

## Summaries

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**Rutger Willem Trijsburg**

### **Interventions and interactions in psychotherapy**

- In his inaugural address Wim Trijsburg drew the attention of his audience to the impending discordance between psychotherapists: on the one side there are people who stick to the idea that the position of the therapist has to be neutral and abstinent to be effective; at the other pole one finds people who think that therapy can profit from the 'real' relationship between the patient and the therapist. Conflicting notions on therapeutic monism versus eclecticism and specificity versus universality (common factors) seem to underlie these contrasting views. The author presents a model in which a diversity of therapeutic interventions stemming from monistic and universal theories can be subsumed successfully, being mutually complementary rather than conflicting. Together they enforce the efficacy of common factors operating in the therapeutic dyad. The author underpins his position by presenting preliminary results of (his own) investigations on the effect of the match between client's and therapist's attachment styles on the quality of the therapeutic relationship. (*Summary by the editors*)
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**Taige S. Bybee, Michael J. Lambert and Dennis Eggett**

### **Curves of expected recovery and their predictive validity for identifying treatment failure**

- The results of the development of expected recovery curves for use in providing treatment response feedback to therapists and enhancing outcome are presented. Child and adolescent patients undergoing a course of psychotherapy ( $N = 3,712$ ) repeatedly took the Youth Outcome Questionnaire-30 (YOQ-30). Scores across all patients were combined into an aggregate data set for use in generating expected recovery curves anchored by level of severity of symptoms at intake. A mixed linear model of recovery curves was created, based on YOQ-30 scores across sessions and the log transformation of session number. Validation of recovery curves for predicting deteriorators in psychotherapy was examined. Results showed the methodology was able to accurately identify 72% of

patients with a deteriorated final outcome. Implications for this methodology are discussed within the context of routine clinical practice.

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