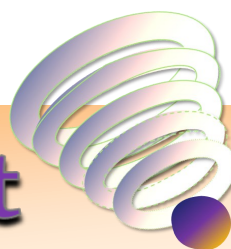


# The Point



## ABOUT THIS NEWSLETTER

The Point, a triannual Newsletter, will share with the broader CCNY community insights from the research conducted at The Psychological Center. We hope to stimulate future collaborations and community feedback. Each issue will feature a short synopsis of student and faculty work and will highlight collaborations across the various research programs in The Clinic. The Point is a work in progress. We welcome your input.

### A BRIEF HISTORY: THE PSYCHOLOGICAL CENTER EMBRACES RESEARCH

Founded in 1966, The Psychological Center, the heart of City College's Clinical Psychology PhD program, provides low-fee mental health services to adults and children. As New York State and federal funding for community mental health clinics have declined in recent years, urban populations, especially those more marginalized, have demonstrated increased rates of unmet mental health needs.

In addition, these societal constraints on treatment access and insurance-based limits, such as maximum session number and treatment modality restrictions, leave many under-resourced children and adults with inadequate support. The Psychological Center remains

one of the few community-based mental health clinics in Harlem that offers affordable services. The Psychological

Center (often referred to as "The Clinic") serves as the site for multiple ongoing and psychotherapy research programs. These programs provide a framework for us to ask important questions across several domains: what are the characteristics that define an urban, under-resourced population? What factors inspire change in the psychotherapeutic process? How do we define a successful treatment? And does the concept of positive change differ



depending on who is the client and who is the therapist? How do individual patient and therapist characteristics interact in therapy to influence its course? Our exploration of these complex questions illustrates how our program situates itself within the world of clinical research. Our integrated approach to theory, practice, and research is the foundation on which The Clinic offers psychodynamic psychotherapy to an often underserved urban population.

### COLLABORATE WITH US

Please send thoughts, ideas, and contributions to  
[mrudenstine@ccny.cuny.edu](mailto:mrudenstine@ccny.cuny.edu)

For more information on The Clinic's research programs: [www.intersectccny.com](http://www.intersectccny.com)

## WELCOME TO THE INAUGURAL ISSUE!

Since Fall 2015, doctoral students, staff, and faculty as well as patients at The Clinic have been the key contributors to The Psychological Center's psychotherapy research programs. The central aim of The Point is to provide the community digestible summaries of our research projects with a particular focus on the clinical implications of this research and why it matters. We seek to demonstrate how these findings translate into practice and policy. Our initiatives would not exist without community support and involvement. The Point is one way for us to express thanks and gratitude to those who make the clinic's research possible.

We hope that you find the information in this newsletter interesting and that it will expand upon the many conversations happening throughout our program.

### DECODING PSYCHOTHERAPY PROCESS

Our first issue spotlights the various ways in which members of our community have begun to better understand the psychotherapy process as a whole. We want to understand what it means for therapy to “work.” How does psychological improvement occur, how is it measured, and what are the initial factors that might predispose certain therapists, patients, and relationships to positive change?

### OUR RESEARCH PARTICIPANTS

Our research participants, all patients at The Clinic who provide consent to research, help inform us of their own experiences, and in turn, help to shed light on psychotherapeutic efficacy for specific populations. The CCNY Clinical Psychology community uses the data from our participants to integrate various concepts and to form holistic and nuanced understandings of the individuals we serve as well as of the psychotherapeutic process.

## RESEARCH: The Psychotherapy Process



### HOW TREATMENT GOALS PREDICT PSYCHOTHERAPY OUTCOMES

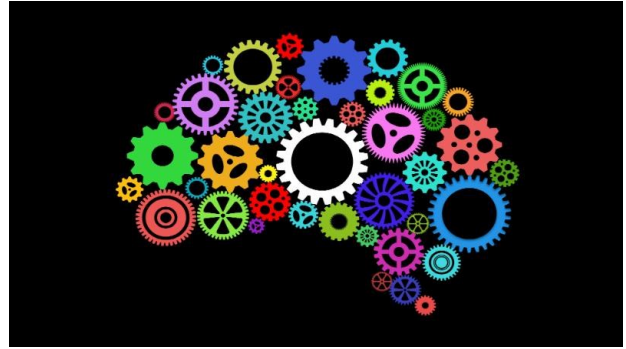
What if patients' stated treatment goals provide insight into how a patient may respond to psychotherapy? We have begun to explore the untapped utility of treatment goals as reported by adult patients at The Psychological Center. Our hypothesis was that individuals who entered psychotherapy wanting to improve their regulation capacity would show improvement in regulation after 8 months of treatment.

To our surprise this was not the case. In fact, individuals who expressed a specific desire to address issues surrounding regulation reported worse emotion regulation — specifically, less emotional awareness and limited ac-

cess to emotion regulating strategies — after 8 months of psychotherapy. Why this surprising discrepancy? One possible explanation is that the onset of psychotherapy may stir up a flood of emotions, and in the context of a difficulty in emotion regulation, patients may find themselves unable to cope with new or heightened emotional states. *continued p. 3*



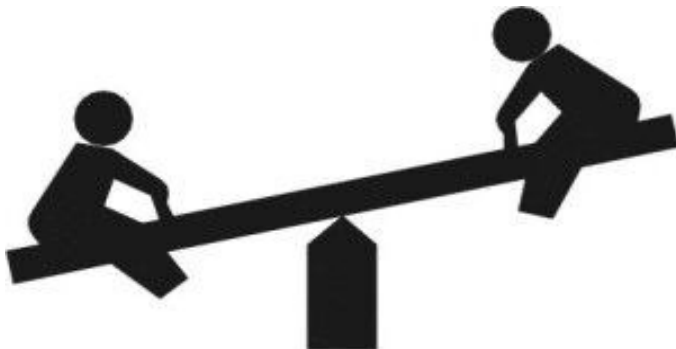
These treatment implications are quite important and worth a moment's pause. In essence, this study highlights that, for individuals who report difficulty with regulation, directly integrating specific skills related to self-awareness of emotional sensations throughout the early phase of psychotherapy may help buffer the emotional intensity often experienced at the onset of treatment. These more targeted interventions can be done prior to or in conjunction with an open-ended exploratory treatment.



Rudenstine, S., Espinosa, A., Cancelmo, L., Puliampet, P. Psychological correlates of change in emotion regulation over 8 months of psychotherapy. *Journal of Contemporary Psychotherapy*, 2019

## FOR WHOM DOES WORKING ALLIANCE MATTER?

The therapeutic working alliance is widely viewed as one of the most (if not *the* most) vital psychotherapeutic variables. Countless studies across various therapeutic modalities have demonstrated the crucial role of the working alliance in treatment effectiveness. A recent analysis sought to explore this further.



First, the authors established that improvement in emotional intelligence over 8 months of psychotherapy helps to explain improvement in psychiatric distress. Second, the study examined how the relationship between change in emotional intelligence and change in psychiatric distress over 8 months of treatment varied depending on the strength of the working alliance. Specifically, the most dramatic change, positive or negative, occurred in the relationships with the strongest working alliance. How could this be?

That some individuals get worse over the course of psy-

chotherapy is a given. In fact, a documented psychotherapy trajectory is a decline before improvement. In this vein, it is plausible that a strong working alliance provides a holding environment in which the patient can decompensate and still continue treatment.

On the other hand, some people (thankfully!) improve and for these individuals a strong working alliance provides a context in which improvement can occur exponentially. Patients who reported a poor working alliance had similarly important implications. Little change in emotional intelligence or psychiatric distress occurred for these patients. One potential explanation is that these patients had to put all their energies into maintaining the treatment and tolerating a poor alliance thus having little left for their own needs.

The study adds to a body of research indicating that a moderate to strong working alliance provides a context in which psychological growth can occur. These findings locate the alliance at the heart of the treatment process and emphasize its foundational aspects in various clinical interventions, whether seen directly or through more subtle forces.

Rudenstine, S., Espinosa, A., Gvozdjeva, K., Cancelmo, L. Change in psychological distress among adult patients: Do emotional intelligence and working alliance make a difference? Conference Paper, SEPI 2019

## A PLACE FOR MINDFULNESS IN PSYCHOTHERAPY

Few in the research community reject the notion that the therapist brings personal characteristics and emotional states to treatment, and is an active agent in the therapeutic endeavor. This study builds off this premise by exploring the relationship between the therapist's levels of mindfulness and patient outcomes. In this vein, the authors sought to develop a greater understanding of how levels of therapist mindfulness can affect patient experience. By examining self-reports of mindfulness in The Clinic's population of psychodynamic therapists, the study found that higher levels of therapist mindfulness were associated with greater reduction in patient symptoms. Patients who reported positive change were more likely to have therapists that self-reported higher levels of mindfulness. These findings underscore the intersection of clinical training with patient well-being as well as the specific aspects of training that relate to patient improvement.



Goldman et al. Therapist Personal Qualities and Treatment Outcomes: The Role of Mindfulness in a Psychodynamic Training Clinic" Conference Paper, SEPI 2019.

## CONSTELLATION

*This section spotlights student and faculty collaborations across CCNY's Clinical Psychology Doctoral Program's Research and Scholarship Groups that incorporate data from The Psychological Center.*

### INSIGHTS INTO ADHD



Inattention and hyperactivity/impulsivity are often reported among children and adults. Common caregiver complaints include statements such as "my child cannot sit still," or "he always loses his homework." Adults will often state, "I am easily distracted" or "people complain I'm not listening to them." These chal-

lenges, and many others, take a toll on psychological well-being. Dr. O'Neill and her colleagues sought to understand the relationship between symptoms of hyperactivity or inattention and psychological well-being. Do inattention and hyperactivity directly affect psychological well-being? Or, is it possible that inattention and hyperactivity affect our ability to regulate our emotions? And if so, does the decrease in emotion regulation abilities explain worse psychological well-being? Using data collected from a sample of adult patients at The Psychological Center, the authors found that the relationship between inattention and emotion regulation was stronger than the relationship between hyperactivity and emotion regulation. Interestingly, how well someone could name their emotions was a key variable in the relationship between inattention and the degree of dif-

ficulty experienced within interpersonal relationships. Similarly, the ability to name one's emotions and believing in one's ability to regulate emotional experiences proved important in the relation between inattention and psychiatric distress. When it comes to difficulties people experience at work or in an academic setting, degree of inattention was significant. This is consistent with patients' reports that it is hard to concentrate, that prioritizing tasks is difficult, or that they are often late and disorganized. In light of this study, it may prove advantageous to focus therapeutic work on identifying and labeling feelings, and work on skill building to reduce the intensity of negative emotions for patients who present with inattention. Together these interventions may provide the patient a sense of agency over their emotional experiences which will in turn improve their psychological health and well-being.

O'Neill et al. (2019). Inattention, emotion dysregulation and impairment among urban, diverse adults seeking psychological treatment. *Psychiatric Services*, October.

### CREDITS

Sasha Rudenstine, Principal Investigator  
 Sarah O'Neill, Guest Contributor  
 Talia Schulder, Graphic Design & Copy  
 Tecora Williams, Graphic Design  
 Charlotte Gendron  
 Robert Goldman  
 Michelle Hernandez  
 Eva Leighton

