

Subjective representations of therapeutic relationship

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The present study, financed by the International Psychoanalytical Association, explores lived experiences of the psychotherapeutic process in a clinical sample that did a psychoanalytical psychotherapy or psychoanalysis. The main aim is to analyze and understand how the relationship between patient and therapist in the process of psychoanalytical psychotherapy or psychoanalysis it is realised by the patients in different moments. The research design was an exploratory study using qualitative analysis methodology by resorting to questionnaires and/or interviews, using methodological recommendations of the Consensual Qualitative Research (CQR) method. 17 psychotherapists were contacted, and 21 patients were registered as having agreed to make the interview. Data was collected from 13 patients who finished a long term psychodynamic psychotherapy or psychoanalysis. The data has shown really different arguments about this relationship, which is discussed in the paper.

Eating behavior and family relationships among overweight and normal weight adolescents

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The aim of this study was to understand the eating behavior, family relationships and the impact of binge eating and parents' weight in a sample of 100 overweight adolescents and a control group of 96 normal weight adolescents aged 12-17 years. They were evaluated through self-report questionnaires. It was found that overweight adolescents had more dysfunctional eating behaviors such as overeating, loss of control over food, excessive physical exercise, restraint, weight and shape concerns, and a less positive perception of their family environment compared with their normal weight peers. In addition, these adolescents were more likely to have overweight parents. Thus, overweight in adolescence was related to dysfunctional eating behavior and lower perception of family relationship's quality. Key Words: adolescents; overweight; normal weight; eating behavior; family

The development of the therapeutic collaboration: A comparison between a good and a poor outcome case of narrative therapy

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Aim: The quality of the alliance is consistently related with change in psychotherapy. Thus the need to analyze the processes through which the therapeutic collaboration, the core dimension of alliance, develops, moment-to-moment, throughout therapy, has been emphasised. This poster aims to further develop this line of research, by comparing the development of therapeutic collaboration in a good-outcome case and in a poor-outcome at a micro level. Method Two cases of narrative therapy with depressive clients are under analysis using the Therapeutic Collaboration Coding system- TCCS, by two independent judges. This coding system allows for the identification of therapeutic exchanges in which the therapist worked within the therapeutic zone of proximal development (TZPD), or instead, worked out of TZPD, or at the limit of the TZPD. Results Results of previous case studies showed that Challenging is the most dominant type of intervention along therapy both in the good and in the poor outcome cases, regardless of client's previous response. However, in the poor outcome case there is a significant increase in the probability of occurring challenging as therapy proceeds, even after clients invalidation response. Discussion Results will be discussed in terms of their implications for research and practice.

Dimensions of personal therapeutic style

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Employing the Grounded Theory method of qualitative analysis, authors present a study of dimensions in psychotherapists' approach to clients. The analysis examines ways in which therapists from different theoretical backgrounds and with varying amounts of experience think when facing a client, how they conceptualize their cases, and the purposes they follow choosing specific interventions. The research strives to shed light on how therapists connect theory with their practice, what concepts they employ during sessions, and what are the sources constituting their personal therapeutic style. Authors analyze transcripts of focus group discussions between therapists from varying theoretical orientations centered around a selected case study. Key words: personal therapeutic style, dimensions of therapeutic style, case study, grounded theory analysis, focus groups

Construct validity of the Portuguese version of the Client Attachment to Therapist Scale (CATS)

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Attachment theory (Ainsworth, 1967; Ainsworth & Bowlby, 1991; Bowlby, 1977, 1988) provides a comprehensive and promising framework for understanding the characteristics and processes, which underlie the development of the client-therapist bond. The comprehensive potential of attachment theory to clinical processes and results relies, among others, on the importance assigned to how early experiences with significant others influence the development of internal working models of self and others which guide the development and maintenance of later relationships, namely the psychotherapeutic one. Although the implications of attachment theory to clinical processes have been widely explored from a theoretical stance,

the same is not evident in what respects the operacionalization in the empirical research, namely in the development of measures that captured the therapeutic relationship from an attachment perspective. The Client Attachment to Therapist Scale (CATS, Mallinckrodt, Coble & Gantt, 1995) is a 36-item scale designed to assess client's feelings toward the therapist from an attachment perspective. The central aim of this poster is to present the psychometric properties of the Portuguese version of CATS, based on a sample of 216 Portuguese recovered addicts, recruited from inpatient treatment centers. The factor validity was examined using confirmatory factor analysis (CFA). Although some minor changes were introduced, results indicated that the three-factor model reached acceptable fit index levels. Internal consistency coefficients were adequate. Results concerning the adaptation process of the CATS will be discussed, namely regarding the specificity of the population under study.

Evaluating the effectiveness of a psychological intervention program on childhood obesity

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Objective: Assessing the effectiveness of a program of group psychological intervention in childhood obesity at the level of Body Mass Index (BMI), Child eating attitudes and patterns, physical activity, self-concept, coping strategies, quality of life and sleep quality. **Method:** Were used the Children's Eating Attitudes Test (Maloney, McGuire, & Daniels, 1988), the Evaluation Questionnaire of Physical Activity (Telama, Yang, Laakso & Viikari, 1997), the Self-Perception Profile for Children (Harter, 1995), the Schoolagers' Coping Strategies Inventory (Ryan-Wenger, 1990), Quality of Life Inventory Generic (Varni et al., 2001), and Index Sleep Quality of Pittsburgh (Buysse, Reynolds, Monk, Berman & Kupfer, 1988). The sample consisted of 39 children (aged between 8-12 years old) and their parents, distributed by the experimental group (n=19) and the control group (n=20). Children in both groups had the clinical diagnosis of obesity and were accompanied by the consultation Pediatric Gastroenterology and Nutrition of the Hospital of Braga. In addition to these requirements, the children in the experimental group attended a group psychological intervention in childhood obesity. The psychological intervention had duration of one month, they were five group sessions of 60 minutes. **Results:** The experimental group and control group were similar in the dependent measures at pretest. The experimental group reported higher quality of life, increasing physical activity index, the decrease in BMI and increased water consumption. **Conclusions:** The psychological intervention group had a positive impact on BMI, increasing physical activity and increased water consumption thus enhancing medical treatment instituted.

The application of Psychotherapy Process Q-Set (PQS) to the assessment process: An exploratory study

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Different clinical and therapeutic approaches agree about the usefulness of assessment process in defining treatment indication/contraindication and in predicting negative outcomes; they also describe an existing "alliance" developing during assessment process, as forerunner of therapeutic alliance (Ackerman & Hilsenroth, 2003; Finn & Tonsager, 1997; Fisher, 1994; Hilsenroth, Peters, & Ackerman, 2004; Rumpold, Doering, Smrekar, Shubert, Koza, Schatz, et al., 2005; Huber, Henrich, & Brandl, 2005; Sexton, Littauer, Sexton & Tommeras, 2005; Principe, Marci, Glick & Ablon, 2006). This exploratory study investigated the patient and clinician "interaction structure" during the assessment process using the Psychotherapy Process Q-Set (PQS), an instrument that provides a rigorous and empirical Q-sort methodology, starting from a bottom-up and pantheoretical approach. The descriptive, transtheoretical and non-slang language of the PQS's item allows researchers to analyze clinical transcripts with different theoretical orientations. More specifically, first and feedback interviews from 15 assessment processes (N=60) were rated by PQS and Working Alliance Inventory. Descriptive analysis results allowed us to group the items in "clusters", which define the most salient features of both clinician and patient's attitude and their interaction's kind during the assessment process. The correlations between PQS and WAI ratings identified the most characteristic items for the operationalization of "assessment alliance".

An integrative approach to grief counselling

Linda Machin — Keele University, UK, Linda Machin

An Integrative Approach to Grief Counselling The Adult Attitude to Grief scale (AAG) was devised as a research tool to test the validity of components proposed as constituting the Range of Response to Loss (RRL) in those who are grieving¹. The RRL model identifies two qualitatively different dimensions of grief: first, overwhelmed (predominantly emotion focused) and controlled (predominantly emotion avoidant) components are defined as constituting a spectrum of core grief reactions and second, resilience and vulnerability are defined as the spectrum of coping responses. These two interacting dimensions, core grief reactions and coping responses, constitute the warp and weft of grief in which variable experiences and needs can be recognised. The capacity of the AAG scale to identify the wide range of biases and blends in grief has led to it becoming used in practice as a measure to profile the grief of people seeking help in their bereavement. The variation of grief evident in individual responses to the AAG, demonstrate the need for a varied repertoire of therapeutic interventions to address those differences. From this practice perspective a rationale for an integrative approach to counselling can be made. Varied therapeutic approaches, including - person-centred, narrative, cognitive, behavioural, attachment, systems and meaning reconstruction - can be used to counter aspects of disequilibrium in grief and facilitate a greater degree of resilience in those who are grieving. 1. Machin, L. (2009) *Working with Loss and Grief: A New Model for Practitioners*. London: Sage. Dr. Linda Machin (Keele University, UK) (l.machin@keele.ac.uk)