

Claudia Meystre

Dissertation in progress (supervised by Prof. Michèle Grossen, Unil)

Institute for Psychotherapy, Department of Psychiatry – CHUV, University of Lausanne, Switzerland



Introduction

The Assimilation Model conceptualizes how patients progressively integrate their problematic experiences during psychotherapy (Stiles, 2002). The *Assimilation of Problematic Experiences Scale* (APES) describes eight different levels that the patient passes through while becoming aware of and integrating his/her problematic experiences into his/her Self (Stiles, 2002).

Theoretically, progress along this continuum may be facilitated by the therapist's interventions that are appropriately responsive to the current APES level of the problematic experience. This question has been previously discussed in some case studies but not addressed in a systematic method.

Objective

To deepen our understanding of the therapist's specific role in the assimilation process

→ To investigate what kinds of therapeutic interventions are responsive to the patient's specific requirements at each assimilation level

Hypotheses

Based on Honos-Webb & Stiles (2002), we developed some hypotheses concerning responsive therapeutic interventions, measured by the *Comprehensive Psychotherapeutic Interventions Rating Scale* (CPIRS), for each assimilation level, measured by the APES.

Progressive assimilation

APES levels	Patient requirement (Honos-Webb & Stiles, 2002)	Example of specific therapist intervention (Honos-Webb & Stiles, 2002)
0. Problematic experiences warded off	Increase awareness	Interpretation of symptom (psychodynamic)
1. Active avoidance	Increase awareness	Focusing (experiential)
2. Vague awareness	Intensify experience Gain control	Systematic evocative unfolding (experiential)
3. Problem statement and clarification	Intensify experience Gain understanding	Two-chair dialogues (experiential)
4. New understanding	Elaborate insight	Interpretation (psychodynamic)
5. Working on the problem	Elaborate insight Behavioral application	Anger management skills (cognitive-behavioral)
6. Problems resolution	Behavioral application	Assertiveness training (cognitive-behavioral)
7. Integration	Behavioral maintenance	Problem-solving skills (cognitive-behavioral)

Method

Sample : About ten depressive inpatients who received a short-term dynamic psychotherapy (12 sessions during 4 weeks)

Procedure : Analyzing the transcripts of the sessions for each patient in terms of assimilation process and APES levels and by using the CPIRS

Qualitative analyses of the moment-to-moment dialogue by comparing the APES levels for the patient's statements just before and just after each CPIRS-coded therapist intervention

Quantitative analyses comparing good- and poor-outcome cases

Discussion

Our method combines qualitative and quantitative analyses ; it enables us to investigate the therapist's contribution to the assimilation process in good- and poor-outcome cases.

We shall also try to build a consistent list of responsive interventions for each assimilation level.