

and more. In the proposed structured discussion, a group of experts with diverse theoretical orientations, and at different stages of professional development, will briefly present their vision of the approach or method which will substantially advance our field in the next ten years. These brief glimpses into the future will provide the background to what we hope will be a lively and stimulating discussion.

Discussant Timothy Anderson, Ohio University, Athens, USA

Discussant Franz Caspar, University of Bern, Switzerland

Discussant Andrew McAleavey, Weil Cornell Medical School

Discussant Kim De Jong, Leiden University, Netherlands

Structured Discussion

Methods

Organizer: Melissa De Smet, Ghent University, Belgium

Have RCTs passed their time? A structured discussion on the value of RCTs in psychotherapy research today

The gold standard of outcome research, the randomized controlled trial, has been increasingly criticized on its value for psychotherapy this past decade. For instance, its ecological validity is strongly doubted and given the abundance of evidence of the efficacy of various treatments, its dominance over other research formats (e. g. , process research) is criticized. Nonetheless, the RCT remains its gold standard for its rigorous and controlled design and important role in informing policy decisions. The question however emerges: have we reached saturation in RCT generated evidence or should more RCTs be conducted to safeguard the future of our field, and in the latter case: how should future RCTs look like? Clearly, the past decades, RCTs have divided the field of psychotherapy research into advocates and opponents. This structured discussion aims at a lively discussion on the value of RCTs for the field of psychotherapy today, explicitly aiming to give voice to both pros and cons to result in a nuanced and balanced debate. Several issues will be addressed, for instance:

- 1) What is the current status of RCTs in the field of psychotherapy?
 - a. Why do we need RCTs: evidence on efficacy of treatments and/ or a means to convince policy?
 - b. Mixed methods randomized controlled trials: the future?
 - i. The role of qualitative research in RCTs
 - ii. The value of case studies in RCTs
 - c. Does "the RCT" exist or do different designs carry different advantages and drawbacks?
 - d. Alternatives: different needs require differ research questions and different research methods?

Discussant Reitske Meganck, Ghent University, Belgium

Discussant Felicitas Rost, Tavistock Clinic, London, UK

Discussant Stig Poulsen, University of Copenhagen, Denmark

Discussant Björn Philips, Stockholm University, Sweden

Discussant Femke Lara Truijens, Ghent University, Belgium

Structured Discussion

Methods

Organizer: Femke Lara Truijens, Ghent University, Belgium

How valid is our understanding of validity? Follow up discussion on the practical use and the limits of validity terminology in psychotherapy research.

In our panel on validity of validity terminology, we argued that the dominant way of understanding validity in psychology, may be insufficient to capture the broad range of validity issues that psychotherapy researchers encounter in research practice.

Following the panel, we organize a structured discussion to allow for an in-depth discussion with the audience, regarding their experience of validity issues in psychotherapy research practice. We warmly invite psychology scholars, researchers, clinicians and others to join the discussion, to derive multiple perspectives on the usefulness and the limits of current validity terminology to derive sound and useful evidence in psychotherapy research. The aim of the discussion is to get a broad view on validity issues that are encountered by scholars and clinical professionals in their work. Given the goal-orientation of psychotherapy research and the increasing

influence of scientific evidence onto the organization of clinical practice, it is vital to discuss how and where validity issues are encountered and how these can be evaluated by the current understanding of validity terminology.

Topics:

- Where do working psychotherapy researchers encounter validity issues in their work?
- How could validity terminology be broadened to capture research practice sufficiently, without losing the rigor of terms?
- What does 'valid evidence' and 'valid research' mean to clinicians in their daily work?
- How could an insufficient consideration of validity affect daily clinical practice?
- What aspects would be suggested by clinicians to increase 'valid' research and valid evidence that is useful towards clinical practice?

Discussant William B Stiles, Miami University, Oxford, USA

Discussant Ladislav Timulak, Trinity College Dublin

Discussant Melissa De Smet, Ghent University, Belgium

Structured Discussion

Change process

Organizer: Nili Solomonov, Weill
Cornell Medical College

Ingredients of Psychotherapy that Can Make or Break Treatments' Success

The literature on the factors leading to therapeutic change is generally divided to specific vs common factors. The specific ingredients refer to prescribed techniques or treatment components that are guided by a clearly defined theoretical orientation and included in a given treatment modality. In contrast, the common factors refer to techniques or components used by all psychotherapies, across theoretical approaches. One of the longest debates in the psychotherapy research literature is which of the two is more critical for driving therapeutic change. This is not only an important theoretical question, but also a crucial question for clinical practice because it has great implications on how we invest the time in treatment to achieve the most optimal treatment outcome in a cost-effective manner. Better understanding which of the factors is more critical for bringing about therapeutic change can help us devise and deliver better treatments, intensify and refine active therapeutic components, and discard inactive or redundant ones. Our proposed discussion will focus on the importance of specific vs. common factors in a range of treatment modalities. The speakers will be asked to identify the treatment components they believe are most crucial for therapeutic change within their declared orientations, based on their research and clinical experience. The discussion will integrate conceptual, clinical, and scientific perspectives on the topic. We will facilitate an open conversation between speakers and members of the audience.

Discussant Leonard Horowitz, Stanford University, Palo Alto, USA

Discussant Christoph Flückiger, University of Zurich, Switzerland

Discussant Shelley McMain, University of Toronto, Canada

Discussant Andrew McAleavey, Weill Cornell Medical School

Discussant Alice E. Coyne, University of Massachusetts

Structured Discussion

Therapist training and development

Organizer: Kristen G Pinto-Coelho,
Private Practice

Learning to Use the Therapist's "Best Self" in an Authentic, Therapeutic Way

Therapist authenticity is a critical and possibly mutative therapeutic process. The capacity to be oneself, and ideally, one's best, most genuine self, is an important but poorly understood component of professional identity. Therapists-in-training often struggle to simultaneously be authentic and intervene therapeutically with clients. Little is known about how trainees learn to integrate their personal selves with therapeutic technique, or about the roles of clinical training and supervision in therapist development of the ability to be human in the psychotherapy hour. This structured discussion will provide an opportunity for group discussion among