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therapeutic alliance (Ackerman & Hilsenroth, 2001, 2003). Preliminary evidences suggest that more securely attached clinicians form stronger alliances with their patients, but more systematic studies are needed (Degnan et al., 2016). Furthermore, the therapists' personality remains an under-researched area despite its clinical relevance. This study aimed to investigate the relationship between therapists' personality characteristics and the bond, goals, and tasks of the working alliance (Bordin, 1979), and to explore the moderating role of therapists' attachment in the relationship between personality functioning and overall therapeutic alliance. Fifty-five psychodynamic therapists were interviewed with the Adult Attachment Interview (George et al., 1985) followed by the Clinical Diagnostic Interview (Westen & Muderrisoglu, 2003) to assess their personality with the Shedler-Westen Assessment Procedure-200 (Westen & Shedler, 1999). They were also asked to complete the Working Alliance Inventory-T (Horvath & Greenberg, 1989) on a patient currently in treatment. In order to compensate the underrepresentation of specific AAI classifications, a well-established dimensional approach (Waters et al., 2007) has been employed. Findings showed that the bond, goal, and task components were positively associated with therapists' healthy personality functioning, and negatively related to SWAP-200 scales characterized by emotional dysregulation or interpersonal detachment. Furthermore, the relationship between therapists' personality functioning and overall working alliance was moderated by higher level of attachment security. These findings promote a better understanding of the "therapist effects", one of the most important emerging topics in psychotherapy research (Baldwin & Imel, 2013).

THERAPEUTIC ALLIANCE AND TREATMENT OUTCOME IN PSYCHOTHERAPY FOR DEPRESSION

Gelo Omar Carlo Gioacchino (1, 2), Lagetto Gloria (1), Ferreira Tiago (3), Cuhna Carla (3)

- (1) University of Salento
- (2) Sigmund Freud University
- (3) University Institute of Maia – ISMAI (Portugal)

The therapeutic alliance (TA) represents one of the most empirically supported common factors in psychotherapy. Although empirical research has up to now shown the predictive power of TA with regard of clinical outcome, still a lot remains to be done with regard of the investigation of TA from a dynamic and interpersonal perspective. The present paper aims at investigating the role of TA in predicting clinical outcome in psychotherapy for depression. The sample was comprised by 63 cases of cognitive-behavioral (CBT) and emotion-focused therapy (EFT) with depressive clients from a randomized clinical trial in an outpatient clinic. TA of client and therapist was measured using the Working Alliance Inventory once a month. Outcome was assessed using standardized outcome questionnaires. Data analysis took place by means of Hierarchical Linear Modeling. Preliminary results showed a positive trend of TA during the course of treatment. The increasing patterns were found to be significant for both therapist's and patient's rating in CBT ($q=.26$, $p<.05$; $q=.29$, $p<.01$, respectively) as well as in EFT group ($q=.32$, $p<.01$; $q=.26$, $p<.05$, respectively). Correlations between WAI-T and WAI-P varied across the sessions ranging from .13 ($p=ns$) to .53 ($p<.01$) for CBT group and from .40 ($p<.01$) to .73 ($p<.01$) for EFT group. Regarding the predictive role of TA, we found that patient's WAI rating had a positive significant effect on outcome in both CBT and EFT groups ($\beta=.32$ and $\beta=.19$, $p_s<.05$, respectively), whereas therapist's rating showed positive influence on outcome only for EFT group ($\beta=.49$, $p<.01$). Results will be discussed and their implications for research and clinical practice will be addressed.

ALL BONDS ARE NOT THE SAME: DIFFERENT STRUCTURAL LEVELS OF POSITIVE BONDING RELATIONSHIPS IN THERAPY GROUPS