttherapie - Im Spannungsfeld zwischen Tradition und Innovation. (2) Jrg Petry: Psychotherapie bei Suchtmittelmissbrauch und Abhängigkeit: Motivation und Motivierung. (3) Horst Baumeister: Psychotherapie bei Medikamentenabhängigkeit. (4) Monika Vogelgesang: Frauenspezifische Aspekte der Suchttherapie. (5) Peter Kagerer: Psychotherapie bei männerspezifischen Aspekten der Abhängigkeitserkrankung. (6) Horst Baumeister: Arbeitsplatzprobleme und Sucht. - (B) Methodische Zugänge. (7) Monika Vogelgesang: Kognitive Verhaltenstherapie. (8) Wolfgang Bensele: Der personenzentrierte Ansatz. (9) Ernst Kern: Körperorientierte Psychotherapie bei Suchterkrankungen. (10) Monika Vogelgesang: Imaginative Verfahren in der Suchttherapie. - (C) Therapeutische Ansätze und Programme bei Sucht und psychischer Komorbidität. (11) Monika Vogelgesang: Zur Komorbidität bei Suchterkrankungen. (12) Petra Schuhler: Suchterkrankung mit komorbider depressiver Störung. (13) Petra Schuhler: Suchterkrankung mit komorbider Angststörung. (14) Petra Schuhler:</p>

							<p>Psychotherapie bei Suchterkrankung und komorbider Persönlichkeitsstrung. (15) Monika Vogelgesang: Psychotherapie bei Trauma und Sucht. (16) Horst Baumeister: Psychotherapie bei chronischer Schmerzkrankheit und Analgetikaabhängigkeit. (17) Monika Vogelgesang: Psychotherapie aggressiver Impulsdurchbrüche bei Abhängigkeitserkrankungen. - (D) Strungen mit Schnittmengen zur Sucht. (18) Monika Vogelgesang: Phänomenologie, Theorie und Klassifikation von psychischen Strungen mit Schnittmengen zur Sucht. (19) Jrg Petry: Psychotherapie bei pathologischem Glücksspielen und Abhängigkeitserkrankung. (20) Monika Vogelgesang und Johanna Meyer-Gutknecht: Anorexia/Bulimia nervosa und Substanzabhängigkeit: Theorie und Therapie. (21) Monika Vogelgesang, Manfred Gortner und Ernst Ott: Adipositasbehandlung unter Beachtung suchttherapeutischer Aspekte. (22) Petra Schuhler: Schädlicher Gebrauch von Alkohol und suchtpotenten Medikamenten in Abgrenzung zu Suchterkrankungen in Diagnose und Therapie. (23) Petra Schuhler und Holger Feindel: Pathologischer Computer-/Internet-Gebrauch: Diagnostische Einordnung als Beziehungs- und Verhaltensstrung und therapeutische Vorgehensweise. - Das Buch wurde für die vorliegende dritte Auflage erweitert und aktualisiert.</p>
Volhard, Theresia; Jessen, Frank; Kleineidam, Luca; Wolfsgruber, Steffen; Lanzerath, Dirk;	2018	Advance directives for future dementia can be modified by a brief video presentation on dementia care:	PloS one	13	5	e0197229	<p>OBJECTIVES: To investigate whether life-sustaining measures in medical emergency situations are less accepted for an anticipated own future of living with dementia, and to test whether a resource-oriented, in contrast to a deficit-oriented video about the same demented person, would increase the acceptance of such life-saving measures. DESIGN: Experimental study conducted between September 2012 and February 2013.</p>

<p>Wagner, Michael; Maier, Wolfgang</p>		<p>An experimental study</p>				<p>SETTING: Community dwelling female volunteers living in the region of Bonn, Germany. PARTICIPANTS: 278 women aged 19 to 89 (mean age 53.4 years). INTERVENTION: Presentation of a video on dementia care focusing either on the deficits of a demented woman (negative framing), or focusing on the remaining resources (positive framing) of the same patient. MAIN OUTCOME MEASURES: Approval of life-sustaining treatments in five critical medical scenarios under the assumption of having comorbid dementia, before and after the presentation of the brief videos on care. RESULTS: At baseline, the acceptance of life-sustaining measures in critical medical situations was significantly lower in subjects anticipating their own future life with dementia. Participants watching the resource-oriented film on living with dementia had significantly higher post-film acceptance rates compared to those watching the deficit-oriented negatively framed film. This effect particularly emerges if brief and efficient life-saving interventions with a high likelihood of physical recovery are available (eg, antibiotic treatment for pneumonia). CONCLUSIONS: Anticipated decisions regarding life-sustaining measures are negatively influenced by the subjective imagination of living with dementia, which might be shaped by common, unquestioned stereotypes. This bias can be reduced by providing audio-visual information on living with dementia which is not only centred around cognitive and functional losses but also focuses on remaining resources and the apparent quality of life. This is particularly true if the medical threat can be treated efficiently. These findings have implications for the practice of formulating, revising, and supporting advance directives.</p>
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Volpe, Umberto; Monteleone, Alessio M.; Ricca, Valdo; Corsi, Elisa; Favaro, Angela; Santonastaso, Paolo; Giorgi, Serafino de; Renna, Caterina; Abbate Daga, Giovanni; Amianto, Federico; Balestrieri, Matteo; Luxardi, Gian Luigi; Clerici, Massimo; Alamia, Alberto; Segura-Garcia, Cristina; Rania, Marianna; Monteleone, Palmiero; Maj, Mario	2019	Pathways to specialist care for eating disorders: An Italian multicentre study	European eating disorders review : the journal of the Eating Disorders Association	27	3	274–282	Two hundred forty six patients with eating disorders (EDs) recruited from eight Italian specialized treatment centres were administered with the World Health Organization "Encounter Form," a standardized schedule that makes it possible to characterize the clinical pathways that patients follow to reach specialized care. The median time from symptoms onset to specialized care was 114 weeks. Primary "points of access to care" were general practitioners (25%), psychiatrists (18%), and clinical nutritionists (17%), followed by various other carers. All patients received specific psychotherapy, whereas only 11% of them were given psychotropic drugs. EDs are characterized by complex care pathways, with low rates of direct access to specialized care. Although the role of general practitioners remains crucial, they tend to follow different clinical routes to refer ED patients. Educational programmes on EDs should be addressed to general practitioners and clinical nutritionists, in order to ease the transition of ED patients to a mental health care setting.
Votsmeier-Rhr, Achim	2019	Angst und Mut bei Kurt Goldstein und Laura Perls	Gestalttherapie	33	2	20–28	Verdeutlicht wird, dass in der Gestalttherapie dem Thema Angst mit dem Konzept des unterbrochenen Kontaktzyklus und dem der mangelnden Sttzung (Support) begegnet wird. Letzteres ist der Beitrag von Laura Perls, die hier stark von der Angsttheorie Kurt Goldsteins beeinflusst wurde. Beide Angsttheorien

						<p>werden dargestellt. Abgeleitet daraus wird, Mut zu verstehen als das individuell verschiedene Maß, Angst zu ertragen und die Erschütterung der Existenz zu bejahen, um die eigenen wesensmäßigen Möglichkeiten zu verwirklichen. Konsequenzen für die Angstbehandlung werden für strukturell gestörte sowie neurotisch gestörte PatientInnen skizziert. In beiden Fällen ist das therapeutische Ziel, dass "Angst zu Furcht" wird, dass das Erleben von Ausgeliefert-Sein sich zu dem der Bewältigung der Gefahr wandelt.</p>
Votsmeier-Rhr, Achim; Wulf, Rosemarie	2017	Gestalttherapie				<p>In einem Überblick über die Gestalttherapie werden deren theoretische Grundlagen und Behandlungstechniken dargestellt. Die Gestalttherapie ist ein humanistisches Psychotherapieverfahren. Der Begriff "Gestalt" steht für Ganzheit und dafür, wie sich ganzheitliches Erleben und Verhalten organisiert. Strang und Krankheit werden als Verlust von Ganzheit angesehen. Die Gestalttherapie ist ein prozess- und erfahrungsorientierter Ansatz, der Selbstregulierung, Integration der Person und die kreative Anpassung an die Umwelt zum Ziel hat. Ihre Wirksamkeit ist gut belegt, zentraler Wirkfaktor ist dabei eine therapeutische Beziehung in wechselseitiger Anerkennung. - Inhalt: (1) Einführung. (2) Geschichte (zeit- und ideengeschichtlicher Kontext; biografischer Hintergrund). (3) Theorie (Grundlagen der Gestalttherapie; die Person in kreativer Anpassung; dysfunktionale Anpassungen). (4) Der therapeutische Prozess (Behandlungsziele und Veränderungsstrategien; therapeutische Beziehung; therapeutische Interventionen). (5) Evaluation (Entwicklung der empirischen Psychotherapieforschung; Forschung zur Wirksamkeit der Gestalttherapie). (6) Zusammenfassung.</p>

Vrabel, KariAnne R.; Bratland-Sanda, Solfrid	2023	Effects of inpatient treatment on compulsive exercise in adults with longstanding eating disorders: Secondary analysis from a randomized controlled trial with 12-month follow-up	The International journal of eating disorders				<p>PURPOSE This study aimed to examine changes in compulsive exercise among adults with eating disorders (ED) admitted for inpatient treatment in a randomized controlled trial comparing cognitive behavioral therapy (CBT) and compassion-focused therapy (CFT) and whether such changes were influenced by treatment condition, childhood trauma, or level of compulsive exercise.</p> <p>METHOD A total of 130 adults admitted to inpatient treatment for EDs mean (SD) age 30.9 (9.7) years, mean illness duration 14.2 (8.9) years, were randomized to receive CBT or CFT and analyzed using multilevel modeling. Assessments included Eating Disorders Examination - Interview, Compulsive Exercise Test and Childhood Trauma Questionnaire.</p> <p>RESULTS Mean total CET score at baseline was 14.7 (4.0) with no difference between the treatment groups. A total of 63 (48.5%) had CET score ≥ 15, indicating clinical levels. There was an overall time effect on reduction in CET total and all CET subscale scores except Lack of enjoyment, and CFT provided greater reduction compared to CBT on the CET subscale Mood improvements. Patients with clinical CET score levels showed greater reduction on CET total and the subscales Avoidance, Weight, and Rigidity across time compared to persons with non-clinical CET score. Childhood trauma did not predict changes in CET total or subscale scores.</p> <p>DISCUSSION Both CBT and CFT improve overall compulsive exercise. The greater effect of CFT than CBT on exercise as a</p>
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							<p>maladaptive mood regulator calls for further research on how affective oriented psychotherapies can not only reduce compulsive exercise but also promote functional exercise among persons with EDs.</p> <p>PUBLIC SIGNIFICANCE STATEMENT</p> <p>Understanding and addressing compulsive exercise in adults with eating disorders is crucial. This study comparing cognitive-behavioral therapy and compassion-focused therapy shows both improve compulsive exercise. Importantly, compassion-focused therapy has a greater impact as an emotion-focused regulator. This emphasizes the need for further exploration into how emotion-focused therapies can reduce compulsive exercise and promote healthier, functional physical activity for individuals with eating disorders.</p>
Vuijk, Richard; Arntz, Arnoud	2017	Schema therapy as treatment for adults with autism spectrum disorder and comorbid personality disorder: Protocol of a multiple-baseline case series study testing cognitive-behavioral and experiential interventions	Contemporary clinical trials communications	5		80–85	<p>BACKGROUND</p> <p>To our knowledge treatment of personality disorder (PD) comorbidity in adults with ASD is understudied and is still in its infancy. This study investigates the effectiveness of schema therapy for PD-psychopathology in adult patients with both ASD and PD.</p> <p>METHODS/DESIGN</p> <p>Twelve adult individuals (age > 18 years) with ASD and at least one PD are given a treatment protocol consisting of 30 weekly offered sessions. A concurrent multiple baseline design is used with baseline varying from 4 to 9 weeks, after which weekly supportive sessions varying from 1 to 6 weeks start with the study therapist. After baseline and 1 to 6 supportive sessions, a 5-week exploration phase follows with weekly sessions during which current and past functioning, psychological symptoms, and schema modes are explored, and information about the treatment is given. This is followed</p>

							<p>by 15 weekly sessions with cognitive-behavioral interventions and 15 weekly sessions with experiential interventions: patients are vice versa and randomly assigned to the interventions. Finally, there is a 10-month follow-up phase with monthly booster sessions. Participants are randomly assigned to baseline length, and report weekly during treatment and monthly at follow-up on Belief Strength of negative core beliefs, and fill out SMI, SCL-90 and SRS-A 7 times during screening procedure (i.e. before baseline), after supportive sessions, after exploration, after cognitive and behavioral interventions, after experiential interventions, and after 5- and 10- month follow-up. The SCID-II is administered during screening procedure, at 5- and at 10-month follow-up.</p> <p>TRIAL REGISTRATION The Netherlands National Trial Register NTR5788. Registered 01 April 2016.</p>
Vylobkova, Valentina; Heintz, Sonja; Gander, Fabian	2019	Strkenbasierte Interventionen in der Positiven Psychologie	Report Psychologie	44	11-12	14-21	<p>Es wird ein berblick ber Effekte positiv-psychologischer Interventionen und Chrakterstrken-basierter Interventionen gegeben. Charakterstrkenbasierte Interventionen stellen eine separate Gruppe der positiv-psychologischen Interventionen dar und erzielen positive Effekte auf das Wohlbefinden und eine Reihe von weiteren Variablen. Es wird verdeutlicht, dass trotz der empirischen Evidenz zu positiven Effekten, die Wirkmechanismen, die strkenbasierten Interventionen unterliegen, noch weitgehend unbekannt sind. Die Anwendung strkenbasierter Interventionen ist in verschiedenen Bereichen mglich, wie in Schulen, am Arbeitsplatz sowie in der Therapie und im Coaching. Abgesehen von einigen wenigen Befunden mangelt es jedoch an empirischen Studien, welche die Effekte</p>

							<p>strkenbasierter Interventionen in einzelnen Anwendungsbereichen systematisch untersuchen. Fr Strkenforschung und -praxis wird es als essenziell betrachtet, eine gemeinsame Sprache zu erarbeiten. Auerdem wird empfohlen, bei der Konzeption strkenbasierter Interventionen und dem Design der Interventionsstudien die Passung zwischen Person und Intervention sowie weitere Einflussfaktoren der Effekte einer strkenbasierten Intervention zu bercksichtigen.</p>
<p>Waal, Marleen M. de; Dekker, Jack J. M.; Kikkert, Martijn J.; Christ, Carolien; Chmielewska, Jaga; Staats, Monique W. M.; van den Brink, Wim; Goudriaan, Anna E.</p>	2019	<p>Self-wise, Other-wise, Streetwise (SOS) training, an intervention to prevent victimization in dual-diagnosis patients: results from a randomized clinical trial</p>	<p>Addiction (Addiction)</p>	114	4	730–740	<p>Abstract Background and Aims Patients with co-occurring substance use and other mental disorders are vulnerable to crime victimization, yet no evidence-based preventive interventions exist. Our aim was to test the efficacy of a new intervention, Self-wise, Other-wise, Streetwise training (SOS training), to prevent victimization in these dual-diagnosis patients as an add-on to care as usual. Design Multi-site single-blind parallel randomized controlled trial. Setting Three sites within one psychiatric service in Amsterdam, the Netherlands. Participants Adult in-patients and out-patients with dual diagnosis (n = 250), who were predominantly male (70.4%), aged on average 42.1 years, and diagnosed with 3.7 DSM-IV disorders. Intervention and comparator Care as usual, consisting of pharmacotherapy combined with individual psychotherapy, group psychotherapy and/or supportive counselling (n = 125) was compared with care as usual plus SOS training: a 6-week, 12-session manualized group training focused on enhancing emotion regulation skills, conflict resolution skills and street skills (n = 125). Measurements Victimization was assessed with the Safety Monitor, the Dutch equivalent of the International Crime Victims Survey, in a face-to-face assessment. The primary outcome measure was treatment response</p>

							(yes/no), with ?yes? defined as reporting at least a 50% reduction in the number of past-year victimization incidents at the 14-month follow-up compared with baseline. Analyses were performed according to the intention-to-treat principle. Findings The proportion of participants achieving treatment response for total victimization was 54.0% in the control group and 67.6% in the experimental group, a significant difference [odds ratio (OR) = 1.78, 95% confidence interval (CI) = 1.02?3.11, P = 0.042]. Treatment response for violent victimization was achieved by 68.7% of the control group and 79.3% of the experimental group (OR = 1.75, 95% CI = 0.91?3.34, P = 0.092). With a Bayes factor of 2.26, this result was inconclusive. Conclusions Among dual-diagnosis patients, care as usual plus Self-wise, Other-wise, Streetwise training was more effective in preventing victimization than care as usual alone.
Wade-Bohleber, Laura; Hofer, Anina; Ottiger, Martina; Wyl, Agnes von; Stulz, Antonia; Rumpel, Sandra	2022	Can the GroupTherapy "Arriving" Support Refugee Mothers with their Young Children? Results from a Longitudinal Pilot Study	Praxis der Kinderpsychologie und Kinderpsychiatrie	71	2	119-140	Refugee mothers are exposed to multiple sources of psychological distress given their migration histories and the experience of motherhood in a foreign country and often in social isolation. "Aacho" ("Arriving") is a psychoanalytic-oriented group therapy for refugee mothers with babies and toddlers in Switzerland. The present pilot study evaluated "Aacho" concomitantly and explored changes in the mothers' symptom burden, in the developmental status of their children, and in the quality of mother-child interaction. Five mother-child dyads participated in a longitudinal study with two to three time points. Mothers self-reported on symptomatology (HSCL, HTQ, SSS 8) and the groups' psychotherapists evaluated family functioning levels (HBS-L) and maternal levels of illness (CGI). In addition, the child's developmental level (Bayley-III) and the quality of mother-child interaction

							(CARE index) were assessed. The symptom burden of the mothers was severe over the entire study period with varying symptom development (decrease/increase). The children's language development tended to be delayed. The quality of mother-child interaction tended to increase over the study period. Refugee mothers with young children often experience severe psychological distress and require psychotherapeutic support that is specifically tailored to them. The evaluation of services offering such support poses specific methodological challenges.
Wagner, Ann Marie; Richards, Anne; Chiros, Christine; Thuras, Paul; Parsons, Elizabeth C.; Oien, Angela D.; Schenck, Carlos H.; Irfan, Muna	2023	A Retrospective Pilot Study of Imagery Rehearsal Therapy Enhanced with Narrative Therapy Principles for the Treatment of Nightmares in US Military Veterans	Sleep science (Sao Paulo, Brazil)	16	4	e439-e445	Introduction Chronic nightmares are a common and disabling feature of posttraumatic stress disorder (PTSD) for which broadly effective treatments are still lacking. While imagery rehearsal therapy (IRT) demonstrates benefits for patients with idiopathic nightmares and some patients with PTSD-related nightmares, research indicates it may be less beneficial for veterans. Narrative therapy (NT) is a form of psychotherapy which is client-centered and value-focused and has demonstrated benefits for PTSD patients. The application of NT principles to IRT may provide a valuable therapeutic approach for treatment in veterans. Objective To perform a retrospective chart review of veteran clients participating in a novel, brief intervention developed by the first author consisting of IRT enhanced with NT principles (N-IRT) for the treatment of nightmares. The primary outcomes were nightmare frequency and intensity, and the secondary outcome was the impact of the intervention on nightmare distress and coping, subjective sleep quality, and overall PTSD symptoms. Materials and Methods We conducted retrospective chart reviews for eight veterans referred to the first author for

							<p>the treatment of nightmares, who completed N-IRT, including baseline and end-of-treatment measures. The protocol involved a single 60-minute NT-enhanced rescripting session and assigned homework to rehearse the revised dream script, and a follow-up evaluation 4 weeks later. The subjects completed a sleep and nightmare interview developed by the first author and the PTSD Checklist at baseline and after the intervention at the follow-up evaluation. Paired t -tests were conducted to test for pre-to-post differences. Results In the statistical analysis, we observed a statistically significant and clinically meaningful reduction in the frequency (p = 0.04) and intensity of nightmares (p = 0.001) from pretreatment to the 1-month follow-up. Measures of nightmare-associated emotional distress, the ability to cope with nightmares, sleep duration and sleep efficiency, as well as overall PTSD symptoms also demonstrated significant improvements. Conclusion These pilot data provide compelling preliminary evidence that a single-session IRT intervention modified with NT (N-IRT) is effective in reducing nightmare frequency and intensity, reducing nightmare distress, improving the act of coping with nightmares, and improving sleep quality and overall PTSD symptoms in veterans. Further investigation of this method with gold-standard clinical trial designs and larger sample sizes is indicated to confirm effectiveness and to better understand the possible mechanisms of treatment effect.</p>
Wagner, Anne C.; Mithoefer, Michael C.; Mithoefer, Ann	2019	Combining Cognitive-Behavioral Conjoint Therapy for	Journal of psychoactive drugs	51	2	166-173	<p>Treatments for posttraumatic stress disorder (PTSD) have evolved significantly in the past 35 years. From what was historically viewed as a pervasive, intractable condition have emerged multiple evidence-based intervention options. These treatments, predominantly cognitive</p>

T.; Monson, Candice M.		PTSD with 3,4-Methylenedioxy methamphetamine (MDMA): A Case Example				behavioral in orientation, provide significant symptom improvement in 50-60% of recipients. The treatment of PTSD with MDMA-assisted psychotherapy using a supportive, non-directive approach has yielded promising results. It is unknown, however, how different therapeutic modalities could impact or improve outcomes. Therefore, to capitalize on the strengths of both approaches, Cognitive Behavioral Conjoint Therapy for PTSD (CBCT) was combined with MDMA in a small pilot trial. The current article provides a case study of one couple involved in the trial, chosen to provide a demographically representative example of the study participants and a case with a severe trauma history, to offer a detailed account of the methodology and choices made to integrate CBCT and MDMA, as well as an account of their experience through the treatment and their treatment gains. This article offers a description of the combination of CBCT for PTSD and MDMA, and demonstrates that it can produce reductions in PTSD symptoms and improvements in relationship satisfaction.
Wagner, Elisabeth; Russinger, Ulrike	2016	Emotionsbasierte systemische Therapie. Intrapsychische Prozesse verstehen und behandeln				Der Fokus liegt auf intrapsychischen Prozessen und Strungen im Kontext systemischer Therapien. In Theorie und Fallbeispielen wird aufgezeigt, wie mit der emotionsbasierten systemischen Therapie die direkte Arbeit mit Emotionen und Gefühlen nicht nur in die Grundausrichtung des systemischen Krankheitsverständnisses integrierbar ist, sondern dieses auch konzeptuell bereichert. Eventuelle Hindernisse, die in der Einzeltherapie durch nicht gezielte Beachtung struktureller, biografischer, emotionaler Aspekte auftreten, sollen durch Anreicherung des Verstehens und der Handlungsmöglichkeiten vermindert oder beseitigt werden. Basale Konzepte der Grundbedürfnisse, das

							<p>Konzept der Schemata zur Organisation von Erfahrung und die Konzeptualisierung affektiver und emotionaler Prozesse werden vermittelt. Neuere Erkenntnisse der Neurobiologie ergänzen die Ausführungen. - Inhalt: (1) Passt die Theorie, die wir Systemischer Therapie zugrunde legen, noch zu der Art von Systemischer Therapie, die heute durchgeführt wird. (2) Die Theorie bestimmt, was wir beobachten können. (3) Konzepte intrapsychischer Funktionen in der Systemischen Therapie. (4) Basale psychologische Konzepte. (5) Systemische Therapie unter der Perspektive der Neurobiologie. (6) Fallverständnis als professionelle Leistung. (7) Strukturelle Überlegungen. (8) Emotionsfokussierte Therapie (EFT) nach Leslie S. Greenberg. (9) Schematherapie und Modus-Modell. (10) Therapeutische Interventionen zur Förderung der emotionalen Verarbeitung.</p>
Wagner, Winfried	2019	Wie existenzialistisch ist die Gestalttherapie?	Gestalttherapie	33	2	102-113	<p>Unter besonderer Berücksichtigung der Emotion Angst werden existenzialistische "Tiefenstrukturen" des menschlichen Daseins verdeutlicht und Anknüpfungspunkte sowie Interventionsmöglichkeiten einer existenziellen Psychotherapie herausgearbeitet. In fast allen Einführungs- und Überblicksdarstellungen zur Gestalttherapie findet sich der Hinweis, dass eine der Wurzeln der Gestalttherapie der Existenzialismus sei. Jedoch werden im Vergleich etwa zu den phänomenologisch-gestaltpsychologischen und feldtheoretischen Wurzeln die existenzialistischen Wurzeln meist zuerst stiefmütterlich abgehandelt, erkennbar an dem deutlich geringeren Seitenumfang. Wenn heutige Gestalttherapeuten Perls Anspruch, dass die Gestalttherapie eine existenzielle Therapie sei, auch zukünftig aufrechterhalten wollen, wird es als notwendig betrachtet, ihre existenzialistischen Wurzeln aus dem</p>

							stiefmütterlichen Dasein zu holen und sie theoretisch noch expliziter herauszuarbeiten - also von einem impliziten und "restringierten" zu einem expliziten und elaborierten Existenzialismus zu kommen. Als ein Ansto hierzu ist dieser Beitrag gedacht.
Wahl, Ariane	2018	Professionalität in der Beratung	Gesprächspsychotherapie und Personenzentrierte Beratung	49	4	203-206	Diskutiert werden aktuelle Trends der Professionalisierung in der deutschen Beratungslandschaft. Eingangs wird argumentiert, dass professionelle Beratung angesichts gesellschaftlicher Veränderungsprozesse zunehmend an Bedeutung gewinne. Moniert wird jedoch ein fehlendes, einheitliches Verständnis von Beratung und eine damit verbundene ausgeprägte Heterogenität der Beratungsangebote. Vor diesem Hintergrund werden die Bemühungen der beiden Dachverbände "Deutsche Gesellschaft für Beratung (DGfB)" und "Nationales Forum Beratung in Bildung, Beruf und Beschäftigung (nfb)" beschrieben, die eine Professionalisierung von Beratungsdienstleistungen fördern sollen.
Wahrmund, Renate	2017	Musiktherapie zur Unterstützung der "Schlüsselqualifikationen" bei autistischen Kindern und Jugendlichen - ein Bericht aus der Praxis					Eigene Erfahrungen bezüglich der Möglichkeiten musiktherapeutischer Interventionen zur Unterstützung der "Schlüsselqualifikationen" (nach dem STeP-Programm von Bernard-Opitz) bei autistischen Kindern und Jugendlichen werden präsentiert. Dabei wird besonderes Augenmerk auf die Förderung und Entwicklung sozialer und emotionaler Fähigkeiten gelegt. Es wird beschrieben, wie beim klientenzentrierten Ansatz durch die musikalische Resonanz wesentliche Faktoren der Beziehungsgestaltung und Kommunikation sowohl in der Einzel- als auch in der Gruppentherapie hergestellt und gefördert werden können. Zur Illustration werden Fallbeispiele herangezogen. Des Weiteren wird dargestellt, wie Erfahrungen mit klientenzentrierter

							<p>Musiktherapie und ein entsprechendes Selbstverständnis kooperativ mit Erkenntnissen aus der Verhaltenstherapie mit autistischen Kindern und Jugendlichen eingesetzt werden können. Die Grundhaltung als Musiktherapeutin ist auf Resonanz und Akzeptanz ausgerichtet. Daher kann mit dem Medium Musik insbesondere mit den Anteilen von Klang, Rhythmus und Takt zunächst einmal eine Atmosphäre des Angenommenseins geschaffen und damit ein Beziehungsangebot gestaltet werden, das von Neugier, Freude und Spaß geprägt ist. Musikalische Interventionen dienen dazu, ein nonverbales Angebot zu machen, das direkt emotional wirken und bei den Beteiligten einen Sinn-Zusammenhang herstellen kann, ohne dass dieser verbal gedeutet und verstanden werden muss. Gleichzeitig kann die Einbeziehung musikalischer Elemente wesentlich dazu beitragen, die im Schlüsselziele (nach dem STeP-Programm von Bernhard-Opitz) zu verfolgen.</p>
<p>Waldersen, Brian W.; Wolff, Jennifer L.; Roberts, Laken; Bridges, Allysin E.; Gitlin, Laura N.; Szanton, Sarah L.</p>	2017	<p>Functional Goals and Predictors of Their Attainment in Low-Income Community-Dwelling Older Adults</p>	<p>Archives of physical medicine and rehabilitation</p>	98	5	896–903	<p>OBJECTIVE: To describe functional goals and factors associated with goal attainment among low-income older adults with disabilities living in the community. DESIGN: Secondary analysis. SETTING: Participants' homes. PARTICIPANTS: Older adults (N=226) with disability who participated in the Community Aging in Place, Advancing Better Living for Elders trial. INTERVENTIONS: A 5-month, home-based, person-directed, structured program delivered by an interprofessional team: occupational therapist, registered nurse, and handyman. MAIN OUTCOME MEASURES: Process of occupational therapist goal setting and attainment at the final occupational therapist visit. RESULTS: Participants identified 728 functional goals (mean of 3.2 goals per participant), most commonly related to transferring (22.0%; n=160 goals),</p>

							<p>changing or maintaining body position (21.4%; n=156 goals), and stair climbing (13.0%; n=95 goals). Participants attained 73.5% (n=535) of goals. Goal attainment was highest for stair climbing (86.3%), transferring (85.6%), and self-care (84.6%); walking goals were less likely attained (54.0%). Goal attainment was not associated with age, sex, education, depressive symptoms, function, or health-related quality of life but was less likely among participants who had severe pain compared with those without pain (adjusted odds ratio, 0.38; 95% confidence interval, 0.17-0.86). When participant readiness to change score increases by 1 point on the 4-point scale, goal attainment was 62% more likely (adjusted odds ratio, 1.62; 95% confidence interval, 1.14-2.29). CONCLUSIONS: Home-based collaborative goal setting between older adults and occupational therapists is feasible and particularly effective when individuals are ready or willing to adopt new strategies to achieve identified goals.</p>
Waldrich, Simone; Schley, Kurt	2023	<p>Experientielle Verhaltenstherapie mit Kindern und Jugendlichen. Praktische Erfahrungen und theoretische Erluterungen</p>					<p>Die Experientielle Verhaltenstherapie mit Kindern und Jugendlichen nach Kurt Schley und Heinz-Joachim Feuerstein, verbindet die Focusing-orientierte Psychotherapie mit der Kognitiven Verhaltenstherapie. Dieser Beitrag mchte diesen neuen therapeutischen Ansatz berblicksartig vorstellen und historisch einordnen sowie mgliche Vorteile der Integration von Focusing in die Verhaltenstherapie von Kindern und Jugendlichen ertern. Zur Veranschaulichung des Konzepts schliet der Beitrag ab mit einem Ausschnitt aus einer Falldarstellung einer 10-jhrigen Angstpatientin. Eine Kinder- und Jugendlichenpsychotherapie, die die Vorteile der Verhaltenstherapie mit denen des Focusing verbindet, ist</p>

							aus Sicht der Autoren nicht nur möglich, sondern therapeutisch sehr vielversprechend.
Walker, Cecil R.; Froerer, Adam S.; Gourlay-Fernandez, Natalia	2022	The value of using emotions in solution focused brief therapy	Journal of marital and family therapy	48	3	812–826	A commonly stated critique of Solution Focused Brief Therapy (SFBT) is a lack of attention to the client's emotional experience and the use of emotion as a mechanism for producing meaningful change. We review and define the current research regarding emotion, feeling, and affect and its value and relevance to the clinical application of SFBT. We also provide a brief history of the SFBT model and its documented emphasis on cognitive and behavioral change versus emotional change. In embodying the spirit of this approach for examining what works and doing more of it, we propose a next step of SFBT to more overtly attend to the emotional language of clients and to purposefully create emotional experiences with our clients. We demonstrate this by providing clinical examples for how SFBT practitioners can incorporate and build upon clients' emotional language to create emotionally-changing experiences to more broadly and effectively co-create long-lasting change.
Wall, Jessie M.; Kwee, Janelle L.; Hu, Monica; McDonald, Marvin J.	2017	Enhancing the hermeneutic single-case efficacy design: Bridging the research-practice gap	Psychotherapy research : journal of the Society for Psychotherapy Research	27	5	539–548	Systematic case study designs are emerging as alternative paradigm strategies for psychotherapy and social science research. Through enhanced sensitivity to context, these designs examine idiographic profiles of causal processes. We specifically advocate the use of the hermeneutic single-case efficacy design (HSCED). HSCED has recently been used to investigate the efficacy of an existing therapy with a new population (Observed and Experiential Integration for athlete performance barriers) and an emerging therapy (Lifespan Integration Therapy). We describe innovations in HSCED that were implemented for these studies. These developments

						include (a) integrating psychotherapists as case developers, (b) incorporating multiple cases in one investigation, and (c) tailoring the repertoire of assessment tools. These extensions strategically incorporated principles of contextual paradigms in HSCED, thus complementing single-case designs that neglect idiographic contexts. We discuss recommendations for using HSCED in practice-based research, highlighting its potential as a bridge to address the research-practice gap.	
Wallace, Meredith L.; McMakin, Dana L.; Tan, Patricia Z.; Rosen, Dana; Forbes, Erika E.; Ladouceur, Cecile D.; Ryan, Neal D.; Siegle, Greg J.; Dahl, Ronald E.; Kendall, Philip C.; Mannarino, Anthony; Silk, Jennifer S.	2017	The role of day-to-day emotions, sleep, and social interactions in pediatric anxiety treatment	Behaviour research and therapy	90		87–95	Do day-to-day emotions, social interactions, and sleep play a role in determining which anxious youth respond to supportive child-centered therapy (CCT) versus cognitive behavioral therapy (CBT)? We explored whether measures of day-to-day functioning (captured through ecological momentary assessment, sleep diary, and actigraphy), along with clinical and demographic measures, were predictors or moderators of treatment outcome in 114 anxious youth randomized to CCT or CBT. We statistically combined individual moderators into a single, optimal composite moderator to characterize subgroups for which CCT or CBT may be preferable. The strongest predictors of better outcome included: (a) experiencing higher positive affect when with one's mother and (b) fewer self-reported problems with sleep duration. The composite moderator indicated that youth for whom CBT was indicated had: (a) more day-to-day sleep problems related to sleep quality, efficiency, and waking, (b) day-to-day negative events related to interpersonal concerns, (c) more DSM-IV anxiety diagnoses, and (d) college-educated parents. These findings illustrate the value of both day-to-day functioning characteristics and more traditional sociodemographic and clinical characteristics in

							identifying optimal anxiety treatment assignment. Future studies will need to enhance the practicality of real-time measures for use in clinical decision making and evaluate additional anxiety treatments.
Walser, Robyn D.; O'Connell, Manuela	2021	Acceptance and commitment therapy and the therapeutic relationship: Rupture and repair	Journal of clinical psychology	77	2	429–440	The therapeutic relationship is an essential part of effective therapy. Therapists facing a rupture in this alliance are challenged to mend the discord in a forward moving and effective treatment service. In acceptance and commitment therapy (ACT) the alliance is characterized by client and therapist working together, using the core processes of ACT, creating a vital and moment-by-moment collaborative experience. As a transdiagnostic, behavioral intervention, acceptance, and mindfulness processes and commitment and behavioral change processes are used to create meaningful and engaged lives. ACT's core methods promote psychological flexibility in response to problems in living, psychopathology, and enhancement of general well-being. However, flexibility in session can be lost to therapeutic ruptures. In ACT, processes such as defusion, perspective-taking, choice, and values play a role in restoring a cooperative, engaged alliance repair. We will explore the therapeutic relationship within the ACT model and present its perspective on rupture and repair in psychotherapy.
Walsh, Sophie; Cassidy, Megan; Priebe, Stefan	2017	The Application of Positive Psychotherapy in Mental Health Care: A Systematic Review	Journal of clinical psychology	73	6	638–651	OBJECTIVE Positive psychotherapy (PPT) stems from the positive psychology movement and is a multicomponent model promoting therapeutic change by developing engagement, pleasure, and meaning. There is some evidence it is effective for depression. PPT is recommended as a flexible model that can be applied to other patient groups alongside other treatments

							<p>approaches. However, it remains unclear which of the many components are applied. The study aimed to identify how PPT is applied in mental health care.</p> <p>METHOD</p> <p>We systematically searched online databases, including Medline, Embase, PsycINFO, British Nursing Index, Cumulative Index of Nursing and Applied Health, and Cochrane registers (CENTRAL), and completed complementary hand and citation searches. Narrative synthesis was used for analysis.</p> <p>RESULTS</p> <p>A total of 12 papers (from 9 studies) widely applied some PPT components (e.g., blessings journal, character strengths) and scarcely applied others (e.g., satisficing plan or family strengths tree). However, papers poorly described the intervention and rationale for applying components.</p> <p>CONCLUSION</p> <p>Given the lack of rationale for applying PPT, further research is needed to establish which components are acceptable and feasible for use in different patient groups and settings.</p>
Walter, Ofra; Shenaar-Golan, Vered	2019	The potential role of a focusing invitation in social work education	Spirituality in Clinical Practice	6	2	124-134	<p>Focusing is an oriented psychotherapy that helps the client in the process of self-discovery through interacting with his or her “bodily felt sense” (direct sense of the self and the environment). It is also a valuable pedagogical practical tool that social work students can apply as another clinical approach to working with clients with a history of trauma and other problem issues. Thus, teaching social work students through focusing invitations can help them enhance their own self-care strategies and improve their social work skills. This article describes a qualitative study that assessed the effect of</p>

							the experience of a focusing invitation among 40 social work students over a 14-lesson course. Students kept reflective diaries, which were submitted anonymously and read and analyzed separately using conventional thematic content analysis. The qualitative analysis explored the influence of experiencing a focusing invitation on social work students' awareness of creating knowledge from the felt sense and their attitude toward the focusing as a tool for use in their future practice. It revealed three main themes: the focusing invitation enables a space for emotional arousal, the body as a source of knowledge, and the focusing invitation toward self-care and future professional use. The focusing invitation can be incorporated in social work education, particularly in those parts of the curriculum devoted to their professional use and self-care. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Wampler, Karen S.; Miller, Richard B.; Seedall, Ryan B.	2020	The profession of systemic family therapy		volume 1			
Wampold, Bruce E.; Flückiger, Christoph	2023	The alliance in mental health care: conceptualization, evidence and clinical applications	World psychiatry : official journal of the World Psychiatric Association (WPA)	22	1	25-41	The concept of alliance reflects the collaborative relationship between a clinician and a patient, defined as consisting of three elements: a) the agreement on the goals of treatment; b) the agreement on a task or series of tasks; c) the development of a bond. Although much of the theory and research on the alliance comes from the domain of psychotherapy, the concept is applicable to any practice involving a person seeking help and a socially sanctioned healer. An extensive research evidence suggests that the alliance (typically measured at the third or fourth session) is a robust predictor of the outcomes of various forms of psychotherapy, even when

						<p>prior symptom improvement and other factors are considered. Both the clinician and the patient bring to the therapy situation different capacities to form an alliance. Factors concerning the patient include, among others, the diagnosis, attachment history and style, motivation, and needs for affiliation. However, the benefits of the alliance have been found to be mostly due to the therapist's contribution, in particular his/her facilitative interpersonal skills, including verbal fluency, communication of hope and positive expectations, persuasiveness, emotional expression; warmth, acceptance and understanding; empathy, and alliance rupture-repair responsiveness. Placebo studies have allowed to experimentally manipulate aspects of the relationship between a therapist and a patient in non-psychotherapy contexts. In these settings, two components of the relationship have emerged: an emotional one (involving being cared for and understood by the clinician) and a cognitive one (including the belief in the competence of the therapist to select and administer an effective treatment). Here we propose a model that describes three pathways through which the alliance creates benefits, named CARE (caring, attentive, real and empathic), EXPECTANCY, and SPECIFIC. Although research and clinical attention have mostly focused on the alliance between a clinician and a patient in face-to-face interactions, there is preliminary evidence concerning the alliance between patients and other clinic staff, systems of care, or the program in Internet-mediated services. These new research areas clearly require further development.</p>
Wamser, Rachel; Sager,	2023	An investigation of the	Psychological Trauma: Theory,		No Paginatio	Objective: Given the concerning rise in hate crimes in recent years, it is critical to better understand factors

<p>Julia C.; Walker, Hannah E.; Richardson, Julia</p>		<p>associations between trauma exposure, racial stereotypes, and racist beliefs</p>	<p>Research, Practice, and Policy</p>		<p>n Specified -No Paginatio n Specified</p>	<p>associated with racist beliefs. As suggested by terror management theory (TMT), trauma exposure and posttraumatic stress symptoms (PTSS) may activate existential distress and anxiety, which may strengthen worldviews, including prejudiced beliefs (Greenberg & Kosloff, 2008; Weise et al., 2012). Although PTSS include negative alterations in beliefs about other people and the world, the connection between trauma and racist beliefs has not been investigated. There may also be key differences in terms of types of trauma exposure, such as interpersonal and noninterpersonal trauma, and racial beliefs. Method: The present study aimed to determine: (a) whether cumulative trauma exposure and PTSS are associated with endorsement of racist perceptions and stereotypes regarding Black people, and (b) if interpersonal trauma is more strongly tied to prejudiced and stereotyped beliefs than noninterpersonal trauma among 277 White undergraduates (Mage = 23.33, SD = 6.11; 76.4% female). Results: Neither cumulative trauma nor PTSS were found to be related to elevated racist beliefs or positive or negative stereotypes. However, noninterpersonal trauma exposure was associated with stronger endorsement of racist beliefs and negative stereotypes ($\eta p^2 = .03, .01$). Surprisingly, interpersonal trauma exposure corresponded with lower racist beliefs ($\eta p^2 = .02$). Conclusions: Noninterpersonal trauma exposure may thus activate TMT and strengthen prejudiced ideology, whereas interpersonal traumatic experiences and PTSS may not. More research is needed to better understand how types of traumatic events may relate to the development of prejudiced beliefs. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
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Wang, Crystal X.; Huey Jr., Stanley J.; Pan, David		Therapeutic alliance mediates the effect of directive treatment on subsyndromal depression for Asian and European American students	Journal of Psychotherapy Integration	31	3		The therapeutic alliance has long been advanced as a common factor for improving outcomes across psychotherapies. Directive therapies appear to lead to stronger therapeutic alliance, with some evidence suggesting that directive strategies are particularly effective for East Asian populations. In the present study, we examined the role of therapeutic alliance as a mediator of the effect of a brief directive intervention on depression and explored whether ethnicity and cultural values moderated this relationship. Eighty Asian and European American college students with subsyndromal depression were randomly assigned to a directive or nondirective treatment session. Depression was assessed at pretreatment and at 1-month and 6-month follow-up, and alliance was assessed immediately after the treatment session. As predicted, therapeutic alliance mediated the relationship between directive (vs. nondirective) treatment and reduced depression at both follow-up periods. However, ethnicity and cultural values did not moderate mediation effects at either time point. The results from this study provide support for the importance of the therapeutic alliance for European American and Asian American populations, even in a brief, one-session intervention. Because there were no ethnic or cultural differences in the mediating role of therapeutic alliance, this might suggest the universal importance of alliance across diverse clinical populations. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wang, Dongmei; Wang, Baoyu	2021	The Change of a Changer: A Single Case Study of the	Frontiers in psychology	12		625768	Over the past several decades, the increasing popularization of psychological counseling has underlined a strong need for an indigenous approach to counseling. The current study adopted a single-case

		Indigenization of a Chinese Counseling Psychologist				study method to construct a narrative of the indigenization process of psychotherapy in mainland China based on a comprehensive description of one prominent counseling psychologist's experience over the past half-century. Through interviews and records of fieldwork involving the psychologist (as the case) in 10 months between 2016 and 2017, the current study analyzed the indigenization process from the following three aspects: knowledge production, counseling practice, and student training. The findings showed that there was an underlying tension between the psychologist's traditional wisdom and his professional training in scientific psychology during the indigenization process. However, the findings of this study further revealed something missing from previous studies. First, the client-centered counselor did not assume "power" during counseling sessions, which differs from critical viewpoints in medical anthropology. Second, the students being trained underwent fundamental changes in values rather than learning a technique or resolving problems. Third, the psychologist's life history affected his thoughts and professional practice, which occurred in a sociocultural historical context. Finally, the implications for the future direction of the indigenization of counseling practice are discussed.
Wang, Dongwu; Wang, Xin; Gu, Xiaoting; Zhang, Yu; Jiang, Yanhui; Liu, Youping; Di, Xin	2024	Systematic screening of hepatoprotective components from traditional Chinese medicine:	Journal of ethnopharmacology	322	117556	ETHNOPHARMACOLOGICAL RELEVANCE: Zuojin Pill (ZJP), composed of <i>Coptis chinensis</i> Franch. and <i>Euodia rutiocarpa</i> (A. Juss.) Benth. in a mass ratio of 6:1, is a famous traditional Chinese medicine (TCM) formula recorded in "Danxi's Experiential Therapy", an ancient medical book from the Ming Dynasty of China. It is used to treat liver fire invading the stomach, which is caused by liver stagnation transforming into fire and disharmony

		Zuojin Pill as an example					<p>between the liver and stomach. AIM OF THE STUDY: To develop a systematic strategy to screen hepatoprotective components from TCM using ZJP as a model sample. MATERIALS AND METHODS: A CCl(4)-induced mouse model of acute liver injury was used for the verification of the hepatoprotective effects of ZJP. UPLC-Q-Exactive Plus Orbitrap MS/MS was used for the identification of the components in mouse serum after intragastric administration of ZJP. The hepatoprotective activities of the components found in mouse serum were tested in primary cultured mouse hepatocytes induced by CCl(4). RESULTS: Nine components with significant hepatoprotective activity including berberine, epiberberine, coptisine, palmatine, jatrorrhizine, rutaecarpin, dehydroevodiamine, evocarpine and chlorogenic acid were successfully screened out. CONCLUSIONS: Our developed strategy has the advantages of high efficiency and low cost, and would provide a powerful tool for screening potential hepatoprotective components from TCM.</p>
Wang, Yulin; Vantieghem, Iris; Dong, Debo; Nemegeer, Johan; Mey, Johan de; van Schuerbeek, Peter; Marinazzo, Daniele; Vandekerckhove, Marie	2022	Approaching or Decentering? Differential Neural Networks Underlying Experiential Emotion Regulation and Cognitive Defusion	Brain sciences	12	9		<p>The current study investigated the bottom-up experiential emotion regulation in comparison to the cognitive top down-approach of cognitive defusion. Rooted in an experiential- and client-centered psychotherapeutic approach, experiential emotion regulation involves an active, non-intervening, accepting, open and welcoming approach towards the bodily felt affective experience in a welcoming, compassionate way, expressed in 'experiential awareness' in a first phase, and its verbalization or 'experiential expression' in a second phase. Defusion refers to the ability to observe one's thoughts and feelings in a detached manner. Nineteen healthy participants completed an emotion regulation</p>

							<p>task during fMRI scanning by processing highly arousing negative events by images. Both experiential emotion regulation and cognitive defusion resulted in higher negative emotion compared to a 'watch' control condition. On the neurophysiological level, experiential emotion regulation recruited brain areas that regulate attention towards affective- and somatosensorial experience such as the anterior cingulate cortex, the paracingulate gyrus, the inferior frontal gyrus, and the prefrontal pole, areas underlying multisensory information integration (e.g., angular gyrus), and linking body states to emotion recognition and awareness (e.g., postcentral gyrus). Experiential emotion regulation, relative to the control condition, also resulted in a higher interaction between the anterior insular cortex and left amygdala while participants experienced less negative emotion. Cognitive defusion decreased activation in the subcortical areas such as the brainstem, the thalamus, the amygdala, and the hippocampus. In contrast to cognitive defusion, experiential emotion regulation relative to demonstrated greater activation in the left angular gyrus, indicating more multisensory information integration. These findings provide insight into different and specific neural networks underlying psychotherapy-based experiential emotion regulation and cognitive defusion.</p>
Wardley, Matt Nj; Flaxman, Paul E.; Willig, Carla; Gillanders, David	2016	'Feel the Feeling': Psychological practitioners' experience of acceptance and commitment	Journal of health psychology	21	8	1536–1547	<p>This empirical study investigates psychological practitioners' experience of worksite training in acceptance and commitment therapy using an interpretative phenomenological analysis methodology. Semi-structured interviews were conducted with eight participants, and three themes emerged from the interpretative phenomenological analysis data analysis:</p>

		therapy well-being training in the workplace					influence of previous experiences, self and others and impact and application The significance of the experiential nature of the acceptance and commitment therapy training is explored as well as the dual aspects of developing participants' self-care while also considering their own clinical practice. Consistencies and inconsistencies across acceptance and commitment therapy processes are considered as well as clinical implications, study limitations and future research suggestions.
Ware, Orrin D.; Strickland, Justin C.; Smith, Kirsten E.; Blakey, Shannon M.; Dunn, Kelly E.	2023	Factors Associated with High-Risk Substance Use in Persons Receiving Psychiatric Treatment for a Primary Trauma- and Stressor-Related Disorder Diagnosis	Journal of dual diagnosis	19	4	199–208	OBJECTIVE: Although mental health disorders and high-risk substance use frequently co-occur, they are typically investigated independently. Clinical trials focused on treatment for individuals with trauma- and stressor-related disorders often exclude individuals with high-risk substance use. Little is also known about the role of gender in the relationship between trauma- and stressor-related disorders and high-risk substance use. We examined the relationship between trauma- and stressor-related disorders, high-risk substance use, and gender. METHODS: Using the Mental Health Client-Level Data dataset, we examined 15,772 adults receiving treatment in psychiatric hospitals in the United States from 2013 to 2019. RESULTS: A logistic regression model showed that for men, relative to women, having multiple mental health diagnoses and having a serious mental illness or serious emotional disturbance was associated with greater odds of high-risk substance use. CONCLUSIONS: This study underscores the value of comprehensive gender-centered treatment for people with trauma- and stressor-related disorders engaging in high-risk substance use.

Warkus, Iris; Steinert, Christiane	2023	Love is all around? ? ber den Umgang mit Erotik und Verliebtheit in drei verschiedenen Therapieschulen: Ein Scoping Review	Zeitschrift fur Psychosomatische Medizin und Psychotherapie	69	3	235–248	How do therapists react when their patients or they themselves develop erotic feelings in the therapeutic setting? Conceptual differences of different therapy approaches (psychoanalytic therapy, cognitive behavioral therapy and client-centered therapy), specific attitudes of therapists and possibilities of intervention will be shown. The literature search in several databases revealed that in comparison to the abundance of psychoanalytic literature on the topic, little (but relevant) information can be found in the two other approaches. These publications point to the regular occurrence of feelings of infatuation in behavioral therapy and client-centered psychotherapy and to a need to engage with the topic as therapists. The consensus of the publications presented here is that therapists want to accept and work with feelings of infatuation in patients and in themselves, while maintaining abstinence. It is considered especially important not to shame disclosing patients by rejecting them. Treatment discontinuation should be avoided whenever possible. More research on erotic feelings in behavioral and client-centered psychotherapy is encouraged, as well as ideas for education and training.
Warlick, Craig A.; Poquiz, Jonathan; Huffman, Jonathan M.; DeLong, Leslie; Moffitt-Carney, Kelsey; Leonard, Julia; Schellenger,		Effectiveness of a brief dialectical behavior therapy intensive-outpatient community health program	Psychotherapy	59	1		Standard dialectical behavior therapy (DBT), with its 12-month format, has a documented record of efficacy. While emerging evidence is supportive of DBT adaptations in community mental health settings and brief, intensive formats, many of these studies are limited by sample size of its DBT group, by omission of program completion rates and specific data from program noncompleters, and by focusing solely on symptom-focused measures—which inadvertently omits observing gains associated with well-being. We used a nonexperimental design to assess client outcomes on

Brynne; Nelson, Juliet						<p>pathology-focused and positive-psychology measures in a brief DBT intensive-outpatient Community Mental Health Center in the midwestern United States for program graduates and program dropouts who completed at least two surveys (n = 77). This is the shortest average program length (M = 19.01 days) known for a DBT program. Scores on measures of depression (d = 0.41), anxiety (d = 0.5), stress (d = 0.5), and difficulties in emotion regulation (d = 0.51) all decreased from entrance to exit. Scores on measures of mindfulness (d = 0.43), Snyder's hope (d = 0.51), and integrative hope (d = 0.41) increased from entrance to exit. These results provide evidence that pathology decreases and measures associated with well-being increase in this brief, intensive-outpatient community health DBT program. This study provides support for future investigations of brief, intensive community health programs. (PsyInfo Database Record (c) 2022 APA, all rights reserved)</p>
Warta, Dorit	2018	Therapie im Strafvollzug				<p>Aus der Perspektive der Integrativen Gestalttherapie wird die Psychotherapie im Strafvollzug dargestellt. Dabei wird auf Erfahrungen in der Justizanstalt Favoriten zurückgegriffen, einem Gefängnis für entwarnungsbedürftige Rechtsbrecher mit Therapiepflicht und einem hohen Ausmaß an Vollzugslockerungen. Eigene Tagebuchaufzeichnungen werden zur Exemplifizierung der konkreten Situation herangezogen. Die Vereinbarkeit des Menschenbildes der Integrativen Gestalttherapie mit der Arbeit im Gefängnis wird erörtert, wobei der Zwangscharakter der Therapie thematisiert und die mögliche Kollision zwischen der Hierarchie der Institution und der Hierarchie der Bedürfnisse betrachtet wird. Abschließend wird der Einfluss der Institution auf die Psychotherapie skizziert.</p>

Wartenweiler, Frank	2016	Das Leben als privates Theater. Modeling und Beziehung: Beides lässt sich effizient in klinisch scheinbar "aussichtslosen" Fällen einsetzen	Praxis Kommunikation	2	6	48–50	Der Einsatz von Modeling im Sinne des neurolinguistischen Programmierens in der Therapie von psychischen Strungen wird erlutert. Am Beispiel einer manisch-depressiven Patientin wird verdeutlicht, wie durch Simulation die Entwicklung der Strung nachgezeichnet wird. Die Aufmerksamkeit liegt besonders auf den Prozessen auf der Ebene der Submodalitäten. Anschließend wird das Potential der Methode für dauerhafte Veränderungen durch ein beschreiben des manischen Programms beschrieben, wobei auch auf Risiken und Nebenwirkungen des Behandlungsansatzes sowie auf notwendige Kompetenzen des Behandelnden verwiesen wird.
Warwar, Serine	2023	The use of homework in emotion-focused therapy for depression	Journal of clinical psychology				Emotion-focused therapy (EFT) is an empirically supported treatment of depression, and an integrative, transdiagnostic therapy approach focusing on transforming emotions that are the cause of a person's emotional pain and suffering. In-session experiential work and two-chair interventions are consolidated and expanded by between-session homework which is viewed as a natural extension of in-session work. As the focus on emotion in EFT necessitates the provision of a safe, attuned, empathic relationship and a good collaboration on the tasks and goals of therapy the use of homework is very well-suited to this approach. An EFT case example is discussed to illustrate how homework can be an important ingredient to strengthen and facilitate change in treating a depressed client with a core underlying feeling of shame related to unresolved childhood trauma.
Washburn, Allyson M.; Grossman, Melanie	2017	Being with a Person in Our Care: Person-Centered Social	Journal of gerontological social work	60	5	408–423	Person-centered care (PCC) has emerged over the last several decades as the benchmark for providing quality care for diverse populations, including older adults with multiple chronic conditions that affect daily life. This

		Work Practice that is Authentically Person-Centered					article critiques current conceptualizations of PCC, including the social work competencies recently developed by the Council on Social Work Education, finding that they do not fully incorporate certain key elements that would make them authentically person-centered. In addition to integrating traditional social work values and practice, social work's PCC should be grounded in the principles of classical Rogerian person-centered counseling and an expanded conceptualization of personhood that incorporates Kitwood's concepts for working with persons with dementia. Critically important in such a model of care is the relationship between the caring professional and the care recipient. This article recommends new social work competencies that incorporate both the relationship-building attitudes and skills needed to provide PCC that is authentically person-centered.
Wasil, Akash; Venturo-Conerly, Katherine; Shingleton, Rebecca; Weisz, John	2019	The motivating role of recovery self-disclosures from therapists and peers in eating disorder recovery: Perspectives of recovered women	Psychotherapy	56	2	170-180	Patients with eating disorders (EDs) often lack motivation to recover, and interventions designed to increase recovery motivation have not demonstrated to be effective. In fact, few studies have identified factors that increase recovery motivation in patients with EDs. We performed interviews with 13 women who recovered from EDs to identify factors that influenced their motivation to recover. Here, we present exploratory findings about a central theme from these interviews: the importance of hearing from others who had recovered from EDs (i.e., recovery self-disclosures [RSDs]). Of our 13 participants, 11 spontaneously reported that RSDs increased their motivation to recover. RSDs from therapists helped participants realize that recovery was possible, visualize the benefits of recovery, understand the recovery process, and develop stronger relationships with their

							<p>therapists. RSDs from nontherapists produced similar benefits. Some of our participants who had become ED therapists after recovery reflected on the process of self-disclosing ED history to patients. They described when they choose to self-disclose (e.g., to boost patient motivation to change), what type of information they choose to self-disclose (e.g., information related to the patient's stage of recovery), and risks of recovery self-disclosures (e.g., stimulating patient competitiveness). Overall, our findings suggest that recovery self-disclosures may increase recovery motivation in patients with EDs. Limitations include discovering the theme of self-disclosure post hoc and exclusively interviewing participants who self-identified as recovered. Future research should identify if RSDs can be used in interventions to boost motivation for change and increase prerecovery behaviors, especially for patients with EDs. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
Watson, Jeanne C.	2018	Mapping patterns of change in emotion-focused psychotherapy: Implications for theory, research, practice, and training	Psychotherapy research : journal of the Society for Psychotherapy Research	28	3	389-405	<p>An important objective in humanistic-experiential psychotherapies and particularly emotion-focused psychotherapy (EFT) is to map patterns of change. Effective mapping of the processes and pathways of change requires that in-session processes be linked to in-session resolutions, immediate post-session changes, intermediate outcome, final therapy outcome, and longer-term change. This is a challenging and long-term endeavour. Fine-grained descriptions of in-session processes that lead to resolution of specific interpersonal and intrapersonal issues linked with longer-term outcomes are the foundation of EFT, the process-experiential approach. In this paper, evidence in support of EFT as a treatment approach will be reviewed along</p>

							with research on two mechanisms of change, viewed as central to EFT, clients' emotional processing and the therapeutic relationship conditions. The implications for psychotherapy research are discussed. Given the methodological constraints, there is a need for more innovative methodologies and strategies to investigate specific psychotherapy processes within and across different approaches to map patterns and mechanisms of change to enhance theory, research, practice, and training.
Watson, Jeanne C.	2023	Psychotherapy process research: Identifying productive in-session processes to enhance treatment outcomes and therapist responsiveness	Psychotherapy research : journal of the Society for Psychotherapy Research			1-13	This paper provides an overview of my research programme for the past 37 years. The focus of my work has been on identifying productive in-session processes to enhance treatment outcomes and therapist responsiveness. Two foci will be reviewed, first, my research on client and therapist interpersonal process and second, productive processing in psychotherapy in three different therapeutic approaches including EFT, CBT and CCT. Given that many competing theoretical perspectives are effective, I was curious about change processes that are common and unique to each. In my work, I employed a variety of research methodologies drawing on frameworks with alternative epistemological and ontological assumptions to capture specific in-session change processes in an attempt to reveal the richness and complexity of the phenomena being studied and illuminate the process of change.
Webb, Christian A.; Forgeard, Marie; Israel, Elana S.; Lovell-Smith, Nathaniel;	2022	Personalized prescriptions of therapeutic skills from patient characteristics:	Journal of consulting and clinical psychology	90	1	51-60	Objective: Rather than relying on a single psychotherapeutic orientation, most clinicians draw from a range of therapeutic approaches to treat their clients. To date, no data-driven approach exists for personalized predictions of which skill domain would be most therapeutically beneficial for a given patient. The present

Beard, Courtney; Björgvinsson, Thröstur		An ecological momentary assessment approach				<p>study combined ecological momentary assessment (EMA) and machine learning to test a data-driven approach for predicting patient-specific skill-outcome associations. Method: Fifty (Mage = 37 years old, 54% female, 84% White) adults received training in behavioral therapy (BT) and dialectical behavior therapy (DBT) skills within a behavioral health partial hospital program (PHP). Following discharge, patients received four EMA surveys per day for 2 weeks (total observations = 2,036) assessing the use of therapeutic skills and positive/negative affect (PA/NA). Clinical and demographic characteristics were submitted to elastic net regularization to predict, via cross-validation, patient-specific associations between the use of BT versus DBT skills and level of PA/NA. Results: Cross-validated accuracy was 81% (sensitivity = 93% and specificity = 63%) in predicting whether a patient would exhibit a stronger association between the use of BT versus DBT skills and PA level. Predictors of positive DBT skills-PA associations included higher levels of nonsuicidal self-injury (NSSI) and sleep disturbance, whereas predictors of positive BT skills-PA relations included higher emotional lability and anxiety disorder comorbidity, and lower psychomotor retardation/agitation and worthlessness/guilt. Corresponding models with NA yielded no predictors. Conclusions: Findings from this initial proof-of-concept study highlight the potential of data-driven approaches to inform personalized prescriptions of which skill domains may be most therapeutically beneficial for a given patient. (Psycho Database Record (c) 2022 APA, all rights reserved)</p>
Webb, Christian A.; Murray, Laura; Tierney,	2023	Dynamic processes in behavioral	Journal of consulting and		No Paginat ion	Objective: Behavioral activation (BA) is a brief intervention for depression encouraging gradual and systematic re-engagement with rewarding activities and behaviors.

Anna O.; Gates, Kathleen M.		activation therapy for anhedonic adolescents: Modeling common and patient-specific relations	clinical psychology			Specified -No Paginatio n Specified	Given this treatment focus, BA may be particularly beneficial for adolescents with prominent anhedonia, a predictor of poor treatment response and common residual symptom. We applied group iterative multiple model estimation (GIMME) to ecological momentary assessment (EMA) treatment data to investigate common and person-specific processes during BA for anhedonic adolescents. Method: Thirty-nine adolescents (Mage = 15.7 years old, 67% female, 81% White) with elevated anhedonia (Snaith-Hamilton Pleasure Scale) were enrolled in a 12-week BA trial, with weekly anhedonia assessments. EMA surveys were triggered every other week (2–3 surveys per day) throughout treatment assessing current positive affect (PA) and negative affect (NA), engagement in pleasurable activities and social interactions, anticipatory pleasure, rumination, and recent pleasurable and stressful experiences. Results: A multilevel model revealed significant decreases in anhedonia, $t(25.5) = -4.76$, $p t(25.8) = -2.22$, $p = .035$. Conclusions: Results revealed substantial heterogeneity in variable relations across patients, which may obscure the search for common processes of change in BA. PA may be a particularly important treatment target for anhedonic adolescents in BA. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Webb, Christian A.; Stanton, Colin H.; Bondy, Erin; Singleton, Paris; Pizzagalli, Diego A.; Auerbach, Randy P.		Cognitive versus behavioral skills in CBT for depressed adolescents: Disaggregating within-patient versus between-	Journal of consulting and clinical psychology	87	5		Objective: Despite a growing body of research supporting the efficacy of cognitive-behavioral therapy (CBT) for depressed adolescents, few studies have investigated the role of the acquisition and use of CBT skills in accounting for symptom improvement. The present study examined the role of cognitive versus behavioral skills in predicting symptom improvement in depressed youth. Analyses considered different raters of patient skills (patient vs.

		patient effects on symptom change					therapist) as well as disaggregated between-patient versus within-patient effects. Method: Data were derived from a 12-week clinical trial of CBT for depressed adolescent females (N = 33; ages 13–18 years; 69.7% White). Both therapist-report and patient-report measures of CBT skills (skills of cognitive therapy) were acquired at 5 time points throughout therapy: Sessions 1, 3, 6, 9, and 12. Depressive symptoms (Beck Depression Inventory-II) were assessed at every session. Results: Therapist and patient ratings of CBT skills showed small to moderate associations ($r_s = .20-.38$). Intraclass correlation coefficients indicated that the majority of the variance in skills scores (61–90%) was attributable to within-patient variance from session to session, rather than due to between-patient differences. When disaggregating within-patient and between-patient effects, and consistent with a causal relationship, within-patient variability in both patient-rated ($b = -2.55$; $p = .025$) and therapist-rated ($b = -2.41$; $p = .033$) behavioral skills predicted subsequent symptom change. Conclusions: Analyses highlight the importance of the acquisition and use of behavioral skills in CBT for depressed adolescents. Findings also underscore the importance of disentangling within-patient from between-patient effects in future studies, an approach infrequently used in process-outcome research. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Webb, Victoria L.; Wadden, Thomas A.	2017	Intensive Lifestyle Intervention for Obesity: Principles,	Gastroenterology	152	7	1752–1764	Using the Guidelines for the Management of Overweight and Obesity in Adults as a framework, this article reviews intensive lifestyle interventions for weight loss. The Guidelines recommend a minimum of 6 months of high-intensity, comprehensive lifestyle intervention, consisting of a reduced-calorie diet, increased physical activity, and

		Practices, and Results				behavior therapy. Persons with obesity typically lose approximately 8 kg (approximately 8% of initial weight) with this approach, accompanied by improvements in health and quality of life. To prevent weight regain, the Guidelines recommend a 1-year weight loss maintenance program that includes at least monthly counseling with a trained interventionist. Lifestyle interventions usually are delivered in-person; however, treatment increasingly is being disseminated through community- and commercial-based programs, as well as delivered by telephone, Internet, and smartphone platforms. These latter modalities expand treatment reach but usually produce smaller weight losses than in-person interventions. The review concludes with an examination of challenges in weight management.
Weber, Danielle M.; Pentel, Kimberly Z.; Baucom, Donald H.; Wojda-Burlij, Alexandra K.; Carrino, Emily A.	2022	Flipping the curve: Patterns of emotional communication in same-sex female couples before and after couple therapy		11	3	Distressed couples seeking therapy often engage in problematic patterns of communication, including emotional avoidance or rapid escalation of negative emotions. While couple therapy can alter couples' emotional communication, research to date has largely focused on different-sex, cisgender couples. Because same-sex couples have been understudied in couple therapy treatment research, particularly female, same-sex couples, it is unclear how couple therapy may alter their communication. This investigation examined couples' vocally expressed emotional arousal within conversations held before and after a novel couple therapy tailored for same-sex, cisgender female couples (Pentel et al., 2021). At pre- and post-therapy, couples (N = 11) completed two recorded interactions. Emotional arousal was assessed using vocal fundamental frequency (f_0). Multilevel growth curve models were used to estimate trajectories of f_0 across each pre- and post-therapy

							<p>conversation. Findings indicate significant differences between the pre- and post-therapy f_0 trajectories. At pretherapy, couples' f_0 initially increased (indicating higher emotional arousal) but then decreased later in the conversation. At posttherapy, couples initially decreased in f_0 and then increased later in the conversation. Taken together, these findings suggest that, before therapy, couples may associate emotion with conflict and quickly minimize emotion after it initially escalates. After therapy, these couples may have learned how to better express and tolerate emotions when resolving conflict; therefore, the elevated arousal later in the conversation may be adaptive. These results point to the continued importance of understanding adaptive communication processes in diverse constellations of couples and how couple therapy facilitates changes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Weber, Maxi; Schumacher, Sarah; Hannig, Wiebke; Barth, Jürgen; Lotzin, Annett; Schäfer, Ingo; Ehring, Thomas; Kleim, Birgit</p>	2021	<p>Long-term outcomes of psychological treatment for posttraumatic stress disorder: a systematic review and meta-analysis</p>	<p>Psychological medicine</p>	51	9	1420–1430	<p>Several types of psychological treatment for posttraumatic stress disorder (PTSD) are considered well established and effective, but evidence of their long-term efficacy is limited. This systematic review and meta-analysis aimed to investigate the long-term outcomes across psychological treatments for PTSD. MEDLINE, Cochrane Library, PTSDpubs, PsycINFO, PSYINDEX, and related articles were searched for randomized controlled trials with at least 12 months of follow-up. Twenty-two studies (N = 2638) met inclusion criteria, and 43 comparisons of cognitive behavioral therapy (CBT) were available at follow-up. Active treatments for PTSD yielded large effect sizes from pretest to follow-up and a small controlled effect size compared with non-directive control groups at follow-up. Trauma-focused treatment (TFT) and non-TFT showed large improvements from</p>

							pretest to follow-up, and effect sizes did not significantly differ from each other. Active treatments for comorbid depressive symptoms revealed small to medium effect sizes at follow-up, and improved PTSD and depressive symptoms remained stable from treatment end to follow-up. Military personnel, low proportion of female patients, and self-rated PTSD measures were associated with decreased effect sizes for PTSD at follow-up. The findings suggest that CBT for PTSD is efficacious in the long term. Future studies are needed to determine the lasting efficacy of other psychological treatments and to confirm benefits beyond 12-month follow-up.
Weck, Florian; Jakob, Marion; Neng, Julia M. B.; Höfling, Volkmar; Grikscheit, Florian; Bohus, Martin	2016	The Effects of Bug-in-the-Eye Supervision on Therapeutic Alliance and Therapist Competence in Cognitive-Behavioural Therapy: A Randomized Controlled Trial	Clinical psychology & psychotherapy	23	5	386–396	UNLABELLED Live supervision enables a supervisor to have direct insight into the psychotherapeutic process and allows him or her to provide immediate feedback to the trainee. Therefore, live supervision might be superior to traditional supervisory formats that only allow for the provision of delayed feedback. When considering the different live supervision formats, bug-in-the-eye (BITE) supervision is particularly promising because of its improved and less invasive procedure. The current study compared the efficacy of BITE supervision with that of delayed video-based (DVB) supervision. In the present study, 23 therapists were randomly assigned to either the BITE supervision or DVB supervision groups. The participants were psychotherapy trainees who treated 42 patients (19 under BITE supervision and 23 under DVB supervision) over 25 sessions of cognitive-behavioural therapy. Two independent raters blind to the treatment conditions evaluated therapeutic alliance and therapist competence based on 195 videotapes. Therapeutic alliance was significantly stronger among the treatments conducted

						<p>under BITE supervision than those conducted under DVB supervision. Moreover, a higher level of therapeutic competence was found in the BITE condition than in the DVB condition. However, no differences between supervision conditions were found when the results were controlled for the level of therapeutic alliance and therapist competence demonstrated in the first session. No differences were observed between the supervision conditions with respect to patient outcomes. There is evidence that BITE supervision is able to improve therapeutic alliance and therapist competence. However, these findings should be interpreted with caution because possible pre-treatment differences between therapists might explain the superiority of BITE supervision. Copyright © 2015 John Wiley & Sons, Ltd.</p> <p>KEY PRACTITIONER MESSAGE</p> <p>BITE supervision positively influences the therapeutic alliance and therapeutic competencies during cognitive-behavioural therapy. A supervision format that more directly addresses therapeutic processes is more effective in improving those processes than an indirect supervision format. Pre-treatment differences between therapists might explain the superiority of BITE supervision. BITE supervision can be considered a safe intervention.</p>
Wedel-Parlow, Friedrich-Karl von; Lck, Martina	2023	Neuropsychologie in der neurologischen Frührehabilitation				<p>Dieser Band fokussiert auf die früheste Phase der neurologisch-neurochirurgischen Rehabilitation. Es beleuchtet die spezifischen Probleme bei Patientinnen und Patienten mit Bewusstseinsstörungen und eingeschränkter Mitarbeitsfähigkeit. Ausführlich wird auf neurologische Schädigungsmuster, Strungebilder und Frühreha-spezifische Besonderheiten (wie Trachealkanäle, Spastik, Hilfsmittelversorgung) eingegangen. Der Band</p>

							beschreibt Anstze fr Diagnostik und Therapie, die in dieser ersten Phase nach der Hirnschdigung meist noch nicht standardisiert erfolgen knnen. Vielmehr werden ein systematisches Vorgehen und ein klientenzentrierter Ansatz mit Orientierung an kognitiven Konzepten skizziert. Gesondert werden das interdisziplinre Team, Gruppenangebote, Angehrigenarbeit und ethische Fragen erlutert. Darber hinaus enthlt das Buch auch eine Anleitung zum praktischen Vorgehen fr eine kognitive Diagnostik und Therapie in der Frhphase der neurologischen Rehabilitation. - Inhalt: https://d-nb.info/1275429769/04
Wei, Christina; Allen, Ruth J.; Tallis, Patricia M.; Ryan, Fiona J.; Hunt, Linda P.; Shield, Julian Ph; Crowne, Elizabeth C.	2018	Cognitive behavioural therapy stabilises glycaemic control in adolescents with type 1 diabetes- Outcomes from a randomised control trial	Pediatric diabetes	19	1	106-113	BACKGROUND: To compare the impact of cognitive behavioural therapy (CBT) with non-directive supportive counselling (NDC) on glycaemic control and psychological well-being in adolescents with type 1 diabetes mellitus (T1DM). MATERIALS AND METHODS: Participants aged 11 to 16 years with T1DM (duration ≥1 year) from 4 UK-based paediatric diabetes centres were randomised to receive either 6 weekly sessions of 1-to-1 CBT (n = 43) or NDC (n = 42), with 2 further sessions at 6 and 12 months. Follow-up continued for 12 months postintervention. Outcome measures included glycated haemoglobin A1c (HbA1c) and psychological scores. RESULTS: The HbA1c levels were available in 33 patients in each group for analysis. Between group difference of the overall changes in HbA1c across the study period was statically significant (P = .018). Geometric mean (range) HbA1c in the NDC group deteriorated from 68 (46-113) to 78 (48-128) mmol/mol (ie, 8.4 [6.4-12.5]% to 9.3 [6.5-13.9]%; P = .001), but was maintained in the CBT group from 72 (46-129) to 73 (51-128) mmol/mol (P = .51) (ie, 8.7

							<p>[6.4-14]% to 8.9 [6.8-13.9]%). More patients who have undergone CBT showed an improved or maintained HbA1c levels at 24 months (62.5% vs 35.5%, P = .032). Patients offered CBT with depressive scores in the lowest tertile (least depressive symptoms) showed improvement in HbA1c over time from 70 (46-102) to 67 (57-87) mmol/mol (P = .041) (ie, 8.6 [6.4-11.5]% to 8.3 [7.4-10.1]%), but not in the NDC group. The CBT showed borderline improvements in Children's Health Locus of Control (internal) scores over time compared with NDC (P = .05). The self-efficacy score showed significant improvement in both CBT (P < .001) and NDC (P = .03) groups over time. CONCLUSIONS: CBT demonstrated better maintenance of glycaemic control compared with NDC.</p>
<p>Weingarden, Hilary; Hoepfner, Susanne S.; Snorrason, Ivar; Greenberg, Jennifer L.; Phillips, Katharine A.; Wilhelm, Sabine</p>	2021	<p>Rates of remission, sustained remission, and recurrence in a randomized controlled trial of cognitive behavioral therapy versus supportive psychotherapy for body dysmorphic disorder</p>	<p>Depression and anxiety</p>				<p>BACKGROUND Little data exist on remission rates following psychotherapy for body dysmorphic disorder (BDD). METHODS Using data from a large study of therapist-delivered cognitive behavior therapy (CBT) versus supportive psychotherapy (SPT) for BDD (N = 120), we estimated remission rates at treatment endpoint, and rates of delayed remission, sustained remission, and recurrence at 6-month follow-up. We also examined improvement in broader mental health outcomes among remitters. RESULTS Full or partial remission rates at end-of-treatment were significantly higher following CBT (68%) than SPT (42%). At 6-month follow-up, an additional 10% (CBT) and 14% (SPT) experienced delayed remission, 52% (CBT) and 27% (SPT) experienced sustained remission, and 20% (CBT) and 14% (SPT) experienced recurrence. Remission was</p>

						<p>never achieved by 18% (CBT) and 45% (SPT). Participants in remission at end-of-treatment experienced significant improvements in functional impairment, depression severity, BDD-related insight, and quality of life compared to nonremitters.</p> <p>CONCLUSIONS</p> <p>Full or partial remission rates are high following CBT for BDD and higher than after SPT.</p>	
Weinmann-Lutz, Birgit; Lutz, Wolfgang	2010	Paartherapie				<p>Ein Einblick in Paartherapie basierend auf einem integrativ-verhaltenstherapeutischen Modell wird gegeben. Ein Frageleitfaden zur Informationssammlung für das Erstgespräch wird vorgestellt, und auf die Zieldefinition in der Anfangsphase der Therapie wird eingegangen. Folgende Veränderungsorientierte paartherapeutische Interventionen werden vorgestellt: (1) Verhaltensaustausch/Reziprozitätstraining, (2) Kommunikationstraining, (3) Problemlsetraining und (4) Kognitive Strategien. Ergänzend dazu wird auf zwei Gruppen von Akzeptanzstrategien eingegangen: Strategien zur Verbesserung der Intimität und emotionalen Nähe durch Akzeptanz, Akzeptanz durch den Aufbau von Toleranz. Anschließend werden die auf der humanistischen Theorettradition gründenden emotionsfokussierten Strategien in den Blick genommen. Abschließend werden Ergebnisse der Wirksamkeitsforschung in der Paartherapie vorgestellt.</p>	
Weisensee, Thomas	2016	Wie kann die Logotherapie zur Entstigmatisierung psychisch erkrankter	Existenz und Logos	24		77–90	<p>Diskutiert wird die Frage, wie die Logotherapie zur Entstigmatisierung von psychisch erkrankten Menschen beitragen kann. Ausgehend von persönlichen Erfahrungen in der klinischen Praxis wird das Problem der Stigmatisierung thematisiert, das mit psychischen Erkrankungen einhergeht. Unterschieden wird hierbei zwischen der Stigmatisierung durch die Gesellschaft und</p>

		Menschen beitragen?					der Selbststigmatisierung. Letztere entstehe dadurch, dass Betroffene im Laufe ihrer Erkrankung negative Zuschreibungen ihrer sozialen Umwelt in ihr Selbstbild integrierten. Als Kontrapunkt wird diesem Phnomen die zentrale Ansicht Viktor Frankls entgegengestellt, dass der Mensch zwar in den Dimensionen des Psychischen und Physischen erkranken knne, nicht jedoch als Person selbst. Es wird dargestellt, wie dieser Gedanke als Ausgangspunkt fr die Logotherapie bei psychischen Erkrankungen genutzt werden kann. Durch die logotherapeutische Arbeit wrden Selbstvertrauen, Selbstwert und Selbstfhrung gestrkt. Dadurch sei es den Betroffenen mglich, sich aus der Stigmatisierung zu befreien und ihr Leben wieder selbst zu gestalten.
Weisfeld, Carol Cronin; Dunleavy, Kim	2021	Strategies for Managing Chronic Pain, Chronic PTSD, and Comorbidities: Reflections on a Case Study Documented over Ten Years	Journal of clinical psychology in medical settings	28	1	78–89	Chronic pain and chronic PTSD are often comorbid sequelae in patients who have experienced life-threatening experiences such as combat, assaults, or motor vehicle accidents, presenting lifelong challenges for patients and for medical management in all settings. This article briefly reviews four models for exploring the interrelationships of chronic pain and chronic PTSD. The article presents a longitudinal case study, documented over 10 years, of a patient with chronic back pain, and delayed-onset chronic PTSD related to sexual trauma experienced as a young adult. Data from the case study are examined for evidence in support of the chronic pain/chronic PTSD models. There is evidence to support all four models, with considerable evidence supporting the Mutual Maintenance Model (Sharp & Harvey, in Clinical Psychology Review 21(6): 857-77, 2001). Data show significant recovery over time from both conditions with improvements in function, work, and relationships, in response to Psychodynamic Therapy (PDT), Cognitive

							Behavioral Therapy (CBT), and hypnotic interventions, physical therapy, and pilates-based exercise. Notably, both chronic conditions were addressed simultaneously, with providers working collaboratively and sharing information through the patient. Emphasis is on non-pharmaceutical rehabilitative trauma-informed and patient-centered approaches to care.
Weisz, John R.; Fitzpatrick, Olivia M.; Venturo-Conerly, Katherine; Cho, Evelyn	2021	Process-based and principle-guided approaches in youth psychotherapy	World psychiatry : official journal of the World Psychiatric Association (WPA)	20	3	378-380	
Welch, Christie D.; Polatajko, H. J.	2016	Applied Behavior Analysis, Autism, and Occupational Therapy: A Search for Understanding	The American journal of occupational therapy : official publication of the American Occupational Therapy Association	70	4	7004360 020p1-5	Occupational therapists strive to be mindful, competent practitioners and continuously look for ways to improve practice. Applied behavior analysis (ABA) has strong evidence of effectiveness in helping people with autism achieve goals, yet it does not seem to be implemented in occupational therapy practice. To better understand whether ABA could be an evidence-based option to expand occupational therapy practice, the authors conducted an iterative, multiphase investigation of relevant literature. Findings suggest that occupational therapists apply developmental and sensory approaches to autism treatment. The occupational therapy literature does not reflect any use of ABA despite its strong evidence base. Occupational therapists may currently avoid using ABA principles because of a perception that ABA is not client centered. ABA principles and occupational therapy are compatible, and the two could work synergistically.

Wellenzohn, Sara; Proyer, Ren T.; Ruch, Willibald	2016	Humor-based online positive psychology interventions: A randomized placebo-controlled long-term trial	Journal of Positive Psychology	11	6	584–594	<p>While correlational evidence exists that humor is positively associated with well-being, only few studies addressed causality. The present study tested the effects of five humor-based activities on happiness and depression in a placebo-controlled, self-administered online positive psychology intervention study (N = 632 adults). All of the five one-week interventions enhanced happiness, three for up to six months (i.e., three funny things, applying humor, and counting funny things), whereas there were only short-term effects on depression (all were effective directly after the intervention). Additionally, the authors tested the moderating role of indicators of a person x intervention-fit and identified early changes in well-being and preference (liking of the intervention) as the most potent indicators for changes six months after the intervention. Overall, existing work could be replicated, but also knowledge in the field by testing newly developed interventions could be extended for the first time. Findings are discussed with respect to the current literature.</p>
Wells, Hayley; Crowe, Marie; Inder, Maree	2020	Why people choose to participate in psychotherapy for depression: A qualitative study	Journal of psychiatric and mental health nursing	27	4	417–424	<p>Accessible summary What is known on the subject? Medication does not always resolve a serious mood episode, and there is evidence that it needs to be combined with an evidence-based psychotherapy to promote symptomatic and functional recovery. There is little known about what people with serious mood disorders want from mental health services to manage their mood. What the paper adds to existing knowledge? Participants in this study wanted a framework other than the medical model for understanding and managing their mood. Their motivation to commence psychotherapy was based on a sense of having hit rock bottom and a need for understanding what was happening in order to better</p>

						<p>manage their mood. Abstract Introduction There is little known about the motivations for people to participate in psychotherapy for depression. Aim To explore why people, with a diagnosis of major depressive episode, chose to take part in a psychotherapy study and what they expected it to involve. Method This was a qualitative study of participants' motivations and understandings of psychotherapy for depression. Data were collected using semi-structured interviews and analysed using thematic analysis. Findings Eight females and eight males with an age range from 21 years to 55 years were recruited. Three themes were identified that described why participants chose to participate in psychotherapy: medication was not enough, a turning point and making sense of experience. The participants chose to participate in psychotherapy after finding that medication was insufficient and this combined with a sense of crisis motivated them to engage in psychotherapy in order to learn to manage their mood differently. Discussion The participants recognized that they wanted a framework other than a medical model with its reliance on medication, in order to make sense of their experiences and develop new self-management strategies. Implications for Practice Our study suggests that some people experiencing a serious mood disorder access psychotherapy after 'hitting rock bottom' and finding insufficient help from medications. Mental health nurses need to be aware people do not always want a medical model approach to treatment of serious mood disorders and they need to provide the opportunity of engaging in a psychotherapeutic framework in order to better understand and manage their mood.</p>
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Wen, Irina; Price, Laura E.; Spray, Amanda M.; Marmar, Charles R.	2020	Mending broken bonds in military couples using emotionally focused therapy for couples: Tips and discoveries	Journal of clinical psychology	76	5	865–870	Military families face specific challenges related to military service, deployments, separations, and coming together. The process of reintegration back to civilian life can be challenged by posttraumatic stress and other readjustment difficulties that can affect not only the veteran but the family as a whole. Strengthening bonds and relationships is an important step in recovery. In this paper, the authors review the application of emotionally focused therapy to couples therapy with military couples and identify factors that can facilitate the therapeutic process with this unique population.
Wen, Xueke; Shi, Jinghua; Tan, Wei; Jiang, Hu; Wang, Daiqiong; Su, Jiaqiong; Yang, Guanghai; Zhang, Bin	2023	Effects of aromatherapy and music therapy on patients' anxiety during MRI examinations: a randomized controlled trial	European radiology	33	4	2510– 2518	OBJECTIVES: Many patients experience anxiety during MRI examinations. However, little attention has been focused on decreasing patient anxiety and minimizing on-site cancellations. Here, we aimed to investigate the effects of aromatherapy and music therapy on alleviating anxiety during MRI examinations. METHODS: This single-center, double-blinded, randomized control trial was conducted between November 1, 2021, and January 10, 2022. Patients undergoing MRI examinations were assigned randomly into either the aromatherapy group (AG), music therapy group (MG), aromatherapy plus music therapy group (AMTG), or routine care group (RG) at a ratio of 1:1:1:1. Aromatherapy was conducted through inhalation of lavender oil. Music therapy was performed using Pachelbel's Canon in D major. The primary outcome was the change in anxiety before and after the MRI scan, assessed using both the State-Trait Anxiety Inventory form 1 (STAI-1) and Self-Rating Anxiety Scale (SAS). The second outcome was the participant's comfort, measured using Kolcaba's General Comfort Questionnaire (GCQ). RESULTS: A total of 200 participants (mean age: 48.3 ± 14.9 years; 126 [63.0%] females) were enrolled, with 50

						<p>per group. The mean anxiety scores of the AMTG showed greater reduction compared with the AG, MG, and RG (ΔSTAI-1: 6.5 vs 2.6 vs 2.7 vs 1.9, $p < 0.001$; ΔSAS: 4.0 vs 1.4 vs 1.7 vs 0.6, $p < 0.001$). The mean GCQ score of the AMTG was higher compared with the AG, MG, and RG (98.0 vs 92.6 vs 91.2 vs 89.2, respectively, $p < 0.001$). CONCLUSION: Aromatherapy combined with music therapy is effective for reducing patients' anxiety and improving their comfort level during MRI scans. KEY POINTS: • In this randomized control trial of 200 participants undergoing MRI scans, aromatherapy plus music therapy is effective in reducing STAI-1 and SAS, as well as improving GCQ scores. • Although there was a significant difference between the aromatherapy plus music therapy and the single-intervention modalities, no significant differences were observed between the aromatherapy and music therapy themselves for state anxiety and comfort score. • Aromatherapy plus music therapy is a safe, non-invasive, nonpharmacological, and inexpensive patient-centered intervention for reducing anxiety and improving comfort in adults undergoing MRI examinations.</p>
<p>Werbart, Andrzej; Jonsson, Martin; Jankowski, Bartosz; Forsström, David</p>	2023	<p>New skills for distance regulation: Therapists' experiences of remote psychotherapy following the COVID-19 pandemic</p>	<p>Journal of Psychotherapy Integration</p>		<p>No Paginat ion Specified -No Paginat ion Specified</p>	<p>Social distancing during the COVID-19 pandemic forced many therapists to shift from in-person sessions to the use of communication technology. This shift actualizes the issue of for whom and when remote therapy is suitable and how the therapeutic technique should be adjusted. Our study explored therapists' long-term experiences of remote psychotherapy after this transition. Data were collected about 2 years after World Health Organization's (WHO's) declaration of the COVID-19 pandemic. Semistructured interviews with 10 therapists with different treatment orientations were analyzed,</p>

						<p>applying the qualitative method of inductive experiential thematic analysis. The therapists said that the use of communication technology implied a new and different in-session interaction, inclusive of changed relational dynamics and the need to adjust their way of working. All therapists experienced possibilities and advantages as well as difficulties and challenges with remote psychotherapy. As time went on, they gained both positive and negative new experiences of the distinctive features of remote therapy and became more comfortable with remote communication. Above all, they acquired new technical and relational skills. Taken together, the therapists' experiences illustrate the need to develop new skills for negotiating setting alternations and distance regulation and to adapt therapeutic interventions when shifting between in-person settings and remote sessions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Werbart, Andrzej; Rådberg, Ulf; Holm, Isa; Forsström, David; Berman, Anne H.</p>	<p>2023</p>	<p>The meaning and feeling of the time and space between psychotherapy sessions and everyday life: Client experiences of transitions</p>	<p>Psychotherapy research : journal of the Society for Psychotherapy Research</p>		<p>1-14</p>	<p>OBJECTIVE: To explore how clients in psychodynamic or psychoanalytic psychotherapy, conducted in the traditional in-person setting, experience the transitions in time and space between psychotherapy sessions and everyday life. METHOD: Twelve semi-structured interviews were analyzed with inductive experiential thematic analysis, focusing on how the participants experience and make sense of the phenomenon in focus. RESULTS: The participants described therapy as a sheltered space where they could be open, vulnerable, receptive, and present. Approaching and leaving psychotherapy sessions, the participants established different behavioral patterns and routines dealing with their anxieties and resistances. In this in-between area, the participants could handle interconnections and</p>

							<p>differences between therapy and everyday life. Participants stressed the clinical impact of transitions: transitions affect both therapy and everyday life; disturbed transitions have an adverse impact; transitions are insufficiently addressed in therapy. CONCLUSION: Transitions between therapy and life appear to be an essential but seldom recognized part of the therapy process beyond the borders of therapy sessions. Implications of these findings for psychotherapy training and practice are discussed, and a tentative transtheoretical framework for further research is proposed.</p>
Werner, Antonia M.; Tibubos, Ana N.; Rohrmann, Sonja; Reiss, Neele	2019	The clinical trait self-criticism and its relation to psychopathology: A systematic review - Update	Journal of affective disorders	246		530–547	Abstract not released by publisher.
Westerman, Michael A.; Roten, Yves de	2017	Investigating how interpersonal defense theory can augment understanding of alliance ruptures and resolutions: A theory-building case study	Psychoanalytic Psychology	34	1	13–25	<p>Interpersonal defense theory is an interpersonal conceptualization of defense processes. It is especially helpful for addressing issues about the therapeutic relationship. This qualitative, theory-building case study investigated whether the theory offers a framework for augmenting our understanding of rupture-resolution phenomena. The case involved the successful treatment of a 28-year-old female patient with adjustment disorder. Alliance was assessed after each session. Two rupture-resolution sequences were identified and examined. Analyses, which were guided by a case formulation based on interpersonal defense theory, included a discourse-analytic method to identify coordination failures in the patient's behavior and turn-by-turn examination of</p>

						<p>therapist interventions. As predicted, coordination improved from rupture to resolution sessions. Also, examination of therapist interventions and the temporal patterning of patient and therapist behaviors suggested that, as hypothesized, certain kinds of interventions contributed to alliance ruptures, whereas others promoted resolutions. In particular, the analyses supported the prediction that therapist responses that realized the patient's central interpersonal wish in the therapy relationship contributed to resolutions. These results suggest a new approach to ruptures and their resolution that focuses on the interpersonal significance of therapist interventions. The study adds to the support for interpersonal defense theory provided by previous investigations because it suggests that we can extend the theory to a new set of phenomena (ruptures and resolutions). (PsycINFO Database Record (c) 2017 APA, all rights reserved)</p>
Westra, Henny A.; Constantino, Michael J.; Antony, Martin M.	2016	Integrating motivational interviewing with cognitive-behavioral therapy for severe generalized anxiety disorder: An allegiance-controlled randomized clinical trial	Journal of consulting and clinical psychology	84	9	<p>Objective: Although integrating motivational interviewing (MI) and cognitive-behavioral therapy (CBT) has been recommended for treating anxiety, few well-controlled tests of such integration exist. Method: In the present randomized trial for severe generalized anxiety disorder (GAD), we compared the efficacy of 15 sessions of CBT alone (N = 43) versus 4 MI sessions followed by 11 CBT sessions integrated with MI to address client resistance/ambivalence (N = 42). Clients were adults, predominantly female and Caucasian, with a high rate of diagnostic comorbidity. To control for allegiance, therapists were nested within treatment group and supervised separately by experts in the respective treatments. Results: Piecewise multilevel models revealed no between-groups differences in outcomes</p>

							<p>from pre- to posttreatment; however, there were treatment effects over the follow-up period with MI-CBT clients demonstrating a steeper rate of worry decline ($\gamma = -0.13$, $p = .03$) and general distress reduction ($\gamma = -0.12$, $p = .01$) than CBT alone clients. Also, the odds of no longer meeting GAD diagnostic criteria were ~5 times higher at 12-months for clients receiving MI-CBT compared with CBT alone. There were also twice as many dropouts in CBT alone compared with MI-CBT (23% vs. 10%); a difference that approached significance ($p = .09$). The treatments were competently delivered, and intraclass correlations revealed negligible between-therapist effects on the outcomes. Conclusions: The findings support the integration of MI with CBT for severe GAD and point to the importance of training therapists in appropriate responsivity to in-session markers of resistance and ambivalence. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
Whiteside, Stephen P. H.; Leffler, Jarrod M.; Hord, Melissa K.; Sim, Leslie A.; Schmidt, Michele M.; Geske, Jennifer R.	2020	The compatibility of clinical child mental health treatment and evidence-based treatment protocols	Psychological Services	17	1	25–32	<p>Few children with mental health problems receive evidence-based psychotherapy, partly because of unsuccessful dissemination of evidence-based treatments (EBTs). Previous research suggests that the length and structure of EBT protocols for anxiety disorders may impede their adoption in community practice. To examine the potential discrepancy between EBT protocols and clinical practice across disorders, we examined patient diagnoses and average length of treatment for childhood psychiatric disorders in a regional medical center where child and adolescent patients from the community have access to mental health care. The findings suggest that although a large portion of youth seeking mental health care presented with symptoms consistent with those addressed by common evidence-</p>

							based psychotherapy protocols, less than half of these patients ever met with a therapist and less than 10% of those attended a sufficient number of sessions to complete a full treatment protocol. These results underscore the need to develop brief and flexible EBT protocols, such as modular treatments, that introduce essential elements early in the course of treatment. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Whitten, Lisa	2022	Stigma matters: An African American psychology professor comes out of the mental illness closet	Psychological Services	19	1	35-37	The debilitating stigma of mental illness is present in psychologists, psychology departments, and in the larger higher education environment. My reflections on my experience as an African American psychology professor living with bipolar disorder can shed light on how stigma can prevent colleagues from intervening and providing much-needed support to a colleague in crisis. I summarize the history of my struggle with mental illness and with the decision to write about it. I emphasize the importance of vigilance with respect to the fact that changes in medication can rapidly and radically impact one's mood and behavior. My insights as a prosumer can inform administrators, staff, and faculty as they develop policies and practices to assist employees with mental health concerns, which should include providing trusted colleagues with permission to contact a spouse, friend, therapist, and/or family member in the event of a change in behavior. The aim is reduced stigma, greater authenticity on the part of the person living with mental illness, and early intervention, similar to the response one would expect to a heart attack, to interrupt or prevent a prolonged episode of psychological distress. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Wiebe, Stephanie A.; Johnson, Susan M.	2016	A Review of the Research in Emotionally Focused Therapy for Couples	Family process	55	3	390–407	Emotionally Focused Therapy for Couples (EFT) is a brief evidence-based couple therapy based in attachment theory. Since the development of EFT, efficacy and effectiveness research has accumulated to address a range of couple concerns. EFT meets or exceeds the guidelines for classification as an evidence-based couple therapy outlined for couple and family research. Furthermore, EFT researchers have examined the process of change and predictors of outcome in EFT. Future research in EFT will continue to examine the process of change in EFT and test the efficacy and effectiveness of EFT in new applications and for couples of diverse backgrounds and concerns. 2016 Family Process Institute.
Wied, Theresa S.; Haberstroh, Julia; Gather, Jakov; Karakaya, Tarik; Oswald, Frank; Qubad, Mishal; Scholten, Matthé; Vollmann, Jochen; Pantel, Johannes	2021	Supported Decision-Making in Persons With Dementia: Development of an Enhanced Consent Procedure for Lumbar Puncture	Frontiers in psychiatry	12		780276	The right to make autonomous decisions is enshrined in law. However, the question how persons with cognitive deficits can be enabled to make autonomous decisions has not been satisfactorily addressed. In particular, the concept of supported decision-making and its implementation into practice has been poorly explored for persons with dementia (PwD). This article describes the empirical development and implementation of support tools to enhance informed consent processes (so called enhanced consent procedures/ECP) for PwD on whether to undergo lumbar puncture. In the end of the process of pilot testing and further development of the tools, the following tools were defined: (1) Standardized Interview Structure, (2) Elaborated Plain Language, (3) Ambience and Room Design, (4) Keyword Lists, (5) Priority Cards, (6) Visualization, and (7) Simplified Written Informed Consent (Patient Information), as well as the general attitude (8) Person-Centered Attitude of the facilitator. As the development, implementation and

							evaluation of ECP tools is one objective of the transnational ENSURE project, we also include an overview of future empirical procedures. So far, our findings can serve as a selection of possibilities to support PwD in decision-making and help practitioners achieve an appropriate balance between the autonomy and protection of PwD in complex decision-making situation. Future studies should address the question if the proposed set of tools is effective to enhance informed consent processes in PwD.
Wieder, Gesine; Wiltshire, Travis J.	2020	Investigating coregulation of emotional arousal during exposure-based CBT using vocal encoding and actor-partner interdependence models	Journal of Counseling Psychology		19 39- 21 68(Ele ctr oni c), 00 22- 01 67(Pri nt)	337-348	High patient emotional arousal during rationale development for in vivo exposure in CBT for panic disorder with agoraphobia might endanger comprehension of the exposure rationale. Since therapists are supposed to coregulate patients' emotions, this study investigated whether there was evidence of coregulation of vocally encoded emotional arousal, assessed by fundamental frequency (f0), during rationale development. Furthermore, the association of patient f0 stability and therapist coregulation with patients' perceived rationale plausibility was analyzed. N = 197 therapy videos—used to deduct f0—from a multicenter randomized controlled trial evaluating therapist-guided exposure on CBT outcome were analyzed post hoc. Plausibility of the exposure rationale was assessed by patients after its development. This trial-specific rating aggregates plausibility ratings for every manual component in the development of the exposure rationale and showed good internal consistency (Cronbach's alpha = .85). Stability in f0 and its coregulation were calculated using cross-lagged Actor-Partner Interdependence Models (APIMs), and APIM dyad estimates were associated with plausibility using linear regression analyses. Analyses

							indicated a relative stability in emotional arousal within both patients and therapists. Therapists' f0 had a significant effect on patients in that with therapist covariation, patients' f0 departed from their equilibrium level, while patients' f0 had no effect on therapists. Therapists' f0 covariation was positively associated with rationale plausibility. This study sheds light on interpersonal regulation mechanisms of patients' and therapists' emotional arousal during development of the exposure rationale. It suggests that coregulation of patients' emotional arousal supports patients' perceived rationale plausibility. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Wiegand, Ulla	2021	Ein Konflikt als reinigendes Gewitter?. Ein Erfahrungsbericht	Gesprächspsychotherapie und Personzentrierte Beratung	52	1	24-27	Zwei Geschäftsführerinnen eines Start-up-Unternehmens haben ein Coaching angefragt. Sie wollen Klarheit darüber bekommen, ob ihre bisherige Zusammenarbeit fortgesetzt werden kann oder nicht. Hintergrund der Anfrage ist ein Konflikt, der sich an einem "Sabbatical" einer der Geschäftsführerinnen entzündet hat. Die Energie der Konfliktklärung nimmt während des Prozesses unterschiedlich Gestalt an. Hierauf muss der Coach reagieren.
Wiegand, Ulla	2021	Führen in Zeiten von Corona . Ein Coachingbericht	Gesprächspsychotherapie und Personzentrierte Beratung	52	2	5-8	kein Abstract
Wieltschnig, Sigrd	2016	Traumatic stress and its impact on body, mind and society	Gestalt Theory	38	2-3	311-319	Reviews recent developments in the treatment of trauma that focus on the somatic experiencing of trauma-related sensation and affects and refers to some concepts of Gestalt theory. It further presents some drawings and results from working with traumatized clients, and last but not least it reflects on the role of society and its responsibility in the healing process.

Wiener, Chelsea H.; Blaney, Cerissa; Cassisi, Jeffrey E.; Dawson, Virgil	2018	Cognitive behavior therapy for tinnitus in integrated primary care: A case example	Health Psychology	37	9		<p>Objective: Tinnitus is a common and sometimes severely debilitating condition. It has been estimated that approximately 7% of Americans experience tinnitus daily. Hearing difficulties, sleep problems, concentration difficulties, and anxiety are commonly reported associated concerns. Cognitive behavior therapy (CBT) is often recommended to address the psychosocial impact of burdensome tinnitus, as CBT interventions have been shown to be efficacious in reducing tinnitus burden. The presented case demonstrates that a brief (4-session) adapted CBT treatment in an integrated primary care (IPC) setting can result in notable improvements in functioning. Method: Tinnitus severity was monitored with the Tinnitus Handicap Inventory (THI) and the Tinnitus Functional Index (TFI). Results: The patient reported increased self-efficacy in coping with his tinnitus symptoms. The subjective volume of his tinnitus remained similar over time, but the emotional impact of his symptoms decreased dramatically. Overall THI score decreased from a 48 (moderate impairment) at baseline to a 20 (mild impairment) at discharge. Overall TFI score decreased from a 40 (moderate problem) during first administration to a 9.6 (not a problem) at discharge. Conclusions: Brief CBT treatment for tinnitus can be delivered in an IPC setting, consistent with a population-health approach. Such treatment may result in improved quality of life for patients, and the brief approach has the potential to reduce overall cost of care. This case encourages increased identification and treatment of tinnitus within IPC settings, in order to increase access of care for patients with this burdensome condition. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
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Wiersma, Jacquelyn K.; Freedle, Lorraine R.; McRoberts, Rachel; Solberg, Kenneth B.	2022	A meta-analysis of sandplay therapy treatment outcomes	International Journal of Play Therapy	31	4	197–215	Sandplay therapy is a cross-cultural, psychodynamic, nondirective, multisensory psychotherapy method founded by Dora Kalff. Sandplay is used with children and adults with a range of mental health problems. Despite sandplay’s growing popularity, its empirical evidence base is less developed than more well-known therapies. This international study provides a meta-analysis of the available quantitative outcome studies in order to summarize the growing evidence base of sandplay. The meta-analysis specifically examined emotional and behavioral outcome measures of treatment with sandplay therapy. The initial search identified 1,715 potential records from over 16 countries. After screening, 40 studies from eight countries representing 1,284 participants met the inclusion criteria. Mean effect sizes were calculated using a random effects model with the Comprehensive Meta-Analysis (CMA) program. The overall effect size was large (Hedges’ $g = 1.10$). Large effect sizes were maintained for internalizing, externalizing, and attention-deficit/hyperactivity disorder (ADHD) symptoms. Improved effect sizes were associated with individual treatment over the group format. These results suggest that sandplay therapy is an effective treatment method for children and adults with a wide variety of mental health concerns. Limitations and suggestions for further research are discussed. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Wiesel, Ido; Shahar, Ben; Goldman, Rhonda N.; Bar-Kalifa, Eran	2021	Accuracy and Bias in Vulnerability Perceptions of Partners Undergoing	Family process	60	2	377–392	The primary mechanism of change in emotion-focused couples therapy (EFT-C) is described as one partner accessing and expressing vulnerability, with the other partner responding affiliatively, with compassion, acceptance, validation, and support. These interactions are assumed to restructure the negative, rigid

		Emotion-Focused Therapy for Couples					interactional cycle that usually brings couples to therapy and helps build a positive emotional bond. The primary aim of this study was to test whether for this process to occur, partners need to accurately perceive their spouse's experiences of vulnerability during therapy. Specifically, it examined the factors (i.e., tracking accuracy, assumed-similarity bias, and directional bias) shaping partners' perceptions of their spouse's vulnerability and whether accurate perceptions predict positive session outcomes during EFT-C. Data from 36 couples who took part in the York Emotional Injury Project were analyzed. Following each session, clients reported their own experience of vulnerability as well as their perceptions of their partners' vulnerability. Session outcome was defined as the extent to which clients reported resolution. Using a multilevel Truth and Bias model, the results indicated that partners accurately perceived changes in their spouses' expressions of vulnerability (i.e., significant tracking accuracy). Interestingly, partners' perceptions were also tied to their own expressions of vulnerability (i.e., significant assumed-similarity bias) and tended to underestimate the level of their partners' vulnerability expressions (i.e., significant negative mean-level bias). Using a multilevel Response Surface Analysis, we found that accuracy regarding partners' vulnerability was associated with higher levels of resolution. 2020 Family Process Institute.
Wiesemller, Birgit	2020	Die neue Musterweiterbildungsordnung aus Sicht der Gesprächspsychotherapie	Psychotherapeutenjournal	19	3	272-273	Kein Abstract vorhanden.

Wilcox, Hervey; Almasifard, Sara	2023	Facilitating the client's experience of relational depth in counselling and psychotherapy: A thematic review	Couns and Psychother Res (Counselling and Psychotherapy Research)	23	3	603–616	
Wilcox, Melanie M.; Winkeljohn Black, Stephanie; Drinane, Joanna M.; Morales-Ramirez, Ingrid; Akef, Zainab; Tao, Karen W.; DeBlaere, Cirleen; Hook, Joshua N.; Davis, Don E.; Watkins Jr., C. Edward; Owen, Jesse	2022	A brief qualitative examination of multicultural orientation in clinical supervision	Professional Psychology: Research and Practice	53	6		Research has demonstrated that therapists' multicultural orientation (MCO)—consisting of cultural humility, cultural comfort, and cultural opportunities—is key to client outcomes. The primary method for training psychotherapists is clinical supervision, and recent quantitative research provides preliminary support for the importance of MCO in clinical supervision. To date, however, there has been no qualitative inquiry of clinical supervision since the introduction of new models of cultural responsiveness. Thus, we sought to understand helpful experiences, unhelpful experiences, and supervisee expectations regarding culturally responsive clinical supervision through qualitative examination. Supervisees' (N = 102) responses resulted in three categories: (a) helpful cultural supervisory experiences, (b) unhelpful cultural supervisory experiences, and (c) missed opportunities in supervision. Subthemes emerged related to supervisor characteristics, and supervision processes and content. Participants also described negative experiences, including microaggressions, cultural discomfort, and avoidance. Consistent with recent quantitative research, supervisees emphasized helpful and hindering supervision experiences related to the MCO model, especially the importance of cultural

							discussions. Supervisees also emphasized some experiences consistent with the multicultural competencies model, such as desiring didactic information. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wildes, Jennifer E.; Bedell, Alyse; Graham, Andrea K.; Kells, Meredith	2021	Brain-gut psychotherapies: Promising tools to address gastrointestinal problems in patients with eating disorders	The International journal of eating disorders	54	6	1063–1067	Gastrointestinal (GI) problems are common in individuals with eating disorders (EDs) and associated with distress, impairment, and increased healthcare utilization. GI symptoms may be exacerbated by meals and other interventions central to ED recovery thereby contributing to negative clinical outcomes. Informed by models emphasizing the role of the brain-gut axis in the expression of GI symptoms, this article describes a program of research to adapt "brain-gut psychotherapies" for EDs. First, the role of the brain-gut axis in GI symptoms is described, and evidence-based brain-gut psychotherapies are reviewed, with an emphasis on cognitive behavioral therapy for GI disorders and gut-directed hypnotherapy. Next, future directions for research in EDs to (a) understand the impact of GI symptoms on illness course and outcome; (b) clarify target engagement; (c) evaluate brain-gut psychotherapies; and (d) optimize intervention reach and delivery are described. We present a conceptual model that emphasizes GI-specific anxiety and altered gut physiology as targets of brain-gut psychotherapies in EDs, and discuss several issues that need to be addressed in designing clinical trials to test these interventions. We also describe how engagement with multidisciplinary stakeholders and use of digital tools could speed translation from the laboratory to clinical settings.
Wilhelm, Sabine; Phillips,	2019	Efficacy and Posttreatment	JAMA psychiatry	76	4	363–373	IMPORTANCE: Cognitive behavioral therapy (CBT), the best-studied treatment for body dysmorphic disorder

<p>Katharine A.; Greenberg, Jennifer L.; O'Keefe, Sheila M.; Hoeppe, Susanne S.; Keshaviah, Aparna; Sarvode-Mothi, Suraj; Schoenfeld, David A.</p>	<p>Effects of Therapist-Delivered Cognitive Behavioral Therapy vs Supportive Psychotherapy for Adults With Body Dysmorphic Disorder: A Randomized Clinical Trial</p>				<p>(BDD), has to date not been compared with therapist-delivered supportive psychotherapy, the most commonly received psychosocial treatment for BDD. OBJECTIVE: To determine whether CBT for BDD (CBT-BDD) is superior to supportive psychotherapy in reducing BDD symptom severity and associated BDD-related insight, depressive symptoms, functional impairment, and quality of life, and whether these effects are durable. DESIGN, SETTING, AND PARTICIPANTS: This randomized clinical trial conducted at Massachusetts General Hospital and Rhode Island Hospital recruited adults with BDD between October 24, 2011, and July 7, 2016. Participants (n = 120) were randomized to the CBT-BDD arm (n = 61) or the supportive psychotherapy arm (n = 59). Weekly treatments were administered at either hospital for 24 weeks, followed by 3- and 6-month follow-up assessments. Measures were administered by blinded independent raters. Intention-to-treat statistical analyses were performed from February 9, 2017, to September 22, 2018. INTERVENTIONS: Cognitive behavioral therapy for BDD, a modular skills-based treatment, addresses the unique symptoms of the disorder. Supportive psychotherapy is a nondirective therapy that emphasizes the therapeutic relationship and self-esteem; supportive psychotherapy was enhanced with BDD-specific psychoeducation and treatment rationale. MAIN OUTCOMES AND MEASURES: The primary outcome was BDD symptom severity measured by the change in score on the Yale-Brown Obsessive-Compulsive Scale Modified for BDD from baseline to end of treatment. Secondary outcomes were the associated symptoms and these were assessed using the Brown Assessment of Beliefs Scale, Beck Depression Inventory-Second Edition, Sheehan</p>
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							<p>Disability Scale, and Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form. RESULTS: Of the 120 participants, 92 (76.7%) were women, with a mean (SD) age of 34.0 (13.1) years. The difference in effectiveness between CBT-BDD and supportive psychotherapy was site specific: at 1 site, no difference was detected (estimated mean [SE] slopes, -18.6 [1.9] vs -16.7 [1.9]; P = .48; d growth-modeling analysis change, -0.25), whereas at the other site, CBT-BDD led to greater reductions in BDD symptom severity, compared with supportive psychotherapy (estimated mean [SE] slopes, -18.6 [2.2] vs -7.6 [2.0]; P < .001; d growth-modeling analysis change, -1.36). No posttreatment symptom changes were observed throughout the 6 -months of follow-up (all slope P ≥ .10). CONCLUSIONS AND RELEVANCE: Body dysmorphic disorder severity and associated symptoms appeared to improve with both CBT-BDD and supportive psychotherapy, although CBT-BDD was associated with more consistent improvement in symptom severity and quality of life. TRIAL REGISTRATION: ClinicalTrials.gov identifier: NCT01453439.</p>
<p>Wilkie, Diana J.; Fitchett, George; Schoppee, Tasha M.; Guay, Marvin O. Degado; Hauser, Joshua; Kittelson, Sheri M.; O-Mahony, Sean; Rabow,</p>	2023	<p>Abstract A032: Dignity therapy effects by race: Chaplain and nurse implementation in pragmatic, multisite stepped-wedge randomized control trial</p>	<p>Cancer Epidemiology, Biomarkers & Prevention</p>	32	1_S up ple me nt	A032- A032	

Michael W.; Quest, Tammie E.; Solomon, Sheldon; Yao, Yingwei; Hadzo, George; Chochinov, Harvey Max; Emanuel, Linda L.							
Wilkinson, Charity B.; Infantolino, Zachary P.; Wacha-Montes, Annmarie	2017	Evidence-based practice as a potential solution to burnout in university counseling center clinicians	Psychological Services		19 39- 14 8X(Ele ctr oni c), 15 41- 15 59(Pri nt)	543-548	The purpose of this study was to evaluate the impact of changes in perceptions about patient volume and severity of clinical presentations in university counseling centers (UCCS) on burnout. It was hypothesized that perceptions of increased workload and severity of conditions treated would be positively correlated with burnout. It was also hypothesized that self-reported use of evidence-based practice (EBP) would be negatively correlated with burnout. Counseling center clinicians (n = 80) completed the Copenhagen Burnout Inventory (CBI), the Evidence-Based Practice Attitudes Scale (EPBAS), and reported on factors that have been shown to impact burnout. In this sample, the following percent of respondents were at or above a level indicating potential burnout on each scale: Personal 19%, Work 15.2%, and Client 2.5%. Years of work was correlated with Client Burnout (r = .25, p < .05). Perceived increases in severity were correlated with each CBI Scale: Personal (r = .33, p < .001), Work (r = .32, p < .001), and (Client r = .33, p < .001). Self-reported use of evidence-based practice was negatively correlated with Client burnout (r = -.30, p < .001). The EPBAS Divergence Scale, which measures perception that one's usual practice is different than research based practices, was

							also correlated with burnout ($r = .27, p < .05$) and Divergence was negatively correlated with self-reported use of EBP ($r = -.25, p < .05$). Respondents were also asked if they treat PTSD and obsessive-compulsive disorder and which therapies they use for these diagnoses. Findings suggest that dissemination and implementation of EBPS may be beneficial for UCCS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Will, Hans-Dieter; Redaktion Gesprchpsych otherapie und Personzentrierte Beratung	2016	Die Professionalisie rungsdebatte nimmt Fahrt auf	Gesprchpsych otherapie und Personzentrierte Beratung	47	2	70-72	Im Gesprch mit Hans-Dieter Will, dem Sprecher der Bundes-Arbeitsgemeinschaft fr Familienmediation (BAFM), werden berufspolitische Entwicklungen im Bereich der Mediation reflektiert. Neben der aktuellen Lage der Mediation werden Bildungsangebote, Qualitätsstandards in der Ausbildung, Auswirkungen des Gterichtermodells auf die Mediatorenttigkeit und Entwicklungen von Mediationsmethoden thematisiert.
Willem, Clémence; Gandolphe, Marie- Charlotte; Doba, Karyn; Roussel, Méline; Verkindt, Hélène; Pattou, François; Nandrino, Jean- Louis	2020	Eating in case of emotion dys- regulation, depression and anxiety: Different pathways to emotional eating in moderate and severe obesity	Clinical obesity	10	5	e12388	Emotion dys-regulation is thought to be involved in the development and maintenance of emotional eating (EE), notably through its links with anxious and depressive symptoms. AIM: The aims of the study were to: (a) examine the mediating effect of depressive and anxious symptoms on the relationship between emotion dys-regulation and EE in obesity and (b) compare those links with various degrees of obesity severity. One hundred and twenty patients with obesity, including 60 with "n" (MO) ($30 \leq \text{BMI} < 40$) and 60 with "severe obesity" (SO) ($\text{BMI} > 40$), completed self-report measures of emotion dys-regulation, depression, anxiety and EE. Partial least square structural equation modelling and multi-group analyses were performed. Emotion dys-regulation was found to be significantly associated with EE only when the severity of obesity was taken into account. In addition,

							although the MO and SO groups reported similar levels of emotional and eating disorders, significant differences were found between the groups in pathways leading to EE. In MO, emotion dys-regulation was only associated with more EE through more anxiety. In SO, emotion dys-regulation was both directly and indirectly associated with more EE, but only through more depression in the latter. Emotion dys-regulation, anxiety and depression do not have the same impact on EE depending on the severity of obesity. Psychotherapeutic interventions should aim at reducing emotion dys-regulation in obesity from MO onwards, but the focus should be on the management of anxiety-related affects in MO and depression-related affects in SO.
Willemsen, Jochem; Condé, Hubert de; Kaluzeviciute-Moreton, Greta; Guogaite, Greta; Polipo, Niccolò Fiorentino; Zech, Emmanuelle	2023	A qualitative meta-analysis examining the impact of personal therapy on clinical work and personal and professional development	Couns and Psychother Res (Counselling and Psychotherapy Research)				
Willers, Christiane	2018	Kultursensible Gesprächsführung im Personenzentrierte n Ansatz	Gesprchspsych otherapie und Personenzentrierte Beratung	49	3	160–164	Ertert werden Prinzipien und Herausforderungen einer kultursensiblen personenzentrierten Beratung. Zunächst wird dargelegt, welche Fallstricke sich aus einer unterschiedlichen kulturellen und lebensweltlichen Prgung auf Seiten des Beratenden und des Hilfesuchenden ergeben knnen. Es wird aufgezeigt, dass latente Divergenzen eine erfolgreiche Kommunikation und den Aufbau eines vertrauensvollen Arbeitsbndnis

							erheblich erschweren können. Verschiedene potenziell problematische Aspekte werden angesprochen und durch kurze Fallbeispiele illustriert. Hierbei wird auf mögliche Inkongruenzen des Klienten aufmerksam gemacht, die im individuellen Integrationsprozess entstanden und mit einer psychosozialen Belastung verbunden sein können. Des Weiteren wird auf unausgesprochene Unterschiede zwischen Berater und Klienten hinsichtlich religiöser und salutogenetischer Vorstellungen hingewiesen. Abschließend werden personenzentrierte Strategien für den bewussten Umgang mit dem Anderssein des Gegenübers in der Beratung formuliert.
Willers, Christiane	2021	Personenzentrierte Beratung virtuell vermitteln. Erfahrungen aus einem Jahr Corona	Gesprächspsychotherapie und Personenzentrierte Beratung	52	1	32–33	Positive Erfahrungen einer virtuellen personenzentrierten Arbeit (in Methodenseminaren für angehende Sozialpädagogen, in Weiterbildungsgruppen, in Online-Beratung und therapeutischen Gesprächen) werden reflektiert. Als wesentliche Voraussetzung wird benannt, die speziellen Qualitäten von Online-Arbeit zu nutzen, für Nicht-Mögliches neue Ideen zu suchen und nicht zuletzt, der Bereitschaft der Teilnehmenden zu vertrauen, sich auf die Situation einzulassen. Vor allem ein Mix aus "synchronen" Arbeitsphasen gemeinsam im Videotreff und "asynchronen" Phasen in Einzelarbeit oder zu zweit über verschiedene, durchaus auch herkömmliche Medien wird als Erfolgsfaktor für die notwendige Abwechslung und eine Entlastung vom "Bildschirm-Koller" beschrieben.
Williams, Abigail; Haggard, Megan C.; Breuninger, Matthew M.	2020	Feasibility of Attachment-Focused Self-Hypnosis to Change Insecure God Attachment	The International journal of clinical and experimental hypnosis	68	2	246–262	Secure God attachment is related to less psychological distress and greater well-being, while insecure God attachment is associated with higher levels of psychological distress and various forms of maladaptive coping. Cognitive resistance may arise, however, when therapists directly address insecure attachment beliefs through overt cognitive-behavioral techniques. Based on

						<p>principles of the dual process model of cognition, the authors hypothesized that self-hypnosis may be a theoretically sound and feasible treatment to alter insecure attachment, since hypnosis addresses the emotional, experiential cognitive system rather than the analytical, deliberative cognitive system. To test this hypothesis, 35 college students practiced a prerecorded, self-guided hypnotic script for 6 weeks. The treatment group's scores indicated significant postintervention decreases in insecure attachment compared to a wait-list control. Qualitative responses also indicated that the majority of participants (62.8%) noticed these relationship changes and attributed them to the intervention.</p>
<p>Wilson, John L.; Uthman, Cassandra; Nichols-Hadeed, Corey; Kruchten, Rachel; Thompson Stone, Jennifer; Cerulli, Catherine</p>	2021	<p>Mental health therapists' perceived barriers to addressing intimate partner violence and suicide</p>	<p>Families, Systems, & Health</p>	39	2	<p>Introduction: Intimate partner violence (IPV) and suicide are pressing public health issues, yet their intersection in mental health care settings is understudied. We conducted a qualitative study to characterize mental health therapists' personal and system barriers in preparation for an upcoming training curriculum seeking to help patients address these interconnected issues. Method: We partnered with an urban community mental health center in New York to facilitate focus groups grounded in community-based participatory research principles. Twenty-three therapists formed 3 focus groups. Participant responses were audio-recorded, transcribed, and coded using Bronfenbrenner's socioecological model. We performed a primary qualitative framework analysis, coding for therapist barriers in addressing the intersection of IPV-suicide at individual, relational, community, and societal levels. Results: Therapists perceived numerous barriers in all 4 domains. Individually, some struggled with feelings of</p>

							helplessness and a lack of appropriate training. At the relational level, therapists expressed apprehension about harming the therapeutic relationship by discussing IPV and suicide at length. From a community perspective, therapists voiced concerns for clients' limited local access to support systems and financial resources. Societal barriers included policy-related limitations such as length of appointment times. Discussion: Community mental health center therapists face considerable barriers working with patients affected by IPV and suicide. The socioecological model is a fitting framework for understanding multisystem barriers at individual, relational, community, and societal levels. A better understanding of these challenges is critical for advancing therapist education, enhancing patient outcomes, and improving health systems. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wiltchko, Johannes	2017	Ist "der Prozess" zielorientiert? Essentials aus der focusingtherapeutischen Praxis	Gesprächspsychotherapie und Personenzentrierte Beratung	48	3	138-143	Die Frage, ob personenzentrierte Therapie eher zielorientiert oder prozessorientiert ist, wird auf der Grundlage der focusingorientierten Arbeit erörtert. Nach einem Einblick in die Subjektivität von Verstehen und den Zusammenhang zwischen Worten und Sprecherebenen werden implizit gesprochene Bedeutungen zentraler Begriffe der Therapie (Ziel, Projekt, Anliegen, Prozess) beleuchtet. Anschließend wird auf die Richtung von Prozessen eingegangen sowie die Untrennbarkeit von Beziehungserleben und Prozesserleben verdeutlicht.
Winberg Salomonsson, Majlis; Barimani, Mia	2018	THERAPISTS' EXPERIENCES OF MOTHER-INFANT PSYCHOANALYTIC TREATMENT:	Infant mental health journal	39	1	55-69	As part of a larger research project in Sweden, a qualitative study investigated psychotherapists' experiences of mother-infant psychoanalysis (MIP). A randomized controlled trial compared two groups of mother-infant dyads with psychological problems. One had received Child Health Center care, and the other

		A QUALITATIVE STUDY					received MIP. Previous articles on long-term effects have found that mothers who had received MIP were less depressed throughout a posttreatment period of 3½ years, and their children showed better global functioning and psychological well-being. The present study's objectives were to describe the therapist's experiences of MIP and deepen the understanding of the MIP process. Six months after treatment began, all therapists were interviewed. Transcribed interviews with therapists from 10 (of 33 total) MIP treatments were randomly selected and analyzed in detail by thematic analysis. Therapists worked successfully with mother and infant together and found different ways of cooperation during MIP sessions. Therapists reported overall positive experiences; however, in cases where mothers needed more personal attention, it would be important to adapt the method to them.
Winger, Joseph G.; Rand, Kevin L.; Hanna, Nasser; Jalal, Shadia I.; Einhorn, Lawrence H.; Birdas, Thomas J.; Ceppa, DuyKhanh P.; Kesler, Kenneth A.; Champion, Victoria L.; Mosher, Catherine E.	2018	Coping Skills Practice and Symptom Change: A Secondary Analysis of a Pilot Telephone Symptom Management Intervention for Lung Cancer Patients and Their Family Caregivers	Journal of pain and symptom management	55	5	1341-1349.e4	<p>CONTEXT</p> <p>Little research has explored coping skills practice in relation to symptom outcomes in psychosocial interventions for cancer patients and their family caregivers.</p> <p>OBJECTIVES</p> <p>To examine associations of coping skills practice to symptom change in a telephone symptom management (TSM) intervention delivered concurrently to lung cancer patients and their caregivers.</p> <p>METHODS</p> <p>This study was a secondary analysis of a randomized pilot trial. Data were examined from patient-caregiver dyads (n = 51 dyads) that were randomized to the TSM intervention. Guided by social cognitive theory, TSM involved four weekly sessions where dyads were taught coping skills including a mindfulness exercise, guided</p>

						<p>imagery, pursed lips breathing, cognitive restructuring, problem solving, emotion-focused coping, and assertive communication. Symptoms were assessed, including patients' and caregivers' psychological distress and patients' pain interference, fatigue interference, and distress related to breathlessness. Multiple regression analyses examined associations of coping skills practice during the intervention to symptoms at six weeks after the intervention.</p> <p>RESULTS</p> <p>For patients, greater practice of assertive communication was associated with less pain interference ($\beta = -0.45$, $P = 0.02$) and psychological distress ($\beta = -0.36$, $P = 0.047$); for caregivers, greater practice of guided imagery was associated with less psychological distress ($\beta = -0.30$, $P = 0.01$). Unexpectedly, for patients, greater practice of a mindfulness exercise was associated with higher pain ($\beta = 0.47$, $P = 0.07$) and fatigue interference ($\beta = 0.49$, $P = 0.04$); greater practice of problem solving was associated with higher distress related to breathlessness ($\beta = 0.56$, $P = 0.01$) and psychological distress ($\beta = 0.36$, $P = 0.08$).</p> <p>CONCLUSION</p> <p>Findings suggest that the effectiveness of TSM may have been reduced by competing effects of certain coping skills. Future interventions should consider focusing on assertive communication training for patients and guided imagery for caregivers.</p>	
Winkeljohn Black, Stephanie; Drinane, Joanna M.; Akef, Zainab	2023	Detecting microaggressions toward a Muslim client in psychotherapy	Professional Psychology: Research and Practice	54	6	461–469	Microaggressions are an all too common occurrence in psychotherapy, and they lead to poorer therapeutic relationships and worse client outcomes. An important step in reducing therapist microaggressions toward clients is helping therapists to discern statements that

							<p>contain microaggressive content. While the literature on microaggressions within the context of the therapy relationship has been growing in recent years, little attention has been paid to expressions of bias related to clients' religious identities. Moreover, there has been a continued rise of Islamophobia and anti-Semitism in the United States, and therefore, there is a need to understand and enhance therapist multicultural orientation related to clients who hold Muslim identities. The present study used a microaggression detection task (first used in Owen et al., 2018) to see whether participants (N = 48), predominately graduate students, could identify three microaggressions in an audio-recorded vignette of a therapist conducting a session with a Muslim client. Less than half of the participants (41%) identified all three of the microaggressions embedded in the vignette. Participants who identified more microaggressions rated the therapist in the vignette as less culturally humble and culturally comfortable and as having missed more cultural opportunities in the session. There were no differences between religious and nonreligious participants in identifying microaggressions. The results suggest that there is significant variability in whether people can detect microaggressions. Implications for training, including the importance of training on client's religious and spiritual identities and accounting for trainees' cognitive complexity, are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Winkeljohn Black, Stephanie; Drinane, Joanna	2021	Integrating spirituality as a multicultural component into	Professional Psychology: Research and Practice	52	2	121-129	<p>Multicultural orientation (MCO; Owen, Psychotherapy, 50, 2013, 496; Owen et al., Psychotherapy, 48, 2011, 274) is a framework for understanding how psychotherapists engage with their clients' cultural identities within session</p>

M.; Owen, Jesse; DeBlaere, Cirleen; Davis, Don		time-limited psychotherapy: Two case studies					and focuses on interpersonally humble processes rather than implementing specific skills that are unique to specific cultural groups. Clients who have therapists with higher MCO report better mental health outcomes and better therapeutic alliances (for a review, see Davis et al., <i>Psychotherapy</i> , 55, 2018, 89). Moreover, religious and spiritual (R/S) clients whose R/S wellness is addressed in session have higher mental health outcomes (Captari et al., <i>Journal of Clinical Psychology</i> , 74, 2018, 1938). However, little is known regarding how psychotherapy processes and MCO align when therapy dyads are discussing religious and spiritual (R/S) issues in session. This empirical case study reviews qualitative and quantitative data from two psychotherapy dyads wherein the clients had similar presenting problems, demographics, and discussed R/S issues with their therapists. Coder ratings of MCO and client-reported mental health and working alliance outcomes of selected sessions were analyzed to understand how these processes occur in actual psychotherapy sessions and what clinical gains were made. While both dyads discussed R/S issues and made clinically significant gains via self-reports of wellbeing, the dyads differed in MCO ratings of humility and comfort. Content analysis of session transcripts unpacked these differences and identified the psychotherapists' interventions and responses to their clients. Key takeaways for psychotherapists working with R/S clients are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Winkeljohn Black,	2022	Building Spiritual Strength: a	Current treatment	9	4	313–320	PURPOSE OF REVIEW: This article reviews a spiritually integrated group therapy, Building Spiritual Strength (BSS), designed to treat moral injury and associated

Stephanie; Klinger, Kelsey		Spiritually Integrated Approach to Treating Moral Injury	options in psychiatry			<p>syndromes (e.g., PTSD, burnout) with Gestalt and cognitive techniques and psychoeducation about spiritual coping. BSS was designed for active duty and military veterans but has since been adapted and expanded for other groups experiencing moral injury. RECENT FINDINGS: Two RCTs have demonstrated BSS led to a decrease in PTSD symptoms in military members. Though BSS did not outperform a person-centered group therapy control in one RCT, the BSS group reported a decrease in spiritual struggle compared to the control. While no studies have yet been published on the expansion of BSS to new populations, emergent qualitative evidence on BSS for volunteers working with refugees indicates effectiveness in increasing positive spiritual coping. This expansion also revealed an opportunity for BSS to increase cultural humility in group members, in addition to reducing moral injury and other symptoms of distress. SUMMARY: BSS is an effective, spiritually integrated means of reducing distress and improving spiritual coping. There are numerous opportunities for expansion of BSS to new populations and to test a variety of outcomes, including moral injury, spiritual flourishing, and cultural humility.</p>
Winter, Deirdre	2018	Ein feldtheoretische r Blick auf die psychotherapeu tische Behandlung traumatisierter Flchtlinge in Deutschland				<p>Auf der Grundlage langjähriger persnlicher Erfahrungen in der gestalttherapeutischen Arbeit mit traumatisierten Flchtlingen wird ein Blick auf die Komplexitt der Psychotherapie mit Flchtlingen geworfen und einige der sich aus dieser Komplexitt ergebenden Spannungsfelder werden beschrieben. Dabei wird zu zeigen versucht, dass ein gestalttherapeutisches Verstdnis vom Feld als Rahmen der Therapie mit Flchtlingen in diesem komplexen Praxisfeld als Orientierung hilfreich sein kann. Besonders herausgearbeitet wird hier die Verzahnung der</p>

							"realen" Umwelt mit dem phnomenalen Feld in der Therapie. Zentrale Punkte sind: unterschiedliche Konzeptualisierungen der therapeutischen Arbeit mit Flüchtlingen; Problem- und Einflussbereiche in der therapeutischen Arbeit mit traumatisierten Flüchtlingen; feldtheoretische Sichtweisen in der Gestalttherapie; das Feld in der therapeutischen Arbeit mit Flüchtlingen und aus ihr entstehende Spannungsfelder. Abschließend wird ein Fallbeispiel vorgestellt und kommentiert.
Winter, Elena	2021	Die Krise - kein Kinderspiel	Gesprchspychotherapie und Personzentrierte Beratung	52	1	34-35	Kinder und Jugendliche sind von der Pandemie und ihren Begleiterscheinungen häufig besonders betroffen. Wie geht es ihnen in dieser Zeit? Und: Wie geht es denjenigen, die sich täglich ihrer Sorgen annehmen - den Kinder- und Jugendlichenpsychotherapeut*innen?
Winter, Friederike; Aguilar-Raab, Corina; Blanck, Paul; Schaller, Georg; Vogel, Eva; Mander, Johannes	2020	Change Mechanisms in Group Therapy: A Questionnaire to Measure Therapeutic Perspectives	Psychother Psychosom Med Psychol	70	6	229-236	Group therapy was shown to be an effective and economic intervention. To date few instruments exist to empirically assess mechanisms of therapeutic change in group therapy. The Group Therapy Process Questionnaire for Therapists (FEPiG-T) measuring change mechanisms in group therapy as viewed from the perspectives of therapists was developed and validated in this study based on the conceptualizations of Grawe, Yalom and Bordin and in reference to the previously developed measure for patients. The FEPiG-T subscales show good internal consistencies and small to large correlations with convergent measures. Subscales at beginning of therapy correlated with improvement of interpersonal problems over time. Further associations with symptom scales remained more vague. However, intersections with the established version for patients allow routinely implemented evaluation of the 2 perspectives in clinical practice, but inevitably need careful interpretation where the instruments differ in their factor structure.

<p>Wiskerke, Evelyne; Kool, Jan; Hilfiker, Roger; Sattelmayer, Karl Martin; Verheyden, Geert</p>	<p>2022</p>	<p>Determining the Optimal Virtual Reality Exergame Approach for Balance Therapy in Persons With Neurological Disorders Using a Rasch Analysis: Longitudinal Observational Study</p>	<p>JMIR serious games</p>	<p>10</p>	<p>1</p>	<p>e30366</p>	<p>BACKGROUND: Virtual reality (VR) exergames have gained popularity in the rehabilitation of persons with neurological disorders as an add-on therapy to increase intensity of training. Intensity is strongly dependent on the motivation of the patient. Motivation can be increased by delivering variation within training and challenging exercises. However, patients are often underchallenged, as exergame difficulty often does not match the patient's ability. A Rasch analysis can establish hierarchy of exergame items in order to assist the delivery of patient-centered therapy. OBJECTIVE: The aim of this study was to apply the Rasch model to create a hierarchical order of existing VR balance exergames and to relate these exergames to the abilities of persons with neurological disorders, in order to deliver challenge and variation. METHODS: A total of 30 persons with stroke and 51 persons with multiple sclerosis (MS) were included in the study. All participants performed a training program, lasting 3 weeks for persons with MS and 4 weeks for persons with stroke, in which they performed VR balance exergames with a movement recognition-based system (MindMotion GO; MindMaze SA). VR exercise scores, Berg Balance Scale scores, and clinical descriptive data were collected. Berg Balance Scale and device scores were analyzed with the Rasch model using a repeated-measures approach to examine whether the distribution of exercise scores fitted the Rasch model. Secondly, a person-item map was created to show the hierarchy of exercise difficulty and person ability. RESULTS: Participants completed a selection of 56 balance exercises (ie, items), which consisted of a combination of various balance tasks and levels (ie, exercises). Using repeated measures, this resulted in a count of 785</p>
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							<p>observations. Analysis showed strong evidence for unidimensionality of the data. A total of 47 exercises (ie, items) had a sufficiently good fit to the Rasch model. Six items showed underfit, with outfit mean square values above 1.5. One item showed underfit but was kept in the analysis. Three items had negative point-biserial correlations. The final model consisted of 47 exercises, which were provided for persons with low to moderate balance ability. CONCLUSIONS: The VR exercises sufficiently fitted the Rasch model and resulted in a hierarchical order of VR balance exercises for persons with stroke and MS with low to moderate balance ability. In combination with the Berg Balance Scale, the results can guide clinical decision-making in the selection of patient-focused VR balance exercises. TRIAL REGISTRATION: ClinicalTrials.gov NCT03993275; https://clinicaltrials.gov/ct2/show/NCT03993275.</p>
Witry, Matthew; Parry, Rachel; McDonough, Randal; Deninger, Michael	2018	Analysis of medication adherence-related notes from a service-oriented community pharmacy	Research in social & administrative pharmacy : RSAP	14	6	589-594	<p>BACKGROUND: Medication nonadherence is a significant public health problem. Community pharmacists are positioned to intervene, however, the process is not well understood. OBJECTIVE: To classify and quantify the reasons for nonadherence documented by community pharmacists. METHODS: A retrospective content analysis of pharmacist notes related to nonadherence at a service oriented community pharmacy in the Midwest United States. Notes from the site's dispensing custom documentation software were obtained from September 1, 2014 through February 28, 2015 that were labeled "compliance", either prompted by proportion of days covered calculations or entered as a drug therapy problem. A code list was iterated for the notes based on the literature and by reading the notes and generating descriptive codes. A reliability analysis was calculated for</p>

						<p>two coders. Notes were coded, check-coded, and discrepancies were resolved using a consensus process. Frequencies were calculated for each code and representative text was selected. RESULTS: Pharmacists documented 3491 notes as part of their continuous medication monitoring process. Nineteen codes were developed. The reliability for the coders had a Cohen's Kappa of 0.749. The majority of notes (61.4%) documented the pharmacist evaluated the refill and had no concerns or would continue to follow. Also documented were specific reasons for out of range PDCs not indicative of a nonadherence problem. Only 2.2% of notes specifically documented a nonadherence problem, such as forgetfulness or cost. CONCLUSION: While pharmacists encountered many false positive nonadherence alerts, following up with patients led to hundreds of discussions and clarifications about how patients use their medications at home. These results suggest a small minority of late refills are judged by pharmacists as indicative of an adherence problem, contrary to the prevailing literature. Pharmacists may benefit from modifying their approach to nonadherence interviewing and documentation as they seek to address nonadherence in practice. SYNOPSIS: This study descriptively coded community pharmacist notes related to medication nonadherence. Most notes were prompted by automatic calculations by the documentation software of the proportion of days covered. This prompted regular conversations about non-adherence issues and clarifications on how medications are being used at home. Documentation suggested most adherence problems were technical in nature rather than stemming from patient factors like medication beliefs. Pharmacists</p>
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							could be more intentional and descriptive when documenting nonadherence issues so that more targeted follow up can be made, including a greater investigation of medication beliefs.
Witt, Andreas; Münzer, Annika; Ganser, Helene G.; Goldbeck, Lutz; Fegert, Jörg M.; Plener, Paul L.	2019	The impact of maltreatment characteristics and revictimization on functioning trajectories in children and adolescents: A growth mixture model analysis	Child abuse & neglect	90		32-42	Person-centered approaches are considered promising methods for a deeper understanding of the causes and consequences of maltreatment. So far, only few studies have employed such approaches in the study of maltreatment. The aim of the present study was to examine the impact of maltreatment-related variables on trajectories after maltreatment. Growth mixture modelling (GMM) was used to examine different trajectories of functioning in 206 children and adolescents (M = 9.8 years) with a history of child maltreatment. Trajectories were analyzed in regards to maltreatment characteristics and revictimization using multinomial logistic regression. The participants were followed up over a 12 months period including three assessments. Four trajectories were identified: resilient (22.9%), worsening (15.1%), recovering (32.2%), chronic (29.8%). Revictimization (OR: 2.6-5.5), a longer period between first and last reported incident of maltreatment (OR: 0.033 - 0.038) and consequently the age at first (OR: 0.039 - 0.054) and age at last reported incident (OR: 20.3-26.9) were significant predictors of a worsening functioning trajectory. Having experienced neglect predicted a worsening trajectory in contrast to a chronic and resilient trajectory (OR = 4.8-5.2). Findings suggest that a clinical follow-up of children with a history of maltreatment is crucial as this population represents a high risk sample. A worsening trajectory was closely associated with revictimization. Functioning trajectories

							seem to be directly linked to chronicity and timing of maltreatment. Implications are discussed.
Wittenborn, Andrea K.; Liu, Ting; Ridenour, Ty A.; Lachmar, E. Megan; Mitchell, Erica A.; Seedall, Ryan B.	2019	Randomized controlled trial of emotionally focused couple therapy compared to treatment as usual for depression: Outcomes and mechanisms of change	Journal of marital and family therapy	45	3	395–409	This randomized controlled trial examined the effectiveness of Emotionally Focused Therapy (EFT) for depression and relationship satisfaction versus usual care (i.e., couple therapy other than EFT), and explored mechanisms of change. Mixed model trajectory analyses of 16 couples indicated EFT was associated with greater improvement in relationship satisfaction among men and women. Men receiving EFT reported greater improvements in depressive symptoms compared to usual care. Unified structural equation modeling revealed changes in relationship satisfaction preceded changes in depressive symptoms in one cluster of partners, while changes in depression preceded changes in relationship satisfaction in a second cluster. Two other clusters reported simultaneous changes in satisfaction and depression. This study provides encouraging results on the effectiveness of EFT for depression, and insight into mechanisms of change.
Wittenborn, Andrea K.; Subramaniam, Sailaja; Morgan, Preston C.; Tseng, Chi-Fang	2022	Effects of adding video feedback to emotionally focused therapy supervision: A concurrent multiple-baseline across subjects design	Journal of marital and family therapy	48	4	1059–1074	Emotionally focused therapy (EFT) is an empirically supported intervention for relationship distress with an established model of supervision. This study examined whether incorporating video feedback (VF) software into EFT supervision would improve therapists' level of development compared to traditional EFT supervision in a university training clinic. A concurrent multiple-baseline across subjects design, along with a thematic analysis of qualitative data, were used in this proof-of-concept study of the new supervision component. Overall, quantitative findings suggested that using VF in EFT supervision resulted in some improvement to therapists' development, while qualitative findings showed that all

							participants supported the incorporation of VF into EFT supervision. Future research on VF is needed to provide additional insight into the use of video review supervision. 2022 The Authors. Journal of Marital and Family Therapy published by Wiley Periodicals LLC on behalf of American Association for Marriage and Family Therapy.
Wittke, Karsten; Biermann-Ratjen, Eva-Maria	2019	Ausschnitt eines Briefwechsels zwischen einem kognitiven Verhaltenstherapeuten und einer Vertreterin der "klassischen Gesprächspsychotherapie"	Person	23	1	76–87	Karsten Wittke hat wiederholt bei Veranstaltungen, in denen es um den PZA ging, die Diskussion mit Eva-Maria Biermann-Ratjen gesucht. Einem Mitglied der Redaktion der Zeitschrift PERSON ist das aufgefallen und hat vorgeschlagen, diesen Gedankenaustausch in der Form eines Briefwechsels zu veröffentlichen. Karsten Wittke empfindet E.-M. Biermann-Ratjen als Vertreterin der "klassischen" Gesprächspsychotherapie, die non-direktiv behandelt, und möchte Antworten auf die Fragen: "Was ist Gesprächspsychotherapie?", "Gibt es 'die' Gesprächspsychotherapie?", "Ist sie kompatibel mit Verhaltensanweisungen?" E.-M. Biermann-Ratjen betont das - im Vergleich zum Mainstream der Psychotherapie - andere Verständnis von Intervention des PZA und von therapeutischer Beziehung und wünscht sich, dass sich auch die Gesprächspsychotherapeuten selbst dieses Andersseins bewusster sind und z. B. Abstand nehmen von Formulierungen wie "Realisierung der Beziehungsvariablen Akzeptanz".
Wizła, Magdalena; Kraus, Shane W.; Lewczuk, Karol	2022	Perspective: Can psychedelic-assisted therapy be a promising aid in compulsive sexual behavior	Comprehensive psychiatry	115		152303	Recently, there has been an increase in studies yielding evidence for psychedelics' anxiolytic and anti-depressive qualities. Preliminary evidence for treatment in substance addiction is also available. In our manuscript, we present a perspective on the possible effectiveness and mechanisms of action of psychedelics' introduction in the treatment of Compulsive Sexual Behavior Disorder (CSBD) and other problematic sexual behaviors, which

		disorder treatment?					are considered representative of the so-called "behavioral addiction" category. Evidence for the efficacy of Mindfulness Based Interventions in CSBD treatment is promising. Psychedelics- and mindfulness-induced states share common characteristics on both a subjective and objective level. One of the proposed mechanisms regards reduction of experiential avoidance through the promotion of exposure and acceptance. On the neurophysiological level, a shift from higher- to lower-level association regions and an impact on 5-HT2A receptors is observed. Elaborated mechanisms explain the possible enhancement of therapeutic processes by psychedelics. Psychedelics' relative safety and low addictive potential support their introduction into traditional forms of therapy for CSBD and other out of control behaviors.
Wolfe, Hill L.; Boyer, Taylor L.; Rodriguez, Keri L.; Klima, Gloria J.; Shipherd, Jillian C.; Kauth, Michael R.; Blosnich, John R.	2023	Exploring Research Engagement and Priorities of Transgender and Gender Diverse Veterans	Military medicine	188	5-6	e1224-e1231	INTRODUCTION: In recent years, the U.S. Veterans Health Administration (VHA) has seen an increasing population of transgender and gender diverse (TGD) veterans accessing care. Approximately 139 per 100,000 VHA users had a gender identity disorder diagnosis documented in 2018 compared to 32.9 per 100,000 in 2013. Despite TGD patients being overrepresented within VHA, TGD veterans may distrust or face unique barriers with various aspects of the VHA, including health services research. Existing VHA health research focused on TGD populations is largely limited to secondary analyses of electronic health record data. Identifying strategies to enhance primary data collection is crucial for more deeply investigating health care challenges experienced by TGD veterans using VHA care. Additionally, describing health topics of importance for TGD veterans is important for making the research agenda more patient-centered. In

						<p>this study, we offer veterans' recommendations for researchers working with underrepresented populations based on our findings. MATERIALS AND METHODS: From September through October 2019, 30 TGD veterans were recruited through VHA lesbian, gay, bisexual, transgender, and queer/questioning Veteran Care Coordinators (LGBTQ+ VCC) located nationwide. Semi-structured interviews were used to explore barriers and facilitators to research participation, recommendations for improving outreach and engagement, and overall perspectives about priorities in health services research. Transcripts were independently and jointly reviewed and coded by two TGD research analysts, including a veteran using VHA care. Codes were derived inductively. Themes were identified using conventional content analysis. The VA Pittsburgh Healthcare System institutional review board approved this study. RESULTS: Participants cited privacy concerns of being "outed" and potentially having VHA benefits revoked, in addition to a level of distrust in researchers' intentions as barriers to participating in studies. Facilitators for participating included feeling a sense of serving the TGD community and accessibility to study locations, especially VHA-affiliated sites. Suggestions for recruitment included tailored messaging and using other TGD peers or affirming VHA staff (e.g., LGBTQ+ VCCs) for study outreach. Mental health and gender-affirming hormone therapy were the most understudied topics identified by participants. Additionally, participants prioritized the inclusion and study of underrepresented subpopulations, such as transgender women of color, transgender men, and non-binary/gender diverse veterans, in future research. CONCLUSIONS: By harnessing the VHA LGBTQ+ VCC</p>
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							<p>network, this study recruited a national sample of TGD veterans to provide insight on methods for more effectively engaging TGD veterans in research and elicited their suggestions for health services research topics. The findings provide numerous suggestions for medicine and public health that are ripe for future research endeavors. Despite the study's lack of gender, racial, and ethnic diversity, findings highlight the need for engagement and study of underrepresented veteran populations. These suggested areas of focus for research in combination with valuable insight on research participation provide researchers with guidance for developing research agendas and designing recruitment and data collection methods that can facilitate future primary research advancing health services research involving TGD patients. Similarly, VHA and non-VHA researchers conducting research involving other underrepresented populations can also gain insight from these findings.</p>
<p>Wolfer, Christine; Víslá, Andreea; Held, Judith; Hilpert, Peter; Flückiger, Christoph</p>	2021	<p>Assessing interpersonal skills-A comparison of trainee therapists' and students' interpersonal skills assessed with two established assessments for interpersonal skills</p>	<p>Clinical psychology & psychotherapy</p>	28	1	226–232	<p>Therapist differences in psychotherapy outcomes have been consistently found. Therefore, therapists' characteristics such as interpersonal skills are of particular interest. Two assessments of interpersonal skills for the selection of trainees have recently been developed. To extend current knowledge, this study compares trainee therapist's and psychology student's interpersonal skills in both assessments simultaneously and also investigates the potential influence of clinical experience and age on interpersonal skills. Furthermore, the psychometric properties of these assessments are examined. A total of 19 trainee therapists and 17 undergraduate students (N = 36) participated in both assessments and provided information on their prior clinical experience. Trainee therapists had significantly</p>

							better interpersonal skills than the students in both assessments. However, different indicators of clinical experience (e.g., years in practice, patients treated, and supervision) did not influence their performance in either assessment. The good psychometric properties of both assessments could be replicated. Conceptual and practical considerations on the assessment of interpersonal skills are discussed.
Wong, Li-Ping; Kong, Yek-Ching; Bhoo-Pathy, Nanthini Thevi; Subramaniam, Shridevi; Bustamam, Ros Suzanna; Taib, Nur Aishah; Ho, Gwo-Fuang; Zaharah, Hafizah; Mellor, Matin; Woo, Yin-Ling; Yip, Cheng-Har; Bhoo-Pathy, Nirmala	2021	Breaking News of Cancer Diagnosis: A Qualitative Study on the Experiences and Emotional Needs of Patients With Cancer in a Multiethnic Asian Setting	JCO oncology practice	17	4	e548-e555	<p>PURPOSE: The breaking of news of a cancer diagnosis is an important milestone in a patient's cancer journey. We explored the emotional experiences of patients with cancer during the breaking of news of a cancer diagnosis and the arising needs in a multiethnic Asian setting with limited supportive cancer care services. METHODS: Twenty focus group discussions were conducted with 102 Asian patients with cancer from diverse sociodemographic backgrounds. Thematic analysis was performed. RESULTS: While most participants, especially younger patients with young children, experienced intense emotional distress upon receiving a cancer diagnosis, those with a family history of cancer were relatively calm and resigned. Nonetheless, the prior negative experience with cancer in the family made affected participants with a family history less eager to seek cancer treatment and less hopeful for a cure. Although a majority viewed the presence of family members during the breaking of bad news as important, a minority opted to face it alone to lessen the emotional impact on their family members. Difficulties disclosing the news of a cancer diagnosis to loved ones also emerged as an important need. Sensitive and empathetic patient-physician communication during the breaking of news of a cancer diagnosis was stressed as paramount.</p>

							CONCLUSION: A patient-centered communication approach needs to be developed to reduce the emotional distress to patients and their families after the breaking of bad news of a cancer diagnosis. This is expected to positively affect the patients' subsequent coping skills and attitudes toward cancer, which may improve adherence to cancer therapy.
Wood, A. G.; Barker, J. B.; Turner, M. J.; Sheffield, D.	2018	Examining the effects of rational emotive behavior therapy on performance outcomes in elite paralympic athletes	Scand J Med Sci Sports (Scandinavian Journal of Medicine & Science in Sports)	28	1	329–339	Traditionally a psychotherapeutic intervention, rational emotive behavior therapy (REBT) is receiving increasing attention within the extant literature as an intervention to enhance the athletic performance and psychological well-being of competitive athletes. Whilst the benefits of REBT on psychological health are established, less is understood about the effects on athletic performance. This study aimed to examine the immediate and maintained effects of REBT on physiological, psychological, and performance outcomes with elite Paralympic athletes. Using a single-case research design, eight athletes recruited from the same Paralympic sport (M=40.12, SD=12.99) received five, one-to-one REBT sessions. Measures of irrational beliefs were collected weekly, whereas the remaining psychological and physiological measures were collected at a pre-, post-, and at a 9-month follow-up time point. Visual and statistical analyzes of the data indicates reductions in irrational beliefs were coupled with reductions in systolic blood pressure indicative of an adaptive physiological response, improved athletic performance during competition simulations, and reductions in avoidance goals. Furthermore, social validation data indicated greater self-awareness, emotional control, and enhanced focus during competition as a result of the REBT intervention. This study contributes to growing literature

							supporting the efficacy of REBT as an intervention that not only facilitates psychological health but also enhances athletic performance. Results are discussed with reference to theory, limitations, and future recommendations.
Wood, Jeffrey J.; Kuhfeld, Megan; Sturm, Alexandra; Cai, Li; Wood, Karen S.; Cornejo Guevara, Maria V.; Galán, Chardée A.; Johnson, Amanda R.; Cho, An-Chuen; Weisz, John R.	2022	Personalized autism symptom assessment with the Youth Top Problems Scale: Observational and parent-report formats for clinical trials applications	Psychological Assessment	34	1		Few measures of autism-related symptoms have been established as both psychometrically robust and sensitive to the effects of treatment. In the present study, a personalized measure of autism-related symptoms using the Youth Top Problems (YTP) method (Weisz et al., 2011) was evaluated. Participants included 68 children with diagnoses of autism (ages 6–13 years), and their parents, who were randomized to cognitive behavioral therapy (CBT) or enhanced standard community treatment (ESCT) addressing autism-related symptoms. At pretreatment, parents described their child’s top autism-related problems (YTPs) in their own words and rated the severity of these problems on a Likert-type scale. Parents also made daily severity ratings on the child’s top three YTPs for 5 days prior to treatment and 5 days following treatment while videorecording their child’s behavior at home on each of these days. Trained observers coded these videorecordings, focusing on the same YTPs that the parents rated. Parents also completed standardized checklists of autism-related symptoms and general mental health symptoms. There was evidence of convergent and discriminant validity as well as good test–retest reliability for the YTP measures. YTP severity scores converged with the standardized measure of autism-related symptoms. Parent-reported YTP scores predicted observers’ YTP scores at the daily level, and both parent-reported and observers’ YTP scores decreased from pre- to post treatment. Observers’ ratings of the

							videorecordings exhibited sensitivity to treatment condition. These applications of the YTP method are promising and may complement standardized symptom checklists for clinical trials focusing on autism-related symptoms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wood, Wendy; Alm, Kathy; Benjamin, Joann; Thomas, Lynn; Anderson, Debbie; Pohl, Lissa; Kane, Michele	2021	Optimal Terminology for Services in the United States That Incorporate Horses to Benefit People: A Consensus Document	Journal of alternative and complementary medicine (New York, N.Y.)	27	1	88–95	Objectives: To recommend (1) the adoption of optimal terminology for referring to services in the United States that incorporate horses and other equines to benefit people, and (2) the discontinuation of especially problematic terminology. Design: A diverse multidisciplinary consortium of individuals, including representatives of relevant national organizations, participated in an inclusive, systematic, and comprehensive 2-year consensus-building process. Results: Twelve specific types of services were identified that relate to one of three broad areas of professional work: therapy, learning, or horsemanship. Related to the area of therapy, five distinct types of therapies were identified: counseling, occupational therapy, physical therapy, psychotherapy, and speech-language pathology. Therapy-first language is recommended that foregrounds the exact therapy (e.g., physical therapy) and adds precise equine-related descriptors as warranted (e.g., physical therapy using equine movement). Related to the area of learning, three distinct types of nontherapy services were identified. The recommended terminology for referring to these services is equine-assisted learning in education, equine-assisted learning in organizations, and equine-assisted learning in personal development. Related to the area of horsemanship, four distinct types of nontherapy services were identified. The recommended terminology for referring to these services

							<p>is adaptive equestrian sports, adaptive riding or therapeutic riding, driving, and interactive vaulting. The plural term, equine-assisted services, is recommended as a concise shorthand for easily referencing multiple services that differ from each other, yet share the horse as a common thread. Terms recommended for discontinuation include equine therapy, equine-assisted activities and therapies, equine-assisted therapy, equestrian therapy, hippotherapist, hippotherapy clinic (program), horse therapy, horseback riding therapy, and therapy riding. The consensus-building process culminated in extensive but not unanimous endorsements of all terminology recommendations. Conclusions: Terminology recommended for adoption clearly describes and distinguishes 12 distinct types of services. Terminology recommended for discontinuation was found to be ambiguous, misleading, no longer useful, or to have adversely affected stakeholders. It is hoped that all recommendations will prove useful and serve to enhance the professionalism and viability of specific identified services. It is also hoped that improved precision and clarity in terminology for naming specific services will advance their future scientific development and reliable measurement of effectiveness. Not all terminology-related challenges were resolved, however, and new challenges will likely arise as services continue to evolve and diversify. Significant impacts, if any, of the terminology recommendations herein merit ongoing monitoring and the question of optimal terminology merits revisiting in the foreseeable future.</p>
Wood, Wendy; Fields, Beth; Rose, Michelle;	2017	Animal-Assisted Therapies and Dementia: A	The American journal of occupational	71	5	7105190 030p1-	<p>OBJECTIVE: The authors mapped the literature on animal-assisted therapies (AATs) and institutionalized adults with dementia onto the Lived Environment Life Quality (LELQ)</p>

McLure, Merinda		Systematic Mapping Review Using the Lived Environment Life Quality (LELQ) Model	therapy : official publication of the American Occupational Therapy Association			7105190 030p10	Model as a guide for future services and research. METHOD: Refereed literature addressing AATs and institutionalized people with dementia was comprehensively gathered, described, categorized, and synthesized in this systematic mapping review. RESULTS: From 1,342 screened records, the authors included 10 research articles that incorporated dogs in therapy for institutionalized adults with dementia. These canine-assisted therapies offered occupational opportunities and environmental supports conducive to experiences of relative well-being, occupational engagement, and optimal functioning. CONCLUSION: The findings offer proof of the concept that canine-assisted therapies are feasible and can elicit positive quality-of-life experiences in institutionalized people with dementia. Researchers and practitioners need to elucidate the theoretical foundations of AATs. The LELQ Model may serve as a guide for client-centered, occupation-focused, and ecologically valid approaches to animal-assisted occupational therapy.
Wood, Wendy; Lampe, Jenna L.; Logan, Christina A.; Metcalfe, Amy R.; Hoesly, Beth E.	2017	The Lived Environment Life Quality Model for institutionalized people with dementia	Canadian journal of occupational therapy. Revue canadienne d'ergotherapie	84	1	22-33	BACKGROUND: There is a need for a conceptual practice model that explicates ecological complexities involved in using occupation to optimize the quality of life of institutionalized people with dementia. PURPOSE: This study aimed to prepare the Lived Environment Life Quality Model, a dementia-specific conceptual practice model of occupational therapy in institutional facilities, for publication and application to practice. METHOD: Interviews and focus groups with six expert occupational therapists were subjected to qualitative content analysis to confirm, disconfirm, and further develop the model. FINDINGS: The model's lived-environment domain as the focus of assessment and intervention was extensively

							confirmed, and its quality-of-life domain as the focus of intervention goals and outcomes was both confirmed and further developed. IMPLICATIONS: As confirmed in this study, the Lived Environment Life Quality Model is a client-centred, ecologically valid, and occupation-focused guide to optimizing quality of life of institutionalized adults with dementia in present moments and progressively over time.
Woodford, Joanne; Wikman, Anna; Cernvall, Martin; Ljungman, Gustaf; Romppala, Amanda; Grönqvist, Helena; Essen, Louise von	2018	Study protocol for a feasibility study of an internet-administered, guided, CBT-based, self-help intervention (ENGAGE) for parents of children previously treated for cancer	BMJ open	8	6	e023708	INTRODUCTION: A subgroup of parents of children previously treated for cancer report long-term psychological distress after end of treatment. However, needs for psychological support are commonly unmet and there is a lack of evidence-based treatments tailored to the specific needs of this population. An internet-administered, guided, cognitive-behavioural therapy-based, self-help intervention (ENGAGE) for parents of children previously treated for cancer may provide a solution. The aim is to examine the feasibility and acceptability of the intervention ENGAGE and the study procedures for a future controlled trial. METHODS AND ANALYSIS: The study has an uncontrolled within-group design with an embedded qualitative and quantitative process evaluation. Potential participants are parents of children previously treated for cancer, living in Sweden, recruited via their child's personal identification number (via the Swedish Childhood Cancer Registry and the Swedish Tax Agency). Parents are invited randomly with information packs sent to home addresses. Further interest in participating can be registered via information on relevant websites. The study aims to recruit 50 parents who will receive the intervention ENGAGE which is designed to be delivered over a 10-week period, and comprises one introductory chapter followed by up to 10

							intervention modules addressing key concerns identified for the population. Consistent with feasibility study objectives, primary outcomes relate to recruitment, attrition, data collection, study resources, intervention delivery and acceptability. Clinical outcomes (post-traumatic stress, depression, anxiety, fear of cancer recurrence, psychological inflexibility and experiential avoidance, depressed inactivity, fatigue, quality of life and self-compassion) will be measured at baseline, post-treatment (12 weeks) and 6-month follow-up. ETHICS AND DISSEMINATION: The Regional Ethical Review Board in Uppsala, Sweden has granted approval for the study (Dnr: 2017/527). Results will be disseminated to relevant healthcare and patient communities, in peer-reviewed and popular science journals, and at scientific and clinical conferences. TRIAL REGISTRATION NUMBER: ISRCTN57233429; Pre-results.
Woods, Bob; Rai, Harleen Kaur; Elliott, Emma; Aguirre, Elisa; Orrell, Martin; Spector, Aimee	2023	Cognitive stimulation to improve cognitive functioning in people with dementia	Cochrane Database of Systematic Reviews	2023	1		
Woodward, Elizabeth; Hackmann, Ann; Wild, Jennifer; Grey, Nick; Clark, David M.; Ehlers, Anke	2017	Effects of psychotherapies for posttraumatic stress disorder on sleep disturbances: Results from a	Behaviour research and therapy	97		75–85	The effectiveness and mechanisms of psychotherapies for posttraumatic stress disorder (PTSD) in treating sleep problems is of interest. This study compared the effects of a trauma-focused and a non-trauma-focused psychotherapy on sleep, to investigate whether 1) sleep improves with psychotherapy for PTSD; 2) the degree of sleep improvement depends on whether the intervention is trauma or nontrauma-focused; 3) the memory-updating procedure in cognitive therapy for PTSD (CT-PTSD) is

		randomized clinical trial					associated with sleep improvements; 4) initial sleep duration affects PTSD treatment outcome; and 5) which symptom changes are associated with sleep duration improvements. Self-reported sleep was assessed during a randomized controlled trial (Ehlers et al., 2014) comparing CT-PTSD (delivered weekly or intensively over 7-days) with emotion-focused supportive therapy, and a waitlist. Sleep duration was reported daily in sleep diaries during intensive CT-PTSD. CT-PTSD led to greater increases in sleep duration (55.2 min) and reductions in insomnia symptoms and nightmares than supportive therapy and the waitlist. In intensive CT-PTSD, sleep duration improved within 7 days, and sleep diaries indicated a 40-min sleep duration increase after updating trauma memories. Initial sleep duration was not related to CT-PTSD treatment outcome when initial PTSD symptom severity was controlled. The results suggest that trauma-focused psychotherapy for PTSD is more effective than nontrauma-focused therapy in improving self-reported sleep, and that CT-PTSD can still be effective in the presence of reduced sleep duration.
Wright, Amanda J.; Jackson, Joshua J.	2023	Are some people more consistent? Examining the stability and underlying processes of personality profile consistency	Journal of Personality and Social Psychology	124	6	1314–1337	Personality traits are relatively consistent across time, as indicated by test–retest correlations. However, ipsative consistency approaches suggest there are individual differences in this consistency. Despite this, it is unknown whether these differences are due to person-level characteristics (i.e., some people are just more consistent) or exogenous forces (i.e., lack of consistency is due to environmental changes). Moreover, it is unclear whether the processes promoting long-term consistency are the same across people. We examine these two questions using item-level profile correlations across four to nine waves of data with four data sets (N = 21,616) with

							<p>multilevel asymptotic growth models. Results indicated that there were, on average, high levels of profile consistency. However, there were notable individual differences in initial profile correlation values as well as in changes in levels of consistency across time, indicating that some people are more stably consistent than others. Moreover, the directions of people's trajectories across increasing time intervals suggest that the mechanisms responsible for reinforcing personality consistency vary across people. These effects were typically moderated by age at 30 years old, maturity-related traits, and education level. Overall, findings indicate some people are more consistent than others, such that this stable level of (in)consistency is a dispositional factor. Additionally, individual differences in profile consistency are shaped by different levels of three processes. On average, stochastic factors are not impactful for most individuals, and transactional processes have an important role in increasing consistency for a sizable amount of people—nuances not previously revealed when focusing on rank-order stability. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Wrobel, Anna L.; Russell, Samantha E.; Jayasinghe, Anuradhi; Lotfaliany, Mojtaba; Turner, Alyna; Dean, Olivia M.; Cotton, Sue M.; Diaz-Byrd,</p>	2022	<p>Attachment insecurity partially mediates the relationship between childhood trauma and depression severity in bipolar disorder</p>	<p>Acta psychiatrica Scandinavica</p>	145	6	591–603	<p>BACKGROUND Childhood trauma is associated with greater depression severity among individuals with bipolar disorder. However, the mechanisms that explain the link between childhood trauma and depression severity in bipolar disorder remain poorly understood. The mediational role of attachment insecurity in childhood and adulthood was assessed in the current study.</p> <p>METHODS Participants with bipolar disorder (N = 143) completed measures of childhood trauma (Childhood Trauma</p>

<p>Claudia; Yocum, Anastasia K.; Duval, Elizabeth R.; Ehrlich, Tobin J.; Marshall, David F.; Berk, Michael; McInnis, Melvin G.</p>							<p>Questionnaire), attachment insecurity (Experiences in Close Relationships Scale) and depression severity (Hamilton Depression Rating Scale) as part of the Prechter Longitudinal Study of Bipolar Disorder. A sequential mediation model was tested using path analysis: the direct and indirect effects of childhood trauma on depression severity with attachment insecurity (attachment anxiety and avoidance) in childhood (mother and father) and adulthood (partner) as mediators were estimated.</p> <p>RESULTS</p> <p>The final path model demonstrated an excellent fit to the data (comparative fit index = 0.996; root mean square error of approximation = 0.021 [90% confidence interval = 0.000-0.073]). Supporting the hypothesised sequential mediation model, maternal attachment anxiety in childhood and romantic attachment avoidance in adulthood partially mediated the relationship between childhood trauma and depression severity; this effect accounted for 12% of the total effect of childhood trauma on depression severity.</p> <p>CONCLUSION</p> <p>Attachment insecurity in childhood and adulthood form part of the complex mechanism informing why people with bipolar disorder who have a history of childhood trauma experience greater depression severity. Addressing attachment insecurity represents a valuable psychotherapeutic treatment target for bipolar disorder.</p>
<p>Wu, Dongmei; Chen, Taolin; Yang, Hao; Gong, Qiyong; Hu, Xiuying</p>	<p>2018</p>	<p>Verbal responses, depressive symptoms, reminiscence</p>	<p>Journal of clinical nursing</p>	<p>27</p>	<p>13-14</p>	<p>2609–2619</p>	<p>AIMS AND OBJECTIVES</p> <p>To examine the effectiveness of individual reminiscence therapy in community-dwelling older women with depressive symptoms and to explore the characteristics of participants' verbalisation in the process.</p>

		<p>functions and cognitive emotion regulation in older women receiving individual reminiscence therapy</p>				<p>BACKGROUND Previous studies have found reminiscence was related to depression and anxiety. Although reminiscence therapy is widely used to reduce depression, little is known about how it works, and the content of verbalisations might provide one explanation.</p> <p>DESIGN The study employed a one-group pretest-post-test design.</p> <p>METHODS Twenty-seven participants underwent 6-week interventions of individual reminiscence therapy at home that were conducted by one nurse and induced through seeing old photographs. The Geriatric Depression Scale, Zung Self-rating Anxiety Scale, Reminiscence Functions Scale and Cognitive Emotion Regulation Questionnaire were used to measure the emotional states, reminiscence functions and cognitive emotion regulation strategies. Participants' verbalisations were categorised using the Client Behavior System.</p> <p>RESULTS Reminiscence therapy relieved depression and anxiety. Both the reminiscence function and cognitive emotion regulation became more favourable after interventions. Furthermore, higher frequencies of recounting, cognitive-behavioural exploration and affective exploration were noted in the process. Participants with more severe depressive symptoms tended to display a higher frequency of affective exploration. The reduction in depression, self-negative reminiscence and negative-focused emotion regulation were respectively associated with verbalisations.</p> <p>CONCLUSIONS</p>
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							<p>Individual reminiscence therapy might relieve negative emotion and improve reminiscence function and cognitive emotion regulation. The participants' verbalisation is worthy of our attention, due to its correlation with the severity of depression and its mitigating effects on the depression, anxiety, self-negative reminiscence and negative-focused regulation in older women. The results contribute to our understanding of the therapeutic procedure and suggest a need for more research on the therapeutic processes.</p> <p>RELEVANCE TO CLINICAL PRACTICE</p> <p>Study on processes could help training novice clinical interveners so that reminiscence therapy can work better on emotional disorders in clinical practice.</p>
Wu, Katherine S.; Sonne, Janet L.	2021	Therapist boundary crossings in the digital age: Psychologists' practice frequencies and perceptions of ethicality	Professional Psychology: Research and Practice	52	5	419–428	<p>Psychologists today are challenged as ethical decision makers by the ever-expanding development and use of digital technology in their own lives and in the lives of their clients. In this survey study, 256 doctoral-level U.S. psychologists rated their frequency of engagement in and ethical attitudes regarding four digital boundary crossings: advertising online, providing psychoeducation online, engaging in a digital nonsexual multiple relationship, and patient-targeted Googling. The study also examined six potential predictors of engagement and attitudes: therapist gender, therapist theoretical orientation, therapist years of professional clinical experience, client gender, the interaction of therapist gender and client gender, and digital status (i.e., therapists' self-identification as digital natives or digital immigrants). Practice frequencies and ethicality ratings varied significantly depending on the boundary crossing considered. Significant predictors were identified for only one digital crossing: patient-targeted Googling. Therapist</p>

							gender predicted the frequencies of patient-targeted Googling and hours of professional clinical experience predicted ethicality ratings. Professional implications, training recommendations for therapists, and directions for additional research are included. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wu, Wan-Ju; Shih, Jin-Chung; Sago, Haruhiko; Chen, Ming	2017	Complete resolution of hydrops by placement of double basket catheter in a case of macrocystic type multilocular pulmonary sequestration	Taiwanese journal of obstetrics & gynecology	56	3	402–405	OBJECTIVE: We presented a fetus affected by macrocystic lung lesions with progressive hydropic changes during the second trimester, but experienced remarkable resolution of hydrops in the third trimester after a series of in utero interventions. CASE REPORT: A 19-year-old women, G1P0, presented with fetal multilocular thoracic mass and hydropic change at 23(+4) weeks of gestation. After non-directive genetic counseling, she opted for intrauterine cyst aspiration followed by intra-cystic OK-432 injection at 24 weeks of pregnancy, as well as sequential thoracoamniotic shunts at 26 weeks and 27(+3) weeks of pregnancy when we observed hydrops developed progressively. Finally, the hydrops resolved in the third trimester and a healthy baby was born at 33(+3) weeks of pregnancy, in which further surgical intervention was performed at five-month old. CONCLUSION: Thoracoamniotic shunting is a preferred option for all hydropic fetuses resulted from large macrocystic lung lesions to enhance perinatal survival rate.
Wu, Yu-Chuan	2020	Seeking double personality: Nakamura Kokyō's work in abnormal psychology in	Journal of the history of the behavioral sciences	56	4	258–277	This paper examines Nakamura Kokyō's study of a woman with a split personality who lived in his home as a maid from 1917 until her death in 1940. She was his indispensable muse and assistant in his efforts to promote abnormal psychology and psychotherapy. This paper first explores the central position of multiple personality in Nakamura's theory of the subconscious,

		early 20th-century Japan					which was largely based on the model of dissociation. It then examines how it became a central issue in Nakamura's disputes with religions including the element of spirit possession, which invoked Western psychical research to modernize their doctrines. While both were concerned with the subconscious and alterations in personality, Nakamura's psychological view was distinguished from those spiritual understandings by his emphasis on individual memories, particularly those that were traumatic, and hysteria. The remaining sections of the paper will examine Nakamura's views on memory and hysteria, which conflicted with both the academic mainstream and the established cultural beliefs. This conflict may partly explain the limited success of Nakamura's academic and social campaigns.
Wucherer, D.; Thyrian, J. R.; Eichler, T.; Hertel, J.; Kilimann, I.; Richter, S.; Michalowsky, B.; Zwingmann, I.; Dreier-Wolfgramm, A.; Ritter, C. A.; Teipel, S.; Hoffmann, W.	2017	Drug-related problems in community-dwelling primary care patients screened positive for dementia	International psychogeriatrics	29	11	1857–1868	BACKGROUND: Older people have a higher risk of drug-related problems (DRPs). However, little is known about the prevalence of DRPs in community-dwelling people who screened positive for dementia. Our study aimed to determine (1) the prevalence and types of DRPs and (2) the socio-demographic and clinical variables associated with DRPs in people screened positive for dementia in primary care. METHODS: The Dementia: life- and person-centered help in Mecklenburg-Western Pomerania (DelpHi-MV) study is a general practitioner (GP)-based cluster-randomized controlled intervention study to implement and evaluate an innovative concept of collaborative dementia care management in the primary care setting in Germany. Medication reviews of 446 study participants were conducted by pharmacists based on a comprehensive baseline assessment that included a computer-based home medication assessment. ClinicalTrials.gov Identifier: NCT01401582. RESULTS: A

							total of 1,077 DRPs were documented. In 414 study participants (93%), at least one DRP was detected by a pharmacist. The most frequent DRPs were administration and compliance problems (60%), drug interactions (17%), and problems with inappropriate drug choice (15%). The number of DRPs was significantly associated with the total number of drugs taken and with a formal diagnosis of a mental or behavioral disorder. CONCLUSIONS: Degree of cognitive impairment (MMSE defined) and formal diagnosis of dementia were not risk factors for an increased number of DRPs. However, the total number of drug taken and the presence of a diagnosis of mental and behavioral disorders were associated with an increased total number of DRPs.
Wucherer, Diana; Eichler, Tilly; Hertel, Johannes; Kilimann, Ingo; Richter, Steffen; Michalowsky, Bernhard; Thyrian, Jochen René; Teipel, Stefan; Hoffmann, Wolfgang	2017	Potentially Inappropriate Medication in Community-Dwelling Primary Care Patients who were Screened Positive for Dementia	Journal of Alzheimer's disease : JAD	55	2	691–701	BACKGROUND: Potentially inappropriate medication (PIM) in older people is a risk factor for adverse drug effects. This risk is even higher in older people with dementia (PWD). OBJECTIVE: Our study aimed to determine (1) the prevalence of PIM among primary care patients who were screened positive for dementia and (2) the sociodemographic and clinical variables associated with the use of PIM. METHODS: DelpHi-MV (Dementia: life- and person-centered help in Mecklenburg-Western Pomerania) is a general practitioner-based, cluster-randomized, controlled intervention study to implement and evaluate an innovative concept of collaborative dementia care management in Germany. The comprehensive baseline assessment includes a home medication review. The present analyses are based on the data from 448 study participants (age 70+, DemTect <9). PIMs were identified using the list of Potentially Inappropriate Medications in the Elderly (Priscus). RESULTS: (1) A total of 99 study participants (22%)

							<p>received at least one PIM. The highest prevalence was found for antidepressants, benzodiazepines, and analgetics. The most frequently prescribed PIMs were amitriptyline, etoricoxib, and doxazosin. (2) Use of a PIM was significantly associated with a diagnosis of a mental or behavioral disorder. CONCLUSIONS: The prescription rate of PIMs for community-dwelling PWD was comparable with the rates found for the general population of older people in Germany (20-29%). Antidepressants with anticholinergic properties and long-acting benzodiazepines were the most prescribed PIMs, despite having an unfavorable benefit-risk ratio. This high prevalence of PIM prescriptions in a vulnerable population of PWD indicates that standard care for dementia should include careful medication review and management.</p>
<p>Wucherpfennig, Felix; Boyle, Kaitlyn; Rubel, Julian A.; Weinmann-Lutz, Birgit; Lutz, Wolfgang</p>	<p>2020</p>	<p>What sticks? Patients' perspectives on treatment three years after psychotherapy: A mixed-methods approach</p>	<p>Psychotherapy research : journal of the Society for Psychotherapy Research</p>	<p>30</p>	<p>6</p>	<p>739-752</p>	<p>Objective: In the present study, a patient-focused, mixed-methods approach was applied to relate patients' personal experiences of change processes during therapy to their long-term psychometric treatment outcomes. Method: Comprehensive follow-up quantitative assessments and qualitative interviews were conducted with n = 30 patients who had completed an integrative CBT treatment three years prior. Qualitative content analysis by two independent coders was used to categorize patients' subjective explanations of therapeutic change. Correlations were applied to relate the frequency and diversity of change factors to clinically significant change of symptom distress at post-treatment and 36-month follow-up. Cluster analysis was performed to identify clusters of patients with similar patterns of change factors. Results: Qualitative content analysis with good interrater reliability revealed five main categories: (1)</p>

							Therapeutic relationship (2) Activating resources (3) Motivational clarification and insight (4) Action-oriented coping strategies (5) Healing therapeutic setting. Higher levels of change factors were associated with greater relief of symptoms at post-treatment and 36-month follow-up. Cluster analysis revealed three different groups of patients. Conclusions: The analysis provides insight into therapeutic change factors from the patient's perspective. Some categories are consistent with theoretically driven models of common factors. Results may help tailor psychotherapy to patients' individual needs.
Xia, Lily L. L.; Ma, Joyce L. C.	2020	Sitting In: The Experience of Learning and Practicing Family Therapy through Being a Co-Therapist in Hong Kong	Family process	59	4	1914–1927	This article explores family therapy trainees' subjective experiences of working as cotherapists with a supervisory-level therapist in a Chinese context, regarding their perceptions of and positioning in it and also their opinions on the benefits and/or pitfalls of cotherapy. Individual interviews with a total of six cotherapists revealed three themes: (1) Cotherapy was perceived as an experiential learning journey that evolved from anxiety and excitement to empowerment and nurturing; (2) a collaborative master-apprentice relationship of openness, trust, and mutual respect was developed with both sides' interactive effort, which included common commitment and concern for the client, the supervisor's awareness and explicit address of the role hierarchy, principle setting prior to the cooperation, and honest pre- and-postsession sharing and discussion; (3) the dual-purpose supervisor-trainee cotherapy brought direct benefits for all involved parties and for others. The findings have useful implications for integrating treatment and training for optimal training/learning outcomes and for advancing knowledge

							transfer from senior to junior and from academia to the field, with reference to local cultural characteristics.
Xiao, Henry; Hayes, Jeffrey A.; Castonguay, Louis G.; McAleavey, Andrew A.; Locke, Benjamin D.	2017	Therapist effects and the impacts of therapy nonattendance	Psychotherapy	54	1	58–65	<p>Although dropout from psychotherapy has received substantial attention, the impacts of nonattendance on client outcome across a course of psychotherapy have not been well researched. All in-person psychotherapy treatments require clients to actually attend sessions to generate positive symptomatic results, and missed sessions have at least a time and financial cost. Furthermore, it is plausible that therapist differences exist for client attendance rates. The present study examined impacts of nonattendance, particularly early in a course of treatment, comparing the effects of canceled and no-showed appointments on overall symptom reduction and rate of change while accounting for therapist effects. Using multilevel hierarchical regression, the impact of nonattendance on symptom reduction and rate of change was modeled on 5,253 clients (67.2% female, 72.3% white) across 83 therapists gathered from a practice research network. Results suggested that no-shows, but not cancellations, had negative impacts on the magnitude and rate of symptom change, with larger effects when occurring before the third session. Therapist effects on attendance also were identified; therapists varied greatly on nonattendance percentages of their clients after the third attended session. (PsyInfo Database Record (c) 2021 APA, all rights reserved)</p>
Xinru, Wu	2023	A novel jigsaw game with eye-tracking: A multimodel interaction based on	Scand J Med Sci Sports (Scandinavian Journal of Medicine &	n/a	n/a	e2214	<p>Abstract Attention-deficit hyperactivity disorder (ADHD) causes impulsive or hyperactive behaviors and emotional outbursts or trouble focusing. Simple psychotherapy has difficulty achieving desired therapeutic effects, and ADHD diagnoses in adults and children are increasing. However, e-health games may mitigate the limitations of</p>

		psycholinguistics for ADHD therapeutic	Science in Sports)				traditional methods by providing an ecologically relevant experience. In this paper, inspired by psycholinguistics, multimodal interaction, and the Pupil-CR method, we have developed a narrative game therapy with eye-tracking to enhance dyslexia and attention deficit manifestations. Using the situated discourses in the game's interactive narration, ADHD patients can concentrate and reduce anxiety and impulsivity. To evaluate the efficacy in improving attention a controlled trial (N=?48) randomly assigned volunteers in 1:1:1 to an eye-tracking jigsaw game or two control groups. The principal measure was the average difference in attention comparison score (ACS) of the test of variables of attention (TOVA) preintervention and post-intervention periods. Based on significant differences observed between the groups, we concluded the eye-tracking jigsaw game could serve as a viable ADHD intervention for children.
Yakeley, Jessica	2022	Psychoanalytic Assessment of Violence				1-11	Abstract This chapter addresses the assessment of violence and aggression from a psychoanalytic or psychodynamic perspective, focusing on the evaluation of the individual violent offender. It reviews psychoanalytic theories of violence and aggression including contemporary models of attachment and mentalization, which provide a theoretical framework for therapeutic interventions for violent and antisocial behavior. The process of psychodynamic assessment for violent individuals is described in detail and the chapter covers conducting clinical interviews and risk assessments; motivation and engagement of the offender or patient; consideration of the therapist's countertransference; and how to construct a psychodynamic formulation. Although psychoanalytic

							psychotherapy for violent patients is a specialized treatment practiced by forensic psychotherapists, for which service provision is limited, psychodynamic assessment and formulation may be usefully applied in all forensic mental health services to assist treatment planning for violent patients by focusing on relational processes and the emotional impact of the offender on clinicians, teams, and institutions.
Yakin, Duygu; Grasmann, Raoul; Arntz, Arnoud	2020	Schema modes as a common mechanism of change in personality pathology and functioning: Results from a randomized controlled trial	Behaviour research and therapy	126		103553	<p>OBJECTIVE: We aimed to empirically test whether schema modes are central to the change process in schema therapy, clarification-oriented psychotherapy, and treatment as usual, i.e., predictive of personality pathology, and global and social-occupational functioning. METHOD: A multicenter randomized controlled trial was conducted (N = 139 men, N = 181 women) over the course of three years. Repeated assessments of schema modes, personality disorder (PD) severity and functioning (controlled for concurrent PD-pathology) were analyzed using a multilevel autoregressive model. Variables were person-centered to ensure that within-person changes were analyzed. Through a process of backward elimination, the schema modes predictive of the dependent variable (i.e., PD-severity and functioning) at a later point in time were identified while controlling for concurrent dependent variable levels. Bidirectionality was tested by assessing whether dependent variables predicted later schema modes. RESULTS: The Healthy Adult, Vulnerable Child, Impulsive Child, and Avoidant Protector predicted later personality pathology, with no bidirectionality observed for the first two. The Healthy Adult and Self-Aggrandizer predicted functioning at a later point in time, with no bidirectionality for Self-Aggrandizer. There was no</p>

							<p>moderation by treatment type for PD symptomatology, except for Self-Aggrandizer, which predicted functioning only in schema therapy. CONCLUSIONS: The Healthy Adult and Vulnerable Child are central to the change process and appear to reflect common mechanisms of change. The Self-Aggrandizer might reflect a change mechanism specific for schema therapy. Our findings support the recent emphasis on these modes in schema therapy.</p>
<p>Yalon-Chamovitz, Shira; Kraiem, Yoav; Gutman, Carolyn</p>	<p>2017</p>	<p>Deconstructing hierarchies: Service users as co-teachers in occupational therapy education</p>	<p>Work (Reading, Mass.)</p>	<p>56</p>	<p>3</p>	<p>381–386</p>	<p>BACKGROUND: While occupational therapy currently tends to view itself as operating based on a client-centered, collaborative approach, studies often reflect a gap between rhetoric and practice. OBJECTIVE: This work presents a new pedagogic standard which moves away from the medical model and toward a collaborative, client-centred approach. It functions to support a practice which embraces the respect for, and partnership with, people receiving services and replaces historic patterns which may strengthen the legitimacy of the professional and sustain clients' dependence. METHODS: This pedagogy develops a therapeutic dialogue which draws from partnerships created in the classroom, where occupational therapy students engage in courses with a co-teacher service user, and examines how the collaboration with service users contributes to the training of occupational therapy students. CONCLUSIONS: Students and co-teachers can participate in the challenging experience of integrating theoretical knowledge with lived experience, thereby augmenting the development of a new and inclusive knowledge base.</p>

<p>Yamaguchi, Sakiko; Costello, Carrie; Lalonde, Corinne; McCarry, Sharon; Majnemer, Annette; Shikako, Keiko</p>	<p>2023</p>	<p>Supporting families and caregivers of children with disabilities through a parent peer mentor (PPM): experiences from a patient-oriented research network</p>	<p>Research involvement and engagement</p>	<p>9</p>	<p>1</p>	<p>78</p>	<p>BACKGROUND: The CHILD-BRIGHT Network created a parent peer mentor (PPM) role to support other parents who were engaging as partners in the different research projects and activities of the network. We aim to describe how a PPM functioned to support parent-partners of children with disabilities in research projects within the Network. METHODS: In this case study, the PPM approached 50 parent-partners and scheduled a 1-on-1 initial telephone call to offer support for any issues arising. When consent was provided, the PPM recorded interactions with network parent-partners in a communication report in an Excel form. Also, verbatim transcription from one in-depth interview with the PPM was included for data analysis using qualitative description. The Guidance for Reporting Involvement of Patients and the Public (GRIPP2-SF) was used to report on involvement of patient-partners. RESULTS: A total of 55 interactions between 25 parent-partners and the PPM were documented between May 2018 and June 2021. The PPM's support and liaison role contributed to adaptation of meeting schedules for parent-partners, amendment of the compensation guidelines, and ensuring that internal surveys and the newsletter were more accessible and engaging. The PPM also facilitated community-building by keeping parent-partners connected with researchers in the Network. Families and caregivers in the Network were comfortable sharing their experiences and emotions with the PPM who was also a parent herself, allowing researchers and the Network to learn more about parents' experiences in partnering with them and how to improve engagement. CONCLUSIONS: We highlight the important complementary role that a PPM can play in enhancing</p>
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							patient engagement in research by better understanding the experiences and needs of parent-partners.
Yamin, Jolin B.; Cannoy, Ciara N.; Gibbins, Katey M.; Krohner, Shoshana; Rapport, Lisa J.; Trentacosta, Christopher J.; Zeman, Lori Lackman; Lumley, Mark A.		Experiential training of mental health graduate students in emotional processing skills: A randomized, controlled trial	Psychotherapy	60	4		Emotional processing interventions for trauma and psychological conflicts are underutilized. Lack of adequate training in emotional processing techniques and therapists' lack of confidence in utilizing such interventions are barriers to implementation. We developed and tested an experiential training to improve trainees' performance in a set of transtheoretical emotional processing skills: eliciting patient disclosure of difficult experiences, responding to defenses against disclosure, and eliciting adaptive emotions. Mental health trainees (N = 102) were randomized to experiential or standard training, both of which presented a 1-hr individual session administered remotely. Before and after training and at 5-week follow-up, trainees were videorecorded as they responded to videos of challenging therapy situations, and responses were coded for demonstrated skill. Trainees also completed measures of therapeutic self-efficacy, anxiety, and depression at baseline and follow-up. Repeated-measures analysis of variance indicated all three skills increased from pre- to posttraining for both conditions, which were maintained at follow-up. Importantly, experiential training led to greater improvements than standard training in the skills of eliciting disclosure ($\eta^2 = .05$, $p = .03$), responding to defenses ($\eta^2 = .04$, $p = .05$), and encouraging adaptive emotions ($\eta^2 = .23$, $p < .001$) at posttraining, and the training benefits for eliciting disclosure were maintained at follow-up. Both conditions led to improved self-efficacy. Trainees' anxiety decreased in the standard training, but not in the experiential. One session of experiential training improved trainees' emotional

							processing therapy skills more than didactic training, although more training and practice likely are needed to yield longer lasting skills. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Yanchus, Nancy J.; Muhs, Scott; Osatuke, Katerine	2020	Academic background and executive coach training	Professional Psychology: Research and Practice	51	4	390–399	This study investigated how an academic background in clinical or counseling psychology relates to executive coach training. A debate exists over the training options for executive coaches, and we sought to elucidate the perspective on clinical or counseling psychology as a viable pathway for an executive coaching career. Our sample consisted of doctoral-level psychotherapists-turned-coaches who began their executive coaching through an experiential training program at an internal organization development consulting office within the U.S. Department of Veterans Affairs. Participants were interviewed, and the data were analyzed using thematic content analysis. Some of the resulting themes included clinical skills and training used in executive coaching, similarities and differences between therapy and coaching, relationship dynamics, and practitioner style. Interview excerpts are presented to exemplify the themes. Overall, the findings imply that—given the experiential nature of their training and reliance on skills learned in clinical or counseling psychology graduate programs—this academic background in addition to hands-on, supervised experience and/or mentoring is sufficient for an executive coaching career. The descriptive accounts offer explanations and examples of how the clinical or counseling skills apply to coaching that we hope will be of interest to therapists and counselors pursuing executive coaching careers. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Yang, Sun-Yi; Kang, Mi-Kyung	2022	Efficacy Testing of a Multi-Access Metaverse-Based Early Onset Schizophrenia Nursing Simulation Program: A Quasi-Experimental Study	International journal of environmental research and public health	20	1		<p>This study investigated the effects of a multi-access, metaverse-based early onset schizophrenia nursing simulation program based on Raskin and Rogers' person-centered therapy. The program's effectiveness was tested using a nonequivalent control group pre-test/post-test design. A quasi-experimental simulation study with both pre- and post-test designs was adopted. The experimental group (n = 29) used the simulation program, whereas the control group (n = 29) received only an online lecture on schizophrenia nursing. Changes in scores among experimental and control groups were compared using independent t-tests and analyses of covariance with PASW SPSS-WIN 27.0. Post-intervention, the knowledge regarding patients with early onset schizophrenia, critical thinking ability, and the ability to facilitate communication increased significantly in the experimental group compared with the control group. The nursing simulation program for children with early onset schizophrenia using a metaverse improved nursing students' knowledge, critical thinking ability, and ability to facilitate communication. This training method should be adapted without spatiotemporal constraints by partially supplementing clinical and simulation-based practice. In clinical nursing training, metaverse technical limitations should be identified, and training topics should be selected. Employing EduTech in a metaverse environment can provide clinical education to nurses in psychiatric wards and improve therapeutic communication with their psychiatric patients.</p>
Yao, Lucy; Kabir, Rian	2023	Person-Centered Therapy					<p>Person-centered therapy, also referred to as non-directive, client-centered, or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. This form of psychotherapy is grounded in the idea that people are</p>

		(Rogerian Therapy)				inherently motivated toward achieving positive psychological functioning. The client is believed to be the expert in their life and leads the general direction of therapy, while the therapist takes a non-directive rather than a mechanistic approach. The therapist's role is to provide a space conducive to uncensored self-exploration. As the client explores their feelings, they will gain a clearer perception of themselves, leading to psychological growth. The therapist attempts to increase the client's self-understanding by reflecting and carefully clarifying questions. Although few therapists today adhere solely to person-centered therapy, its concepts and techniques have been incorporated eclectically into many different types of therapists' practices.
Yarborough, Bobbi Jo H.; Yarborough, Micah T.; Janoff, Shannon L.; Green, Carla A.	2016	Getting by, getting back, and getting on: Matching mental health services to consumers' recovery goals	Psychiatric Rehabilitation Journal	39	2	Objective: The goal of this study was to better understand mental health recovery from the point of view of mental health consumers to identify opportunities for practice improvements that closely align services with consumer goals and consumer-preferred outcomes. Method: As part of an exploratory study of recovery, semistructured interviews were conducted with 177 integrated health plan members diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, or affective psychosis. Transcripts of in-depth interviews were coded using Atlas.ti, and definitions of recovery were further subcoded. A qualitative analysis using a modified grounded theory approach and constant comparative method identified common themes and less common but potentially important recovery-related experiences and perspectives. Results: Three primary and 2 cross-cutting themes emerged. "Getting by" meant coping and meeting basic needs. "Getting back" meant learning to live with mental illness. "Getting on" meant living a life where

							<p>mental illness was no longer prominent. Regaining control and recouping losses were cross-cutting themes. Conclusions/Implications for Practice: Mental health recovery is complex and dynamic; individuals' recovery goals can be expected to change over time. Person-centered care must accommodate changing consumer priorities, services must be flexible and responsive, and outcomes need to match consumers' objectives. Clinicians can assist in (a) identifying recovery goals, (b) monitoring progress toward and recognizing movement away from goals, (c) tailoring support to different phases/stages, and (d) supporting transitions between phases/stages. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Yasky, Jaime; King, Robert; O'Brien, Tom	2016	Resistance, early engagement and outcome in psychoanalytic psychotherapy of patients with psychosomatic disorders	Couns and Psychother Res (Counselling and Psychotherapy Research)	16	4	266–276	
Yassin, Sulafa; Evans, Chris	2022	A journey to improve Arabic-speaking young peoples' access to psychological assessment tools: It's not just Google translate!	Couns and Psychother Res (Counselling and Psychotherapy Research)	22	2	396–405	

Yellappa, Vijayashree; Lefèvre, Pierre; Battaglioli, Tullia; Narayanan, Devadasan; van der Stuyft, Patrick	2016	Coping with tuberculosis and directly observed treatment: a qualitative study among patients from South India	BMC health services research	16		283	<p>BACKGROUND: In India, the Revised National TB control programme (RNTCP) offers free diagnosis and treatment for tuberculosis (TB), based on the Directly Observed Treatment Short course (DOTS) strategy. We conducted a qualitative study to explore the experience and consequences of having TB on patients enrolled in DOTS and their caretakers in Tumkur district, located in a southern state of India, Karnataka. METHODS: We conducted 33 in-depth interviews on a purposive sample of TB patients from three groups: (1) patients who reached RNTCP directly on their own and took DOTS at RNTCP; (2) patients who were referred by private practitioners (PPs) to RNTCP and took DOTS at RNTCP; and (3) patients diagnosed by RNTCP and took DOTS from PPs. Data was analyzed using a thematic approach with the support of NVivo9. RESULTS: The study revealed that TB and DOTS have a large impact on patient's lives, which is often extended to the family and caretakers. The most vulnerable patients faced the most difficulty in accessing and completing DOTS. The family was the main source of support during patient's recovery. Patients residing in rural areas and, taking DOTS from the government facilities had to overcome many barriers to adhere to the DOTS therapy, such as long travelling distance to DOTS centers, inconvenient timings and unfavorable attitude of the RNTCP staff, when compared to patients who took DOTS from PPs. Advantages of taking DOTS from PPs cited by the patients were privacy, flexibility in timings, proximity and more immediate access to care. Patients and their family had to cope with stigmatization and fear and financial hardships that surfaced from TB and DOTS. Young patients living in urban areas were more worried about stigmatisation, than elderly patients living in rural</p>
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						<p>areas. Patients who were referred by PPs experienced more financial problems compared to those who reached RNTCP services directly. CONCLUSION: Our study provided useful information about patient's needs and expectations while taking DOTS. The development of mechanisms within RNTCP towards patient centered care is needed to enable patients and caretakers cope with disease condition and adhere to DOTS.</p>
<p>Ying, Jiefeng; Liu, Sihan; Chen, Danrui; Shen, Yunhong; Zhang, Jiajing; You, Jianing</p>	<p>2023</p>	<p>Good or bad? The influence of filial piety belief on nonsuicidal self-injury and suicide risk among young gay men in China</p>	<p>Psychology of Sexual Orientation and Gender Diversity</p>		<p>No Paginat ion Specified -No Paginat ion Specified</p>	<p>Young Chinese gay men are at a high risk of suicide and experience severe culture-related sexual minority stigma. Little research has investigated the relation between sexual minority stigma and suicide risk from a traditional Chinese cultural perspective. This study used minority stress theory and psychological mediation framework to investigate a moderated mediation model of sexual minority stigma, nonsuicidal self-injury (NSSI), suicide risk, and filial piety belief (FPB; including reciprocal and authoritarian). A total of 291 young Chinese gay men (aged 18–30, Mage = 23.7 years, SD = 3.5) participated in this study. A significant positive indirect relation of sexual minority stigma to suicide risk through NSSI was found. Reciprocal FPB moderated the relation of NSSI to suicide risk, but did not moderate the relations of sexual minority stigma with NSSI or suicide risk. Specifically, a higher level of reciprocal FPB buffered the relation of NSSI to suicide risk. Authoritarian FPB did not moderate any relations in the model. These findings suggest interventions focusing on NSSI may reduce the effect of sexual minority stigma on suicide risk. Therapists and educators may consider the beneficial but limited impact of reciprocal FPB on psychological crisis intervention among young Chinese gay men. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>

Yonatan-Leus, Refael; Abargil, Maayan; Shefler, Gaby; Finkenberg, Ron; Amir, Ilan	2023	Trajectories of change among highly challenging patients in intensive long-term psychoanalytic psychotherapy	Journal of clinical psychology	79	11	2529–2541	<p>OBJECTIVES This study aimed to identify and describe trajectories of change in distress among highly challenging patients who had received long and intensive psychoanalytic psychotherapy.</p> <p>METHODS The longitudinal version of the K-means algorithm was applied to the outcome measures data of 74 patients treated in four public mental health centers. The patients were measured five times at 6-month intervals for three outcome measures.</p> <p>RESULTS For the OQ45 and Symptom Checklist-90, one trajectory was marked by a lower initial distress level. In this trajectory, the improvement occurred in the first half of the measurements, with a plateau thereafter. A second trajectory was characterized by higher initial severity and an improvement, mainly in the second part of the measurements. For the Beck Depression Inventory, one trajectory was marked by lower initial distress. In this group, the improvement occurred throughout the entire period. The remaining patients were characterized by higher initial distress and a decreased level of distress in the last part of treatment. They began to improve only during the third year of therapy.</p> <p>CONCLUSION The response to treatment is not uniform in long-term treatment for highly challenging patients. A significant number of patients require a longer period of therapy to ignite improvement.</p>
Yoshida, Ippei; Hirao, Kazuki; Kobayashi, Ryuji	2018	Effect of adjusting the challenge-skill	BMJ open	8	12	e022438	<p>INTRODUCTION: Occupational therapy (OT) is defined as the promotion of client health and well-being through a client-centred practice. However, there is a tendency to</p>

		balance for occupational therapy: study protocol for a randomised controlled trial					<p>rely on the therapist's experiences and values, and there is a difference between the client's and therapist's perceptions regarding the current activity that the client is engaged in. In previous studies that have applied 'flow', activities supported by OT in elderly people were analysed, indicating a difference in recognition. Therefore, we thought that more effective OT could be implemented by adjusting the challenge-skill (ACS) balance, and we invented a novel process termed as ACS balance for OT. The purpose of this study is to verify the effect of ACS-OT on clients in the recovery rehabilitation unit and to prepare a protocol for randomised controlled trial (RCT) implementation. METHOD AND ANALYSIS: This single-blind RCT will recruit 80 clients aged 50-99 years admitted to the recovery rehabilitation unit who meet eligibility criteria. Clients will be randomly allocated to receive ACS-OT or standard OT. Both interventions will be performed during the clients' residence at the unit. The primary outcome measure will be subjective quality of life and will be measured at entry into (pre) and at discharge from (post) the unit and at 3 months afterwards (follow-up). Outcomes will be analysed using a linear mixed model fitted with a maximum likelihood estimation. ETHICS AND DISSEMINATION: This protocol has been approved by the ethics review committee of the Tokyo Metropolitan University (No.17020). Results of this trial will be submitted for publication in a peer-reviewed journal. TRIAL REGISTRATION NUMBER: UMIN-CTR number, UMIN000029505; Pre-results.</p>
Yourman, David B.	2018	A Marxist therapist treats a Trump-supporting	Journal of clinical psychology	74	5	766-773	<p>When there are politically polarizing events taking place in the world, can it be useful for a therapist to disclose his or her political views within the context of a psychotherapeutic dyad? This paper examines this</p>

		client: A tale of politics and psychotherapy					question through the example of a Marxist therapist working with a politically conservative patient in the polarized political atmosphere following Donald Trump's election to the Presidency of the United States. Also explored are the patient's dynamics that might have made it particularly salient for the therapist to eschew a more neutral stance. The theoretical and technical bases for this disclosure are examined via the Affect Theory of Silvan S. Tomkins as well as the Person-Centered Therapy of Carl Rogers. The family history of the patient is examined to further understand the context in which the political/therapeutic interactions take place.
Yu, Jihye; Lee, Sukyung; Kim, Miran; Lim, Kiyoung; Chang, Kihong; Lee, Mijin	2020	Relationships Between Perspective-Taking, Empathic Concern, and Self-rating of Empathy as a Physician Among Medical Students	Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry	44	3	316-319	OBJECTIVE: The aim of this study was to ascertain the relationships between perspective-taking, empathic concern, and self-rating of empathy as a physician among medical students. METHODS: This study analyzed the questionnaire responses of 152 medical students enrolled in Ajou University School of Medicine, Suwon, Republic of Korea, in 2018. As measurement instruments, the authors applied the Interpersonal Reactivity Index (IRI) and Korean Student Version of the Jefferson Scale of Physician Empathy (Korean JSPE-S), and then examined participant characteristic variables based on the obtained data and conducted subsequent correlation analyses of subscales, one-way ANOVA, and regression analyses. RESULTS: Medical students with clinical clerkship experience demonstrated higher levels of perspective-taking and empathy as physicians than did students without experience. Moreover, perspective-taking and empathic concern were significant predictors of medical students' empathy as physicians in the regression model. CONCLUSIONS: Medical students with higher scores in perspective-taking and empathic

							concern demonstrated higher levels of perception regarding the necessity and importance of empathy as a physician in patient-physician relationships. Therefore, in actual medical situations with patient-centered therapy, to enhance the levels of physician empathy, medical education should focus on the understanding of other persons' opinions and interpersonal interactions accompanied by empathic concern.
Yuan, Li; Liu, Xiao-Jie; Han, Wei-Na; Li, Qing-Shan; Wang, Zhao-Jun; Wu, Mei-Na; Yang, Wei; Qi, Jin-Shun	2016	Gly14-Humanin Protects Against Amyloid β Peptide-Induced Impairment of Spatial Learning and Memory in Rats	Neuroscience bulletin	32	4	374-382	Alzheimer disease (AD), a progressive neurodegenerative disorder, is characterized by cognitive decline and the accumulation of senile plaques in the brain. Amyloid β protein ($A\beta$) in the plaques is thought to be responsible for the memory loss in AD patients. [Gly14]-humanin (HNG), a derivative of humanin (HN), has much stronger neuroprotective effects than natural HN in vitro. However, clarification of the $A\beta$ active center and the neuroprotective mechanism of HN still need in vivo evidence. The present study first compared the in vivo biological effects of three $A\beta$ fragments (1-42, 31-35, and 35-31) on spatial memory in rats, and investigated the neuroprotective effects and molecular mechanisms of HNG. The results showed that intrahippocampal injection of $A\beta$ 1-42 and $A\beta$ 31-35 almost equally impaired spatial learning and memory, but the reversed sequence $A\beta$ 35-31 did not have any effect; a high dose of $A\beta$ 31-35 (20 nmol) produced a more detrimental response than a low dose (2 nmol); $A\beta$ 31-35 injection also disrupted gene and protein expression in the hippocampus, with up-regulation of caspase3 and down-regulation of STAT3; pretreatment with HNG not only protected spatial memory but also rescued STAT3 from $A\beta$ -induced disruption; and the neuroprotective effects of HNG were effectively counteracted by genistein, a specific tyrosine kinase

							inhibitor. These results clearly show that sequence 31-35 in A β is the shortest active center responsible for the neurotoxicity of A β from molecule to behavior; and HNG protects spatial learning and memory in rats against A β -induced insults; and probably involves the activation of tyrosine kinases and subsequent beneficial modulation of STAT3 and caspase3.
Zabana, Yamile; Calvet, Xavier	2023	Relevance of patient-reported outcome measures (PROM) and patient-reported experience measures (PREM) to assess disease status and quality of care in patients with inflammatory bowel disease	Revista espanola de enfermedades digestivas	115	6	292–293	The 21st century has brought us a paradigm shift regarding patients care: the conventional physician-focused model of care has now changed into a patient-centered mode that puts the patient at the center of his own healthcare. Establishing a non-prescriptive and collaborative therapeutic approach, empowering patients to make major decisions on their management, and strict respect to the patient's autonomy are the major drivers of this patient-centered care. Among other multiple collectives, this change has greatly impacted patients and physicians who deal with inflammatory bowel disease (IBD).
Zabransky, Dieter	2020	Zur Anwendung von Entspannungstechniken in der Gestalttheoretischen Psychotherapie	Phnomenal	12	1	7–15	Ausgehend vom Ansatz Kurt Lewins wird die menschliche Psyche als Spannungssystem aufgefasst, das ein selbst-ordnendes Gefge von Teilsystemen darstellt, das stndig nach einem Gleichgewicht strebt. Dieses psychische Spannungssystem ist dabei keinesfalls auf bloe Entspannung ausgerichtet, sondern auf eine ausgewogene Balance von Anspannung und Entspannung. Eine Reduktion des Spannungsniveaus kann durch Entspannungstechniken induziert werden. Bewhrte Entspannungsverfahren, wie etwa das Autogene Training, die Progressive Relaxation und Fantasieübungen

							stellen wirksame Methoden dar, um Entspannung zu induzieren und damit auf psychischer wie auch auf physiologischer Ebene das Spannungsniveau senken. Das Ben von Entspannung kann darüber hinaus das körperliche Wohlbefinden und das Körperbewusstsein verbessern, sowie das Sicherheitsgefühl und Selbstvertrauen fördern. Es wird insbesondere der Frage nachgegangen, unter welchen Bedingungen und in welchen Therapiesituationen die Anwendung sinnvoll und angemessen ist. Dazu werden einige ausgewählte Spannungssituationen der Klientin näher beleuchtet, die für das Einleben von Entspannung Bedeutung haben können: etwa Schlafstörungen, schwere Belastungssituationen, Stresszustände, Angststörungen, sowie das Lösen von Denkaufgaben und Prüfungsaufgaben. Schließlich wird die Therapiesituation des Bens von Entspannung reflektiert und werden mögliche, dabei auftretende Probleme angesprochen.
Zahl-Olsen, Rune; Severinsen, Linda; Shahar, Ben; Stiegler, Jan Reidar; Bertelsen, Thomas Bjerregaard	2023	Emotion-focused skills training for parents with anxious children. A pilot study	Journal of marital and family therapy	49	3	581–594	Anxiety disorders are common among children and adolescents. Effective treatments exist, but meta-analyses indicate that 40% of children continue to have significant symptoms posttreatment. Alternative therapeutic interventions are needed. Emotion-focused parental interventions have been found to be effective in targeting children's internalizing difficulties, but no research has examined remission. In this pilot trial, we examined whether Emotion Focused Skills Training (EFST) was associated with remission of diagnosis in children with anxiety. Nine 8-14-year-olds diagnosed with anxiety were recruited at a mental health clinic in Norway. Both parents of each child attended a 2-day EFST program followed by five 1-hour weekly sessions. Pre- and posttreatment diagnosis and severity were evaluated

							using a multiinformant approach using the Spence Children's Anxiety Scale and the Anxiety Disorders Interview Schedule. After treatment, 33% no longer met criteria for any anxiety diagnosis, 66% obtained remission from their primary anxiety diagnosis, and 89% from at least one.
Zakiei, Ali; Khazaie, Habibolah; Rostampour, Masoumeh; Lemola, Sakari; Esmaili, Maryam; Dürsteler, Kenneth; Brühl, Annette Beatrix; Sadeghi-Bahmani, Dena; Brand, Serge	2021	Acceptance and Commitment Therapy (ACT) Improves Sleep Quality, Experiential Avoidance, and Emotion Regulation in Individuals with Insomnia- Results from a Randomized Interventional Study	Life (Basel, Switzerland)	11	2		Insomnia is a common problem in the general population. To treat insomnia, medication therapies and insomnia-related cognitive-behavioral interventions are often applied. The aim of the present study was to investigate the influence of acceptance and commitment therapy (ACT) on sleep quality, dysfunctional sleep beliefs and attitudes, experiential avoidance, and acceptance of sleep problems in individuals with insomnia, compared to a control condition. A total of 35 participants with diagnosed insomnia (mean age: 41.46 years old; 62.9% females) were randomly assigned to the ACT intervention (weekly group therapy for 60-70 min) or to the active control condition (weekly group meetings for 60-70 min without interventional and psychotherapeutic character). At baseline and after eight weeks (end of the study), and again 12 weeks later at follow-up, participants completed self-rating questionnaires on sleep quality, dysfunctional beliefs and attitudes about sleep, emotion regulation, and experiential avoidance. Furthermore, participants in the intervention condition kept a weekly sleep log for eight consecutive weeks (micro-analysis). Every morning, participants completed the daily sleep log, which consisted of items regarding subjective sleep duration, sleep quality, and the feeling of being restored. Sleep quality, dysfunctional beliefs and attitudes towards sleep, emotion regulation, and experiential avoidance improved over time, but only in the ACT condition compared to the

							control condition. Improvements remained stable until follow-up. Improvements in experiential avoidance were related to a favorable change in sleep and cognitive-emotional processing. Micro-analyses showed that improvements occurred within the first three weeks of treatment. The pattern of results suggests that ACT appeared to have improved experiential avoidance, which in turn improved both sleep quality and sleep-related cognitive-emotional processes at longer-term in adults with insomnia.
Zalewski, Maureen; Maliken, Ashely C.; Lengua, Liliana J.; Martin, Christina Gamache; Roos, Leslie E.; Everett, Yoel	2023	Integrating dialectical behavior therapy with child and parent training interventions: A narrative and theoretical review	Clinical Psychology: Science and Practice	30	4	365–376	There is growing interest among researchers and clinicians in incorporating one of the most efficacious treatments for improving emotion regulation, dialectical behavior therapy (DBT), into parenting interventions, with the explicit purpose of improving parental well-being so as to positively impact children's social-emotional outcomes. Integrations of DBT and parenting interventions have ranged considerably, as there is extensive variability across studies in the selection of parenting interventions and the extent to which the DBT concepts are incorporated, the content modified, or the dosage abbreviated. The primary goal of this narrative review is to synthesize the accumulation of DBT and parent intervention literature with an eye toward improving future treatment development efforts in this area, as well as current clinical practice. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Zaman, AnneClaire G. N. M.; Tytgat, Kristien M. A. J.; Klinkenbijn, Jean H. G.; Frings-	2016	Design of a multicentre randomized controlled trial to evaluate the effectiveness of	BMC cancer	16		303	BACKGROUND Gastrointestinal (GI) cancer is frequently diagnosed in people of working age, and many GI cancer patients experience work-related problems. Although these patients often experience difficulties returning to work, supportive work-related interventions are lacking. We

Dresen,
Monique H. W.;
Boer, Angela G.
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a tailored
clinical support
intervention to
enhance return
to work for
gastrointestinal
cancer patients

have therefore developed a tailored work-related support intervention for GI cancer patients, and we aim to evaluate its cost-effectiveness compared with the usual care provided. If this intervention proves effective, it can be implemented in practice to support GI cancer patients after diagnosis and to help them return to work.

METHODS/DESIGN

We designed a multicentre randomized controlled trial with a follow-up of twelve months. The study population (N = 310) will include individuals aged 18-63 years diagnosed with a primary GI cancer and employed at the time of diagnosis. The participants will be randomized to the intervention or to usual care. 'Usual care' is defined as psychosocial care in which work-related issues are not discussed. The intervention group will receive tailored work-related support consisting of three face-to-face meetings of approximately 30 min each. Based on the severity of their work-related problems, the intervention group will be divided into groups receiving three types of support (A, B or C). A different supportive healthcare professional will be available for each group: an oncological nurse (A), an oncological occupational physician (B) and a multidisciplinary team (C) that includes an oncological nurse, oncological occupational physician and treating oncologist/physician. The primary outcome measure is return to work (RTW), defined as the time to a partial or full RTW. The secondary outcomes are work ability, work limitations, quality of life, and direct and indirect costs.

DISCUSSION

The hypothesis is that tailored work-related support for GI cancer patients is more effective than usual care in terms of the RTW. The intervention is innovative in that it

							combines oncological and occupational care in a clinical setting, early in the cancer treatment process. TRIAL REGISTRATION METC protocol number NL51444.018.14/Netherlands Trial Register number NTR5022 . Registered 6 March 2015.
Zamorano Díaz, Claudio; Fuenzalida Muñoz, Carolina; Cornejo Valenzuela, Javiera	2020	Using the Therapist's Inner Conversation in Teamwork with Novice Therapists	ANZ J of Family Therapy (Australian and New Zealand Journal of Family Therapy)	41	2	181–194	Peter Rober's work (2005a) on the therapist's inner conversation (TIC) has been a significant contribution to understanding the therapist's 'here and now' experience that focuses on the emergence of different voices responding to what is said in the therapy session. Frediani and Rober (2016) conducted an investigation into the experience and TIC of novice therapists concerning emotions aroused and how they deal with them during family therapy. Their research prompted us to ask how this methodology could work with recent graduates and those in the last year of their undergraduate training. This was addressed in the adolescent psychotherapy team that is part of the Equipo de Trabajo y Asesoría Sistémica (Systemic Counselling and Teamwork) (eQtasis) of the Psychology Department of the University of Chile. An important characteristic has been developing an ethics for clinical practice and generating a collaborative reflexive approach as a central aspect of the clinical training. The paper aims to promote the legitimacy of the experience of novice therapists who despite limited professional experience have many stories that connect with what is said in therapy.
Zandberg, Laurie; Kaczurkin, Antonia N.; McLean,	2016	Treatment of Adolescent PTSD: The Impact of Prolonged	J. Traum. Stress (Journal of Traumatic Stress)	29	6	507–514	The present study evaluated secondary emotional and behavioral outcomes among adolescents who received prolonged exposure (PE-A) or client-centered therapy (CCT) for posttraumatic stress disorder (PTSD) in a randomized controlled trial. Participants were 61

Carmen P.; Rescorla, Leslie; Yadin, Elna; Foa, Edna B.		Exposure Versus Client-Centered Therapy on Co-Occurring Emotional and Behavioral Problems					adolescent girls (age: M = 15.33, SD = 1.50 years) with sexual abuse related PTSD seeking treatment at a community mental health clinic. Multilevel modeling was employed to evaluate group differences on the Youth Self-Report (YSR) over acute treatment and 12-month follow-up. Both treatment groups showed significant improvements on all YSR scales from baseline to 12-month follow-up. Adolescents who received PE-A showed significantly greater reductions than those receiving CCT on the Externalizing subscale (d = 0.70), rule-breaking behavior (d = 0.63), aggressive behavior (d = 0.62), and conduct problems (d = 0.78). No treatment differences were found on the Internalizing subscale or among other YSR problem areas. Both PE-A and CCT effectively reduced many co-occurring problems among adolescents with PTSD. Although PE-A focuses on PTSD and not on disruptive behaviors, PE-A was associated with greater sustained changes in externalizing symptoms, supporting broad effects of trauma-focused treatment on associated problem areas.
Zang, Yinyin; Su, Yi-Jen; McLean, Carmen P.; Foa, Edna B.	2019	Predictors for Excellent Versus Partial Response to Prolonged Exposure Therapy: Who Needs Additional Sessions?	J. Traum. Stress (Journal of Traumatic Stress)	32	4	577-585	In practice, the duration of psychotherapy is determined by the patient's response to treatment. Identifying predictors for treatment responses is of great clinical utility to guide clinicians in their treatment planning. Demographic characteristics, trauma history, comorbidity, and early reduction of posttraumatic stress disorder (PTSD) symptoms were examined as predictors of excellent versus partial response to prolonged exposure therapy (PE) for PTSD. Participants were 96 female assault survivors with chronic PTSD who received at least eight PE sessions with or without cognitive restructuring. Participants were classified as excellent responders (n = 27) or partial responders (n = 69) based

						<p>on whether they achieved at least 70% improvement in self-reported PTSD severity on the PTSD Symptom Scale-Self-Report at the end of Session 8. Excellent responders terminated therapy after Session 9, and partial responders were offered up to three additional sessions. Logistic regression was conducted to investigate predictors of response to PE. Results showed that prior interpersonal violence and comorbid alcohol use disorder were associated with partial response. Comorbid depressive disorder and early PTSD symptom reduction were associated with excellent response. Being treated by a cognitive behavioral therapy expert predicted higher excellent response for patients with a history of prior interpersonal violence. The model accounted for 56.6% of the variance in treatment response and correctly predicted responder status for 83.3% of the sample. These findings contribute to the field's understanding of factors that predict or moderate response to PE and have implications for treatment planning.</p> <p>Spanish Abstracts by Asociación Chilena de Estrés Traumático (ACET) Predictores de Respuesta Excelente Versus Parcial a la Terapia De Exposición Prolongada: ¿Quién Necesita Más Sesiones? RESPUESTA A LA EXPOSICIÓN PROLONGADA POR TEPT En la práctica, la duración de la psicoterapia está determinada por la respuesta del paciente al tratamiento. La identificación de predictores para las respuestas al tratamiento es de gran utilidad clínica para guiar a los clínicos en su planificación de tratamiento. Características demográficas, historia de trauma, comorbilidad y una reducción temprana de los síntomas del trastorno de estrés postraumático (TEPT) fueron examinados como</p>
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						<p>predictores de respuesta excelente versus respuesta parcial a la terapia de exposición prolongada (EP) para el TEPT. Las participantes fueron 96 mujeres sobrevivientes de asalto con TEPT crónico que recibieron al menos ocho sesiones de EP con o sin reestructuración cognitiva. Las participantes fueron clasificadas como respondedores excelentes (n = 27) o respondedores parciales (n = 69) en función de si lograron al menos un 70% de mejoría en el autoinforme de severidad del TEPT en la Escala de Síntomas Auto-reportados de TEPT al final de la sesión 8. Los respondedores excelentes terminaron la terapia después de la sesión 9, y se ofreció tres sesiones adicionales a los respondedores parciales. Se realizó una regresión logística para investigar los predictores de respuesta a la EP. Los resultados mostraron violencia interpersonal previa y comorbilidad de trastorno por consumo de alcohol asociados con respuesta parcial. Comorbilidad de trastorno depresivo y reducción temprana del síntoma de TEPT se asoció con una excelente respuesta. Ser tratado por un experto en terapia de comportamiento cognitivo (TCC) predijo una respuesta excelente superior para los pacientes con antecedentes de violencia interpersonal. El modelo dio cuenta del 56.6% de la varianza en la respuesta al tratamiento y predijo correctamente el estado del respondedor para el 83.3% de la muestra. Estos hallazgos contribuyen a la esfera de comprensión de los factores que predicen o moderan la respuesta a la EP y tienen implicaciones para planificación del tratamiento.</p> <p>Traditional and Simplified Chinese Abstracts by the Asian Society for Traumatic Stress Studies (AsianSTSS) 簡體及繁體中文撮要由亞洲創傷心理研究學會翻譯 Predictors for Excellent versus Partial Response to Prolonged</p>
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						<p>探查这些是否为样本接受治疗PTSD的延长暴露疗法(PE)有极佳或一般反应的预测变量。样本为96名曾遇袭并患有慢性PTSD的女性,她们至少接受了8个PE节段,当中有或无包含认知重整。假如样本完成第8个节段后,所提交的PTSD症状量表自评报告中,PTSD严重度有至少70%的改善,便算对疗程有极佳反应(n = 27)。不然,就属有一般反应(n = 69)。有极佳反应的样本,在完成第9个节段后就终止治疗,而有一般反应的样本则可额外接受最多3个节段。逻辑回归分析用以探查对PE反应的预测变量。结果显示,以前曾经历人际暴力和有酒精使用失常共病,跟有一般反应相关。有抑郁症共病及早期PTSD症状减退,跟有极佳反应相关。过往曾经历人际暴力的样本,接受认知行为疗法(CBT)专家提供的治疗,能预测出较大的极佳治疗反应。模型解释了治疗反应方面 56.6%的方差,并对 83.3%的样本作出了正确的反应预测。研究结果有助我们理解能预测或调节对PE反应的因素,亦有助计划疗程。.</p>
Zankl, Sabine	2018	"Sabina, wo ist der Abrakadabra"? Dolmetschgestzte Integrative Gestalttherapie mit einem vierjhrigen Kind				<p>Dargestellt wird ein Fallbeispiel dolmetschgestzter Integrativer Gestalttherapie mit einem vierjhrigen Mdchen, das mit seiner koptischen Familie aus gypten geflohen war. Folgende Punkte werden behandelt: (1) Aspekte der Therapie bei Kindern mit Traumafolgestrung (Aspekte der Gestalttherapie mit Kindern; traumabezogene Spieltherapie; berlebende sexueller Gewalt). (2) Aspekte der Therapie mit geflichteten Kindern (interkulturelle Besonderheiten; Einsatz von Dolmetscherinnen und Dolmetschern in der Kindertherapie; interdisziplinre Zusammenarbeit). (3)</p>

						Politische und gesellschaftliche Aspekte (die gesellschaftskritische Dimension der Therapie; verschrftes Asylrecht in sterreich und dessen Auswirkungen auf die Arbeit mit Flchtlingskindern).
Zarling, Amie; Russell, Dan	2022	A randomized clinical trial of acceptance and commitment therapy and the Duluth Model classes for men court-mandated to a domestic violence program	Journal of consulting and clinical psychology	90	4	Objective: This is the first randomized controlled trial to compare Acceptance and Commitment Therapy (ACT) with the Duluth Model curriculum, which took place in community-based corrections for the treatment of men convicted of domestic violence. ACT is a third-wave cognitive-behavioral approach that utilizes experiential methods to foster psychological flexibility. The Duluth Model curriculum is an educational approach grounded in feminist theory that focuses on changing attitudes toward women and unlearning power and control motivations. This trial was preregistered at ClinicalTrials.gov (registration number: NCT03609801). Method: This study included 338 men who were court-mandated to complete a domestic violence program after being convicted of assault against a female partner. Participants were randomized to complete the 24 sessions of the ACT program or the Duluth Model Men's Nonviolence Classes. Outcomes included criminal justice data (domestic violence charges, other violent charges, and nonviolent charges) incurred during the 1 year following program dropout or completion, and victim reports of intimate partner violence (IPV; aggression, controlling behaviors, and stalking/harassment). Results: In intent-to-treat comparisons to Duluth, ACT participants did not show a difference in domestic assault charges at 1 year posttreatment ($p = .44$). ACT participants acquired significantly fewer violent charges ($p = .04$) and nonviolent charges ($p = .02$) compared to Duluth participants. Data from victims indicated that victims of ACT participants

							<p>reported significantly fewer IPV behaviors than victims of Duluth participants on the Conflict Tactics Scale ($d = .78$), the Controlling Behaviors Scale ($d = .66$) and the Stalking Behavior Checklist ($d = .71$) at 1 year posttreatment. Conclusions: An ACT-based group intervention delivered in community corrections reduced violent and nonviolent criminal charges compared to the Duluth classes. Domestic violence charges did not differ between groups but victim reports indicated that ACT participants engaged in fewer IPV behaviors. (PsyInfo Database Record (c) 2022 APA, all rights reserved)</p>
Zarzycka, Beata; Jankowski, Tomasz; Krasiczyńska, Barbara	2022	Therapeutic relationship and professional burnout in psychotherapists: A structural equation model approach	Clinical psychology & psychotherapy	29	1	250–259	<p>Previous studies on the therapists' burnout have focused on individual and environmental risk factors. This study aimed to analyse whether variables reflecting therapeutic relationship-the therapist experience of relational depth and quality of the therapeutic relationship-can be related to psychotherapist burnout. Four alternative path models were examined. A total of 101 humanistic-experiential psychotherapists, aged between 29 and 86 years, participated in the research. The Relational Depth Frequency Scale, the Scale to Assess the Therapeutic Relationship, the Psychological Well-Being Scale and the Link Burnout Questionnaire were applied to the research. The results showed that relational depth and therapeutic quality correlated negatively with psychotherapist burnout. Relational depth is the main predictor of psychological well-being and psychotherapist burnout through its effect on therapeutic quality. The experiences of relational depth, primarily of person-centred therapists, have positive psychological potential in predicting lower professional burnout.</p>

Zayde, Amanda; Derella, Olivia J.; Kilbride, Anna	2023	Safe haven in adolescence: Improving parental reflective functioning and youth attachment and mental health with the Connecting and Reflecting Experience	Infant mental health journal	44	2	268–283	Attachment security provides a well-documented protective developmental function for children exposed to individual- and community-level trauma, yet the effectiveness of prevention and intervention efforts targeting attachment during adolescence has been relatively underexplored. The Connecting and Reflecting Experience (CARE) program is a transdiagnostic, bi-generational, group-based, mentalizing-focused parenting intervention developed to dismantle the intergenerational transmission of trauma and support secure attachment relationships across the developmental spectrum within an under-resourced community. This exploratory study evaluated outcomes among caregiver-adolescent dyads (N = 32) in the CARE condition of a nonrandomized clinical trial at an outpatient mental health clinic within a diverse, urban U.S. community with disproportionate trauma exposure exacerbated by COVID-19. Caregivers predominantly identified as Black/African/African American (47%), Hispanic/Latina (38%), and/or White (19%). At pre- and post-intervention, caregivers completed questionnaires regarding parental mentalizing and their adolescents' psychosocial functioning. Adolescents completed scales regarding attachment and psychosocial functioning. Results showed a significant decrease in caregivers' prementalizing on the Parental Reflective Functioning Questionnaire, improvement in adolescent psychosocial functioning on the Youth Outcomes Questionnaire, and an increase in adolescents' reports of attachment security on the Security Scale. These preliminary findings suggest that mentalizing-focused parenting interventions may be effective in fostering improved attachment
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							security and psychosocial functioning during adolescence.
Zeber, John E.; Coleman, Karen J.; Fischer, Heidi; Yoon, Tae K.; Ahmedani, Brian K.; Beck, Arne; Hubley, Samuel; Imel, Zac E.; Rossom, Rebecca C.; Shortreed, Susan M.; Stewart, Christine; Waitzfelder, Beth E.; Simon, Greg E.	2017	The impact of race and ethnicity on rates of return to psychotherapy for depression	Depression and anxiety	34	12	1157–1163	<p>BACKGROUND</p> <p>There are many limitations with the evidence base for the role of race and ethnicity in continuation of psychotherapy for depression.</p> <p>METHODS</p> <p>The study sample consisted of 242,765 patients ≥ 18 years old from six healthcare systems in the Mental Health Research Network (MHRN) who had a new episode of psychotherapy treatment for depression between 1/1/2010 and 12/31/2013. Data were from electronic medical records and organized in a Virtual Data Warehouse (VDW). The odds of racial and ethnic minority patients returning for a second psychotherapy visit within 45 days of the initial session were examined using multilevel regression.</p> <p>RESULTS</p> <p>The sample was primarily middle aged (68%, 30-64 years old), female (68.5%), and non-Hispanic white (50.7%), had commercial insurance (81.4%), and a low comorbidity burden (68.8% had no major comorbidities). Return rates within 45 days of the first psychotherapy visit were 47.6%. Compared to their non-Hispanic white counterparts, racial and ethnic minority patients were somewhat less likely to return to psychotherapy for a second visit (adjusted odds ratios [aORs] ranged from 0.80 to 0.90). Healthcare system was a much stronger predictor of return rates (aORs ranged from 0.89 to 5.53), while providers accounted for 21.1% of the variance in return rates.</p> <p>CONCLUSIONS</p> <p>Provider and healthcare system variation were stronger</p>

							predictors of patient return to psychotherapy than race and ethnicity. More research is needed to understand why providers and healthcare systems determine psychotherapy return rates for patients of all racial and ethnic groups.
Zech, James M.; Johnson, Morgan; Pullmann, Michael D.; Hull, Thomas D.; Althoff, Tim; Munson, Sean A.; Fridling, Nicole; Litvin, Boris; Wu, Jerilyn; Areán, Patricia A.	2023	An Integrative Engagement Model of Digital Psychotherapy: Exploratory Focus Group Findings	JMIR formative research	7		e41428	<p>BACKGROUND: Digital mental health interventions, such as 2-way and asynchronous messaging therapy, are a growing part of the mental health care treatment ecosystem, yet little is known about how users engage with these interventions over the course of their treatment journeys. User engagement, or client behaviors and therapeutic relationships that facilitate positive treatment outcomes, is a necessary condition for the effectiveness of any digital treatment. Developing a better understanding of the factors that impact user engagement can impact the overall effectiveness of digital psychotherapy. Mapping the user experience in digital therapy may be facilitated by integrating theories from several fields. Specifically, health science's Health Action Process Approach and human-computer interaction's Lived Informatics Model may be usefully synthesized with relational constructs from psychotherapy process-outcome research to identify the determinants of engagement in digital messaging therapy.</p> <p>OBJECTIVE: This study aims to capture insights into digital therapy users' engagement patterns through a qualitative analysis of focus group sessions. We aimed to synthesize emergent intrapersonal and relational determinants of engagement into an integrative framework of engagement in digital therapy.</p> <p>METHODS: A total of 24 focus group participants were recruited to participate in 1 of 5 synchronous focus group sessions held between October and November 2021. Participant responses were coded</p>

						<p>by 2 researchers using thematic analysis. RESULTS: Coders identified 10 relevant constructs and 24 subconstructs that can collectively account for users' engagement and experience trajectories in the context of digital therapy. Although users' engagement trajectories in digital therapy varied widely, they were principally informed by intrapsychic factors (eg, self-efficacy and outcome expectancy), interpersonal factors (eg, the therapeutic alliance and its rupture), and external factors (eg, treatment costs and social support). These constructs were organized into a proposed Integrative Engagement Model of Digital Psychotherapy. Notably, every participant in the focus groups indicated that their ability to connect with their therapist was among the most important factors that were considered in continuing or terminating treatment. CONCLUSIONS: Engagement in messaging therapy may be usefully approached through an interdisciplinary lens, linking constructs from health science, human-computer interaction studies, and clinical science in an integrative engagement framework. Taken together, our results suggest that users may not view the digital psychotherapy platform itself as a treatment so much as a means of gaining access to a helping provider, that is, users did not see themselves as engaging with a platform but instead viewed their experience as a healing relationship. The findings of this study suggest that a better understanding of user engagement is crucial for enhancing the effectiveness of digital mental health interventions, and future research should continue to explore the underlying factors that contribute to engagement in digital mental health interventions. TRIAL REGISTRATION:</p>
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							ClinicalTrials.gov NCT04507360; https://clinicaltrials.gov/ct2/show/NCT04507360.
Zeldow, Peter B.	2021	Rosalind Dymond Cartwright (1922–2021)	American Psychologist		1935-990X(Electronic), 0003-0606X(Print)	1201	<p>Memorializes Rosalind Dymond Cartwright (1922-2021). She was a pioneer in the fields of empathy and psychotherapy research and one of the first women to make significant contributions to the science of sleep and dreams and the field of sleep medicine. Upon receiving her PhD in 1949, she took a position at Mount Holyoke College. After 2 years, she moved to the University of Chicago where Carl Rogers hired her to oversee the many studies of audiotaped psychotherapy sessions that he was conducting to test the effectiveness of client-centered therapy. In 1954, she and Rogers coedited the landmark book, <i>Psychotherapy and Personality Change</i>. She also held positions at the University of Illinois College of Medicine, University of Chicago, and Rush University Medical Center. From 1971 to 1993 she was a grant reviewer for the National Institute of Mental Health, a role that allowed her to advocate anonymously for the support of research and training programs that greatly influenced the course of sleep research in the United States. Beginning in 1990, Roz served pro bono as an expert witness for the defense in several murder cases that involved a defense of sleepwalking, a non-REM parasomnia. At age 90 she immersed herself in the technology of spectral analysis scoring of polysomnogram data to argue that recent laboratory-based discoveries about sleepwalkers could be used to determine whether an alleged crime might have been committed during an arousal from sleep in which consciousness was impaired. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>

<p>Zelnick, Jennifer R.; Daftary, Amrita; Hwang, Christina; Labar, Amy S.; Boodhram, Resha; Maharaj, Bhavna; Wolf, Allison K.; Mondal, Shinjini; Amico, K. Rivet; Orrell, Catherine; Seepamore, Boitumelo; Friedland, Gerald; Padayatchi, Nesri; O'Donnell, Max R.</p>	<p>2021</p>	<p>Electronic Dose Monitoring Identifies a High-Risk Subpopulation in the Treatment of Drug-resistant Tuberculosis and Human Immunodeficiency Virus</p>	<p>Clinical infectious diseases : an official publication of the Infectious Diseases Society of America</p>	<p>73</p>	<p>7</p>	<p>e1901-e1910</p>	<p>BACKGROUND: In generalized drug-resistant tuberculosis (DR-TB) human immunodeficiency virus (HIV) epidemics, identifying subpopulations at high risk for treatment failure and loss to care is critically important to improve treatment outcomes and prevent amplification of drug resistance. We hypothesized that an electronic dose-monitoring (EDM) device could empirically identify adherence-challenged patients and that a mixed-methods approach would characterize treatment challenges. METHODS: A prospective study of patients with DR-TB HIV on antiretroviral therapy (ART) initiating bedaquiline-containing regimens in KwaZulu-Natal, South Africa. Separate EDM devices measured adherence for bedaquiline and ART. Patients with low adherence (<85%) to both bedaquiline and ART were identified as high risk for poor outcomes. Baseline survey, study visit notes, and focus group discussions characterized treatment challenges. RESULTS: From December 2016-February 2018, 32 of 198 (16%) enrolled patients with DR-TB HIV were identified as dual-adherence challenged. In a multivariate model including baseline characteristics, only receiving a disability grant was significantly associated with dual nonadherence at 6 months. Mixed-methods identified treatment barriers including alcohol abuse, family conflicts, and mental health issues. Compared with adherent patients, dual-adherence-challenged patients struggled to prioritize treatment and lacked support, and dual-adherence-challenged patients experienced higher rates of detectable HIV viral load and mortality than more adherent patients. CONCLUSIONS: EDM empirically identified a subpopulation of patients with DR-TB HIV with dual-adherence challenges early in treatment. Mixed-methods revealed intense</p>
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							psychosocial, behavioral, and structural barriers to care in this subpopulation. Our data support developing differential, patient-centered, adherence support interventions focused on psychosocial and structural challenges for subpopulations of at-risk DR-TB HIV patients.
Zens, Christine; Hagen, Silka	2013	Schematherapie beim Jungerwachsenen					Die schematherapeutische Arbeit mit jungen Erwachsenen wird beschrieben und am Beispiel eines anorektischen 17-jährigen Mädchens illustriert. Nach einem Überblick über phasenspezifische Entwicklungsaufgaben von Jungerwachsenen und damit verbundene mögliche Krisen werden Grundlagen der Schematherapie auf der Basis des Modulansatzes verdeutlicht. Als wesentliche Faktoren der Behandlung werden die therapeutische Beziehung und die Unterstützung in der Fähigkeit zur Wahrnehmung und Ausdruck von Emotionen beschrieben. Neben Überlegungen zu Indikation und Kontraindikation werden Ebenen der Diagnostik erlutert und Maßnahmen der Psychoedukation skizziert. Im Rahmen der Fallkonzeptualisierung und Behandlungsplanung werden zudem altersspezifische schematherapeutische Ziele und Techniken (kognitive, emotionsfokussierte und behaviorale Interventionen und Elternarbeit) erlutert.
Zhao, Junqiang; Jull, Janet; Funderup, Jeanette; Smith, Maureen; Kienlin, Simone Maria; Rahn, Anne Christin; Dunn, Sandra;	2022	Understanding how and under what circumstances decision coaching works for people making healthcare	BMC medical informatics and decision making	22	1	265	BACKGROUND: Decision coaching is non-directive support delivered by a trained healthcare provider to help people prepare to actively participate in making healthcare decisions. This study aimed to understand how and under what circumstances decision coaching works for people making healthcare decisions. METHODS: We followed the realist review methodology for this study. This study was built on a Cochrane systematic review of the effectiveness of decision

<p>Aoki, Yumi; Brown, Leanne; Harvey, Gillian; Stacey, Dawn</p>		<p>decisions: a realist review</p>				<p>coaching interventions for people facing healthcare decisions. It involved six iterative steps: (1) develop the initial program theory; (2) search for evidence; (3) select, appraise, and prioritize studies; (4) extract and organize data; (5) synthesize evidence; and (6) consult stakeholders and draw conclusions. RESULTS: We developed an initial program theory based on decision coaching theories and stakeholder feedback. Of the 2594 citations screened, we prioritized 27 papers for synthesis based on their relevance rating. To refine the program theory, we identified 12 context-mechanism-outcome (CMO) configurations. Essential mechanisms for decision coaching to be initiated include decision coaches', patients', and clinicians' commitments to patients' involvement in decision making and decision coaches' knowledge and skills (four CMOs). CMOs during decision coaching are related to the patient (i.e., willing to confide, perceiving their decisional needs are recognized, acquiring knowledge, feeling supported), and the patient-decision coach interaction (i.e., exchanging information, sharing a common understanding of patient's values) (five CMOs). After decision coaching, the patient's progress in making or implementing a values-based preferred decision can be facilitated by the decision coach's advocacy for the patient, and the patient's deliberation upon options (two CMOs). Leadership support enables decision coaches to have access to essential resources to fulfill their role (one CMOs). DISCUSSION: In the refined program theory, decision coaching works when there is strong leadership support and commitment from decision coaches, clinicians, and patients. Decision coaches need to be capable in coaching, encourage patients' participation, build a trusting relationship with</p>
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							patients, and act as a liaison between patients and clinicians to facilitate patients' progress in making or implementing an informed values-based preferred option. More empirical studies, especially qualitative and process evaluation studies, are needed to further refine the program theory.
Zhou, De-Hui Ruth; Chiu, Yu- Lung Marcus; Lo, Tak-Lam William; Lo, Wai-Fan Alison; Wong, Siu-Sing; Leung, Chi Hoi Tom; Yu, Chui- Kam; Chang, Yuk Sing Geoffrey; Luk, Kwok-Leung	2023	An unexpected visitor and a sword play: a randomized controlled trial of collective narrative therapy groups for primary carers of people with schizophrenia	Journal of mental health (Abingdon, England)	32	1	351–362	BACKGROUND: Most family carer support programs focus on supporting carers with caregiving-related knowledge and skills to help their family members who suffer from schizophrenia in their recovery process while carers' inner resources and preferred identities are less emphasized in the existing studies. AIMS: The present study uses collective narrative therapy groups (CNTG) to promote the inner strengths and agency of family carers and help them to explore their preferred identities while caring for family members with schizophrenia. METHOD: To ensure an evidence-based intervention, 89 Chinese family carers of people with schizophrenia took part in this three-wave longitudinal program evaluation study using a randomized controlled trial design. RESULTS: Compared with the control group, family carers in CNTG reported better family relationships, a lesser caregiving burden, and more perceived inner resources. Repeated one-way ANOVA revealed that CNTG improved family relationships, the caregiving burden, the level of hope and inner resources in the posttest, and a statistically significantly better mental health condition in the follow-up. CONCLUSION: This study shows that collective narrative psychotherapy is effective in supporting family carers of people with schizophrenia in Hong Kong. Based on the research findings, we discuss the strengths of the program and its implications for practitioners.

Zhu, Vincent; Dalby-Payne, Jacqueline	2019	Feeding difficulties in children with autism spectrum disorder: Aetiology, health impacts and psychotherapeutic interventions	J Paediatr Child Health (Journal of Paediatrics and Child Health)	55	11	1304–1308	Feeding difficulties are common and significant issues for children with autism spectrum disorder and their families. Key features of autism are intrinsically linked with factors contributing to these children's feeding difficulties. Following a multidisciplinary assessment to exclude non-behavioural reasons for the feeding difficulty, there are two mainstay modalities of treatment: operant conditioning and systematic desensitisation. Currently, evidence points towards operant conditioning as the most efficacious psychotherapy. However, recent research into cognitive behavioural therapy for older children with feeding difficulties has shown promising results and will be an area to monitor in the coming years. This review outlines the causes and health impacts and evaluates current evidence supporting the available psychotherapeutic interventions for children with autism spectrum disorder experiencing feeding difficulties.
Zhunusova, Zhanna; Raduga, Michael; Shashkov, Andrey	2022	Overcoming phobias by lucid dreaming	Psychology of Consciousness: Theory, Research, and Practice			No Paginat ion Specified -No Paginat ion Specified	Lucid dreams (LDs) are dreams in which the dreamer becomes aware that they are dreaming. LDs have a much broader range of possibilities for modeling situations than the physical world. Owing to this feature of LDs, and according to previous studies, they can be used for psychotherapeutic purposes, including reducing anxiety and fear. In the present study, we investigate the association between fear reduction and fear level, both during wakefulness and in LDs. We instructed 76 LD practitioners to encounter the object of their fear in an LD. Upon awakening, they evaluated how much fear they felt in the LD and after awakening. After experiencing their fear in LD, 51% and 49% of volunteers reported lower and the same fear upon awakening, respectively. Stronger fear before LD was associated with a greater effect of its reduction after LD (2.5 times more often). Our study

							confirms lucid dreaming's efficiency in helping people overcome their fears, especially phobias. In this way, our results highlight the psychotherapeutic benefits of LD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Zilcha-Mano, Sigal; Errázuriz, Paula; Yaffe-Herbst, Lirit; German, Ramaris E.; DeRubeis, Robert J.	2019	Are there any robust predictors of "sudden gainers," and how is sustained improvement in treatment outcome achieved following a gain?	Journal of consulting and clinical psychology		19 39- 21 17(Ele ctr oni c), 00 22- 00 6X(Pri nt)	491-500	Objective: It has been widely demonstrated that the process of change many patients undergo in therapy is not linear. Some patients benefit greatly from large sudden improvements, commonly referred to as "sudden gains." It is less clear whether certain baseline characteristics make patients more prone to displaying sudden gains, as well as what mechanisms are responsible for the lasting effects of sudden gains. Method: In a sample of 547 patients receiving treatment in an outpatient mental health clinic, a machine learning approach was used to search for potential predictors of sudden gains. A within-patient mediation model was used to investigate whether alliance serves as a mechanism underlying the sustained effect of sudden gains. Results: Twelve percent of patients showed sudden gains. Consistent with previous studies, no robust predictors of sudden gains were found, even when using an approach capable of evaluating the contributions of multiple predictors and their interactions. A significant within-patient mediation model was found, according to which sudden gains predict subsequent strengthening in alliance, which in turn predict subsequent improvement in life satisfaction and psychological dysfunction. These findings support the proposed theoretical framework whereby alliance is an important ingredient of an upward spiral that may results in sustained sudden gains. Conclusions: The findings provide first evidence of the presence of an ingredient responsible for the sustained

							effect of sudden gains, using a within-patient mediation model. The findings support the important role alliance may play in the consolidation and subsequent expansion of the effect of sudden gains. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Zilcha-Mano, Sigal; Eubanks, Catherine F.; Bloch-Elkouby, Sarah; Muran, J. Christopher	2020	Can we agree we just had a rupture? Patient-therapist congruence on ruptures and its effects on outcome in brief relational therapy versus cognitive-behavioral therapy	Journal of Counseling Psychology	67	3	315–325	To draw clinically meaningful evidence-supported implications about the alliance-outcome association, recent studies have investigated patient-therapist congruence on ruptures in alliance. The present study investigated patient-therapist congruence on ruptures and its consequences on subsequent session outcome in 2 types of treatments that differ in the training therapists receive to identify ruptures: brief relational therapy (BRT), in which therapists receive alliance-focused training, and cognitive-behavioral therapy (CBT), in which no training specifically focused on the alliance is provided. We implemented polynomial regression and response surface analysis, and the truth and bias model on data of 162 dyads reporting weekly on their levels of ruptures, for 30 sessions, during either CBT or BRT. Therapists and patients exhibited substantial temporal congruence in their session-by-session rupture ratings. Therapists showed a tendency to detect more ruptures than did their patients. This tendency correlated with higher levels of congruence and was more evident in BRT than in CBT. Agreement and disagreement between patients and therapists on the question of whether a rupture had occurred was found to have a greater effect on subsequent session outcomes in BRT than in CBT. These findings may suggest that therapists who are more attuned to their patients may demonstrate greater vigilance in identifying ruptures than their patients do. This vigilant stance may be taught. Greater congruence

							may result in better subsequent session outcome throughout treatment in BRT than in CBT. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Zilcha-Mano, Sigal; Eubanks, Catherine F.; Muran, J. Christopher	2019	Sudden gains in the alliance in cognitive behavioral therapy versus brief relational therapy	Journal of consulting and clinical psychology	87	6	501–509	Objective: Two decades of empirical research suggest that changes in symptoms are not linear, and many patients gain much of their symptom reduction in one between-sessions interval. Theoretically, such gains are expected to be manifested in the working alliance as well, following a rupture session; however, no study to date has directly examined between-sessions sudden gains in the alliance. In the present study we examined whether ruptures predict subsequent sudden gains in the alliance, which in turn show an effect on outcome that is specific to the treatment in which the alliance is conceptualized as an active mechanism of change. Method: In a sample of 241 patient–therapist dyads, patients received either brief relational therapy (BRT), in which the alliance is conceptualized as an active mechanism of change, or cognitive–behavioral therapy (CBT), in which it is not. We examined whether patient and therapist reports of ruptures predicted sudden gains in alliance in the subsequent session, and whether early sudden gains in alliance were significantly associated with treatment outcome in BRT versus CBT. Results: Rupture sessions, as reported by therapists but not by patients, predicted a sudden gain in both patient and therapist-reported alliance in the subsequent session. Findings revealed a moderating effect of treatment condition on the association between sudden gains and treatment outcome, in which gains in alliance were associated with better treatment outcome in BRT than in CBT. Conclusions: The findings support the potential role of gains in alliance as a specific mechanism of change in

							BRT versus CBT. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Zilcha-Mano, Sigal; Muran, J. Christopher; Hungr, Clara; Eubanks, Catherine F.; Safran, Jeremy D.; Winston, Arnold	2016	The relationship between alliance and outcome: Analysis of a two-person perspective on alliance and session outcome	Journal of consulting and clinical psychology	84	6	484-496	Objective: Better alliance is known to predict better psychotherapy outcomes, but the interdependent and interactive effects of both therapist- and patient-reported alliance levels have yet to be systematically investigated. Method: Using actor-partner interdependence model analysis the authors estimated actor, partner, and 2 types of interactive effects of alliance on session outcome in a sample of 241 patient-therapist dyads across 30 sessions of cognitive-behavioral and alliance-focused therapy. Results: Findings suggest that the most robust predictors of session outcome are within-treatment changes in patient reports of the alliance, which predict both patient and therapist report on outcome. Within-treatment changes in therapist reports of the alliance, as well as differences between patients and between therapists in their average ratings of alliance levels across treatment, predict outcome as reported by the specific individual. Although alliance was found to be a significant predictor of outcome in both treatments, for therapist-reported alliance and outcome it had a stronger effect in alliance-focused therapy than in cognitive-behavioral therapy. Additionally, dyads with the highest pooled level of alliance from both partners fared best on session outcome. Conclusions: The results are consistent with a 2-person perspective on psychotherapy, demonstrating the importance of considering the interdependent and interactive nature of both patient and therapist alliance levels on session outcome. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Zilcha-Mano, Sigal; Shahar,	2021	Investigating patient-specific	BMC psychiatry	21	1	287	BACKGROUND Major depressive disorder (MDD) is the leading cause of

<p>Ben; Fisher, Hadar; Dolev-Amit, Tohar; Greenberg, Leslie S.; Barber, Jacques P.</p>		<p>mechanisms of change in SET vs. EFT for depression: study protocol for a mechanistic randomized controlled trial</p>				<p>disability worldwide and one of the most heterogeneous mental health disorders. Although there are effective treatments for MDD, about 50% of patients do not respond to treatment. One of the greatest challenges in improving current treatments is identifying the mechanisms responsible for therapeutic change in MDD. The proposed study aims to identify patient-specific mechanisms of change in two treatments for MDD by investigating whether subpopulations of patients differ in the mechanisms of change that operate when receiving a given treatment. Based on theories of targeting weakness and building on strength, we will examine whether the mechanism of change operating when a treatment is provided depends on whether the treatment targets the patient's strength or weakness.</p> <p>METHOD</p> <p>To test our hypothesis that two treatments, supportive-expressive treatment (SET) and emotion-focused treatment (EFT), differ in their mechanisms of change and to explore whether focusing on the patient's strength or weakness will result in better treatment outcome, we conduct a mechanistic randomized controlled trial. One hundred and twenty-four individuals diagnosed with MDD are randomized to 16 sessions of either SET or EFT. The two treatments are theorized to differ in their main mechanism of change: SET places emphasis on insight as its main mechanism of change, and EFT places emphasis on emotional processing. Both can serve as strength- or weakness-focused treatments, based on the patient's baseline levels of insight and emotional processing. The primary outcome is the Hamilton Rating Scale for Depression. Additional measures include self-report measures and clinical interviews, hormonal, motion,</p>
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						<p>acoustic, physiological, and neuroimaging assessments, performance on cognitive tasks, and narrative material (collected from the sessions and interviews).</p> <p>DISCUSSION</p> <p>The RCT will expand our understanding of mechanisms of change in psychotherapy, from one-size-fits-all to patient-specific mechanisms of change. By informing therapists about which of the two approaches is most effective with patients based on their baseline characteristics, the RCT will contribute to progress toward personalized treatment.</p> <p>TRIAL REGISTRATION</p> <p>clinicaltrials.gov Identifier: NCT04576182 submitted on October 1st 2020.</p> <p>FUNDING</p> <p>The Israel Science Foundation. Trial status: Recruitment is ongoing.</p>
Zilcha-Mano, Sigal; Webb, Christian A.		Identifying who benefits most from supportive versus expressive techniques in psychotherapy for depression: Moderators of within- versus between-individual effects	Journal of consulting and clinical psychology			<p>Objective: A recent randomized controlled trial (RCT) indicated that individuals with higher levels of attachment anxiety exhibited better treatment outcomes in supportive–expressive therapy (SET) relative to supportive therapy (ST). But to gain insight into within-patient therapeutic changes, a within-individual design is required. The present study contrasts previous findings based on theory-driven between-patient moderators with data-driven moderators of within-patient processes to investigate whether findings converge or diverge across these two approaches. Method: We used data of 118 patients from the pilot and active phases of a recent RCT for patients with major depressive disorder, comparing ST with SET, a time-limited psychodynamic therapy. The predefined primary outcome measure was the Hamilton Rating Scale for Depression. Supportive versus expressive</p>

							<p>techniques were rated based on patients' end-of-session perspective. We compared previous findings based on moderators of between-patient effects with a data-driven approach for identifying moderators of within-patient effects of techniques on subsequent outcome. Results: After false discovery rate corrections, of 10 preselected moderators, patients' attachment anxiety and domineering style remained significant. Of these, bootstrap resampling revealed significant differences between ST and SET techniques for the attachment anxiety moderator: Those with higher attachment anxiety benefited more from greater use of ST than SET techniques in a particular session, as evidenced by lower levels of symptoms at the subsequent session. Conclusions: Our within-individual findings diverge from previously published between-individual analyses. This proof-of-concept study demonstrates the importance of complementing between-individuals with within-individual analyses to achieve better understanding of who benefits most from specific treatment techniques. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Zimmermann, Karel	2016	Erlebnispdagogische Anstze und Methoden in der kinderpsychiatrischen Tagesklinik					<p>Mglichkeiten erlebnispdagogischer Anstze in der Kinder- und Jugendpsychiatrie werden am Beispiel der kinderpsychiatrischen Tagesklinik der Uni Kln aufgezeigt. Erlebnispdagogische Angebote bieten mit ihrem handlungsorientierten Vorgehen einen motivierenden Zugang fr Kinder und Jugendliche, um eigene Fhigkeiten und Kompetenzen zu entwickeln, das Selbstwertgefhl zu strken sowie mit gruppenspezifischen Prozesse konfrontiert zu werden. Hierzu werden bestimmte Themen, die in Form von spannenden Geschichten eingekleidet sind, ausgewhlt. Das Setting ermoglicht einen</p>

							offenen Erfahrungsraum, in dem Erprobung, Kreativität, Wagnis und Bewhrung zum Tragen kommen. Erprobte erlebnispdagogische Beispiele werden dargestellt und Schritte ihrer Realisation werden beschrieben.
Zimmermann, Martha; Papa, Anthony	2020	Causal explanations of depression and treatment credibility in adults with untreated depression: Examining attribution theory	Psychology and psychotherapy	93	3	537-554	<p>OBJECTIVES Understanding depression as biologically caused has been shown to impact both treatment preferences and prognostic pessimism. Attribution theory has been posited as an explanation for this relationship. Given that evidence-based psychotherapy is effective yet often not delivered to individuals with depression, the present study sought to determine factors that impact treatment credibility.</p> <p>DESIGN Non-treatment-seeking, depressed individuals (n = 229) were randomly assigned to read a psychoeducation article about depression that consisted of a biological causal explanation, psychosocial causal explanation, or a non-causal control.</p> <p>METHODS Attributional dimensions of locus, stability, and control were examined as mediating the relationship between causal explanation and treatment credibility and prognostic pessimism.</p> <p>RESULTS Individuals in the biological condition were more likely to find antidepressant medication a credible treatment for depression. The manipulation had no direct effect on preference for psychotherapy or prognostic pessimism. Attributional dimensions of locus, stability, and control did not mediate the relationship between causal explanation and treatment credibility. To the extent that the psychosocial article increased perceived instability of</p>

							<p>the depression cause, however, prognostic pessimism was reduced.</p> <p>CONCLUSIONS</p> <p>The present study has implications for framing education about depression in mental health literacy programs and public awareness campaigns.</p> <p>PRACTITIONER POINTS</p> <p>This study found that conceptualizing depression as biologically caused increased the credibility of medication but not psychotherapy. Participants reading a biological explanation of depression demonstrated an increase on some aspects of stigma and prognostic pessimism. Emphasizing the person-environment interaction rather than biological causes decreased the perceived stability of depression which was associated with a decrease in prognostic pessimism.</p>
Zimmermann, Ronan; Fürer, Lukas; Schenk, Nathalie; Koenig, Julian; Roth, Volker; Schlüter-Müller, Susanne; Kaess, Michael; Schmeck, Klaus	2021	Silence in the psychotherapy of adolescents with borderline personality pathology	Personality disorders	12	2	160-170	<p>Silence in psychotherapy has been associated with different, sometimes opposing meanings. This study investigated silence during adolescent identity treatment in adolescent patients with borderline personality pathology. A more active therapeutic approach with less silence is advised in adolescent identity treatment. It was hypothesized that a session with more silence might be negatively perceived by adolescent patients. A total of 382 sessions that involved 21 female patients were analyzed. Silence was automatically detected from audio recordings. Diarization (segmenting an audio according to speaker identity) was performed. The patient's perception of the sessions was measured with the Session Evaluation Questionnaire. The amount of silence in the different speaker-switching patterns was not independent of one other. This finding supports the hypothesis of mutual attunement of patient and therapist concerning</p>

							the amount of silence in a given session. Sessions with less silence were rated as being both smoother and better. The potential implications for clinical practice are discussed. The investigation of turn-taking and interpersonal temporal dynamics is relevant for psychotherapy research. The topic can be addressed efficiently using automated procedures. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Zingaretti, Pietro; Genova, Federica; Gazzillo, Francesco; Lingiardi, Vittorio	2017	Patients' crying experiences in psychotherapy: Relationship with the patient level of personality organization, clinician approach, and therapeutic alliance	Psychotherapy	54	2	159-166	The present study sought to further understand patients' crying experiences in psychotherapy. We asked 64 clinicians to randomly request one patient in their practice to complete a survey concerning crying in psychotherapy as well as a measure of therapeutic alliance. All clinicians provided information regarding their practice and patient diagnostic information. Fifty-five (85.93%) patients cried at least once, and 18 (28.1%) had cried during their most recent session. Patients' frequency of crying episodes in therapy was negatively related with psychotic level of personality organization, while patients' tendency to feel more negative feelings after crying was positively related to lower levels of personality organization. Patients' feeling more in control after crying was positively related with an interpersonal therapeutic approach, while patients' perception of therapists as more supportive after crying was positively related to a psychodynamic approach. Patients' tendency to experience more negative feelings after crying was significantly related with both lower levels of personality organization and patients' perception of the therapeutic alliance as weak. In regard to their most recent crying event in treatment, therapeutic alliance was related to gaining a new understanding of experience not previously recognized by the patient. Further, patients' experiences

							of having never told anyone about their experience related to a crying episode, as well as their realization of new ideas and feeling of having communicated something that words could not express was positively related to the goal dimension of alliance. Patients' perception of crying as a moment of genuine vulnerability, greater feelings of self-confidence and self-disclosure as well as having had a therapist response that was compassionate and supportive, was positively related with the bond dimension of alliance. Clinical implications and future research directions regarding patient crying experiences in psychotherapy are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Zirks, Ingo	2022	Hakomi - Erfahrungsorientierte Krperpsychotherapie. Ein Selbstversuch	Existenzanalyse	39	1	31-38	Hakomi ist eine von Ron Kurtz (1934 bis 2011) entwickelte achtsamkeitsbasierte und erfahrungsorientierte Krpertherapie. Es nutzt die Krperstruktur und -muster, um an das unbewusste Kernmaterial zu gelangen, einschlielich der verborgenen Anschauungen, die unser Leben, Beziehungen und unsere Selbstbilder beeinflussen. Das Hakomi erschliet zgig das Kernmaterial. Die Methode gestattet es, dass die Inhalte sicher ins Bewusstsein treten knnen. Dann kann es neu bewertet und, wo es passt, transformiert werden. Eine tiefergehende Achtsamkeit und Bewusstheit kann integriert werden und somit dem Menschen helfen, ein zufriedeneres und erfolgreicher Leben zu gestalten. Die Grundzge sind leicht zu erlernen, das Durchdringen dieser Therapierichtung und das Ausschpfen des Potentials bedarf einer intensiven fachlichen Auseinandersetzung und eines begleitenden Persnlichkeitsprozesses.
Zisk A; Abbott CH; Bounoua N;		Parent-teen communication			08 94-		OBJECTIVE: Although there are currently several efficacious treatments for

<p>Diamond GS; Kobak R; Zhao J; Jull J; FINDERUP J; Smith M; Kienlin SM; Rahn AC; Dunn S; Aoki Y; Brown L; Harvey G; Stacey D; Zandberg L; Kaczurkin AN; McLean CP; Rescorla L; Yadin E; Foa EB; Yourman DB; Yoshida I AUID-ORCID: 0000-0003-1888-154X; Hirao K AUID-ORCID: 0000-0002-2467-7564; Kobayashi R; Yao L; Kabir R; Yakın D; Grasman R; Arntz A; Wucherer D AUID-ORCID: 0000-0002-9324-1043; Thyrian JR; Eichler T; Hertel J; Kilimann I;</p>	<p>predicts treatment benefit for depressed and suicidal adolescents. Understanding how and under what circumstances decision coaching works for people making healthcare decisions: a realist review</p>		<p>98 67 (Lin kin g)</p>	<p>depressed and suicidal adolescents, less is known about predictors and moderators of adolescents' treatment response. A growing literature has identified family functioning as a prognostic indicator of adolescents' likelihood of benefiting from treatment. The current study tested both observational and perceived measures of family functioning as indicators of adolescents' response to 2 treatment conditions. METHOD: The sample consisted of 129 depressed and suicidal adolescents (M(age) = 14.96, 82.9% female, 56% Black/African American) who were randomized to attachment-based family therapy or family-enhanced nondirective supportive therapy (Diamond et al., 2019). Baseline assessments of family functioning included ratings of parent-adolescent communication coded with the Goal-Corrected Partnership in Adolescence Coding System (Lyons-Ruth, Hennighausen, & Holmes, 2005) and adolescent and parent reports of Family Conflict and Cohesion from the Self-Report of Family Functioning (Bloom, 1985). RESULTS: Adolescents who engaged in more uncooperative communication with their parents during a 10-min conflict discussion showed greater reductions in depressive symptoms in both treatments. Adolescents from traditionally underserved (non-White or lower income) families</p>
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<p>Richter S; Michalowsky B; Zwingmann I; Dreier- Wolfgramm A; Ritter CA; Teipel S; Hoffmann W; Wucherer D; Witt A; Münzer A; Ganser HG; Goldbeck L; Fegert JM; Plener PL et al.</p>									<p>showed greater reductions in suicidal ideation in both treatments. CONCLUSIONS: Attachment-based family therapy and family-enhanced nondirective supportive therapy were most effective for adolescents from traditionally underserved families and adolescents who engaged in less cooperative communication with their caregivers. Observational ratings of parent-adolescent communication were better prognostic indicators of treatment response than were self-reported indicators of global family functioning. Implications for generalizing these results to other treatments for depressed and suicidal adolescents are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved). FAU - Zisk, Abigail</p> <p>BACKGROUND: Decision coaching is non-directive support delivered by a trained healthcare provider to help people prepare to actively participate in making healthcare decisions. This study aimed to understand how and under what circumstances decision coaching works for people making healthcare decisions.</p> <p>METHODS: We followed the realist review methodology for this study. This study was built on a Cochrane systematic review of the effectiveness of decision coaching interventions for people facing healthcare</p>
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						<p>decisions. It involved six iterative steps: (1) develop the initial program theory; (2) search for evidence; (3) select, appraise, and prioritize studies; (4) extract and organize data; (5) synthesize evidence; and (6) consult stakeholders and draw conclusions. RESULTS: We developed an initial program theory based on decision coaching theories and stakeholder feedback. Of the 2594 citations screened, we prioritized 27 papers for synthesis based on their relevance rating. To refine the program theory, we identified 12 context-mechanism-outcome (CMO) configurations. Essential mechanisms for decision coaching to be initiated include decision coaches', patients', and clinicians' commitments to patients' involvement in decision making and decision coaches' knowledge and skills (four CMOs). CMOs during decision coaching are related to the patient (i.e., willing to confide, perceiving their decisional needs are recognized, acquiring knowledge, feeling supported), and the patient-decision coach interaction (i.e., exchanging information, sharing a common understanding of patient's values) (five CMOs). After decision coaching, the patient's progress in making or implementing a values-based preferred decision can be facilitated by the decision coach's</p>
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						<p>advocacy for the patient, and the patient's deliberation upon options (two CMOs). Leadership support enables decision coaches to have access to essential resources to fulfill their role (one CMOs). DISCUSSION: In the refined program theory, decision coaching works when there is strong leadership support and commitment from decision coaches, clinicians, and patients. Decision coaches need to be capable in coaching, encourage patients' participation, build a trusting relationship with patients, and act as a liaison between patients and clinicians to facilitate patients' progress in making or implementing an informed values-based preferred option. More empirical studies, especially qualitative and process evaluation studies, are needed to further refine the program theory.</p> <p>The present study evaluated secondary emotional and behavioral outcomes among adolescents who received prolonged exposure (PE-A) or client-centered therapy (CCT) for posttraumatic stress disorder (PTSD) in a randomized controlled trial. Participants were 61 adolescent girls (age: M = 15.33, SD = 1.50 years) with sexual abuse related PTSD seeking treatment at a community mental health clinic. Multilevel modeling was employed to evaluate group differences on the Youth</p>
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						<p>Self-Report (YSR) over acute treatment and 12-month follow-up. Both treatment groups showed significant improvements on all YSR scales from baseline to 12-month follow-up. Adolescents who received PE-A showed significantly greater reductions than those receiving CCT on the Externalizing subscale ($d = 0.70$), rule-breaking behavior ($d = 0.63$), aggressive behavior ($d = 0.62$), and conduct problems ($d = 0.78$). No treatment differences were found on the Internalizing subscale or among other YSR problem areas. Both PE-A and CCT effectively reduced many co-occurring problems among adolescents with PTSD. Although PE-A focuses on PTSD and not on disruptive behaviors, PE-A was associated with greater sustained changes in externalizing symptoms, supporting broad effects of trauma-focused treatment on associated problem areas.</p> <p>When there are politically polarizing events taking place in the world, can it be useful for a therapist to disclose his or her political views within the context of a psychotherapeutic dyad? This paper examines this question through the example of a Marxist therapist working with a politically conservative patient in the polarized political atmosphere following Donald Trump's election to the Presidency of the United States. Also explored are the</p>
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						<p>patient's dynamics that might have made it particularly salient for the therapist to eschew a more neutral stance. The theoretical and technical bases for this disclosure are examined via the Affect Theory of Silvan S. Tomkins as well as the Person-Centered Therapy of Carl Rogers. The family history of the patient is examined to further understand the context in which the political/therapeutic interactions take place.</p> <p>INTRODUCTION: Occupational therapy (OT) is defined as the promotion of client health and well-being through a client-centred practice. However, there is a tendency to rely on the therapist's experiences and values, and there is a difference between the client's and therapist's perceptions regarding the current activity that the client is engaged in. In previous studies that have applied 'flow', activities supported by OT in elderly people were analysed, indicating a difference in recognition. Therefore, we thought that more effective OT could be implemented by adjusting the challenge-skill (ACS) balance, and we invented a novel process termed as ACS balance for OT. The purpose of this study is to verify the effect of ACS-OT on clients in the recovery rehabilitation unit and to</p>
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						<p>prepare a protocol for randomised controlled trial (RCT) implementation. METHOD AND ANALYSIS: This single-blind RCT will recruit 80 clients aged 50-99 years admitted to the recovery rehabilitation unit who meet eligibility criteria. Clients will be randomly allocated to receive ACS-OT or standard OT. Both interventions will be performed during the clients' residence at the unit. The primary outcome measure will be subjective quality of life and will be measured at entry into (pre) and at discharge from (post) the unit and at 3 months afterwards (follow-up). Outcomes will be analysed using a linear mixed model fitted with a maximum likelihood estimation. ETHICS AND DISSEMINATION: This protocol has been approved by the ethics review committee of the Tokyo Metropolitan University (No.17020). Results of this trial will be submitted for publication in a peer-reviewed journal. TRIAL REGISTRATION NUMBER: UMIN-CTR number, UMIN000029505; Pre-results.</p> <p>Person-centered therapy, also referred to as non-directive, client-centered, or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. This form of psychotherapy is grounded in the idea that people are inherently motivated toward achieving positive psychological functioning. The client is</p>
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							<p>believed to be the expert in their life and leads the general direction of therapy, while the therapist takes a non-directive rather than a mechanistic approach. The therapist's role is to provide a space conducive to uncensored self-exploration. As the client explores their feelings, they will gain a clearer perception of themselves, leading to psychological growth. The therapist attempts to increase the client's self-understanding by reflecting and carefully clarifying questions. Although few therapists today adhere solely to person-centered therapy, its concepts and techniques have been incorporated eclectically into many different types of therapists' practices.</p> <p>OBJECTIVE: We aimed to empirically test whether schema modes are central to the change process in schema therapy, clarification-oriented psychotherapy, and treatment as usual, i.e., predictive of personality pathology, and global and social-occupational functioning. METHOD: A multicenter randomized controlled trial was conducted (N = 139 men, N = 181</p>
Zisk, Abigail; Abbott, Caroline H.; Bounoua, Nadia;		Parent-teen communication predicts treatment benefit for	Journal of consulting and clinical psychology	87	12	1137-1148	Objective: Although there are currently several efficacious treatments for depressed and suicidal adolescents, less is known about predictors and moderators of adolescents' treatment response. A growing literature has identified family functioning as a

<p>Diamond, Guy S.; Kobak, Roger</p>		<p>depressed and suicidal adolescents</p>				<p>prognostic indicator of adolescents' likelihood of benefiting from treatment. The current study tested both observational and perceived measures of family functioning as indicators of adolescents' response to 2 treatment conditions. Method: The sample consisted of 129 depressed and suicidal adolescents (Mage = 14.96, 82.9% female, 56% Black/African American) who were randomized to attachment-based family therapy or family-enhanced nondirective supportive therapy (Diamond et al., 2019). Baseline assessments of family functioning included ratings of parent-adolescent communication coded with the Goal-Corrected Partnership in Adolescence Coding System (Lyons-Ruth, Hennighausen, & Holmes, 2005) and adolescent and parent reports of Family Conflict and Cohesion from the Self-Report of Family Functioning (Bloom, 1985). Results: Adolescents who engaged in more uncooperative communication with their parents during a 10-min conflict discussion showed greater reductions in depressive symptoms in both treatments. Adolescents from traditionally underserved (non-White or lower income) families showed greater reductions in suicidal ideation in both treatments. Conclusions: Attachment-based family therapy and family-enhanced nondirective supportive therapy were most effective for adolescents from traditionally underserved families and adolescents who engaged in less cooperative communication with their caregivers. Observational ratings of parent-adolescent communication were better prognostic indicators of treatment response than were self-reported indicators of global family functioning. Implications for generalizing these results to other treatments for depressed and suicidal adolescents are discussed.</p>
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Zisk, Abigail; Abbott, Caroline H.; Ewing, E. Stephanie Krauthamer; Fitter, Megan Haley; Diamond, Guy S.; Kobak, Roger	2023	Immersive and reflective recall of a suicidal episode: Implications for assessing and treating suicidal adolescents	Journal of consulting and clinical psychology		19-21(17)(Electronic), 2022-006X(Print)	533-546	Objective: The present study tested the validity and clinical utility of adolescents' reports of two distinct modes of processing during the recall of a suicidal episode in the Suicide Narrative Interview (SNI). Recall Intensity (RI) items were designed to capture a tendency to become immersed in thoughts and feelings during the interview, while Meaning Making (MM) items were designed to assess more distant and reflective processing. Method: The construct and predictive validity of pretreatment MM and RI was tested in a 16-week randomized clinical trial (RCT) for depressed and suicidal adolescents (N = 113, Mage = 14.95, 84.1% female, 51.8% Black/African American). Adolescents rated MM and RI immediately following the SNI during a baseline assessment. Results: Baseline MM was associated with protective factors related to reduced suicidality, and RI was associated with several risk factors for suicidal symptoms. Adolescents who reported high MM and low RI reported greater reductions in both suicidal ideation and depressive symptoms during the RCT. Conclusions: The results support MM and RI as two distinct modes of how adolescents process memories of suicidal episodes and highlight the potential clinical utility of RI and MM in assessing and treating suicidal adolescents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Zisette, Seth; Watt, Melissa H.; Prose, Neil S.; Mntambo, Ntokozo;	2016	"If you don't take a stand for your life, who will help you?": Men's engagement in	Psychology of Men & Masculinity	17	3		The needs of South African men with HIV may often be overlooked in the provision of HIV services, leading to care programs that do not adequately serve the unique needs of male patients. In addition, norms of masculinity guide men's behaviors as they navigate health decision-making and the health care systems. The aim of this study

Moshabela, Mosa		HIV care in Kwazulu-Natal, South Africa					is to examine how masculinity influences health care access and utilization in South Africa, and to identify opportunities for interventions. The qualitative study took place at 1 primary health care clinic in a peri-urban township in KwaZulu-Natal, South Africa. In-depth individual interviews were conducted with 21 HIV-infected men recruited from the study clinic. Direct observations of the clinic waiting area were conducted to provide context. Data were analyzed using a grounded theory-informed approach involving memo writing and thematic exploration with data coding. On average, participants were 42 years old and had been on antiretroviral therapy (ART) for 3.6 years. Participants expressed a range of ways in which masculine ideals and identity both promoted and inhibited their willingness and ability to engage in HIV care. Notions of masculinity and social identity were often directly tied to behaviors influencing care engagement. Such engagement fostered the reshaping of identity around a novel sense of clinic advocacy in the face of HIV. Our findings suggested that masculinities are complex and are subject to changes and reprioritization in the context of HIV. Interventions focusing on reframing hegemonic masculinities and initiating treatment early may have success in bringing more men to the clinic. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Zora, Amanda N.; Tisdale, Theresa Clement; Bustrum, Joy M.; Chege, Charles;	2020	Beyond Western paradigms: A culturally grounded approach to psychotherapy	Spirituality in Clinical Practice	7	2		There is a growing need for research on culturally responsive psychotherapy to serve the diverse population of clients seeking mental health services. This study reviews the scarce research on Middle Eastern Americans, focusing specifically on Chaldean American culture. Although Chaldean Americans originate from a very traditional collectivistic culture, their culture is

Alaichamy, Shalom		with Chaldean Americans				evolving as part of their acculturation process in America. This study presents a culturally grounded psychotherapeutic approach for working with Chaldean Americans by integrating Purnell's Model of Cultural Competency, the Cultural Interviews from the 5th edition of the Diagnostic and Statistical Manual for Psychological Disorders (American Psychiatric Association, 2013), and the cultural and historical contexts of Chaldean Americans. The resulting framework includes cultural considerations specific to Chaldean Americans that can be applied from the beginning of the clinical process until termination. The purpose of this article is to discuss the importance of culture as an integral part of psychotherapy and to encourage future research to better understand people of unique cultural groups. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Zsok, Otto	2016	Die Welt wird fremd. Der Beitrag der Phnomenologischen Psychiatrie zum Verstdnis von Psychosen	Existenz und Logos	24	57-70	Endogene Psychosen werden aus der Perspektive der phnomenologischen Psychiatrie beleuchtet. Als grundlegender Gedanke wird die Auffassung vertreten, dass der Mensch eine verkrperte geistig-personale Existenz sei. Es wird dargelegt, dass Bewusstsein und Subjektivitt "verkrpert" und in eine soziale Umwelt eingebunden sind. An diese Vorstellung anknpfend wird Schizophrenie als "Entkrperung" konzipiert, durch die der Betroffene sowohl von seinen eigenen Empfindungen, Bewegungen und Gedanken als auch von der Intersubjektivitt der menschlichen Lebenswelt entfremdet wird. Vor diesem Hintergrund wird argumentiert, dass dieses entfremdete Selbsterleben im Sinne des von Viktor Frankl stammenden Konzepts der "Pathoplastik" therapeutisch beeinflusst werden kann.

Zuehlke, Jessica B.; Kotecki, Robert M.; Kern, Shira; Sholty, Gretchen; Hauser, Peter	2016	Transformation to a recovery-oriented model of care on a veterans administration inpatient unit	Psychiatric Rehabilitation Journal		15 59-31 26(Electronic), 10 95-15 8X(Print)	361–363	Objectives: Recovery-oriented care is among the highest treatment priorities for the Veteran Health Administration, which has endorsed organizational change of mental health care to reflect recovery values. The purpose of this quality improvement project was to determine whether recovery interventions would yield positive outcomes when delivered on inpatient psychiatry. Method: Recovery interventions on the unit included recovery-focused interdisciplinary team meetings, opportunities for stakeholder feedback, recovery staff education, increased group programming, peer support, and changes to treatment planning to include increased Veteran engagement and responsibility. Participants included 352 patients and 27 staff. Outcomes were number of restraints/seclusions used, 30-day readmission rates, and staff satisfaction. Results: Our results showed an overall decrease in restraint/seclusion use by over 50% and an increase in staff satisfaction. Conclusions and Implications for Practice: Our results suggest that implementing a recovery-oriented model of care in an acute psychiatric inpatient unit may have significant benefits for both staff and patients. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Zuroff, David C.; McBride, Carolina; Ravitz, Paula; Koestner, Richard; Moskowitz, D. S.; Bagby, R. Michael		Autonomous and controlled motivation for interpersonal therapy for depression: Between-therapists and within-therapist effects	Journal of Counseling Psychology	64	5		Differences between therapists in the average outcomes their patients achieve are well documented, and researchers have begun to try to explain such differences (Baldwin & Imel, 2013). Guided by Self-Determination Theory (Deci & Ryan, 2000), we examined the effects on outcome of differences between therapists in their patients' average levels of autonomous and controlled motivation for treatment, as well as the effects of differences among the patients within each therapist's caseload. Between and within-therapist differences in the

						<p>SDT construct of perceived relational support were explored as predictors of patients' motivation. Nineteen therapists treated 63 patients in an outpatient clinic providing manualized interpersonal therapy (IPT) for depression. Patients completed the BDI-II at pretreatment, posttreatment, and each treatment session. The Impact Message Inventory was administered at the third session and scored for perceived therapist friendliness, a core element of relational support. We created between-therapists (therapist-level) scores by averaging over the patients in each therapist's caseload; within-therapist (patient-level) scores were computed by centering within each therapist's caseload. As expected, better outcome was predicted by higher levels of therapist-level and patient-level autonomous motivation and by lower levels of therapist-level and patient-level controlled motivation. In turn, autonomous motivation was predicted by therapist-level and patient-level relational support (friendliness). Controlled motivation was predicted solely by patient self-critical perfectionism. The results extend past work by demonstrating that both between-therapists and within-therapist differences in motivation predict outcome. As well, the results suggest that therapists should monitor their interpersonal impact so as to provide relational support. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Zuroff, David C.; Shahar, Golan; Blatt, Sidney J.; Kelly, Allison C.; Leybman, Michelle J.		Predictors and moderators of between-therapists and within-therapist differences in	Journal of Counseling Psychology	63	2	<p>The extent to which patients experience their therapists as providing empathy, positive regard and genuineness (the Rogerian Conditions) is an important predictor of outcome in the psychotherapy of depression (Zuroff & Blatt, 2006). Using data from 157 depressed outpatients treated by 27 therapists in the cognitive-behavior therapy,</p>

		depressed outpatients' experiences of the Rogerian conditions				interpersonal therapy, or clinical management with placebo conditions of the Treatment of Depression Collaborative Research Program (Elkin et al., 1989), Zuroff, Kelly, Leybman, Blatt, and Wampold (2010) showed that between-therapists and within-therapist differences in Rogerian Conditions at the second treatment session predicted more rapid reductions in overall maladjustment. We conducted novel analyses intended to identify: 1) predictors of between-therapists and within-therapist differences in Rogerian Conditions and 2) moderators of the effects on maladjustment of between-therapists and within-therapist differences in Rogerian Conditions. Patients with lower levels of self-critical perfectionism, higher levels of an adaptive form of dependency or higher expectations of warmth from their therapists experienced higher levels of Rogerian Conditions than their therapist's average patient. High baseline self-critical perfectionism diminished the between-therapists effect of Rogerian Conditions on maladjustment, whereas baseline adaptive dependency enhanced the within-therapist effect of Rogerian Conditions. Results shed additional light on the centrality of patient characteristics, the Rogerian Conditions, and their transactions and interactions on outcome in brief outpatient therapy for depression. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
	2024	Goal-setting				101-112
	2016	Body Movement and the Mind\endash Body Link				77-107
	2017	Appendix 1: How to Use				375-383

		Psychodynamic Psychotherapy: A Clinical Manual A Guide for Educators					
	2021	Attachment in Intellectual and Developmental Disability					
	2022	The Wiley Handbook of Sex Therapy					
	2022	The Wiley Handbook of Violence and Aggression					
	2024	Evidence-Based Psychotherapy					
	2019	S.C. lawmakers ponder spending \$2.2 million to put MH counselors in every school	Mental Health Weekly	29	13	8	
	2016	Abstracts— Posters	Alcoholism Clin & Exp Res (Alcoholism: Clinical and Experimental Research)	40	S1		
	2016	2016 ACR/ARHP Annual Meeting	Arthritis & rheumatology (Hoboken, N.J.)	68 Suppl 10		1-4550	For a searchable version of these abstracts, please visit www.acrabstracts.org .

		Abstract Supplement					
	2020	ICIMH 2020 Abstracts	Global advances in health and medicine	9		2164956 1209128 4	
	2020	Abstracts of the MDS Virtual Congress 2020	Movement disorders : official journal of the Movement Disorder Society	35 Suppl 1		S1-S702	
	2019	ACNP 58th Annual Meeting: Poster Session III	Neuropsychopharmacology : official publication of the American College of Neuropsychopharmacology	44	Suppl 1	385-538	