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Positive psychology, virtue, and flourishing in psychotherapy

to predict relapse during the follow-up period, with each model considering varying levels of patient information (e.g. Model 1 used only patient information available at baseline, while Model 4 used all patient information available at third follow-up month). Results: Each model displayed reasonable predictive power when evaluated on the test set (AUC range = 0.72-0.84; PPV range = 71.2%-75.3%; NPV range = 56.0%-74.8%). Young age, unemployment, and the presence of residual symptoms were consistently identified as important predictors of relapse. Every participant unemployed at the beginning of treatment relapsed, while 95% of participants unemployed at the end of treatment relapsed. Discussion: Our findings demonstrate the promise of using machine learning approaches for predicting relapse following CBT. The ability to predict relapse has potential in improving the targeting of relapse prevention interventions and enhancing the efficiency of psychological services.

Validating long term depression symptom monitoring in an online disease management program for recurrent depression

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Background: Because major depressive disorder (MDD) is a condition that often takes a chronic course with a high risk for relapse, long term treatment strategies are needed that help patients sustain well-being beyond acute phase treatment. Digital interventions have been developed that allow patients to (self-)monitor their depressive symptoms based on the PHQ-9. Few evidence, however, is available about the validity of the PHQ-9 as a tool for long term symptom monitoring. Methods: The aim of the current study was to assess the longitudinal validity of the PHQ-9 as a self-monitoring tool compared to a semi-structured clinical interviews. Data are taken from the intervention arms of an RCT in which the PHQ-9 was answered fortnightly by participants (N=128) for a total duration of 12 months. In addition, two waves of blind-expert rated interviews were conducted at month 6 and 12 that used the Longitudinal Interval Follow-Up Evaluation (LIFE) to retrospectively assess the weekly severity status of MDD which served as a comparison. Results: Significant associations with a large effect sizes were found for repeated PHQ-9 symptom scores and clinical ratings across time. Stable cross-methods correspondence was supported by multilevel mixed models which showed that the effects did not change as a function of time. Discussion: The results indicate that the PHQ-9 can serve as a clinically valid indicator for long term depression monitoring in digital or blended interventions. Retrospective memory bias is discussed as a factor that might have impacted symptom evaluations derived from the two clinical sources.

How to maximize the public health impact of depression services

Markus Moessner, University Hospital, Heidelberg, Germany; Stephanie Bauer, University Hospital, Heidelberg, Germany

Background: Despite decades of psychotherapy research, the prevalence rates of depression are not decreasing. In order to impact the burden of suffering on a population level, a shift of priorities in research and care is needed. A model of how health care for depression affects the population's disease burden can stimulate discussions and provide guidance about promising strategies to maximize the public health impact of depression services. Methods: The current health care situation for depression is modeled taking into account the reach and effectiveness of prevention, treatment, and aftercare, as well as incidence rates, relapse rates, and rates for spontaneous remissions. A first-order Markov model is applied to estimate the potential of and to identify most promising approaches to reduce the disease burden on the population level. Results: Improvements of treatment utilization and the reach of prevention show the largest potential to reduce the population's disease burden. Improving the efficacy of interventions shows only limited effects. Discussion: New models of treatment delivery as well as public health approaches to prevention are critical in order to reduce the burden of suffering caused by depression. Increasing the efficacy of treatments has only limited impact.

Panel

Positive Psychology, Virtue, and Flourishing in Psychotherapy.

Organizer: Steven J. Sandage, Boston University

The field of mental healthcare in the United States largely promotes a view of the human person as "clusters of negative symptoms" and focuses predominately on reducing these negative symptoms in individuals rather than on additional pathways towards social and relational well-being. This dominant approach, based on the medical disease model of mental illness, includes certain strengths and efficiencies. However, the large body of positive psychology research since the 1990s has advanced scientific understandings of human strengths and virtues with related investigations of individual and communal flourishing. By "virtue," we mean embodied traits of character that tend to promote resilience and the integration of ethics and health toward the ultimate goals of both personal and communal flourishing (e.g., humility, forgiveness, gratitude,

compassion, and justice among others; Hill & Sandage, 2016). A goal of "flourishing" moves beyond hedonic or subjective forms of well-being, and each of the research teams in this panel are informed by eudaimonic or developmental theories of well-being characterized by relational maturity, meaningful purpose, integrity and the pursuit of virtue, and communal concern through prosocial behavior (Boettscher, Sandage, Latin, & Barlow, 2019; Waterman, 2013). To date, efforts at integrating positive psychology into psychotherapy have tended to involve the development of new "positive psychotherapies," however we will consider the possibilities (and challenges) of integrating positive psychology into mainstream psychotherapy approaches. Drawing on work from a multi-site Templeton grant, this panel will describe ways these complex topics of virtue and flourishing can be engaged in psychotherapy research and practice.

Integrating positive psychology constructs in psychotherapy: Therapist perspectives on flourishing and virtue.

Jeremy Coleman, University of Denver; Jesse Owen, University of Denver; Shannon Sauer-Zavala, University of Kentucky; Karen Tao, University of Utah; Nancy Devor, Boston University; Heidi Levitt, University of Massachusetts Boston; Cassidy Gutner, Boston University School of Medicine; Mary Zanarini, McLean Hospital; Steven J. Sandage, Boston University

The term "flourishing" means to grow or prosper and refers to a holistic, developmental sense of well-being (VanderWeele et al., 2019). There is growing interest in the principles of flourishing in psychotherapy. For instance, there are 20 studies of positive psychotherapy with results on par with other bona-fide treatments and emphasize aspects of flourishing as factors in client progress (e.g., AEDP, ACT; Fosha, 200; Rashid & Seligman, 2018). Still, the concept of flourishing remains largely segregated from mainstream mental healthcare practice. The disease model dominance within mental healthcare employs a view of the human person as "clusters of symptoms" with the goal of treatment being the reduction of negative symptoms rather than increasing flourishing. Little is known about how mental health treatments improve clients' flourishing, as most studies have focused on symptom reduction. To address these limitations, the current study facilitated collaboration among four clinical research teams representing different clinical sites and training perspectives (e.g., CBT, Psychodynamic, Integrated). In doing so, we conducted eight focus groups utilizing a grounded theory qualitative approach to explore the processes through which flourishing is fostered in psychotherapy and the training of mental healthcare professionals.

Trajectories of Change in Well-Being During Cognitive-Behavior Therapies for Anxiety Disorders: Quantifying the Impact and Covariation with Improvements in Anxiety

Todd Farchione, Boston University; Matthew Gallagher, University of Houston; Colleen Phillips, University of Houston; Johann D'Souza, University of Houston; Angela Richardson, University of Houston; Laura Long, University of Houston; James F. Boswell, University at Albany/SUNY, USA; Elizabeth Eustis, Boston University; Stephen Allen, Boston University; David Barlow, Boston University

Despite substantial evidence supporting the efficacy of cognitive-behavioral therapy for reducing many forms of mental illness, less is known about whether CBT also promotes mental health or well-being. We will discuss results of a recent study (Gallagher et al., 2019) examining changes in well-being during different CBT treatments for anxiety disorders and how these changes relate to anxiety. In that study, 223 adults (55.6% female, Mage=31.1 yrs) were randomized to one of five CBT protocols for anxiety disorders at an outpatient clinic. Effect sizes were calculated to examine the timing and magnitude of changes in well-being as a result of CBT. Further, parallel process latent growth curve models were conducted to examine the extent to which trajectories of changes in well-being correlated with the trajectories of change in both clinician-rated and self-reported anxiety during active treatment. Results indicated that there were moderate-to-large increases in overall well-being and the three components of subjective, psychological, and social well-being, mainly during the second half of CBT, and these increases were maintained at a 6-month follow-up. Further, trajectories of change in well-being across treatment were strongly correlated with trajectories of change in clinician rated and self-reported anxiety. Together, these findings suggest that different CBT protocols for anxiety consistently produce robust and lasting changes in different domains of positive mental health and increases in well-being are strongly linked to changes in anxiety during treatment.

Humility as a Predictor of Flourishing, Functioning, and Health among Adult Community Mental health Clients.

Steven J. Sandage, Boston University; Sarah Crabtree, Boston University; Eugene Hall, Boston University; Peter Jankowski, Bethel University; Elizabeth Ruffing, Boston University

The scientific literature on humility has grown rapidly over the past decade with hundreds of studies now

available, yet very few studies have investigated humility in clinical settings. Some clinicians might question the relevance of humility to key mental health and well-being outcomes for clients, and there have been some discrepant findings on humility and well-being in non-clinical settings. The present cross-sectional study tested an emotion regulation model of humility and well-being drawing on attachment and family systems theories and research in positive psychology in a sample of Adult outpatient clients (N=147) at a community mental health clinic in the United States. Dependent variables included: (a) Eudaimonic well-being or flourishing (Mental Health Continuum -- Short Form; Lamers et al., 2011), (b) life satisfaction problems (Treatment Outcome Package/TOP; Krauss et al., 2005), (c) work functioning problems (TOP), and (d) general health (TOP). Humility was operationalized using the General Humility Scale (Hill et al., 2015), a multi-dimensional measure previously used in the same clinical context (Paine et al., 2018). Results found humility was significantly related to each outcome in predicted directions with mediator effects for emotion regulation. Findings are discussed in terms of future research (particularly further validation of clinical measures of virtue and flourishing) and clinical practice.

Panel
Therapist effects
Organizer: Kim de Jong, Leiden University, Netherlands

Using basic science to explain differences between therapists on facilitative interpersonal skills

In this panel, three presentations focus on opening the black box of therapists' interpersonal skills. Tao Lin will present results from undergraduate students with an interest in clinical psychology are asked to take the Facilitative Interpersonal Skills Task while their physical reaction is being measured through heart rate and skin conductance. Kim de Jong will present a similar study with experienced CBT therapists. In the third presentation, Joshua Maserow will present secondary analyses from a study on therapists taking the FIS task using facial recognition software.

Do Helpers' physiological signals during responses differ for Difficult versus Benign Simulated Clients?
Tao Lin, Ohio University, Athens, USA; Suzannah J. Stone, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA

Objectives: Therapists' facilitative interpersonal skills (FIS) are assessed by rating therapists' responses to brief video simulations of challenging clients and are predictive of therapeutic outcome. Therapists' responses to these difficult, simulated moments, could potentially be the result of other variables, such as therapist physical reactivity. This project aims to examine whether and, if so, how more difficult therapeutic situations differ from less difficult situations in terms of the helper's physiological responses while viewing and responding to these types of therapeutic situations. Methods: Participants were administered a modified version of the FIS task, which included a set of 4 of the original videos (difficult) and 4 additional videos that were benign, or created to be less difficult. Heart rate, skin conductance, and audio of participants were recorded at the baseline and during the task. FIS responses were recorded and rated by trained coders.Result: We predicted that helpers would show greater physiological responses to difficult video clips than benign ones. Compared to lower FIS helpers, higher FIS helpers will show smaller physiological responses in general. The differences between lower and higher FIS groups in terms of physiological responses will be larger when viewing difficult clips than benign ones. Conclusion: Identifying differences between helpers based on their physiological responses would advance the scientific understanding of why some therapists demonstrate differences in FIS and therapeutic outcomes.

Does emotion regulation moderate the Facilitative Interpersonal Skills of experienced CBT therapists?
Kim de Jong, Leiden University, Netherlands; Maarten Merkx, HSK, the Netherlands; Maartje Smit, Forta Groep, the Netherlands; Timothy Anderson, Ohio University, Athens, USA

Therapist effects seem to be more pronounced in more severe cases (Saxon & Barkham, 2012). It seems intuitive that the majority of therapists are able to help relatively 'easy' cases, but in order to effectively treat more complex cases, greater skills are needed. Therapists' interpersonal skills, in particular, have been a consistent predictor of therapist outcomes. However, it is yet unclear whether some therapists just have better skills than others, or if some therapists are just better in utilizing their skills in complex, and thus potentially more stressful, therapy situations. The current study (N=70) investigates experienced CBT therapists' interpersonal skills in benign and complex therapy situations and measures the therapists' physiological responses while they are conducting the task. Participants were asked to respond to video vignettes in real-time while imagining they were the therapist of the client in the video. In benign cases, the clients would tell the therapist about a personal situation that had been difficult for them. In complex situations, an interpersonal conflict was played out (e.g. idealizing, getting angry). Preliminary results on a smaller subsample showed that therapists did not consider the benign and complex cases to differ in