IFP Research Awards seek to foster a broad spectrum of psychotherapy research that furthers the purposes of the International Federation for Psychotherapy (IFP), with special emphasis on studies relating to cultural issues, psychotherapy delivery, clinical excellence, and training.

The IFP Research Committee accepts nominations for the following 3 awards, which will rotate each year:

(1) Young researchers who have completed a doctoral dissertation and published a minimum of 3 research papers in refereed journals.

(2) Mid-career researchers who have conducted and published important research beyond the post-dissertation level.

(3) Distinguished senior researchers whose research and publications represent a lifetime of significant achievements.

For 2015, nominations for the Mid-Career Researcher Award were asked (http://www.ifp.name/newsletter.htm). In 2014, nominations were invited for the Young Researcher Award, and the award was delivered in May 2014 at the IFP World Congress in Shanghai. Helene A. Nissen-Lie had the honor to win the first Young Researcher Award for her PhD work on ‘the contribution of the psychotherapist to psychotherapy’ [1]. Please find below a brief summary of the results and a comment by Dr. Nissen-Lie.

The ‘Contribution of the Psychotherapist to Psychotherapy’ by Helene A. Nissen-Lie

It was a true honor to win the first IFP Young Researcher Award. The research for which I got this prestigious award was my PhD work on the ‘contribution of the psychotherapist to psychotherapy’ [1]. This is a brief summary of my findings.

An accumulating body of evidence suggests that therapists vary consistently in the therapy outcomes obtained by their clients [2]; however, we lack knowledge about what characterizes a more or less effective therapist. Five studies were conducted with the aim of increasing our understanding of how the individual therapist contributes to the process and outcome of psychotherapy [3–7]. These studies were run in a naturalistic treatment setting [8] with 370 ordinary patients suffering from a wide range of mental health problems, most of whom had a high level of clinical disturbance, including 50% with at least one personality disorder. The therapists (n = 70), who were mostly clinical psychologists and psychiatrists, were assessed using concepts developed by the SPR Collaborative Research Network by means of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) [9].

In summary, some of these concepts robustly predicted the process and outcome of therapy, but not necessarily in the direction expected (possibly because the therapists’ characteristics were self-reported). The effect of the therapists’ experiences of difficulties in practice was particularly strong. One aspect, termed ‘negative personal reaction’, involved deficient empathy towards clients, and the trouble of finding something to like and respect in a client had a negative influence on process and outcome measures. However, a surprising positive influence was found for another difficulty encountered by therapists termed ‘professional self-doubt’ (PSD), which reflected the therapists’ doubts about whether they can have a beneficial effect on a client. This latter finding led to an interpretation of PSD as reflecting an attitude of the therapists’ humbleness and sensitivity, which seems to facilitate alliance building and patient change.

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

These findings imply that the therapy process and outcome may be influenced by the ways that the therapists perceive themselves and experience their clinical work. Unexpectedly, the studies found a notable divergence between the therapists’ self-reports which influenced the therapists as compared to the patients in evaluating the working alliance. The divergence between the patient and therapist viewpoints has potential implications for the therapists’ training, supervision, and everyday self-reflection.

In essence, these studies clearly support a two-subject view of psychotherapy in which both the patient and the therapist actively interpret and influence their mutual exchange.

References


