

# 02.11 newsletter

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## EDITORIAL

Dear colleagues,

We are still in the process of settling and transferring responsibilities from Zurich to Bern and Tuebingen. In this newsletter, you will find two papers of interest to our global readers. One brief stimulating summary from a psychologist from the East, **Veronika Karpenko**, trained partly in the US and currently in the position of a young Professor in Ukraine. The other contribution is a recent paper by **Marvin R. Goldfried**, (the) President of the Division Psychotherapy of the American Psychological Association.

Veronika Karpenko, Ph D, clinical psychologist at the Ukrainian Catholic University Lviv, Ukraine, summarizes her view of a workshop at the annual international meeting of the Society for Psychotherapy Research (SPR) held in late June 2011 in Bern, Switzerland. The major issue was “What kind of research can be done by psychotherapists working in countries with underdeveloped psychotherapy practice and research?” These is the question formulated by Franz Caspar under the flag of IFP to stimulate an open discussion with psychotherapists from a number of countries with less and such with more developed psychotherapy research.

Marvin Goldfried from Stony Brook University shares his view about “Closing the Gap Between Research and Practice: Clinical Experiences in using an EST to Treat Panic Disorder”. He reflects on the fact of a long history of mutual dissatisfaction between researchers and practitioners and how to

close the clinical-research gap more sufficiently in the future.

Again we want to invite all IFP members to submit papers on general and specific aspects of psychotherapy practice and research from around the globe and from all the different settings and scientifically based psychotherapy approaches. Our next newsletter is scheduled for early summer 2012. Please provide us also with information for our congress calendar (s.zipfel@ifp.name). It is still our aim for the IFP Newsletter to expand and intensify this medium as a communication and information tool and platform. Therefore, we would like to invite all IFP members from different countries and cultures around the globe to exchange their experiences and views on the history and potential future of psychotherapy.

The IFP board wishes all of you an excellent start into the year 2012 and please feel free to contact us (stephan.zipfel@med.uni-tuebingen.de). For more information, please visit our IFP News Section in the Journal of Psychotherapy and Psychosomatics (<http://content.karger.com/ProdukteDB/produkte.asp?DOI=10.1159/000323944>).

Best wishes for the New Year  
from Bern and Tuebingen.

Franz Caspar (IFP president)  
Stephan Zipfel (Newsletter editor)

# The dissemination of psychotherapy research to countries where it is not yet well developed

**Veronika Karpenko**

How can psychotherapy researchers from countries where psychotherapy research and practice are well developed help disseminate psychotherapy research to underdeveloped countries? The terms developed and underdeveloped are used here and throughout the article to refer solely to the status of psychotherapy practice and research in these countries. They are not used to refer to the economic, political, or cultural conditions of the countries referenced and are not valuing.

What kind of research can be done by psychotherapists working in countries with underdeveloped psychotherapy practice and research? These are the questions formulated by Franz Caspar to stimulate an open discussion with psychotherapists from a number of countries with underdeveloped as well as better developed psychotherapy (research) at the annual international meeting of the Society for Psychotherapy Research (SPR) held in late June 2011 in Bern, Switzerland. Psychotherapists from China, Japan, Ukraine, Lithuania, Switzerland, Romania, Argentina, and Indonesia, who work in different settings (universities, hospitals, clinics) participated in the discussion. Caspar was in the role of the local host of the conference and IFP president at the same time, and the panel was sponsored by the IFP.

As the discussion unfolded, it was discovered that there are many similarities in the gaps that exist in psychotherapy research in these countries, which are outlined below.

## **Main Psychotherapy Research Needs in Underdeveloped Countries.**

- There is a lack of psychotherapy research instruments with good psychometric properties. Participants discussed the need for translating international measures into their languages, taking into account cultural differences, and validating these measures in their cultures.
- Research studies need to examine the acceptability of well-researched theories of psychotherapy and their concepts to psychotherapists working in different cultures.
- Research is needed to examine whether well-researched psychotherapy approaches in the West maintain their effectiveness within other cultural contexts.

For example, Jue Chen, from the Shanghai Mental Health Center in China, indicated that family systems are at the basis of the Chinese culture. As such, family therapy would be particularly relevant and well-received in China, and so there is a need for programs that provide family therapy training. This may change, though, with an increasing individualization in China. Jue Chen also stated that research should be done to explore how family therapists in the East and West may approach family therapy differently.

- There is a need for stronger research methodology when designing studies.
- There is a lack of training across underdeveloped countries in qualitative research and process research.
- Research could examine the quality of psychotherapy training and its effects on client outcomes, as participants from all countries expressed concerns about the quality of psychotherapy training and the lack of training programs. Studies could also examine whether current psychotherapy training develops some expected competencies in psychotherapists and whether client outcomes differ based on the quality of therapists' training. The activity of the German-Chinese Academy for Psychotherapy is a good example for a systematic engagement over many years with an active role of the Chinese partners. The academy is a member of the International Federation for Psychotherapy (IFP) and has already trained nearly 2000 psychotherapists.
- There is a lack of psychological journals in native languages to disseminate psychotherapy research also among psychotherapists not sufficiently familiar with English. Accessibility to the few available printed journals is often limited, and articles are often not published in an on-line format, which would increase accessibility .

Participants in this discussion recognized that many of these needs could be best addressed through collaboration between psychotherapists from countries where psychotherapy is developed and underdeveloped. Such collaboration is desirable, as psychotherapy researchers in underdeveloped countries often lack the training and experience necessary to advance the psychotherapy research in their context. Psychologists from developed countries could visit their colleagues in underdeveloped countries and vice versa to improve their understanding

of each other's cultural context and psychology training, research, and practice. The generous contribution by the Swiss National Science Foundation to Eastern European participants at this SPR conference is unfortunately rather the exception than a rule in terms of facilitating participation in international exchange.

A good example of such cross-cultural collaboration is the psychology team at the Ukrainian Catholic University (UCU), in Lviv, Ukraine. The team comprises three psychologists trained in Ukraine and three (including the author of this article) trained in the US but able to speak the Ukrainian language. The team works on bridging the gaps in psychotherapy research and practice between Ukraine and the US, staying sensitive to cultural differences. One of the main projects is the opening of the Center of Psychological Counseling at UCU in the fall of 2011. The Center will provide psychotherapy services, conduct research on treatment effectiveness, and be equipped with one-way mirror and videotaping facilities to provide supervision to students in counselling training. To assess outcomes in the Center, the team is developing sound methodology, translated the Outcome Questionnaire (OQ; Lambert et al., 1996) with consent from the author, and is planning to collect psychometric data on the OQ. The team is also developing a research project to examine the relationship between social and self-stigma among Ukrainian students and their attitudes towards seeking professional psychological help. The results of this research will guide psychoeducation at UCU in reducing social and self-stigma towards seeking psychotherapy services.

#### **Special aspects in the home countries of participants**

Limas Sutanto from Indonesia emphasized the importance of the underlying spirit, very much in the sense of Carl Rogers, based on which also psychotherapy can grow, but which may have a hard time depending on political circumstances, such as corruption.

Jianyin Qiu from China emphasized the need to formally establish the profession of psychotherapists. She also mentioned the fact that most therapists are concentrated in a few big urban areas, and the need for a variety of approaches to accommodate the variety of situations throughout China. A topic of research should, according to her, be how Chinese Therapists integrate Western approaches.

Geanina Cucu Ciuhan said for Romania that for a population of 20,1 million, there are 2187 certified

psychotherapists trained by 42 certified schools for psychotherapy training, so there seems to be no lack of schools.

#### **Need for Improved Psychotherapy Delivery and Training**

A basis for psychotherapy research is, of course, a sufficient number of psychotherapies which can deliver data for psychotherapy research, and of psychotherapists who can profit from whatever is found in research. Financial support for psychotherapies, be it by the government or by insurances, is desirable for patients who are in need of psychotherapy, but also for psychotherapy research. In many countries, psychotherapy is underdeveloped mainly because there are only few people who can afford it. Efficiency research in these countries could help convincing the authorities and establish reasonable financial support for psychotherapies.

It is challenging to conduct thorough psychotherapy research when there is a lack of well-trained psychotherapists in these countries. All the participants of this discussion shared the experience that a common barrier to psychotherapy delivery and research in their countries is a lack of appropriate psychotherapy training in clinical and research skills. Because the number of psychotherapists in these countries is small, they tend to focus their attention on service provision rather than research. It is also much harder to obtain funding for psychotherapy research in underdeveloped versus developed countries.

Psychologists from China, Japan, Ukraine, Lithuania, Romania, Argentina, and Indonesia expressed great interest in collaborating with psychologists from developed countries in improving psychotherapy training in their countries. Suggestions for such collaboration ranged from short seminars over guidance in implementing formal training programs to integrated research teams of domestic and foreign researchers.

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### Present jobs

Ukrainian Catholic University (UCU), Lviv, Ukraine –  
 psychology teaching professor; counseling psychol-  
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### CURRICULUM VITAE

Veronika Karpenko (29) obtained her Ph.D. in Clinical Psychology in 2010 at Ohio University, Athens, Ohio, USA. As part of her training, she completed a year-long clinical internship at the State University of New York (SUNY) Upstate Medical University, in Syracuse, NY. Since the fall of 2010, she has been working as a psychology professor at the Ukrainian Catholic University, in Lviv, Ukraine. Dr. Karpenko helped launch a Student Counseling Center at the university, and she is currently serving as one of the counseling psychologists. In addition to teaching graduate and undergraduate courses, Dr. Karpenko is currently directing a research project that examines Ukrainian students' psychological functioning, their intentions to seek psychological services, and barriers to receiving psychological services.

### Selection of INTERNATIONAL PUBLICATIONS

1. Turchik, J. A., **Karpenko, V.**, Ogles, B. M., Demireva, P., & Probst, D. R. (2010). Parent and adolescent satisfaction with mental health services: Does it relate to youth diagnosis, age, gender, or treatment outcome? *Community Mental Health Journal, 46*, 282-288.
2. Owens, J. S., Johannes, L. M., & **Karpenko, V.** (2009). The relation between change in symptom and functioning in children with ADHD receiving school-based mental health services. *School Mental Health, 1*, 183-195.
3. **Karpenko, V.**, Owens, J. S., Evangelista, N. M., & Dodds, C. (2009). Clinically significant symptom change in children with attention-deficit/hyperactivity disorder: Does it correspond with reliable improvement in functioning? *Journal of Clinical Psychology, 65*, 76-93.
4. Ogles, B. M., Carlson, B., Hatfield, D., & **Karpenko, V.** (2008). Models of case mix adjustment for Ohio mental health consumer outcomes among children and adolescents. *Administration and Policy in Mental Health and Mental Health Services Research, 35*, 295 - 304.
5. Turchik, J. A., **Karpenko, V.**, Hammers, D., & McNamara J. (2007). Practical and ethical assessment issues in rural, impoverished, and managed care settings. *Professional Psychology: Research and Practice, 38*, 158 - 168.
6. Turchik, J. A., **Karpenko, V.**, & Ogles, B. M. (2007). Further evidence of the utility and validity of a measure of outcome for children and adolescents. *Journal of Emotional and Behavioral Disorders, 15*, 119 - 128.

# Closing the Gap Between Research and Practice: Clinical Experiences in using an EST to Treat Panic Disorder

**Marvin R. Goldfried**

This article has appeared in the Spring 2011 *Clinical Science* (Newsletter of the Society for the Science of Clinical Psychology, Section II of APA Division 12)

Key words: empirically supported therapies, dissemination, evidence-based practice, panic disorder

It is well known that research and practice take place in different worlds, and that the challenge has always been to close the gap between the two—making each relevant to the other. As the practice of psychotherapy becomes increasingly more accountable to governmental agencies and third party payers, the need to close this gap has become more important now than ever before. Indeed, the dissemination of research findings to the practicing clinician is the theme of the 45th ABCT convention in 2011.

The fact of the matter is that there has been a long history of mutual dissatisfaction between researchers and practitioners. I have heard some of my academic colleagues lament the fact that some of our graduates were “lost to clinical practice.” Indeed, it is the opinion of many academic scholars the only way the field will advance is through controlled research. From the point of view of the practicing therapist, the dissatisfaction has been that the research does not always meet their needs, and that it is far too “academic.”

The question of how to best close the clinical-research gap has been the subject of considerable debate, but only some research. Based on their recent survey of clinicians, Stewart and Chambless (2010) found that providing practitioners with case illustrations increases the likelihood of successful dissemination of findings. Although these and other strategies can certainly be helpful, I believe that the reluctance on the part of practitioners to make use of research findings needs to be dealt with at a more basic level.

I have long believed that in our desire to disseminate research findings to the practitioner, we may have unwittingly alienated them. I base this on some of my contacts with practicing therapists, as well as published statements by clinicians who have expressed their resentment toward researchers.

Perhaps most dramatic example of this is the case of two CBT colleagues who were dedicated readers of the latest research literature (Fensterheim & Raw, 1996). However, when the first report of the Divisions 12 Task on empirically validated (later called empirically supported) treatments was published (Task Force on Promotion and Dissemination of Psychological Procedures, 1995), these practicing therapists indicated that they felt betrayed by their research colleagues. Referring to what they correctly foresaw as the movement toward practice guidelines, they indicating that they were concerned about who should make the decision about how much flexibility is allowable, of how large should be the Procrustean bed. We doubt that it will be the practicing therapist who does so. So, once again, the standards and methods of clinical therapy will be set by those who do the least amount of clinical practice (Fensterheim & Raw, 1996, pp. 169-170).

I like to think that those of us who have been trained as scientist-practitioners, especially those who are entering the field, have a somewhat different view of the need to close this gap. Indeed, two clinical graduate students—the future of clinical psychology—have recently offered their perspective on this problem, posing the question of how to best disseminate research findings to the clinician: “How do researchers and clinicians work together to develop efficacious treatments?”... we the researchers should not be disseminating onto the clinicians but rather engaging in dialogues with the professional community as we create new interventions. We believe that if we continue to frame this issue as an “us” versus “them” predicament, we will perpetually be stuck where we are, and, even worse, may continue to grow further polarized rather than closer together (Hershenberg & Malik, 2008, pp. 3-4).

The suggestion that the field would benefit most by developing a way to establish a collaborative relationship between researcher and clinician is not new. Indeed Chambless and Goldstein’s wrote about it years ago in their book *Agoraphobia: Multiple perspectives on theory and treatment* (Chambless & Goldstein, 1982). It is also an important theme in Foa and Emmelkamp’s *Failures in behavior therapy*, in which they indicate that “Contact

with clients has taught us that clinical practice is not as simple as that portrayed in textbooks. . . . It seems that once a technique was endorsed as effective, it became almost taboo to admit that sometimes the expected positive results were not obtained" (Foa & Emmelkamp, 1983, p. 3). This is especially the case in using empirically supported treatments when dealing with complex clinical cases, which call for an "increased dialogue between scientists and practitioners at a field-wide level" (Ruscio & Holohan, 2006, p. 158). Although the two-way bridge initiative described below is one way of doing this, there are clearly other approaches to fostering clinical-research collaboration (e.g., Barkham, Hardy, & Mellor-Clark, 2010; Castonguay et al., 2010; Eubanks-Carter, Burckell, & Goldfried, 2010; Sobell, 1996).

### **Clinical Experience in using CBT to Treating Panic Disorder: Results of a Survey**

In the attempt to close this longstanding gap between research and practice, the Society of Clinical Psychology, Division 12 of the APA, has recently begun an initiative to build a two-way bridge between research researchers and practitioners. Although much has been said about the need to disseminate research findings to the clinician, it is also important for the clinician to have a way they can disseminate their clinical experiences to researchers—as well as other practitioners. Indeed, there has been a mechanism in place in medicine to do such a thing. Once a drug has been approved by the Food and Drug Administration (FDA) based on clinical trials, physicians have a way to report back to the FDA on their experiences in using the drug in clinical practice. In establishing a two-way bridge for therapists, the Society hopes that it will not only provide clinically based issues in need of future research, but will also motivate practitioners to become interested in what the research has to say—a strategy that has successfully been used by Sobell (1996).

In the first of several ongoing surveys of practicing clinicians that use ESTs in their clinical practice, we have just completed a study on the use of CBT for the treatment of panic disorder. Although there is considerable evidence to support the efficacy of CBT in treating panic, it has been acknowledged by researchers that there nonetheless exists a need to

further improve our interventions with this clinical population (e.g., McGabe & Antony, 2005; Otto & Gould, 1996; Sanderson & Bruce, 2007).

In developing the survey, we were interested in those treatment, therapist, patient, and contextual variables that were associated with the clinical effectiveness of CBT in treating panic. We were fortunate to obtain the cooperation of a group of experienced clinicians who helped develop these items, and are most grateful to the following: Dianne Chambless, Steven Fishman, Joann Galst, Alan Goldstein, Steven Gordon, Steven Holland, Philip Levendusky, Barry Lubetkin, Charles Mansuto, Cory Newman, Bethany Teachman, Dina Vivian, and Barry Wolfe. A special committee within the Society of Clinical Psychology was formed to spearhead this initiative, consisting of clinicians and researchers with a long-standing commitment to closing the gap between research and practice: Louis G. Castonguay, Marvin R. Goldfried, Jeffrey J. Magnavita, Michelle G. Newman, Linda Sobell, and Abraham W. Wolf.

The questionnaire items included a number of categories of variables that might interfere with the clinical effectiveness of CBT in reducing symptoms, and included: patient symptoms related to panic; other patient problems or characteristics; patient expectations; patient beliefs about panic; patient motivation; the patients' social system (home, work, other); problems/ limitations associated with the CBT intervention method; and therapy relationship issues. The rationale for focusing on variables that might undermine clinical effectiveness has been characterized by Foa and Emmelkamp (1983) as representing the key to potential research questions, derived from clinical practice, and in need of further investigation:

*Once a drug has been approved by the Food and Drug Administration (FDA) as a result of clinical trials, practitioners have the opportunity to offer feedback to the FDA on any shortcomings in the use of the drug in clinical practice. The Society of Clinical Psychology, Division 12 of the American Psychological Association, has established a mechanism whereby practicing psychotherapists can report their clinical experiences using empirically supported treatments (ESTs). This is not only an opportunity for*

*clinicians to share their experiences with other therapists, but also to offer information that can encourage researchers to investigate ways of overcoming these limitations.*

*This questionnaire provides the opportunity for therapists using cognitive-behavior therapy (CBT) in treating panic disorder to share their clinical experiences about those variables they have found to limit the successful reduction of symptomatology. By identifying the obstacles to successful treatment, we can then take steps to overcome these shortcomings.*

*Your responses, which will be anonymous, will be tallied with those of other therapists and posted on the Division 12 Web site at a later time, with links made to it from other relevant Web sites. The results of the feedback we receive from clinicians will be provided to researchers, in the hope they can investigate ways of overcoming these obstacles.*

We received a total of 326 completed questionnaires. The age range of respondents was indeed wide, ranging from 25 to 81 years of age (with the median of 45 years). There were comparably broad levels of experience; approximately one-third had 10 years of clinical experience or less, and another third, 20 or more years of experience. Therapists indicated that the typical duration of their treatment was between three and six months, although a substantial number of respondents indicated that they saw patients for six months to a year. Consistent with the research findings, 80% indicated that they were successful in using CBT to reduce panic symptoms.

Of all of those patient symptoms that may make treatment difficult, chronicity was reported by 62% of the respondents as playing a major role. Other symptoms that made clinical effectiveness less than optimal included the presence of PTSD, functional impairment, severity, and the tendency to dissociate. There were other patient characteristics that also created clinical problems, such as patients' inability to work between sessions, as well as their unwillingness to give up their safety behaviors. Of particular interest was the report that the complexity of the case makes symptom reduction more difficult, an observation reported in the past by Chambless and Goldstein (1982).

The most typical patient expectations that interfered with treatment were that they would be free of all anxiety, that the therapist would be responsible for making them better, and that medication was needed in order for their symptoms to be reduced. Treatment was also limited in its success if patients believed that their fears were realistic, such as a concern that they might have a heart attack. Therapists reported patient motivation to be a hindrance, with close to 67% indicating that this was problematic at the very beginning of treatment, and also contributed to premature termination.

The patient's social system was reported as an important factor that could undermine successful treatment, such as problems at home or at work. This finding reminds us that if we are to be successful in treating panic disorder, it is important to intervene when necessary in dealing with contextual antecedents and consequences of panic, and the support or interference that significant others may make in the treatment.

Therapists were asked if they experienced any problems and limitations that were associated with the CBT intervention itself. In their answer to this question, close to 61% said that not enough information was provided on how to deal with patients' unwillingness to give up their safety behaviors. An interesting finding, however, was that experienced therapists found this to be less of a problem than did therapists with less experience. Still other shortcomings of the treatment protocol were found to be associated with logistical problems that interfered with in vivo exposure, the lack of guidelines for dealing with comorbid problems, and difficulties associated with having the patient simulate panic symptoms during the session.

The therapy relationship was also highlighted as a potential source of clinical problems. A little over 60% of the clinicians indicate that they did not think that the therapy alliance was strong enough to bring about clinical change. It was also reported by more than half of the respondents that effectiveness was limited because their patients did not feel that their distress was understood or sufficiently validated. Related to this was the most interesting—and troubling—finding that over 28% admitted that their personal frustration with therapeutic

process and their negative feelings toward the patient interfered with successful treatment.

There was some other interesting findings with regard to differences in therapists' experience level, with experienced clinicians being more likely to focus on the resolution of these stressful conflicts in the patient's life that might lead to the panic, as well as on the developmental roots of their panic. Some intriguing research questions are raised here, such as whether experience contributes to clinicians going beyond the treatment protocol, or whether the more experienced clinicians may have had other orientations before learning to make use of CBT.

The findings of the survey are most interesting, and indeed raise as many questions as they answer. However, it should be kept in mind that this is precisely the purpose of the survey, namely to provide potentially researchable hypotheses that are derived from clinical experience.

This is an overview of the survey findings. The detailed findings appear in *The Clinical Psychologist*, the newsletter of the Society of Clinical Psychology [American Psychological Association (APA) Division 12 Committee on Building a Two-Way Bridge Between Research and Practice (2010); [http://www.div12.org/tcp\\_journals/TCP\\_Fall2010.pdf#page=10](http://www.div12.org/tcp_journals/TCP_Fall2010.pdf#page=10)].

## The Next Steps

Although the initiative of building a two-way bridge between research and practice has originally been developed by the Society of Clinical Psychology, it has now been extended to become a collaborative project between the Society and Division 29—The Division of Psychotherapy. Moving beyond the treatment of panic disorder, the next two surveys involve the use of ESTs—in these cases also CBT—in the treatment of *social anxiety* and *general anxiety disorder*. Many of the items included in these two new surveys are the same as those used for the survey on panic, which will allow us to obtain information on clinically based issues that go beyond a given clinical problem.

Your help in making this initiative successful is needed, and I invite the reader to take out approximately 10 minutes to complete each of the two sur-

veys. The survey on social anxiety can be found at <http://www.surveymonkey.com/s/6L9CLHN>, and the survey on general anxiety disorder is at: <http://www.surveymonkey.com/s/Z8QPRH7>.

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## Goldfried, Marvin R.

An investigation of EST training desires. *The Clinical Psychologist*, 63, 5-10.

Task Force on Promotion and Dissemination of Psychological Procedures (1995). Training in and dissemination of empirically-validated psychological treatment: Report and recommendations. *The Clinical Psychologist*, 48, 3-23.



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### Qualifications

Member of the American Psychological Association  
Co-Founder of the Society for the Exploration of  
Psychotherapy Integration

Member of the Association for Behavioral and Cog-  
nitive Therapy

Member and Past-President of the Society for Psy-  
chotherapy Research

Founder of AFFIRM: Psychologists Affirming their  
Lesbian, Gay, Bisexual and Transgender Family

Past-President of the Society of Clinical Psychology

President of the Psychotherapy Division of the  
American Psychological Association

### Present jobs

- Distinguished Professor of Psychology at Stony Brook University
- Private practice of psychotherapy, New York City, USA

### CURRICULUM VITAE

Marvin R. Goldfried (61) received his PhD in clinical psychology from the University of Buffalo, New York, USA. He served as an Assistant Professor at the University of Rochester in the US, and joined the faculty at Stony Brook University in 1964. In addition to graduate and undergraduate teaching, he has supervised doctoral students in their work on therapy, and conducted research on assessment, process and outcome in therapy, psychotherapy integration, and sexual minority issues. In recognition of his work, he has received awards from the American Psychological Association, the Association for Advancement of Behavior Therapy, and the Society for Psychotherapy Research.

### Selection of INTERNATIONAL PUBLICATIONS

**Goldfried, M.R.**, & D'Zurilla, T.J. (1969). A behavioral analytic model for assessing competence. In C.D. Spielberger (Ed.), *Current topics in clinical and community psychology*, (Vol. 1). New York: Academic Press. Pp. 151-196.

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**Goldfried, M.R.** (1980). Toward the delineation of therapeutic change principles. *American Psychologist*, 35, 991-999.

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## Congress Calendar

### **IARPP 10th Anniversary Conference 2012**

"The Legacy of Stephen Mitchell: Sustaining Creativity in our Psychoanalytic Work"

**March 1 - March 4, 2012**

Location: New York City, New York

Venue: The Roosevelt Hotel

Co-Chairs: Margaret J. Black, LCSW and Hazel Ipp, PhD

### **Deutscher Kongress für Psychosomatische Medizin und Psychotherapie** (In German language)

**28. - 31. März 2012**

TU München

[www.deutscher-psychosomatik-kongress-2012.de](http://www.deutscher-psychosomatik-kongress-2012.de)

### **Internationaler Kongress der Gesellschaft für Logotherapie und Existenzanalyse**

„Wo ein Wille, da ein Weg!“ Vom Wollen und Lassen in Therapie und Beratung. (In German language)

**27. – 29. April 2012**

Museumsquartier, Wien – Austria

More Informations about this event on our website:

[www.existenzanalyse.org](http://www.existenzanalyse.org)

### **ASOCIACION ESPAÑOLA DE PSICOTERAPIA SOCIEDAD ESPAÑOLA DE PSICOTERAPIA AUTOGENA ICAT - INTERNATIONAL COMMITTEE FOR AUTOGENIC THERAPY**

**MADRID, 12 May 2012**

International Congress of Autogenic Psychotherapy

[www.autogenicpsychotherapy.com](http://www.autogenicpsychotherapy.com)

### **Annual Congress of the Society for the Exploration of Psychotherapy Integration**

Evanston IL (USA)

**May 18-20, 2012**

### **V World Congress on Traumatic Stress**

„Addressing trauma in medical, emergency and mental health settings“

**Mexico City, May 23 to 26, 2012**

Organized by the ISTSS and its International affiliated Organizations.

Information and Registration [www.5tswc.org](http://www.5tswc.org)

### **WPA Regional Meeting**

“Mental Health and Disaster, Beyond Emergency Response“

**September 13 - 15, 2012 in Bali, Indonesia**

[www.wpabali2012.com](http://www.wpabali2012.com)

## Mission Statement

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

The IFP realizes its aims by means of

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



After the regrettable demission of Cornelia Erpenbeck, to whom we thank for excellent services to IFP for many years, we have finally succeeded to find a competent secretary, **Madeleine Hänggli**. She used to work with one of the trustworthy Swiss Banks (what else would you expect in the career of an IFP secretary!) and is now bachelor student at the university of Bern.

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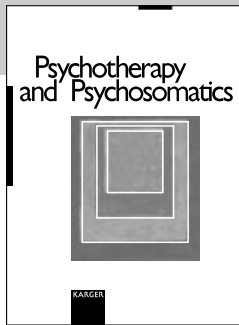
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