

a therapeutic sample of narrative therapy with clients suffering from major depression. 10 cases of depression in narrative therapy (5 good-outcomes and 5 poor-outcomes) will be analysed regarding the presence and evolution along treatment of the mutual in-feeding process.

### **Working with the oncology patient: Impact of psychotherapy on therapist**

Helena Marques — Universidade do Minho, Ângela Maia, Eugénia Ribeiro

This poster presents a study aiming to shed light on the impact that working with cancer patients has on therapists. The focus is both on the benefits of therapy and on the potentially disturbing effects of this work, including Post-Traumatic Stress Disorder symptoms. Prevalence of Post-Traumatic Stress Disorder symptoms and Posttraumatic Growth are evaluated. Moreover we are using a semi-structured interview focused on the therapist's experience that will be analyzed by grounded analysis. We expect that therapist's narratives highlighted both the positive psychological change of working with cancer patients. This study pretends to provide a richer understanding of the impacts of working in this field and therefore be able to empower therapist's practice with the development of guidelines.

### **The Innovative Moments (IMs) as precursors of the construction of alternative self-narratives: Protonarratives' analysis in Cognitive Behavioral Therapy on good and poor-outcome cases**

Ana Antunes — University of Minho, Miguel Gonçalves, Anita Santos, António Ribeiro

The aim of this study was to understand the contribution of innovative moments (IMs) for the construction of a self-narrative, in alternative from the problematic one. This idea is based on the assumption that these discursive exceptions- IMs - emerge on the client's speech as themes (protonarratives) which, in a future plan, will constitute a functional self-narrative. This study explores one good-outcome case and one poor-outcome one of Cognitive behavioral therapy, trying to analyze hypothetical differences between them on this process. For the analysis of these cases, the authors propose to track IMs and protonarratives and analyze the dynamic relation between them and across sessions using state space grids. Thus, is expected that on the good-outcome case the constitution of the client new self-narrative is based on themes related with the both, behavioral and cognitive change, that allows the client to perform in a more flexible way than on the poor-outcome case.

### **Alliance building with un-accepting parents of homosexual children**

Maya Sara Shpigel — Ben-Gurion University of the Negev, Gary M. Diamond

The following poster will present a research designed to investigate the development of the therapeutic alliance with 10 parents, who participated in an Attachment-Based Family Therapy for families with a rejected gay/lesbian child. Developing therapeutic alliance with such parents is extremely difficult, as some parents pressure the therapists to change the child's sexual orientation or feel that the therapists encourage their child's homosexuality. The research attempts to answer why some parents fail to gain sufficient alliance and which therapeutic interventions affect the quality of the alliance. In order to answer these questions, the therapeutic alliance with each parent was coded based on the third session of each treatment. In order to understand what affected the therapeutic alliance achieved, the interventions during the three first sessions with each parent were analyzed qualitatively. In addition, parent's interviews, took place after therapy's termination, were also analyzed to yield further understanding of what contributed or disrupted the therapeutic alliance. Conclusions are discussed.

### **The Therapy Termination Scale**

Raquel A. Mesquita — Universidade do Minho, Eugénia Ribeiro

**Aims:** The objective of this study is to construct and validate a therapy termination scale. The scale has two purposes: 1) assess what criteria therapists from 3 theoretical orientations (Cognitive-Behavioural, Dynamic and Constructivist) use to determine when to start the termination phase; 2) determine what strategies/techniques therapists from the 3 orientations use during termination phase. Thus, the scale is organized in two parts. **Method:** The participants in the study are, in phase 1, two experts of each orientation, who respond to a questionnaire in order to help eliciting items and in phase 2, the participants are 247 therapists (75 of each orientation) that are asked to respond to the scale. The steps followed to create the scale were: specify the object of the study; definition of the construct; theoretical and empirical elaborations of the items; qualitative and quantitative analysis to choose the final version of the questionnaire; creation of the administration rules, instructions and scoring and finally validation of the scale. **Results:** Results of empirical and theoretical construction of items will be presented, as well as the factor analysis and study of the scale's internal consistency. **Discussion:** The theoretical and practical implications are: create a scale to provide a higher knowledge of how termination is addressed within different theoretical orientations and if there are significant differences between them; to assess if there are trans-theoretical indicators or techniques; to be used as a guide for supervision of the termination phase.

### **Inventory of Personality Organization: Preliminary validation of the European Portuguese version**

João Francisco Barreto — University of Porto, Portugal, Helena Moura Carvalho, Paula Mena Matos

Personality pathology is often organized around 2 orthogonal axes representing variations in type and severity (Westen, Gabbard & Blagov, 2006). The psychoanalytic model developed by Otto F. Kernberg and colleagues (e.g., Kernberg & Caligor, 2005) represents an influential example of the second trend, consisting of a dimensional approach which describes

personality organization (PO) in a continuum ranging from normal-neurotic through borderline to psychotic levels. In this model, borderline-level PO underlies most of the personality disorders considered in the categorical-typological approach held in DSM-IV-TR (APA, 2000). Among other qualities, Kernberg's approach is clinically useful in identifying subthreshold/higher level personality pathology poorly covered by DSM-IV-TR Axis II, and understanding different meanings in common symptoms according to underlying levels of PO (Caligor, Kernberg & Clarkin, 2007). As an effort at operationalization, Kernberg and Clarkin (1995) created the Inventory of Personality Organization (IPO), a self-report questionnaire including 3 primary scales (57 items): Primitive Defenses, Identity Diffusion, and Reality Testing. Since then, IPO has been used to investigate the relationship of PO to psychopathology and measure structural change as a psychotherapy outcome. The aim of this study is to present the adaptation of the IPO primary scales to European Portuguese and a preliminary validation in course with a nonclinical sample. Reliability (internal consistency and test-retest) of each scale will be checked. Exploratory and confirmatory factor analyses will allow to test factor validity and to compare with previous studies of the instrument. Finally, construct validity will be examined.

### **Utilization of Child Psychotherapy Process in the analysis of the psychotherapy process of change for 21 3-6 old children with autistic disorder**

Jean-Michel Thurin — National Institute of Health and Medical Research, Monique Thurin, Bruno Falissard, Tiba Delespierre

Aim. Can psychotherapy be effective on childhood autism, under what conditions, with what procedures, and through what mechanisms? The objective of this poster is to present how the CPQ, allowing description, classification and quantification of the psychotherapy process of 21 children 3-6 years old with autistic disorder, can help to answer these questions. Method: Child psychotherapy process Q-set (CPQ) is a multi-theoretical instrument that describes, through 100 formulations, the process of psychotherapy. CPQ is used to describe the major characteristics of a psychotherapy session at 2, 6 and 12 for each case and search the main factors potentially active. The process specificities of each case and of the aggregated cases are described. Hypotheses are proposed about the relationship between process and outcome. Results: Analysis of the process of change of single and aggregated cases with CPQ provides important insights into the factors and change mechanisms potentially involved in the effectiveness of autistic disorders psychotherapies.

### **The emergence of innovative moments in narrative therapy: An exploratory study**

Joana Nunes — Universidade do Minho, Miguel Gonçalves, Carla A. C. Cunha

Aim: In narrative therapy the notion of innovative moments (IMs) has been used to study the development of new self-narratives in psychotherapy. Five types of IMs have been depicted and appear according to a consistent pattern related to good outcome brief psychotherapy: 1) Action IMs (new behaviors that are contrary to the problematic narrative); 2) Reflection IMs (new understandings/thoughts, incongruent with the problem); 3) Protest IMs (a confrontational or challenging attitude adopted toward the problem); 4) Reconceptualization IMs (narratives elaborating on selfhood changes and the transformation process) and 5) Performing Change IMs (new experiences of change, planned or anticipated). The present study aims to analyze intensely the process of emergence and co-construction of the IMs during narrative therapy sessions. More specifically, we aim to explore what kind of emergence appears related to good and poor outcome (GO and PO) narrative therapy and to different IMs' types, at different stages of psychotherapy. Methods: We analyzed nine sessions (three initial, three middle and three final) selected from ten cases (five GO and five PO) of narrative therapy for depression. Two judges coded all sessions independently, according to three categories: a) IMs are produced by the therapist and accepted by the client; b) IMs are directed by the therapist and developed by the client; and c) IMs are produced spontaneously by the client. Results and discussion: At this moment, this project is a work-under-progress and the preliminary results will be presented in this poster presentation.

### **Update on translations of the CORE (Clinical Outcomes in Routine Evaluation) instruments**

Chris Evans — University of Nottingham

The main CORE self-report instruments are based on the CORE-OM (OM=Outcome Measure; inter alia: Evans et al 2000, 2002; Evans 2012): a 34 item measure fitting on one side of A4 paper. The measures are copyleft so anyone can reproduce them on paper without any charge but so that no changes in them, including translations, can be made without authorisation from the CORE System Trust. We now have five shortened versions for different uses: CORE-SFA/B which are 18 item versions for use in alternate sessions, CORE-GP for general population surveys and the recent CORE-10 and CORE-5 which reflect a trend toward shorter instruments. We have a translation protocol fitting ISPOR guidelines and over 20 translations of the instruments have been completed with more ongoing. This poster will summarise the state of translation into European languages where nearly all the EU official language translations have been completed, and work going ahead on Indian, African and Asian languages, on sign languages and on adaptations to the Castellano Spanish translation where these are necessary to make it more acceptable in certain Latin American countries. It will also provide the opportunity to sign up to a European, SPR based, practice research network around these instruments.

### **Theory and practice in psychotherapy: Goals, influences, and boundaries of integrative therapists**

Erkki Heinonen — National Institute for Health and Welfare, David Orlinsky

Therapists espousing more than one theoretical orientation have been identified in surveys for several decades. However, the specific patterns of orientations held by integrative therapists, as well as their associations to treatment goals, flexibility