

EABCT 2018

ABSTRACT BOOK

# INDEX

|                                                    |     |
|----------------------------------------------------|-----|
| 1 KEYNOTES .....                                   | 5   |
| 2 WORKSHOPS .....                                  | 22  |
| 3 MEET THE EXPERTS.....                            | 81  |
| 4 PANEL DISCUSSIONS AND CLINICAL ROUNDTABLES ..... | 93  |
| 5 SYMPOSIUM OUTLINES .....                         | 105 |
| 6 SYMPOSIUM INDIVIDUAL PAPERS.....                 | 181 |
| 7 OPEN PAPERS .....                                | 473 |
| 8 POSTERS.....                                     | 570 |

# 1

## KEYNOTE LECTURES

THURSDAY, SEP 6, 09:00

*Developing and disseminating effective psychological therapies for common mental health problems: Science, Economics and Politics*

PROFESSOR DAVID CLARK

UNIVERSITY OF OXFORD, UNITED KINGDOM

ABSTRACT

The prospects for people with mental health problems have greatly improved. We now have effective psychological therapies for a wide range of mental health conditions. However, in most countries only a few members of the public benefit from these advances. This talk shows how effective psychological therapies can be developed from sound psychopathology research and how combining psychology with economics and politics can make them widely available to the public. The discussion of dissemination will particularly focus on two initiatives. The first is the English Improving Access to Psychological Therapies (IAPT) programme which currently treats over 600,000 people with depression and/or anxiety disorders each year, obtains clinical outcome data on 98% of these individuals and places this information in the public domain. Around 50% of patients treated in IAPT services recover and two-thirds show worthwhile benefits. The second initiative is the rapidly expanding field of digitally assisted therapy which is allowing therapists to treat more patients, in a way that is often also very convenient for the patients themselves.

THURSDAY, SEP 6, 12:00

*Using the internet to provide CBT*

GERHARD ANDERSSON

***Linköping University, Sweden***

ABSTRACT

Internet interventions have been around now for about 20 years. While the field still suffers from a scattered terminology a dramatic number of programs and studies now exist. In the present talk I will present an overview of our experiences of studying internet-supported cognitive-behavior therapy (ICBT), but also other approaches including the use of smartphones. Four questions will be addressed. What are the effects for different conditions?, Can ICBT be as effective as face-to-face therapy?, What are the long-term effects?, and does this treatment format work in real life? The talk will end with a discussion about future directions and how we can disseminate internet interventions further.

THURSDAY, SEP 6, 12:00

*Increasing access to effective interventions for child anxiety disorders*

CATHY CRESWELL

UNIVERSITY OF READING, UNITED KINGDOM

ABSTRACT

Anxiety Disorders are the most common mental health problem across the lifespan, create a huge personal burden for individuals and substantial economic burden for society. They have a particularly early age of onset and often run a chronic course- with half of all people who experience an anxiety disorder first experiencing those difficulties by the age of 11 years. Yet we have recently found that less than 3% of children with an anxiety disorder receive CBT, despite this being the only psychological treatment that has an evidence base. Service restrictions are clearly a key barrier- but families face many other barriers at much earlier stages. This talk will illustrate the multiple barriers that families experience from the emergence of problems to the point at which children and families access support, in which families can fall through the holes and be left to struggle unsupported. It will also describe our recent research on identification and efficient treatment delivery which provide the means to overcome many of the barriers families face and to empower families by providing the support they need to help them to help their children.

THURSDAY, SEP 6, 12:00

*ACT for adolescents: living life according to what is important*

**Maria do Céu Salvador**

COIMBRA UNIVERSITY, PORTUGAL

**ABSTRACT**

Everyone wants to be happy. It is what we want. It is what our clients want, even our young clients - they “just want to be happy”. However, this is the most difficult and challenging thing in the world... Adolescence, in particular, can be, and usually is, a difficult period with all sorts of challenges: a body constantly changing, new connections with peers, the development of a sense of identity and emotional independence... Furthermore, the way our brain is wired can also be an obstacle to “living happily ever after”. Therefore, how to go through life, facing all these demanding situations, with a sense of purpose and direction? Acceptance and Commitment Therapy (ACT) can be an innovative quite useful approach to help adolescents deal with life challenges and emotional difficulties. Rather than targeting the content, frequency and form of inner experience (thoughts, feelings, bodily sensations...), ACT seeks to change the function of internal phenomena and the relationship with these phenomena, to diminish their behavioural impact. This may include: seeing and accepting thoughts and feelings as they are (just thoughts and feelings) without trying to run away, modify or control them; moment to moment awareness; and identifying what is important to guide their way through life. As a transdiagnostic approach, ACT may be particularly suitable for adolescents, whose struggle involves experiential avoidance due to their heightened sensitivity to hurting and rejection. Furthermore, adolescents have more of a beginner’s mind, and are trying to sort out what person they are, what kind of person they want to be and what kind of life they want to have. ACT will give adolescents the opportunity to address all these challenges with open curiosity, through playful experiments (experiential learning). It will also help adolescents to foster psychological flexibility, living their lives guided by what is really important, even when difficult thoughts and feelings get in the way.

THURSDAY, SEP 6, 12:00

*The Problem of Traumatic Psychosis: A clinical case of a CBT and EMDR Integrated Treatment*

ANTONIO PINTO

UNIVERSITY OF BOLOGNA, ITALY

ABSTRACT

Exposure to stressful events at an early age makes the brain less resistant to the effects of subsequent stressful events. In the brains of young adults mistreated or neglected in childhood, it is possible to observe specific changes in key regions both inside and adjacent to the hippocampus. These changes can make subjects much more vulnerable to the onset of depression, PTSD and addictions (Martin Teicher, 2013). In literature, the causal relationship between trauma and psychotic symptoms is well known. In particular, auditory hallucinations - both in psychotic patients and in the general population - are associated with traumatic experiences. About 70% of adults who hear voices refer that they appeared after a trauma or highly emotional event (Romme, 1989; Honig, 1998; Simon McCarthy, Longden, 2015). Although the psychotic disorder is often accompanied by at least one other disorder, comorbidity is diagnosed very rarely. As a result, the role of trauma in psychotic symptoms and post-traumatic stress disorder (PTSD) that may follow often are not recognized (Miriam J. J. Lommen & Kathleen Restifo 2009). Despite this, there are several studies that highlight the correlation between trauma (especially determined by a sexual abuse) and the risk of developing psychosis. According to the international guidelines both TCC and EMDR there are two therapeutic approaches indicated for the treatment of trauma (Sarin, 2011; Kumari, 2011; Turner 2014). Nowadays, the EMDR represents a new development in psychotherapy linked to information processing based on a physiological process (Pagani, 2012). There are currently some anecdotal cases and pilot studies that would support the efficacy of EMDR even in patients with psychoses previously exposed to traumatic events (Van der Berg, 2012). In this K-note a clinical case of a patient suffering from paranoid psychosis will be presented and exposed in the past to unresolved trauma, which has been treated with TCC and EMDR.



THURSDAY, SEP 6, 17:30

*Imagery Rescripting: a method to process memories of traumatic and other negative experiences*

ARNOUD ARNTZ

UNIVERSITY OF AMSTERDAM, THE NETHERLANDS

#### ABSTRACT

Imagery Rescripting (ImRs) is an experiential method to process memories of traumatic events and other negative experiences that lie at the root of patients' problems. In Imagery Rescripting patients imagine the original experience but alter the sequence of events so that their needs are better met. With very complex cases and early trauma's, the focus is on memories from childhood and it is usually the therapist leading the Rescripting and the therapist who intervenes in fantasy to stop abuse, brings safety, and corrects misconceptions about the experience, whilst the patient imagines being the child. With less complex cases and in adult trauma/negative experiences, it is usually the patient who leads the rescripting. ImRs has a wide range of applications, from PTSD, chronic depression and treatment-resistant anxiety and eating disorders to personality disorders. Moreover, it is the standard treatment of nightmares in the US. With patients suffering from visual intrusions the application is quite straightforward as the intrusions, or the memories that they are based on, can be directly addressed in Imagery Rescripting. However with other problems, like a negative self-view or distrust in others, first memories of experiences that underlie such basic schemas need to be found. Usually the use of an 'affect bridge' between a recently experience of activation of the schema and a spontaneously early memory helps, and applications of this in a wide range of clinical problems have been found to be effective. Imagery Rescripting has a number of attractive elements, including its broad and flexible range of application, its focus on changing the meaning of the experience, and the fact that it is not necessary to relive the whole trauma in all its details (which increases acceptability and usefulness for very severe cases). In this keynote the clinical effectiveness of ImRs will be discussed, as well as laboratory studies into basic mechanisms that underlie ImRs, indicating that ImRs indeed works thru meaning change.

THURSDAY, SEP 6, 17:30

*CBT FOR MAJOR DEPRESSION: WHERE HAVE WE GONE WRONG?*

KEITH DOBSON

UNIVERSITY OF CALGARY, CANADA

ABSTRACT

Despite the overall success of CBT for Major Depression, it has become increasingly clear that the outcomes for CBT have hit a plateau, and that alternative models of care are beginning to approximate those of CBT. While the dropout rates for CBT for depression are only about 10%, suggesting that the treatment is highly acceptable, the overall success rates of about 60 - 67% have not improved since the approach was first introduced. This keynote address offers a framework to understand our failure to improve outcomes. In particular, it will be noted that Major Depression is a heterogeneous disorder, which likely has several types of genesis, and complex risk and resiliency profiles. It will be argued that our CBT models need to formally reflect the diverse forms of depression, and that the field needs to adapt our models to recognize these variations in risk and resilience. A novel model, that incorporates different etiological considerations for depression will be presented, as will a concomitant research program to evaluate this model.

THURSDAY, SEP 6, 17:30

*Impact of Cultural Adaptation of Cognitive Behaviour Therapy- A  
Global View*

SHANAYA RATHOD  
***Southern Health NHS Foundation Trust, United Kingdom***

THURSDAY, SEP 6, 17:30

*Cognitive Restructuring and Imagery Modification (CRIM): a brief and non-exposure-based treatment for Posttraumatic Stress Disorder*

REGINA STEIL

***Goethe University of Frankfurt, Germany***

ABSTRACT

Cognitive restructuring and imagery modification (CRIM) is a brief intervention that was first developed to change the feelings of being contaminated in victims of childhood sexual abuse suffering from PTSD (Steil, Jung, & Stangier, 2011). It consists of the cognitive restructuring of core trauma-related dysfunctional beliefs about the self and the use of imagery to encourage more functional beliefs. Rational knowledge alone is often not helpful in changing the patients' underlying emotions (Jung & Steil, 2012). Therefore, emotionally held beliefs are addressed through imagery modification, which has been proven to change implicit associations and dysfunctional beliefs in emotional disorders (Arntz, 2012). Two pre-post and one randomized controlled trial showed that CRIM was effective for reducing posttraumatic stress disorder (PTSD) in survivors of childhood sexual abuse (CSA) and also after other traumas. The interventions comprised only two to three sessions and no formal exposure to trauma memories. Patients showed significant improvements in clinician rated and self-reported PTSD, with large pretreatment to follow-up effect sizes compared to the results of recent meta-analyses. CRIM can be used as a brief and non-exposure-based treatment for PTSD. The talk will outline the treatment, summarize the empirical data and provide future research perspectives.

FRIDAY, SEP 7, 09:00

*The Therapeutic Relationship in CBT*

JUDITH BECK

***President of the Beck Institute for CBT, United States***

ABSTRACT

Some patients (and therapists) bring distorted beliefs about themselves and other people to the therapy session. As a result of their genetic inheritance, their formative experiences, and the appraisal of their experiences, they develop certain “rules for living” and associated behavioral strategies, which may be adaptive in certain situations but are maladaptive in other contexts. Their dysfunctional beliefs may become activated in the context of psychotherapy and they may employ certain coping strategies which interfere with the development of a strong therapeutic alliance and with their ability to benefit from treatment. Conceptualizing relevant therapy-interfering beliefs about the therapist and associated maladaptive coping strategies is fundamental to planning interventions that can not only strengthen the alliance but that also can be generalized to improve their relationships outside of therapy.

FRIDAY, SEP 7, 12:00

*Paranoia as a disorder of belonging*

RICHARD BENTALL

UNIVERSITY OF LIVERPOOL, UNITED KINGDOM

ABSTRACT

Paranoid (persecutory) delusions are the most common symptom of psychosis and, arguably, ubiquitous in the earliest stages of illness. There is now compelling evidence that these delusions exist on a continuum with subclinical paranoia as experienced at times by most ordinary people. A generation of psychological models (e.g. Bentall et al. 2011; Freeman, 2016) have converged on the idea that cognitive biases coupled to low self-esteem make important contributions to these experiences, and have had some success in guiding the development of psychological interventions. However, these models have some limitations: (i) they do not articulate how delusions are different from other kinds of firmly held beliefs (eg. political ideologies); (ii) they are not rooted within a developmental framework; (iii) they emphasize the role of explicit cognitive processes but we now know that implicit (associative) processes play an important role in human cognition. This update will include new data: (i) a network analysis of paranoia in relation to other kinds of beliefs and attitudes (political beliefs, conspiracy theories); (ii) findings on the role of attachment in paranoia and on the relationship between social identity (the sense of belonging) and paranoid beliefs; (iii) preliminary findings on how theory of mind deficits moderate the pathway from insecure attachment, making the difference between paranoia and ordinary mistrust. The overall picture should be regarded as an evolution of earlier models, in which paranoia is considered to be a product of the failure to satisfy the human need to belong.

FRIDAY, SEP 7, 12:00

*Youth posttraumatic mental health in the context of humanitarian crises: The role of parents*

VANESSA COBHAM

UNIVERSITY OF QUEENSLAND, AUSTRALIA

ABSTRACT

Natural disasters, war exposure and forced displacement constitute humanitarian crises that represent potentially traumatic events in the lives of children around the world. Using a risk and resilience framework, the role of parents/caregivers in relation to children's mental health outcomes will be reviewed. The scant empirical research relating to parenting interventions in these contexts will also be reviewed. Across the three humanitarian crisis contexts, common risk factors for adverse child outcomes include: exposure to trauma for children and parents, parental mental health, changes in parenting behaviours, hardships and financial stress, domestic and community violence and a lack of accessible services. Equally important, common protective factors include: stable supportive parental relationships, strong family connectedness, and sustainable resources available to support families. The importance of parents – in terms of both risk and resilience – is clear. Few culturally appropriate and sustainable parenting interventions exist, with even less published research evaluating these interventions. Strengthening families is an empirically supported means of buffering or protecting children from exposure to disaster, conflict and forced displacement; and must be the focus of future endeavours.

FRIDAY, SEP 7, 12:00

*Infidelity: Is it possible to rebuild trust following infidelity?*

MEHMET SUNGUR

MARMARA UNIVERSITY, TURKEY

#### ABSTRACT

Many things in life catch our eyes, but only a few of them catch our hearts and souls such as infidelity. Only a few things in life may be as painful as encountering infidelity. Infidelity is the violation of the standards and expectations of the relationship that emerges as the consequence of an emotional or physical relationship with another person(s). Being unfaithful is a choice people make and deception comes as the consequence following infidelity. Most of the spouses perceive infidelity as a major threat to the continuation of the relationship and report that their marriage would be over if they ever face infidelity. However, in real life a considerable amount of couples continue their marriage despite the affair. Can these couples rebuilt trust and intimacy following the trauma of the infidelity. The answer depends on the perception of the affair both by the injured and participating (the one who was unfaithful) partners and how they manage the stages following the discovery of the affair. This keynote will be a presentation to address the stages that the couple are likely to go through if they choose to stay together despite the pain of infidelity. Rebuilding intimacy and trust is a painful path that requires to pass through three stages. The initial stage is about the steps to be taken to cope with the crises that emerges immediately after the discovery of the affair. The second stage is giving a meaning to the affair to improve understanding that made the relationship vulnerable to infidelity and the final stage is how to move forward to get beyond the hurt to rebuild trust again. We appreciate the warmth only if we have experienced the cold, the light only if we have experienced darkness and therefore sometimes the beauty and wisdom of happiness can only be appreciated through the experience of misery. Sometimes the misery of infidelity may be the driving force for future happiness.



FRIDAY, SEP 7, 12:00

*CBT with Older People: Enhancing the Evidence-Base*

KENNETH LAIDLAW

UNIVERSITY OF EAST ANGLIA, UNITED KINGDOM

ABSTRACT

Older people are living longer than previous generations and as such Cognitive and Behavioural therapists are seeing much older clients than ever before. While the evidence-base suggests that CBT is efficacious for late life depression and the late life anxiety disorders there is virtually no literature and guidance on CBT with the oldest-old. Why this may be a problem is not solely due to increased comorbidity and complexity in clients aged in their 80s and 90s, but also because these clients often have value systems and cohort beliefs different from their therapists. What makes working with older people potentially more complex is that there are as many experiences of ageing as there are older people. Thus CBT therapists inexperienced in working with older people may have a lot to learn in order to feel confident with this client group. An evidence-based age appropriate approach to CBT to address these concerns is outlined in this keynote with useful guidance for therapists summarised in order to enhance treatment outcome with older people.

FRIDAY, SEP 7, 17:30

*Obsessive-Compulsive Disorder: Making plans to get rid of this awful problem*

PAUL SALKOVSKIS

UNIVERSITY OF OXFORD, UNITED KINGDOM

ABSTRACT

The tragedy of OCD is not just that it is a life destroying psychological problem. The biggest tragedy is that it is an unnecessary illness. We know enough about the psychological factors involved in this problem to ensure that, given the right intervention at the right time, no one need suffer from OCD for more than a few months. However, this reality remains a distant dream for most people who have OCD.

In this presentation Paul will consider the context and detail of our present understanding of OCD and its treatment. It is clear that most treatment is a matter of "much too little, much too late", and potential solutions to this are considered. This problem will be linked to the important issue of how CBT itself works (through both transdiagnostic and problems specific mechanisms), and how it is offered. More attention needs to be paid to research and theory informed "blended care" approaches alongside individualized formulation based treatment. Research findings in these areas will be presented. Some worrying issues will be presented and considered. An agenda for removing obstacles to getting rid of OCD will also be presented and discussed.

In terms of the future, it is proposed that it is crucial that we be clear about the distinction between "Development" and "Delivery".

FRIDAY, SEP 7, 17:30

*Children's posttraumatic distress: understanding the role of social factors*

SARAH HALLIGAN

UNIVERSITY OF BATH, UNITED KINGDOM

ABSTRACT

Following traumatic experiences (e.g., physical or sexual assault, serious accidental injuries, natural disasters), young people are at risk of developing posttraumatic stress disorder and other adverse outcomes. For many young people exposed to trauma, psychological services are not available and they must rely on informal sources of support. This talk will consider the factors that influence child psychological adjustment posttrauma, with a focus on the role that families may play in determining outcomes. In addition to studies of relatively low risk UK samples, preliminary work in a high risk international setting will be described.

FRIDAY, SEP 7, 17:30

*How close have we come to understanding delusions?*

TANIA LINCOLN

UNIVERSITY OF HAMBURG, GERMANY

ABSTRACT

In the tradition of psychiatry, delusions have been seen as meaningless effusions of a diseased brain. Accordingly, psychological approaches were considered a waste of time. During the last several decades, researchers have taken on the challenge of understanding the psychological mechanisms that explain how delusional beliefs arise and are maintained. This understanding involves linking the increasingly well-known social and biological factors to individual dispositions that make a person vulnerable to misinterpreting experiences in a way that gives rise to delusions. The key-note will cover some of this research that draws on epidemiological, experimental and experience-sampling studies, and will derive its implications for psychological approaches to delusions.

FRIDAY, SEP 7, 17:30

*Phobia of Commonness. Recent findings and thoughts about the mechanism of Narcissism*

ALP KARAOSMANOGLU

***PsikoNET Psychotherapy and Training Center, Turkey***

ABSTRACT

This keynote will be about a hypothetical explanation for the narcissistic cognitive and emotional schemas - high standards, status seeking, entitlement and insufficient self discipline. Our recent study (in review) showed that these personality triads are clustered around a need that can be called "an excessive need for freedom". They try to fulfill this need by gaining all the necessary assets like high standards and status or even at a more childish level, by feeling entitled to act on impulses. Our hypothetical explanation for this need will be about a fear of commonness. Like most of the anxiety disorders with a fear of catastrophe in many areas of life, the excessive need for freedom can be a coping strategy against a forgotten catastrophe: being enslaved. Using this rationalisation with our narcissistic clients helps us to build a therapeutic collaboration. Instead of fighting against the need, we are concentrating on the catastrophic perception of normal life situations as being forced to have a life without pleasure.

SATURDAY, SEP 8, 09:00

*Emotion in Therapy*

STEFAN HOFMANN

***Boston University, United States***

ABSTRACT

Emotions are critical aspects of mental health. Although conventional treatments for emotional disorders are generally effective interventions, many people still suffer from residual emotional distress, such as anxiety, depression, and anger problems. Moreover, contemporary treatments that have focused primarily on negative affect rarely leads to lasting improvements in positive affect, quality of life, and happiness. Recent scientific evidence and theoretical models of emotions can enrich the therapeutic strategies when treating emotional disorders. These strategies range from adaptive and flexible intrapersonal and interpersonal emotion regulation strategies to various mindfulness-based practices. In the case of anxiety disorders, modern emotion theories clarify the mechanism of exposure procedures and the role of avoidance strategies. These insights can inform the treatment for emotional disorders.

SATURDAY, SEP 8, 12:00

*Cognitive Therapy for Depression: From Behavior to Insight and Back Again*

STEVEN HOLLON  
***Vanderbilt University, United States***

ABSTRACT

Cognitive therapy for depression is a cognitive-behavioral-affective intervention that encourages patients to use their own behaviors to test the accuracy of their beliefs in the service of resolving their affective distress. The original 1970's version focused almost exclusively on current life situations with attention to early life antecedents only once the patient was largely asymptomatic and the treatment process only if something were going wrong. The 1990's extension to chronic depression and depressions superimposed on underlying personality disorders (sometimes known as schema therapy) incorporated the notion of a "three-legged stool"; each current life situation was examined with respect to childhood antecedents (how the core beliefs developed) and the therapeutic relationship (how the patient thought and felt about the therapist). The operative notion is that more complicated patients only have one way of looking at the world and tend to use compensatory strategies (safety behaviors) that "rub other people the wrong way". The notion is to use the treatment process to help the patient learn to drop his or her safety behaviors so as to test the underlying core beliefs. Two patients, one relatively straightforward and the other quite complex, are used to highlight the similarities and differences between these approaches.

SATURDAY, SEP 8, 12:00

*Adapting CBT-based interventions for anxiety disorders in children and young people across cultures: Challenges and potentials*

**CECILIA ESSAU,**  
***University of Roehampton, United Kingdom***



SATURDAY, SEP 8, 12:00

*Post-truth and cognition: why bother?*

**GEORGI ONCHEV**  
***MEDICAL UNIVERSITY, BULGARIA***

**ABSTRACT**

The contemporary mass post-truth information landscape involves substitution of facts and values with falsehoods, and more subtly, near-truths, which are covertly closer to truth than to frank lie, and for this reason more unrecognizable. Net identities, artificial intelligence, and machine learning contribute also to distortion of the capacity to discriminate between news and facts, and thence, to cognitive blurring, and even to failure of the reality testing. The cognitive confusion and the virtual reality communications reflect both on psychopathology and diagnostics. Rapid culture and identity transitions cause pathomorphosis of clinical pictures and illness behavior styles. The impact on the current trend for overdiagnosis of psychopathology and pathologization of existential human problems, as well as on stigma and mental health care, are presented and discussed. In the digital age, people frequently seek advice and help, and even online treatment, through the internet. Care however is needed because there are data that digital treatments which fail can interfere with patients seeking higher intensity and better evidenced treatments. Safeguards and solutions to this problem will be considered.

SATURDAY, SEP 8, 12:00

*“Physician heal thyself”: Towards an understanding of distress and mental health issues in Doctors and Psychological Therapists*

**IRINA LAZAROVA**  
**ADAPTACIA OUTPATIENT MENTAL HEALTH & PSYCHOTHERAPY**  
**CENTER, BULGARIA**

# WORKSHOPS

# PRE- CONGRESS WORKHOP

WEDNESDAY, SEP 5, 10 : 00

***CBT for Personality Disorders***

JUDITH BECK

**ABSTRACT**

This workshop deals with the challenges of treating clients with personality disorders, clients who, for example, fail to engage in treatment, miss sessions, feel hopeless and stuck, become angry in session, engage in self-harm, use substances, blame others, avoid homework, experience continual crises, and so on. The workshop will focus on conceptualization, the therapeutic alliance, treatment planning, and the use of a variety of strategies from many different psychotherapeutic modalities within the context of the cognitive model to help clients change their thinking at both an intellectual and an emotional level to bring about enduring changes in cognition, mood, behavior, and general functioning.

WEDNESDAY, SEP 5, 09:00

## ***Cognitive Therapy for Social Anxiety Disorder in Adults and Adolescents***

DAVID CLARK

### **ABSTRACT**

Social anxiety disorder is common and remarkably persistent in the absence of treatment. It frequently leads to occupational and educational underachievement. Interpersonal relationships are impaired. Dissatisfaction with the way that life is progressing often triggers depressive episodes. Clark and Wells (1995) proposed a cognitive model that aims to explain why social anxiety disorder is so persistent. A distinctive form of cognitive therapy that targets the maintenance processes classified in the model was developed. Randomised controlled trials in the UK, Germany and Sweden have demonstrated that the new treatment is highly effective. Comparisons with other active treatments have established that cognitive therapy is superior to: two forms of group CBT, exposure therapy, interpersonal psychotherapy, psychodynamic psychotherapy, SSRIs, medication-focussed treatment as usual, and placebo medication. Such a comprehensive demonstration of differential effectiveness is extremely rare in psychotherapy.

This workshop presents the Clark & Wells model and illustrates the key treatment procedures that have been developed from the model. These include: the self-focused attention and safety behaviours experiential exercise, video-feedback, externally-focused attention training, behavioural experiments, and procedures (discrimination training and memory re-scripting) for addressing early experiences that influence patients' current behaviour in social situations. The treatment procedures are illustrated with case material and videos clips from therapy sessions. Guidance on the use of the most appropriate measures for identifying therapy targets and monitoring progress is also provided. Finally, the workshop explains why some procedures that are common in other CBT programs (e.g. thought-records, positive self-talk in a phobic situation, exposure hierarchies) are NOT used in Clark & Wells' cognitive therapy program. As social anxiety disorder usually starts in adolescence, the workshop covers how to use the treatment in adolescents as well as adults.

### **You will learn**

- To identifying key processes in maintaining social anxiety disorder
- The main procedures in cognitive therapy for social anxiety disorder

How to track change in the maintenance processes during therapy

WEDNESDAY, SEP 5, 09:00

***Imagery Rescripting as transdiagnostic technique to address traumatic and other aversive memories***

ARNOUD ARNTZ

**ABSTRACT**

In Imagery Rescripting the meaning of the memory representation of a traumatic (or otherwise negative) event is changed by having the patient imagine as lively as possible a different outcome that meets the needs of the patient better. Imagery Rescripting is a powerful technique with empirical evidence for its effectiveness across disorders. It can be integrated in various forms of psychotherapy, or used as a complete treatment. Imagery Rescripting can be applied to memories of events that really happened in the past, but also to imagined events (like in nightmares, or feared future catastrophes). Although it is often applied when patients report intrusions (esp. of a visual kind), the technique can also successfully applied to change the meaning of experiences that contributed to dysfunctional schemas. Although its name suggests that the original memory representation is erased, research indicates that this is not the case. Rather, it seems the meaning of the memory (and not the memory of facts) that is changed.

The workshop will focus on the generic use of Imagery Rescripting, so that participants can use the technique in a variety of clinical problems, including PTSD, social phobia, chronic depression, and personality disorders. The basic protocol will be introduced, with both the therapist changing the script, and the patient from an observer perspective changing the script. Methods to increase the impact on the original memory representation, especially when it comes to (traumatic) childhood experiences will be discussed. Other issues that will be treated include when to start the rescripting, that full reliving of trauma memories is unnecessary, and dealing with problems like dissociation.

The workshop will be active, that is participants will practice techniques in pairs while support is provided; and there will be an interactive part where participants can raise questions and bring in specific cases.

WEDNESDAY, SEP 5, 09:00

# ***We can do more than just offer medication! A practical introduction to cognitive behavioural interventions for psychosis***

TANIA LINCOLN

## **ABSTRACT**

Does talking about delusions make matters worse? How can we help patients deal with threatening hallucinations? How do we prevent relapses? And are there types of interventions that are contra-indicated when it comes to psychosis? Many therapists still feel uncertain when they are faced with psychotic symptoms. Promisingly, however, the last 20 years have witnessed increased research on psychological interventions for psychosis. We are now in the fortunate situation to have a range of psychological interventions for this group of patients from which we can select the most suitable ones based on patients' goals, situation and preferences.

The first part of the workshop will provide an overview of the different types of psychological interventions available and their evidence base for different outcomes. This will be followed by a more comprehensive introduction to cognitive behavioral therapy for psychosis (CBTp) and the research it builds on. The main part of the workshop will detail some of the basic components of CBTp, such as building rapport, developing individualised models of explanation, challenging beliefs associated with distressing symptoms, and encouraging behavioural changes. This part will involve practical demonstrations and role-plays. The final part will provide an outlook on recent developments in the field that have taken specific symptom-focused approaches to delusions, hallucinations and negative symptoms

**WEDNESDAY, SEP 5, 09:00**

***CBT for Major Depression: Using Case Conceptualization to Direct***



# ***Strategic Clinical Decisions***

KEITH DOBSON

## ABSTRACT

Major Depression is a complex and heterogeneous disorder that requires a formal case conceptualization model in each case. This conceptualization is needed to plan the overall clinical approach to each case, to measure treatment outcomes, and to optimize clinical strategies within each session. This workshop will provide a cognitive-behavioral framework, which will allow attendees to undertake this process of conceptualization and treatment planning. The workshop will focus on practical clinical strategies, and will include discussion of how to engage patients in the difficult process of overcoming depression. Discussion of the clinical model will be supplemented with video presentations, and clinical vignettes

WEDNESDAY, SEP 5, 09:00

***Is Cognitive Therapy Enduring or is Antidepressant Mediation  
Iatrogenic?***

STEVEN HOLLON

## ABSTRACT

Cognitive therapy appears to have an enduring effect that reduces risk for subsequent relapse and recurrence by about half relative to antidepressant medications following treatment termination. However, these conclusions are almost wholly derived from direct comparisons between prior cognitive therapy versus prior medication. Findings from the extended maintenance phase of our most recent trial suggest that cognitive therapy provided in combination with medication does little to prevent subsequent recurrence. These findings raise the concern that adding medications may interfere with the enduring effects of cognitive therapy as they do in panic. Moreover, depression appears to have “coarsened” over recent decades and there are concerns that antidepressant medications may suppress symptoms at the expense of prolonging the underlying episode. Antidepressant medications are known to work by perturbing the complex homeostatic regulatory systems that underlie affective response and differences in that perturbation are associated with risk for relapse following medication discontinuation. It remains unclear whether cognitive therapy truly has an enduring effect or antidepressant medications have an iatrogenic effect that either interferes with cognitive therapy's enduring effect or (even worse) prolong the length of the underlying episode. Two studies are described that are intended to address those concerns

WEDNESDAY, SEP 5, 09:00

***How accurate is that trauma narrative? Working with children experiencing PTSD following disaster***

VANESSA COBHAM

## ABSTRACT

This workshop will describe a child and adolescent-oriented cognitive behavioural treatment approach with a trauma focus. Although the principles described are applicable to the treatment of post-traumatic stress resulting from both single incident (Type 1) and repeated (Type 2) trauma exposures, the focus in this workshop will be on the application to Type 1 trauma presentations in youth (specifically community-level trauma such as disasters) that result in the development of PTSD.

The workshop will cover the following broad topics:

- The evidence base for trauma-focussed CBT (TF-CBT) with this population;
- The theoretical model underpinning the approach described;
- Key treatment strategies (e.g., cognitive restructuring, affect regulation, in vivo exposure), with an emphasis on imaginal exposure;
- The role of parents in treatment;
- Common clinician concerns in relation to imaginal exposure; and
- Practical and process issues involved in running TF-CBT sessions with children and adolescents.

The workshop will be a mixture of didactic content and interactive activities, with demonstrations and role plays used to demonstrate key strategies.

The workshop is suitable for clinicians with little experience in trauma-focussed work with children and adolescents, as well as more experienced clinicians.

# WEDNESDAY, SEP 5, 09:00

## ***Cognitive-Behavioral Systems Approach for Couple Problems***

MEHMET SUNGUR

## ABSTRACT

One of every two to three marriages end up in divorce and many other negative consequences emerge following an unsuccessful marriage. This presentation will start by discussing the reasons why people insist to marry despite the high (45-50%) divorce rate and some catastrophic outcomes following unhappy marriages and divorce. Surprisingly, despite the trauma of divorce, the majority will choose to repeat the experience as the breakdown is seen as the other partner's fault. The presentation will carry on by discussing whether the

problem in a failing relationship is really the problematic partner and what makes the distinction between happy (successful) and unhappy marriages.

In cognitive behavioural systems approach the therapist attempts to reframe the problem as a result of interaction between the partners rather than arising from one of the partners. This is to shift the couple's thinking from the illness model to the interactional model. In this approach, the focus of therapist attention is the relationship rather than the individual and thus communication training reciprocal negotiation and mutual problem solving become very important components of treatment. The workshop will progress by explaining how the therapist may at one moment be working behaviourally trying to help the couple solve their problem directly or working at a cognitive level to teach couple to identify automatic thoughts and distorted thinking and be working on a systematic level to explain their lack of co-operation and progress.

Different types of couple problems demand different therapeutic skills and responses. Whatever treatment approach is used, a good assessment and formulation is of great importance for a successful intervention, particularly in those couples presenting with relationship and sexual problems. Making conceptualizations, setting targets and homework assignments with the couple will also be discussed. It is generally considered inappropriate to offer sex therapy to couples with relationship problems, on the assumption that treatment is most likely to fail or remain uncompleted. However, some therapists question the validity of withholding sex therapy where relationship distress is present especially if the sexual dysfunction produces the secondary marital discord. The workshop will discuss the advantages of a combined sexual and couple therapy approach.

WEDNESDAY, SEP 5, 09:00

## ***New interventions for eating and weight disorders: exposure 2.0***

SANDRA MULKENS

### **ABSTRACT**

CBT is the gold standard for eating disorders. Surprisingly, well-known CBT protocols do not include much exposure while exposure is a very effective intervention to reduce eating disorder symptoms. In this workshop we will demonstrate new exposure techniques for all eating and weight disorders. These new exposures have a strong cognitive component; during the exposure expectancies are explicitly violated. For example, a patient might expect to gain 5 kilos after eating 100 grams of chocolate. Or a patient is convinced that she has to eat the whole bag of cookies after eating one. Another patient is afraid of eating a 'normal' meal because eating a 'normal' meal means a binge. Another one avoids wearing nice tight clothing because then everybody will see how fat and ugly she is. Such expectations are violated through good exposures. A variety of exposures (e.g., cue/craving exposure, body exposure, forbidden food exposure, eating exposure) can be used to violate

diverse typical eating disorder related beliefs and expectancies. The exposures will be explained, demonstrated, discussed and practiced.

Learning goal: Being able to design, set up and work through a good exposure session to explicitly violate all types of eating disorder related beliefs and expectancies.

WEDNESDAY, SEP 5, 09:00

## ***Using the internet to provide CBT***

GERHARD ANDERSSON

### **ABSTRACT**

Internet-delivered CBT (ICBT) is a treatment format which dates back to the late 1990's. Since then there has been an extensive research activity, and there are now well above 200 controlled trials in which ICBT has been tested for various conditions for which face-to-face CBT has been found to be effective. An increasing number of comparative trials on anxiety disorders such as panic disorder, major depression and somatic conditions such as tinnitus effects have compared ICBT with face-to-face CBT. Effect sizes for ICBT have been well within the range of face-to-face CBT with the exception of unguided programs (e.g., not even minimal therapist contact), which usually, but not always, result in smaller effects. Most likely Internet treatment studies will gradually increase in number and there is now a tendency that novel treatment methods are tested in Internet trials soon after that they have been developed, and that new treatment therapies will even be developed directly for use with the Internet. Since controlled trials on ICBT are more easy to conduct than time - and resource consuming clinical trials, it is possible that ICBT can help move the field of CBT forward more rapidly, for example by conducting dismantling studies. One aspect that the Internet has added to the CBT field is the use of online questionnaires, and research has consistently shown that this administration format is feasible

and works as well as paper-and-pencil questionnaires. Studies on guided ICBT may reveal that previously less well known factors may be important for treatment adherence, such as the importance of having a deadline for completing treatment following which an interview is made. Implications and potential risks of ICBT will be further discussed in the talk. A projection into the future is that ICBT will become integrated with other services in a clinician's tool box. In the workshop practical examples will be provided including screenshots and display of a treatment system. Key learning objectives are:

- Understanding the varieties of Internet treatments and their differential effects
- Getting to know what is needed to set up a service using the Internet (the basics)
- Learning what is required to obtain good outcomes with guided Internet treatment
- Knowing what is required in terms of therapist training and skills.
- Learning about the pros and cons of Internet treatment including tailoring treatment according to patient symptom profile

WEDNESDAY, SEP 5, 09:00

## ***Brief Parent-Led CBT for child anxiety disorders***

CATHY CRESWELL

### ABSTRACT

Anxiety disorders are common in children, often run a chronic course and present a risk for other serious psychological difficulties. Half of all people who experience an anxiety disorder first experience difficulties by the age of 11 years and families frequently tell us that they wished they had had support at that time, when their child first needed it.

CBT has a robust evidence base for child anxiety disorders, with good outcomes for preadolescent children. Yet very few children who could benefit access it. CBT for childhood anxiety can be efficiently delivered via parents or carers as they are in a position to learn and teach their child CBT principles and apply them within their day to day lives, and may also lead them to modify parental behaviours which inadvertently reinforce child anxiety problems.

### Learning objectives

This workshop will:

- give an overview of the empirical background to brief, parent-led CBT for (pre-adolescent) child anxiety disorders
- describe outcomes from systematic clinical and cost-effectiveness evaluations in 'real world' settings

- introduce and provide opportunities to practice the core components of the intervention
- enable discussion of challenges that may be faced by therapists and families in implementing this approach

#### Teaching Methods

Powerpoint presentation, video demonstration, role play, discussion

WEDNESDAY, SEP 5, 09:00

### ***Fundamentals of effective CBT with Older People***

KENNETH LAIDLAW

#### ABSTRACT

We are living in an age of unprecedented demographic change and the new cohort of older people are undoubtedly going to expect to have access to high quality evidence-based psychological treatments for depression and the anxiety disorders. As such therapists need to equip themselves with new knowledge, skills and competences to meet the needs of older people.

The workshop is based on a series of case examples drawn from routine clinical practice that will enable you to work effectively with older people.

While depression and the anxiety disorders in later life are often misunderstood as a 'natural' consequence of challenges and losses associated with ageing, this workshop examines how CBT empowers older people to bringing about positive change. This workshop highlights an age-appropriate approach to CBT that draws upon the scientific literature from gerontology (the science of ageing). This workshop provides an overview of a new age appropriate approach to CBT that builds upon traditional Beck models of CBT. The main elements of an age-appropriate approach to CBT outlined in the day are attitudes to ageing, cohort values at a generational and familial level, optimizing functioning in comorbidity, age-appropriate case conceptualization and wisdom enhancement.

WEDNESDAY, SEP 5, 09:00

## ***An introduction to compassion focused therapy (CFT)***

**PAUL GILBERT**

### **ABSTRACT**

**Part 1** of this workshop introduces participants to the origins and nature of the CFT model with a focus on:

1. the serious problems for humanity due to the nature of our evolved minds
2. The importance of recognising our multiple motivational and emotional systems that can be in conflict with each other and are context sensitive
3. The three systems of affect regulation, with a specific focus on creating a sense of safeness and how that links to attachment theory, evolve nature and function of social relationships, and the relationship between sympathetic and parasympathetic autonomic nervous system.

**Part 2** will introduce concepts of:

1. What compassion actually is (and is not) from an evolutionary model
2. how it relates to affiliative processing and can organise the mind in particular ways
3. Some of the practices that are used to cultivate compassion. These will include attention training, soothing rhythm breathing, safe placed imagery, perspective taking, compassionate self-cultivation, compassionate-self focusing and compassion image focusing.

*Introduction to how to use a compassionate-self focusing to address various emotional difficulties including self-criticism. Participants will be engaged in personal practice and trying out these practices and group reflections.*

### **Learning objectives**

Participants will

1. Learn about the origins of CFT and how it was developed for people with high shame and self-criticism – and the different types of shame and self-criticism.
2. understand the process of compassion as flow: the compassion we feel *for* others; the compassion we are open to *from* others; and *self*-compassion
3. recognise how different practices focus on different elements of this “flow” and be able to recognise which practices go with which focus for compassion.



4. Participants will learn how to use imagery for compassion practice

**Training Modalities:**

PowerPoint case discussions video clips and personal practices

# PAID IN- CONGRESS WORKHOPS

THURSDAY, SEP 6, 10:30

***Neither Hurting nor Harming: Using CBT to empower people with OCD to choose to change***

**PAUL SALKOVSKIS**

**ABSTRACT**

Obsessive-compulsive disorder results when people misinterpret otherwise normal intrusive cognitions as indicating not only that harm may occur, but that they may be responsible for it through what they do or fail to do. The preventative action is motivated by the way in which the person interprets intrusions. Such responses have two effects. Firstly, they can increase the occurrence of intrusive cognitions and secondly, maintain or even increase the person's beliefs about threat and their responsibility for it.

Cognitive-behavioural treatment builds on this modification of behavioural theory and Exposure and Response Prevention. The primary focus of intervention is to help the patient understand their problem as one of anxiety rather than danger in order to weaken the motivation and drive for compulsive responses as a prelude to helping the patient to choose to respond differently. Ultimately the purpose of such interventions is to allow the person affected by OCD to reclaim their life, a process which should be integral to treatment.

The importance of treatment flexibility and integrity will be emphasised; detailed supervision is the best strategy to ensure these. Although some discomfort is likely as people reclaim their lives, CBT really doesn't have to hurt,!

The process of treatment will be illustrated through practical clinical case material, including where possible video of actual therapy. Examples of more complex and "difficult to treat" issues will be included.

**References:**

Challacombe, F., Oldfield, V. & Salkovskis, P.M. (2011) Break Free from OCD Vermillion Press (a book intended for patients as a self help guide....some less experienced therapists also find it useful)

Bream, V, Challacombe, F, Palmer, A & Salkovskis, P.M. (2017) Cognitive Behaviour Therapy for OCD Oxford University Press: Oxford (A very recent Therapist Manual)

THURSDAY, SEP 6, 14:00

## ***Personal group schematherapy for therapists***

MICHEL VAN VREESWIJK, YVONNE MERKIES

### **ABSTRACT**

This is a half day of group therapy for Cognitive Behavioral therapists of all levels, led by two experienced group schematherapists/ CBT-supervisors. The group will be capped at 12 participants. This is a unique opportunity to learn more about your own schemas and modes in interaction with fellow therapists; to become enriched through observing similarities and differences with colleagues. To work on self-care as a therapist to reduce chances of secondary traumatisation and burn out. The half day will include:- several Schema Therapy techniques- sharing feelings and thoughts- promoting greater awareness of schemas and modes- showing the vulnerable child- encouragement to connect with other group members Participants are required to fill out Young Schema (YSQ) and Schema Mode (SMI) Questionnaires in advance of the group therapy. They will then have a 30 minute Skype session with the personal grouptherapists to discuss the results and to prepare for the personal group schema therapy. Michiel van Vreeswijk is a Clinical Psychologist, certified as a Schema Therapist and Supervisor with the ISST; a certified CBT practitioner and supervisor; and CEO of G-kracht psychomedisch centrum BV, the Netherlands. He offers regular workshops and supervision in Schema Therapy both in the Netherlands and abroad. Has written and edited several books, chapters and authored many articles on Schema Therapy. He recently edited and published several chapters in the Wiley-Blackwell Handbook of Schema Therapy, Theory, Research, and Practice. Yvonne Merkies is a Clinical Psychologist and certified CBT practitioner and supervisor who gives personal (group) schematherapy and regularly teaches at post-doc schools on CBT in the Netherlands.

FRIDAY, SEP 7, 09:00

## ***The Willpower Workshop***

FRANK RYAN

### ABSTRACT

Target Audience: Cognitive Behavioural therapist or trainees with moderate level of experience; Experienced Cognitive Behavioural therapists

All forms of cognitive behaviour therapy (CBT) engage the client in efforts to overcome habitual and highly motivated patterns of thought or behaviour. This challenges willpower, the capacity to sustain the pursuit of long term goals in the face of distraction. Willpower will be described as equivalent to cognitive control. The Research Domains Criteria (RDoC) framework proposes these as core components of cognitive control: Goal selection Goal maintenance Performance monitoring Suppression/ inhibition (e.g. of counter-therapeutic goals) In CBT cognitive control is particularly influenced by attentional bias towards disorder specific cues and the constraints of working memory. These defaults require little or no willpower; whereas overcoming or suppressing these responses draws heavily on willed effort. Willpower is also constrained by the limited capacity of working memory: distraction can dislodge therapeutically aligned goals. The motivational component of willpower is strongly influenced by the availability and perceived value of rewards. However, the rewards associated with therapeutic change are delayed, whereas the rewards contingent on maintaining the status quo are more or less immediate. This devaluing of delayed rewards needs to be addressed as part of the therapeutic dialogue and used to structure between session assignments. Willpower could be compromised by a wide range of challenges, including, ironically, a surfeit of cognitively demanding therapeutic exercises that could overload working memory. Overall, the key is to ensure that the client is reinforced for their effort, by interim or proxy rewards that serve as milestones on the road to recovery. Learning objectives Understanding of the mental effort required to initiate and sustain therapeutic change Directly addressing willpower as an asset that has to be cultivated as part of therapy Identify the strengths and limitations of cognitive control and the fluctuating levels of motivation in any therapeutic journey. How to effectively apply knowledge of core cognitive and motivational processes to improve outcomes. Teaching Methods Powerpoint presentation, role play, experiential exercises relating to willpower, small group discussion.

A brief description of the workshop leader:

Frank Ryan is a clinical psychologist and cognitive therapist in Camden & Islington NHS Foundation Trust and an Honorary Senior Lecturer in Imperial College, London. He has worked in the addiction arena for most of his career. He is the author of *Cognitive Therapy for Addiction: Motivation and Change* (Wiley Blackwell 2013 and *Willpower for Dummies*, John Wiley & Sons, 2014) Implications for everyday clinical practice of CBT The workshop introduces key transdiagnostic concepts derived from the Research Domains Criteria framework as well as recent research on willpower. The core constructs addressed in the workshop, cognitive control and reward processing are pervasive processes in the development of presenting problems but rarely explicitly addressed or engaged in the clinic setting. Practitioners would benefit, for example, from greater understanding of the limitations of working memory and the variable nature of motivation: strongly expressed in session but often depleted between sessions. Most of all, practice development would be enhanced by fostering resilience in the face of setbacks in the quest for long term change. Relevant background readings about the topic Baumeister, R.F. & Tierney J. (2011) *Willpower: Rediscovering the Greatest Human Strength*. Penguin Books. Insel, T., Cuthbert, B., Garvey, M., Heinssen, R., Pine, D. S., Quinn, K., et al. (2010). Research domain criteria (RDoC): toward a new classification framework for research on mental disorders. *Am. J. Psychiatry* 167, 748–751. doi: 10.1176/appi.ajp.2010.09091379 Inzlicht, M et al (2014) Why self-control seems (but may not be) limited. *Trends in Cognitive Sciences*. 18, (3) 127-133. <https://doi.org/10.1016/j.tics.2013.12.009> Ryan, F., Skandali, N.(Eds) (2016). *Reward Processing in Motivational and Affective Disorders*. Lausanne: Frontiers Media. <https://www.frontiersin.org/articles/10.3389/fpsyg.2016.01288/full>

FRIDAY, SEP 7, 09:00

***Fair Enough or Not: The role of cognitive ability to process “fairness” in Anxiety Disorders***

ALP KARAOSMANOGLU

ABSTRACT

Anxiety is an emotion that occurs at a hidden or open threat. Experiencing at a very high and/or a chronic nature, makes it hard to live with. Common understanding in treating the anxiety focuses on the increased perception of catastrophic situations, like illnesses, economical or legal disasters. Our recent study proposed that the catastrophic focus on threats at the cognitive level is also related with a increased emphasis of fairness. People who score high on self-sacrifice and punitiveness schemas also scores high on pessimism and vulnerability schemas.

So it looks like the cognitive bias in anxiety disorders are not only towards the likelihood of an catastrophic event that will occur, but also towards the way of happening of it, in an unfair situation or not. Sickness is “bad” but not taking enough precautions is “worse”. Focussing on the being responsible of the catastrophe is a hidden source for the anxiety.

The aim of this workshop is to learn using techniques focused on over-responsibility that specific to anxiety.

FRIDAY, SEP 7, 14:00

# ***Process-Based CBT***

STEFAN HOFMANN

## **ABSTRACT**

Cognitive Behavioral Therapy (CBT) has been an enormous empirical and practical success over its more than 50+ year history. The situation surrounding evidence-based care has dramatically changed, however, and it is important for CBT to change as well. For decades, evidence-based therapy has been defined in terms of scientifically validated protocols focused on syndromes. That era is now passing away.

This workshop will feature didactic presentations, demonstration of practical strategies and exercises how to utilize the core competencies of CBT in a pragmatic way that honors the behavioral, cognitive, and acceptance and mindfulness wings of the tradition in a new form of process-based CBT. Additional goals include gaining an up-to-date understanding of the transdiagnostic core processes; using a functional diagnostic system that has treatment utility; and establishing more progressive models and theories in clinical practice.

**SATURDAY, SEP 8, 09:00**

***Wisdom psychology in cognitive behavior therapy: Wisdom Therapy***

MICHAEL LINDEN

## ABSTRACT

**Target Audience:** Learning and experienced cognitive psychotherapists

**Abstract:** Psychological research on wisdom has generated a great amount of scientific knowledge. Wisdom can be understood as psychological capacity which is needed by everybody to cope with „unsolvable“ problems in life, like going to get married, or after the death of a beloved one, but also even when buying food. It is especially important as a capacity to cope with severe and often unsolvable negative life events. In this sense it is also important in psychotherapy, where many patients are seen who have difficulties in coming to terms with their lives and need help to overcome burdens in life. Knowledge from wisdom psychology can be transfer into psychotherapy, in the form of „wisdom psychotherapy“. Wisdom is a complex set of capacities, similar to assertiveness. These include change of perspective, empathy, serenity, contextualism, value relativism, uncertainty tolerance, long-term perspective etc. In psychotherapy in general, and cognitive behavior therapy in particular there are many ways to train such competencies. A special technique is the method of „unsolvable life problems“, which allows to specifically train wisdom competencies. There is first evidence from scientific trials and clinical experience that this approach is useful in helping patients to overcome hurting experiences. This is especially the case in patients who suffer from experiences of injustice, humiliation, or feelings of embitterment.

**Learning objectives:** The seminar will give an introduction in wisdom psychology, explain treatment strategies of wisdom psychotherapy with special reference to embitterment patients and train therapeutic competencies. Goal is to enable psychotherapists to use wisdom psychology in the treatment of their patients. Teaching Methods: Presentation of theoretical knowledge with powerpoint presentation. Training of techniques by role play.

**A brief description of the workshop leader:** Michael Linden has a dual training as Psychologist and Physician. He is director at the Behavior Therapy Training Institute Berlin. He is also director of the Psychosomatic Research Group at the Charité University Medicine. He has for the last years intensively studied embitterment reactions and is one of the early authors on wisdom psychotherapy. He has published several hundred papers on mental disorders and psychotherapy and several books. Implications for everyday clinical practice of CBT: Wisdom psychology is a relatively new development and is only gradually recognized by therapists. It is an important target in psychotherapy. It can be trained and gives new options in patients who have so far been treatment resistant.

### **Relevant background readings about the topic:**

Linden, M. (2008). Posttraumatic embitterment disorder and wisdom therapy. *Journal of Cognitive Psychotherapy*, 22, 4-14

Linden, M., Baumann, K., Lieberei, B., Lorenz, C., Rotter, M. (2011). Treatment of posttraumatic embitterment disorder with cognitive behaviour therapy based on wisdom psychology and hedonia strategies. *Psychotherapy and Psychosomatics*, 80, 199-205

Linden, M., Rutkowski, K. (2013). Hurting memories and beneficial forgetting. *Posttraumatic stress disorders, biographical developments, and social conflicts*. Oxford: Elsevier

Linden, M. (2013). Wisdom and wisdom psychotherapy in coping with stress. In: Koh, K.B. (eds), *Somatization and psychosomatic symptoms* (p. 273-281). New York: Springer

Linden, M. (2014). Promoting resilience and Well-being with wisdom and wisdom therapy. In: Fava, G.A., Ruini, C. (eds), *Increasing well-being in clinical and educational setting. Interventions and cultural context* (p. 75-90). Heidelberg: Springer, Heidelberg.

Linden, M. (2017). *Verbitterung und Posttraumatische Verbitterungsstörung*. Fortschritte

# SATURDAY, SEP 8, 14:00

***An Integrated CBT treatment for psychosis: Strategies to optimize the treatment and mistakes to avoid***

ANTONIO PINTO

## ABSTRACT

The psychosis therapy has undergone several changes in recent years.

From an initial work on skills, to the strengthening of problem solving skills and information processing until a new way of managing the symptoms.

Third-generation therapies and the identification of metacognitive deficits also enabled us to enhance and improve the standard CBT approach to the treatment of this disease.

However, in clinical practice, the presence of therapeutic errors that often represent one of the causes of failure of therapies and drop-out by patients, is still rather frequent.

In fact, there are several elements that can influence the course of therapy, such as:

The overcoming of prejudices about the nature of the pathology, the greater or lesser timeliness of the intervention, the appropriate use of pharmacological therapies, the assumptions on which to base the therapeutic alliance, the greater or smaller sharing of the objectives to be achieved, the target of therapeutic intervention, the possibility or not to include patients in structured and integrated protocols, the choice of the individual or group setting, etc.

In this workshop these issues will be discussed in order to provide indications that can be of help in the clinical practice of the therapist.



# FREE IN- CONGRESS WORKHOPS

THURSDAY, SEP 6, 14:00

***Setting the Grounds for a Valued Change: The Initial Phase of Treatment in ACT***

**IFTAH YOVEL**

ABSTRACT

Target Audience: Cognitive Behavioral therapist or trainees with beginner level of experience, Cognitive Behavioral therapist or trainees with moderate level of experience, Experienced Cognitive Behavioral therapist

ACT practitioners are faced with several challenging tasks in the initial phase of treatment. During the first few sessions, therapists need to develop a useful, contextual formulation. Rather than focusing on symptom reduction, the emerging treatment plan should emphasize the client's valued goals. Establishing a good rapport with the client is important in all therapies, and in all types of CBT therapeutic relationships should be based on a strong sense of collaboration and transparency. On top of these, however, a fruitful treatment alliance in ACT is also contingent upon the somewhat elusive concept of "creative hopelessness": early in treatment, therapists often need to help clients recognize the futility of their most basic forms of coping strategies, and at the same time also provide viable alternatives. This last endeavor is rarely an easy one: these alternatives are often perceived as counterintuitive and even "illogical", and merely attempting to explain their nature using common language tools may prove counterproductive. Perhaps most importantly, it is essential for the ACT therapist to deliver from the get-go a strong message of an active, behavioral approach, one that is clearly and explicitly based on the psychological flexibility model. Finally, in addition to all the above undertakings, it is never too early to start working on the development of acceptance, mindfulness and defusion skills. Learning objectives This in-congress workshop will focus on the critical initial phase of treatment in ACT. We will learn how the first sessions can be structured and implemented in a way that is compatible with this trans-diagnostic approach and relevant to a wide variety of cases (with or without a DSM diagnosis), but at the same time idiosyncratically tailored to the specific individual. The key learning objectives are: (a) how to create a useful contextual, "label-free" case formulation, (b) effectively present the idea of creative hopelessness, using both verbal and non-verbal communication means, based on the client's own treatment objectives, (c) start practicing flexibility and develop basic ACT skills (e.g., acceptance, defusion) right from the beginning of therapy, and (d) utilize current scientific knowledge and common cognitive and behavioral techniques in the service of these objectives. Teaching Methods The workshop will be based on an interactive didactic style, using a Powerpoint presentation. Relevant research findings as well as actual case examples will be provided to support and illustrate key points. Recommended Readings Hayes, S.C, Strosahl, K.D., & Wilson, K.G. (2012). Acceptance and commitment therapy: The process and practice of mindful change (2nd edition). New York, NY: The Guilford Press. (Chapters 4-6) Harris, R. (2009). ACT Made Simple: An Easy-To-Read Primer on Acceptance and Commitment Therapy. Oakland, CA: New Harbinger. (Chapters 5-6) Katz, B. A., Catane, S., & Yovel, I. (2016). Pushed by Symptoms, Pulled by Values: Promotion Goals Increase Motivation in Therapeutic Tasks. Behavior Therapy, 47(2), 239-247. Brief description of the workshop leader Dr. Yovel's research focuses on treatment components of current cognitive behavioral therapies, and he teaches graduate-level courses on ACT and mindfulness at the Hebrew University of Jerusalem. He completed his Ph.D. in clinical psychology at Northwestern University, and his internship and post-doctoral training at Massachusetts General Hospital/Harvard Medical School.

## THURSDAY, SEP 6, 14:00

### ***Virtual Reality based CBT for paranoid psychosis***

**MARK VAN DER GAAG**

#### **ABSTRACT**

Many patients with a psychotic disorder have persistent paranoid ideation and avoid social situations because of suspiciousness and anxiety. We studied the effects, working mechanisms and costs of virtual reality based cognitive behavioral therapy (VR-CBT) for paranoid thoughts and social participation. VR-CBT reduces paranoid ideation and anxiety in real life social situations. Safety behavior and social cognition problems are mediators of change in paranoid ideation. In this skill class we will focus on which types of safety behaviors can be found in patients with psychosis, and how virtual reality can be used to drop them.

THURSDAY, SEP 6, 14:00

***Complex PTSD (CPTSD): Working with Imagery Across the Phases***

**GEORGINA CLIFFORD**

**ABSTRACT**

Diagnosis of CPTSD in the proposed ICD-11 (due to be published in 2018) includes the defining criteria of PTSD (re-experiencing, avoidance, numbing, and hyperarousal), as well as the presence of at least one symptom in each of three self-organization features: affect, negative self-concept and relational disturbance. There is contention in the literature regarding whether simple and complex PTSD can be conceptualised as different disorders (see Resick et al., 2012 for discussion), and there is currently no consensus regarding whether current evidence-based interventions for PTSD (e.g. eye

movement desensitisation and reprocessing [EMDR], trauma-focussed cognitive behavioural therapy [CBT]) need to be tailored for to better account for complex features (Cloitre et al., 2011; van Minnen, Harned, Zoellner, & Mills, 2012). Some argue that interventions for individuals who have experienced repeated interpersonal trauma should be adapted to address complex features. One recommended adaptation is to adopt a phase-based or sequenced approach, involving three phases, each with a distinct function (e.g. Cloitre et al., 2011). Phase one focuses on ensuring the individual's safety, reducing symptoms, and increasing important emotional, social and psychological competencies. Phase two focuses on processing the unresolved aspects of the individual's memories of traumatic experiences. Phase three involves consolidation of treatment gains to facilitate engagement in relationships, work or education, and community life. The use of imagery, including Imagery Rescripting (IR) is a transdiagnostic technique that is increasingly being used in a range of disorders. It has been incorporated into empirically validated CBT treatments and initial research shows that it can improve standard CBT, and can also be effective as a stand-alone treatment in several disorders, including with previous treatment failures (e.g., PTSD: Grunert, Smucker, Weis, & Rusch, 2003; Rusch, Grunert, Mendelsohn, & Smucker, 2000). The reasoning behind mental imagery work is that activation and modification of the verbal narrative alone is insufficient to reduce PTSD symptoms, and that imagery permits access to a primitive cognitive level that is more closely connected to emotional processing pathways (Edwards, 1990). Holmes et al. (2007) proposed that mental imagery can be used as an 'emotional amplifier' and a should be considered a "powerful psychotherapeutic tool for alleviating emotional distress" (p. 298). This workshop translates techniques from the empirical research and applies them in a clinical context for the treatment of CPTSD through the use of case studies, psychoeducation videos, practical exercises and group discussion.

## THURSDAY, SEP 6, 14:00

### ***Use of Motivational Interviewing in Cognitive Behavior Therapy Practice***

**KIRIL BOZGUNOV , GEORGI VASILEV**

#### **ABSTRACT**

Effective combination of different psychotherapeutic modalities is an old topic of debate in modern psychology. Motivational Interviewing (MI) and Cognitive-behavioural Therapy (CBT) are among the leading evidence based psychotherapeutic approaches during the last decades. There is substantial evidence that they can be combined effectively that may result in increased effectiveness compared to their single use. The current workshop is presenting the Bulgarian experience in combining MI and CBT during the last years. The workshop consist of two parts. The first part includes introduction to MI with a short description of the spirit, main techniques and processes of MI that are introduced by means of didactic presentations and a set of practical exercises. The second part consist of short theoretical introduction to the combination of MI and CBT and practical exercises that illustrate the ideas how MI and CBT could be combined – i.e. 1) use of MI as a prelude to CBT aiming at building the therapeutic

alliance and the client's motivation for change; 2) Blending of MI and CBT during the whole duration of treatment. The workshop will be based on flexible blend of short theoretical parts, discussions and practical exercises.

Kiril Bozgunov .1\* . , Georgi Vasilev. 1\*.

1. Bulgarian Addictions Institute, Sofia, Bulgaria

THURSDAY, SEP 6, 14:00

***Digital Apps as an Adjunct to CBT: Learning to Identify and Leverage the Right Apps for Our Patients***

**AMIT BAUMEL**

**ABSTRACT**

The purpose of this workshop is to present CBT practitioners with a step by step guidance regarding the use of digital apps as a supplement to CBT – drawing a line from identification of the right apps towards coaching patients through their utilization. The first section of the workshop focuses on how clinicians can use available quality ratings to identify the most appropriate apps within the CBT domain. The most important aspects to take into consideration in order to identify the right tools will be discussed, as well as the meaning of different quality ratings. The second section includes a presentation of the fundamental principles of health technology coaching – coaching that is focused on supporting users through app utilization – and a demonstration of ways to incorporate app use into the clinical sessions. The workshop will be mostly practical and will incorporate decision making exercises in order to help members identify the right apps and the use of online resources. After the workshop participants will have the option to continue communicating with the workshop leader.

Target Audience: Cognitive Behavioral therapists or trainees with moderate level of experience. Learning Objectives: Participants will be able to utilize data available through online app-stores and app-recommender websites to identify the right digital apps for their needs. Participants will demonstrate the application of their knowledge in picking relevant tools to supplement treatment. Participants will be able to explain the fundamentals of technology coaching and how to interact with patients to support the proper use of apps. Teaching Methods: Lecture, PowerPoint display of discussed materials, printed material, and moderated exercises. Workshop leader: Dr. Baumel is a licensed clinical psychologist, a senior lecturer in the Department of Community Mental Health, University of Haifa, and co-founder of MindTools.io – a non-profit website that educates different stakeholders about the use of digital apps. He has also developed criteria based quality ratings of digital interventions. Dr. Baumel has more than 10 years of experience – in the academia and previously in the Hitech industry – in design, research and development of user centered technology products, especially within the mental health domain. Implications for everyday clinical practice of CBT: The workshop enables CBT practitioners to learn how to utilize off-the-shelf products to promote patient engagement with treatment. Relevant background readings about the topic: (a sample DOIs): [10.2196/jmir.7270](https://doi.org/10.2196/jmir.7270); <https://doi.org/10.1007/s12160-016-9830-8>; <https://doi.org/10.1136/bmj.h945> ; [10.1002/wps.20090](https://doi.org/10.1002/wps.20090) ; [10.2196/jmir.1602](https://doi.org/10.2196/jmir.1602); [10.2196/mental.5335](https://doi.org/10.2196/mental.5335)

## THURSDAY, SEP 6, 14:00

### ***Internet-based CBT interventions***

**PER CARLBRING**

#### **ABSTRACT**

Internet-delivered cognitive behavior therapy (ICBT) has a relatively short history, with the first trials being conducted in the late 1990s. Since then well above 150 randomized controlled trials suggest that ICBT can be effective. Effect sizes for ICBT have been well within the range of face-to-face CBT with the exception of unguided programs (e.g., not even minimal therapist contact), which usually, but not always, result in smaller effects. So, the evidence is there but how is it done? In this workshop a pioneer in the field will present some recent research findings, but primarily share his experiences of how to become a true expert internet therapist. It is clear that therapist guidance generally is important for good outcome – but how much, how often and when should you do it? And most importantly, what should you write in your feedback? Based on their own research from analyzing the written content of email messages, sent from both the client and the therapist, clear suggestions will be shared and also practiced during the workshop. In the workshop clinical case examples will be provided together with screenshots and demonstration of treatment systems including the Swedish web platform as well as a gamified virtual reality exposure therapy intervention. Furthermore, a recently tested smartphone application will also be briefly presented. Finally, you will learn about the risk of negative effects of Internet-based cognitive behavior therapy and how to measure the occurrence of symptom deterioration, adverse and unwanted events, and their relationship with long term treatment outcome. Educational Learning Objectives: Understanding the varieties of Internet treatments and their differential effects and learn what is required to obtain good outcomes with guided Internet treatment. Knowing what is required in terms of therapist training and

skills. Learning about the pros and cons of Internet treatment including tailoring treatment according to patient symptom profile. Workshop Outline: For the first part of the workshop an interactive lecture using PowerPoint will be used. The presentation will be interactive since the audience is encouraged to interrupt and ask questions at any time. Also, questions will be called out for the audience to reflect and comment on. In addition, group discussions will be used so that pairs can come up with examples of what an internet-therapist perhaps could reply to a case example. Finally, the last few minutes will be a question-and-answer session.

FRIDAY, SEP 7, 14:00

***Exposure Therapy: Basics and beyond***

[JONATHAN HUPPERT](#)

ABSTRACT

Good practice of exposure therapy requires a clear understanding of the core fear, a good case conceptualization, and knowledge of the current state of the field, both in terms of theory and research. Many challenges exist in both teaching and in doing good exposure therapy. The current workshop will be divided into four parts: first, theories and principles of good exposure therapy (in vivo, interoceptive, and imaginal exposures) will be reviewed, including integrating both cognitive and acceptance techniques into standard exposure therapy. Next, evidence for specificity of particular strategies for specific anxiety disorders will be reviewed (e.g., interoceptive exposure for panic, video feedback for social anxiety), as well as general principles for in vivo and imaginal exposures. Third, tips for difficult to treat patients will be discussed. Finally, experiences in disseminating these practices to both novice students as well as to experienced non-CBT clinicians will be described, with lessons learned, and pitfalls to avoid.

FRIDAY, SEP 7, 14:00

## ***Contextual Behavioral Strategies for Work with Gender and Sexual Minority Clients***

MATTHEW SKINTA *Speaker*

AISLING LEONARD-CURTIN *Speaker*

### ABSTRACT

**Target Audience:** Cognitive Behavioral therapists or trainees, all levels of experience, interested in work with LGBTQ+/GSM clients

**Abstract:** Despite incredible advances in the science of psychological distress or well-being among gender and sexual minority (GSM) clients, changes in treatment have lagged. Most resources are dedicated to the need for an affirming and non-rejecting stance, though these do not meet the needs of therapist's who wish to align their practice with the most current of data. This workshop will teach process-based behavioral techniques that take advantage of research on minority stress and emotion regulation. The workshop will incorporate both theoretical and experiential work. Moving through life as a gender or sexual minority often entails some period of secrecy, guardedness, shame, and familial ruptures. We will explore the therapeutic techniques that tackle these concerns in the therapy hour and within the therapeutic relationship. This workshop will also aid clinicians in cultivating their own compassion and values toward meeting the challenges of moving through life as a GSM person, particularly through targeting the therapist's own history of cultural messages about gender and sexuality. Through the use of awareness, courage, therapeutic love, compassion, perspective-taking, and acceptance, participants will grow in their ability to relate as gendered and sexual beings. From this place, powerful and therapeutic relationships can blossom. Clinicians will leave with a greater understanding of how concepts such as minority stress, rejection sensitivity, and shame can be better responded to in session. Particularly attention will be made toward the cultural and global concerns that arise as both acceptance and animus are on the rise globally toward GSM communities. Learning objectives Describe and learn how to conceptualize GSM issues from the perspective of Acceptance & Commitment Therapy and Functional Analytic Psychotherapy. Explain and experience functional contextually-based experiential exercises in the area of learning histories related to gender & sexuality. Teaching Methods (Powerpoint presentation, video demonstration, role play, etc.) Powerpoint, role play, experiential exercises, partner exercises A brief description of the workshop leader(s) Matthew Skinta, PhD, ABPP, is



a board-certified health psychologist, researcher, and juggles clinical work, supervision, and research at Palo Alto University in the San Francisco Bay Area where he directs the Sexual & Gender Identities Clinic. He has a special interest in sexual and gender minority health and well-being, compassion training, and the ways HIV continues to shape sexual communities. Matthew is a peer-reviewed Acceptance & Commitment Therapy (ACT) trainer, as well as a certified Functional Analytic Psychotherapy (FAP) trainer whose workshops alternate between core ACT skills and the emotional challenges of working with gender and sexuality. Aisling, Curtin, MSc, is a chartered counseling psychologist at the Psychological Society of Ireland who lives with her partner in Dublin, Ireland. She is co-director of ACT Now Purposeful Living, has a small private practice, and consults with a number of organizations to deliver acceptance and mindfulness workshops. Aisling teaches in many university training programs, and regularly gives workshops internationally on sexuality from a mindfulness and acceptance vantage point. She is a peer-reviewed acceptance and commitment therapy (ACT) and functional analytic psychotherapy (FAP) trainer. Implications for everyday clinical practice of CBT Gender and sexual minority clients are more likely to seek help from therapists, yet therapists are unlikely to have received specific training in affirmative models that consider the affect of societal bias toward GSM individuals. Deepening ones knowledge and skills in this area will enhance a clinicians ability to meet the needs of her clients. Relevant background readings about the topic (chapters, research papers, guidelines etc. covering the topic) Bränström, R. (2017). Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction among sexual minorities across 28 European countries. *European Journal of Public Health*, 27(suppl\_3). Curtin, A. & Ryu, D. (2016). Coming out with compassion. In M.D. Skinta & A. Curtin (Eds.), *Mindfulness and Acceptance for Gender and Sexual Minorities: A Clinician's Guide to Fostering Compassion, Connection, and Equality Using Contextual Strategies*. Oakland, CA: New Harbinger Publications. Plummer, M. D. (2010). FAP with Sexual Minorities Sexual Minorities. In J. Kanter, M. Tsai, & R. J. Kohlenberg (Eds.). *The practice of functional analytic psychotherapy* (pp. 149-172). New York: Springer. Skinta, M.D. & D'Alton, P. (2016). Leaving shame behind: Mindfulness and acceptance for malignant shame. In M.D. Skinta & A. Curtin (Eds.), *Mindfulness and Acceptance for Gender and Sexual Minorities: A Clinician's Guide to Fostering Compassion, Connection, and Equality Using Contextual Strategies*. Oakland, CA: New Harbinger Publications. Skinta, M.D., Hoeflein, B.T.R., Muñoz-Martínez, A.M., & Rincón, C.L. (2018). Responding to Gender and Sexual Minority Stress with Functional Analytic Psychotherapy. *Psychotherapy*, in press

Workshop Leader(s) and institutional affiliations: Matthew D. Skinta, PhD, ABPP, Department of Psychology at Palo Alto University, Palo Alto, CA, USA Aisling Leonard-Curtin, M.Sc., ACT Now Purposeful Living, Dublin, Ireland

FRIDAY, SEP 7, 14:00

***Positive CBT: Applying positive psychology skills into CBT therapy with couples and families***

TAMMIE RONEN *Speaker*

EPEL NAOMI *Speaker*

ABSTRACT

The workshop combines of three parts: The basics of positive psychology focusing on strength and virtues combines with exercises on expressing gratitude, compassion, greeting, listening, flattering, positive thinking, expressing positive emotion in a way that facilitates positive forces and relationships rather than decreasing pathology and problems. An evidence based theoretical model for couple and families emphasizing the role of capitalization and accommodation in helping couple and family flourish. Basics skills and exercise for treating couples and families. The workshops presents theory, research and training. The main aim is to facilitate evidence based knowledge for understanding couples and families and the need to help them change.

FRIDAY, SEP 7, 14:00

## ***Limited Reparenting: the Importance of Openness and Authenticity***

**MICHEL VAN VREESWIJK** Speaker

**YVONNE MERKIES** Speaker

### **Abstract:**

What is the role of a CBT therapist? Just a teacher who learns the patients techniques? A role model? Or is there also a place for limited reparenting? For instance, limited reparenting is considered to play an important role in Schema therapy. But what is limited reparenting? Is it always being kind and smiling warmly despite what you feel toward or think of a client? In this workshop, open for all levels of CBT therapists, you discover more about limited reparenting and the role of openness and authenticity. Experiential techniques will be used to help you become more aware of your styles of relating and how your life history, schemas and modes play a role in the way you interact with your patients. You will be challenged to move out of your comfort zone.

### **Workshop Leaders:**

**Michiel van Vreeswijk** is a Clinical Psychologist, certified as a Schema Therapist and Supervisor with the ISST; a certified CBT practitioner and supervisor; and CEO of G-kracht psychomedisch centrum BV, the Netherlands. He offers regular workshops and supervision in ST in the Netherlands and abroad. Michiel has written, edited and authored books, chapters and articles on ST, including editing, and writing several chapters in, the Wiley-Blackwell Handbook of Schema Therapy, Theory, Research, and Practice (2012).

**Yvonne Merikes** is a Clinical Psychologist, certified CBT practitioner and supervisor who regularly gives training in CBT on a post graduate level. The therapist style has her specific attention when teaching and supervising therapists.

FRIDAY, SEP 7, 14:00

# ***Self-esteem, social skills and resilience in adult mental health***

**IRENE OESTRICH** *Speaker*

**Target Audience:** cognitive behavioural psychotherapists and trainees at beginner and moderate level of experience.

## **Abstract:**

The content of the workshop covers: The challenge of transdiagnostic interventions Assessment of self-esteem and the importance of conceptualization and cognitive analysis Individualized goalsetting coherent with core beliefs an specific problems experienced by the patient Intervention recipes and model for enhancing self-esteem. Social skills training – form and implementation in clinical settings Active exercises. Disturbances in self- identity, self- esteem and the relation to others are common amongst people suffering from psychiatric illnesses. This area has been widely addressed in CBT and we have excellent models providing psychotherapy to a vast group of patients. Still many patients are left with a low conviction of own competency and worthiness, leaving them vulnerable to relapse after treatment. Many patients suffer throughout their whole life from penetrating negative cognitive and behavioral patterns, serving as barriers in building strength, following goals and getting the experience of meaning and joy in life. Low self-esteem and lack of social functioning are correlated to a variety of psychological disturbances and psychiatric illness. It is not clear whether low self-esteem, lack of social skills and the experience of weakness and incompetence is predisposing or consequences of disorders as depression and anxiety. But clearly these states affect life in a destructive way and result in global negative self-evaluation and avoidance. The consequences of low self-esteem, subjective experienced weakness makes it more difficult to overcome psychological and psychiatric disorders and create negative self-sustaining circles. Patients call for treatment, that helps them regain strength, recover from illness, thrive in life and feel personal worth in order to cope with enduring challenges in life. In this workshop, a number of interventions are reviewed, aiming to build self-esteem, self-confidence social and interpersonal function. The administration of constructive strategies such as coping with anxiety and avoidance, building resilience and developing positive perspectives on life is addressed. The purpose is to help a wide variety of patients with psychiatric disorders in coping with life in spite of their psychological vulnerability.

**Learning objectives:** enhancing knowledge of the transdiagnostic area of self-esteem, social skills, resilience and building strength. Getting intervention strategies and trying out the principles in short exercises. Teaching methods: powerpoint presentation, rehearsal in pairs and possibly demonstrations.

**A brief description of the workshop leader:** Irene Oestrich, clinical psychologist, lecturer and supervisor. Has served 44 years in psychiatry and authored a number of books on CBT, self-esteem, coping with adversity in life and participated in the organizational work of EABCT Implications for everyday clinical practice of CBT: the workshop holder is specialized in implementation of cognitive methods in a variety of psychiatric settings and in education of CBT at all professional levels in psychiatry Relevant background readings about the topic : Irene Oestrich, Stephen F Austin, Jørn Lykke and Nicholas Tarrier. The Feasibility of a cognitive behavioural intervention for low self-esteem within a dual diagnosis inpatient population. Behavioural and Cognitive Psychotherapy 2007, 35, 403-408 As well as a number of Danish books published at Psychological Publisher and Politiken a.o. Oestrich, IH, Austin S & Tarrier (2007) Conducting research in everyday psychiatric setting: identifying the challenges to meaningful evaluation. Journal of Psychiatric and Mental Health Nursing 14, 55-63

FRIDAY, SEP 7, 14:00

***Schema therapy for addictions***

**PETER VASSILEV** *Speaker*

In the therapeutic community addiction is treated as a disorder of the whole personality and the drug use is only a symptom of a wider picture of dysfunctionality. The recovery is realized like a development process in which is gradually being built a new life style by changing behavior and identity (Leon,D., 2000). That`s why a powerful tool to reach this goal are not only the context and the therapeutic structure of the therapeutic community, but also the application of schema therapy, which helps individuals to connect their own needs in a good functional way.

Emotional pain caused by schemas leads to substance use as a way of coping. All addictive drugs can intensify schema modes (avoidance coping modes, child modes, over-compensating coping modes) because of their psychotropic effects.

It will be shown the way to integrate schema therapy in to the therapeutic community`s method.

The participants will learn:

- How the therapeutic community works
- The cognitive model Addiction (A. Beck, 1993)
- The case conceptualization
- The steps of Imagery Rescripting and chair technique with the detached protector mode.

**Presenters:**

Peter Vasilev, MD, psychiatric, cognitive-behavioral psychotherapist and supervisor. He is a founder and the first President of Bulgarian association of cognitive – behavioral psychotherapy. He is director of Therapeutic Community PHOENIX, BG.

Lubomira Tsvetkova, psychologist and cognitive–behavioral consultant.

**FRIDAY, SEP 7, 14:00**

***Cognitive therapy and schematherapy in patients with delusional disorder***

**MARIE OCISKOVA** *Speaker*

**JAN PRASKO, MILOS SLEPECKY, ANTONIA KOTIANOVA** *Speaker*

Psychotherapy with patients with delusional disorder could be challenging. The first step in the schematherapy is to develop safe atmosphere; a patient needs to feel accepted, nurtured and praised. The therapist protect and nurtured Vulnerable child and helps the patient to stop Critical and Punitive parent. The patient learns how to distinguish modes during the day. Frequently, the Detached protector needs to be bypassed. Paranoid states come from and influence several modes, mostly Vulnerable child, Detached protector and Critical parent. Subsequently, the patient strengthens Healthy adult by using cognitive and

behavioral strategies from classical CBT. The patient with chronic delusions gradually learns through inductive questioning to distinguish between perception and interpretation, firstly on the periphery of the delusional belief system. Then he/she learns to apply the Socratic dialogue to challenge false assumptions, provide an alternative hypothesis, and test the beliefs by behavioral experiments. The therapy includes an interconnection of delusional system with core beliefs and conditional rules that the delusional system originally arises from and now is involved in its maintenance. Our workshop aims at teaching cognitive and schematherapeutic approaches for such individuals.

**Workshop Leaders:**

*Marie Ociskova, Jan Prasko, Milos Slepecky, Antonia Kotianova*

Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, Olomouc, Czech Republic

**SATURDAY, SEP 8, 14:00**

***RE&CBT: Assessment and Treatment Planning for Suicidality. The domino effect of the major Explained Factors of Suicide Attempts***

**ENNIO AMMENDOLA** Speaker

Suicide has been a significant public health crisis for a long time and it is still surrounded by limited public awareness and understanding. Furthermore, existing literature suggests that several factors are involved in understanding a suicide attempt and subsequent treatment. This presentation will explore some of the main suicide factors and how they can be identified along a “wanting to live/wanting to die” continuum instead of using a categorical approach “I want to die” or “I want to live.” This workshop will address high-risk suicidal thinking in terms of subjective versus objective attitude; utilizing a collaborative approach; identifying verbal versus nonverbal communication when assessing clients at high-risk for suicide; the importance instilling hope and addressing ambivalence and understanding hesitation. Other areas of discussion will include the role the environment plays;

the delay-discounting process; structured versus unstructured assessment; a one size fits all versus a client-centered assessment approach; assessing acute versus chronic suicide, and treatment strategies.

A model of a “Suicide Domino Effect” will be presented to integrate these factors within an RE & CBT perspective. This workshop is intended to discuss philosophical properties of REBT extensively such as the Belief-Cognition (B-C) connection versus the Activation Event-Cognition (A-C) connection, the presence of implicit suicidal beliefs, and the understanding of the Person in the Context of his suicidality (UPCS). Finally, participants are encouraged to come prepared with clinical cases for discussions. Learning objectives Participants will describe the function of a suicidality assessment Participants will discuss how to formulate a treatment plan with an individualized case conceptualization Participants will explain the importance of instilling hope as an effective tool in treating suicidal clients Participants will utilize the “Domino Effect” of suicidality when treating clients at risk of suicide

## SATURDAY, SEP 8, 14:00

### ***Counter-transference in cognitive-behavioral therapy and schema therapy***

**JAN PRASKO** Speaker

MILOS SLEPECKY, MARIE OCISKOVA, ANTONIA KOTIANOVA Speaker

Transference and countertransference could be significant sources of insight about the patient’s, therapist’s and supervisor’s inner worlds. Transference phenomena are viewed as a reenactment in the treatment relationship of key elements of previous significant relationships. Countertransference occurs in CBT when the relationship with the patient activates automatic thoughts and schemas in the clinician, and these cognitions have the potential for influencing the therapy process.

Countertransference also occurs during supervision and is an indispensable part of the supervisor’s response to the supervisee. Schema therapy shares the view that schemas are crucial to understanding of personality disorders, but also can help to understand the emotional reaction of therapist. A mode is the set of schema operations that are in one moment functioning for a person. It is a circumscribed complex pattern of emotional, cognitive a behavioral experiences, which operate in typical situations. When therapist suspects that countertransference may be developing, he/she could try to identify her/his automatic thoughts and schemas. More comprehensive approach is to quickly identify in which mode him/her are at that moment and reflect it such reaction is for the patient benefit or not.



Understanding therapist countertransference reactions and their management are a significant point of supervision. Self-reflection and realizing the countertransference can therapist help to overcome it and may be necessary for overcoming stagnation in therapy. Understanding own mode and their flipping into the therapeutic session is an important tool in psychotherapy and supervision. The workshop teaches to understand participants countertransference reactions from the cognitive and schema modes perspective using role playing and imaginatory techniques

**SATURDAY, SEP 8, 14:00**

***Doctor is he the right one for me? Assessment and Treatment of Relationship Obsessive Compulsive Disorder (ROCD)***

**LEE TIBI** Speaker

**DANNY DERBY** Speaker

Doctor is he the right one for me? Assessment and Treatment of Relationship Obsessive Compulsive Disorder (ROCD) Workshop Leader(s): Danny Derby & Lee Tibi Target Audience: Cognitive Behavioral therapist or trainees with moderate level of experience Abstract Relationship Obsessive Compulsive Disorder (ROCD) is a debilitating presentation of OCD centering on interpersonal relationships. ROCD symptoms include doubts regarding one's feelings towards a relationship partner, the partner's feelings towards oneself, and the "rightness" of the relationship experience (relationship-centered). Another ROCD presentation involves intense preoccupation with the perceived physical (e.g., nose, body proportion, hair) and character flaws (e.g., morality, intelligence) of the relationship partner (partner-focused obsessions). ROCD symptoms have been linked with other OCD symptoms, negative affect, low self-esteem, low relationship satisfaction, attachment insecurities, and impaired sexual functioning. Further, ROCD symptoms significantly affect both individuals of the dyad. For instance, ROCD symptoms of one partner may increase ROCD symptoms in the other partner as well as fear of infidelity and jealousy in both partners. In addition to maladaptive beliefs associated with other presentations of OCD, ROCD symptoms were linked with specific vulnerability factors including particular relationships related catastrophic beliefs, extreme romantic beliefs, self-vulnerabilities and attachment vulnerabilities. In this workshop, we will describe common ROCD presentations and delineate its main features. We will present a model of ROCD and the supporting research. We will then present our modular treatment approach, using assessment to identify client-relevant maladaptive beliefs, self-perceptions and attachment

representations, and propose ways to treat them using the modular approach. Learning objectives

- Identify and assess ROCD symptoms
- Understand underlying processes involved in ROCD
- Address and challenge general and specific ROCD maintaining processes
- Fit therapeutic intervention to the specific ROCD clients

The presentation will include a power point presentation, discussions, and role plays to promote understanding of ROCD-tailored assessment and treatment procedures and tools. Implications for everyday clinical practice of CBT Assessment and Treatment guidelines, common challenges to treatment and examples of major techniques used in the modular treatment approach

Dr Danny Derby Clinical Psychologist, Co-Founder of the Relationship Obsessive Compulsive Research Unit (ROCD-RU); Director of Cognetica - The Israeli Center For Cognitive and Behavioral Therapies Chair of the Israeli Association for Cognitive and Behavioral therapy (ITA); Past member of the Clinical Psychology Committee at the Israeli Ministry of Health. Lee Tibi, PhD student in clinical psychology at Ben Gurion university, Israel; She is a member of the Relationship Obsessive Compulsive Research Unit (ROCD-RU) research team and a cognitive behavioral therapist at Cognetica - The Israeli Center for Cognitive and Behavioral Therapies.

Relevant background readings

Doron, G., & Derby, D. (2017). Assessment and treatment of relationship-related OCD symptoms (ROCD): A modular approach. In J. Abramowitz, D. McKay, & E. Storch (Ed.), *Handbook of obsessive-compulsive disorder across the lifespan*. Hoboken, NJ: Wiley.

Doron, G., Derby, D. S., & Szepsenwol, O. (2014). Relationship obsessive compulsive disorder (ROCD): A conceptual framework. *Journal of Obsessive-Compulsive and Related Disorders*, 3(2), 169-180.

Doron, G., Derby, D. S., Szepsenwol, O., & Talmor, D. (2012a). Flaws and all: Exploring partner-focused obsessive-compulsive symptoms. *Journal of Obsessive-Compulsive and Related Disorders*, 1(4), 234-243.

Doron, G., Derby, D. S., Szepsenwol, O., & Talmor, D. (2012b). Tainted love: Exploring relationship-centered obsessive compulsive symptoms in two non-clinical cohorts. *Journal of Obsessive-Compulsive and Related Disorders*, 1(1), 16-24.

SATURDAY, SEP 8, 14:00

***Experiential Interventions in Corrective Emotional Work with Children and Adults: Child Exercises that Fit for Adults***

**ELENA ROMANOVA** Speaker

**ELENA ROMANOVA, PAUL KASYANIK** Speaker

**ST.PETERSBURG UNIVERSITY, SCHEMA THERAPY INSTITUTE IN ST.PETERSBURG** Speaker

An important part of Schema Therapy (ST) is experiential mode work. This workshop is designed to improve therapists' skills in applying different experiential techniques and focuses on the interventions designed for Child-Adolescent ST, which can also be used in individual and group work with adults. The heart of ST is healing work for the client's Vulnerable Child Mode. Using techniques from C-A ST with adult patients will help them to better understand their own childhood experiences and needs, to develop healthier and safer ways of expressing their emotions including vulnerability and anger, to free the Happy Child (HCM) to fully enjoy play. Playful activities can weaken patients' resistance in dealing with Parent (Critic) Modes and make these modes less powerful. These exercises can be used with individuals, groups and even with couples. They will allow to take full advantage of the "Good Parent" aspect of clients' Healthy Adult Mode and strengthen the deficient HAM of the clients with personality disorders, complex trauma and other disorders.

***Objectives:***

Advanced understanding and ability to use more active experiential mode work with adults including interventions used with children and adolescents that expand the power of limited reparenting, creative imagery rescripting, art therapy, role-plays, body therapy techniques and the Happy Child games.

Workshop combines brief presentation, demonstrations and practice and is appropriate for therapists new to ST and those who are experienced with it. Participation in this workshop will add new interventions to use with clients and to facilitate deeper experience of the modes.

# CLINICAL ROUNDTABLES

THURSDAY, SEP 6, 16:00

***Eeny, meeny, miny, moe! What CBT case conceptualization should be used when helping patients suffering from multiple emotional problems?***

**Chair:** Maria do Céu Salvador, Coimbra University, Portugal. Professor do Céu Salvador is a CBT specialist studying social anxiety disorder for both adolescence and adults and third generation therapies.

**PANEL MEMBERS:**

**Debate organizer:**

Professor Jon Friðrik Sigurðsson, Reykjavik University and University of Iceland, Iceland

**Background information**

Disorders specific CBT; Transdiagnostic CBT; Case conceptualization; Comorbidity; Anxiety; Depression; Eating Disorders; Medically Unexplained symptoms.

**Discussants:**

- 1) Magnus Blondahl Sighvatsson, University of Iceland and Reykjavik University, Iceland. Magnus is a PhD student doing research on mechanism of change in transdiagnostic CBT. He is working under the supervision of Professors Paul M. Salkovskis and Jon Fridrik Sigurdsson.
- 2) Sigrun Olafsdottir, Reykjavik University, Iceland. Sigrun is a PhD student doing research on medically unexplained symptoms (MUS) from a CBT perspective. She is working under the supervision of Professors Paul M. Salkovskis and Jon Fridrik Sigurdsson.
- 3) Professor Stefan Hofmann, Boston University, USA. Professor Hofmann is world-renowned researcher and CBT specialist, where his main research emphasis is on disorders specific CBT for social anxiety disorder, mechanisms of change in CBT and evidence based processes in CBT.
- 4) Professor Steven Hollon, Vanderbilt University, USA. Professor Hollon is world-renowned researcher and CBT specialist and has been leading figure in studying major depressive disorder for decades.
- 5) Sandra Mulken, Maastricht University, The Netherlands. Dr. Mulken is Assistant professor at Maastricht University where she studies eating disorders, social anxiety disorder, body dysmorphic disorder and more.

**ABSTRACT**

Comorbidity of emotional problems is high, yet according to research treatment of choice for prevalent emotional problems (e.g., depression, anxiety disorders or eating disorders) are disorder specific CBT protocols. This is despite that research shows that almost all emotional problems are maintained by similar processes, i.e., negative and/or threat-based meaning of common experiences and safety seeking behaviors. This causes substantial problems for CBT therapists (experienced or not) when treating people who suffer from multiple emotional problems. Due to reasons mentioned above (and more), a treatment based on similar processes in CBT has been developed and studied, i.e., transdiagnostic CBT and in this debate researchers will discuss what case conceptualization (disorder specific vs. transdiagnostic) should be used according to research, when the patient under consideration is suffering from multiple mental health problems. Discussants are researchers with divergent experiences. The first one is doing research on mechanism of change in transdiagnostic CBT. The second is studying CBT for people suffering from all kinds of ailments but without any specific diagnosis (i.e. medically unexplained symptoms). The third is a leading expert on studying disorder specific CBT for social anxiety disorder but in recent years has been focusing more on evidenced based processes in CBT. The fourth is a world leading expert in treating major depressive disorder, a prevalent problem with high comorbidity. The fifth is a CBT specialist, treating eating disorder where patients are known to “migrate” between eating disorder diagnoses that cause uncertainty on what interventions to use for each patient.

FRIDAY, SEP 7, 10:30

***SIG on Worry, Rumination and Repetitive Thinking: applying rational emotive behavior therapy (REBT), metacognitive therapy (MCT) and Life themes and plans Implicated in Biases: Elicitation and Treatment (LIBET)***

**PANEL MEMBERS**

**Debate organizer:** Giovanni Maria Ruggiero (3)(4)

**Discussants:**

Ennio Ammendola (2)(1), Murat Artiran (5), Gabriele Caselli (3)(4), Sandra Sassaroli (3)(4), Diego Sarracino (6)

**Discussants' Affiliations:**

- 1) Albert Ellis Institute, New York, USA;
- 2) Fordham University, Graduate School of Education, New York (USA);
- 3) Sigmund Freud University, Milano, Italy;
- 4) Studi Cognitivi Psychotherapy School, Milano, Italy;
- 5) Albert Ellis Institute Affiliated Training Center, Turkiye;
- 6) Department of Psychology, University of Milano-Bicocca

**ABSTRACT**

Repetitive Thinking (RT) is a form of thought repetitive, frequent, attentive manner about oneself and one's world (Segerstrom, Stanton, Alden, & Shortridge, 2003). Rumination and Worry have been grouped under the construct of RT (Ehring & Watkins, 2008; Watkins, 2008). Worry is a chain of thoughts and images focused on adverse predictions, negatively affect-laden and relatively uncontrollable (Borkovec, Robinson, Pruzinsky, & DePree (1983),). Rumination is defined as thoughts that repetitively focus the individual's attention on his or her negative feelings and symptoms, their causes, meanings and consequences (Nolen-Hoeksema & Morrow, 1991). REBT focuses on RT when it explains it in terms of irrational beliefs and when treat it, mainly using so-called functional disputing (DiGiuseppe, Doyle, Dryden, Backx, 2015). MCT treats RT using metacognitive case formulation, practice of detached mindfulness and clinical and metacognitive monitoring in each session (Wells, 2000). Furthermore, REBT has also focused on the importance of rumination in cases of suicidal overthinking and on how rumination in clients at risk of suicide leads them to become habituated to their suicidal beliefs (Ammendola, 2018). In addition, research data are presented which tested the hypothesis that self-rumination and self-reflection mediated the relationship between irrational beliefs and psychological distress. The results indicated that rumination mediates the relationship between irrational beliefs and psychological distress whereas self-reflection does not (Artiran, 2018). LIBET deals with RT using constructivistic case formulation, questioning and constructivistic interventions and process monitoring focused on life themes intolerability and conditioning and plans utility and uncontrollability.

SATURDAY, SEP 8, 10:30

## ***Neuroscience-Based and Recovery-Oriented CBT for Schizophrenic Patients***

Chair: Tullio Scrimali 1\*

### **PANEL MEMBERS**

**Discussants:** Isham Ramy 2\*, Michele Procacci 3\*, Antonio Pinto 4\*, Alexander Elichev 5\*

**Discussants' Affiliations:**

1\*: University of Catania, Catania, Italy;

2\*: Ain Sham University of Cairo;

3\*: Terzocentro di Psicoterapia Cognitiva Comportamentale, Rome;

4\*: ASP 1 Napoli;

5\*: Department of Biopsychosocial Rehabilitation in the Mental Disorders of Bekhterev Psychoneurological Research Institute, Russia

### **ABSTRACT**

Schizophrenia, in all its aspects - clinical, psychopathological, rehabilitative and therapeutic - constitutes the central problem in modern psychiatry. The World Health Organization (WHO) considers schizophrenia one of the ten most serious disabling conditions afflicting humankind. If we consider that the incidence of this disorder is around 1% of the population, without significant variation worldwide, it is clear that this dramatic condition affects millions of people. Keeping in mind both the burden of human suffering this pathology creates for the entire family and the enormous social costs, it becomes evident that the treatment of schizophrenia is one of the most important challenges facing psychiatry today. Given this dramatic and complex reality, we are forced to admit to the persistent backwardness of our understanding of the dynamics of the illness and, above all, to the lack of an unequivocal, systematic, and satisfying therapeutic approach. Recently some new CBT protocols for making possible the recovery from schizophrenia has been set up. Tullio Scrimali, with his Entropy of Mind and Negative Entropy, set up a neuroscience and recovery based CBT approach to the treatment of psychotic patients. Furthermore, Aaron T. Beck recently has incorporated some topics coming from recovery movement into his therapeutic approach to schizophrenia. During the round table some Authors, active in the field of schizophrenia's treatment in three Countries (Italy, Egypt and Russia) of three Continents (Europe, Asia and Africa) will present and discuss their scientific and clinical experience when working with psychotic patient applying a CBT neuroscience based and recovery oriented approach to CBT for schizophrenic patients. Reference: Scrimali, T (2008). Entropy of Mind and Negative Entropy. A Cognitive and Complex Approach to Schizophrenia and its Therapy. London: Karnac Books.

# MASTERCLAS SES



THURSDAY, SEP 6, 10:30

***CBT with chronic pain patients***

CHRISTINE FAVRE

**ABSTRACT**

Chronic pain imposes limitations and changes in lifestyle. The psychological impacts may be important with a large range of emotions. Living with pain means both accept changes or losses and 'fight' to engage itself in daily life.

We could address different frequent topics of the therapeutic work with chronic pain patients such as :

- engaging the patient in the therapeutic process or helping him to talk about his emotion and thoughts
- engaging the patient in his daily life: how to adjust behavioural activation
- dealing with anger: there are so many reasons for feeling anger when with chronic pain
- helping the patient to surpass the losses and to build a meaningful life
- dealing with pain itself

We could also discuss the role of beliefs and avoidant behaviours in maintaining the difficulties and the models useful for the patient.

THURSDAY, SEP 6, 14:00

## ***ACT for adolescents: a different approach to tackle the same problems***

**MARIA DO CÉU SALVADOR**

### **ABSTRACT**

Young people's suffering is not greatly different from adult's suffering. And the problems young people have to deal with nowadays are not that different from the problems they had to deal with 20 years ago, even if they have different faces: rejection, frustration, conflicts, challenges, etc... It all goes back to cope with painful thoughts and feelings that show up while they are trying to live their lives the best they can.

Funny enough, adults tell adolescents what they should do in their lives – to study, to have friends, etc. - but no one tells them what to do when inner experience gets in the way. Or if they do, it is only to tell them to do the impossible – get rid of inner experience: “don't think that way”, “don't be sad”. As if adults could do that themselves... Then, thoughts and feelings become the enemy to be feared and avoided... Although it is perfectly understandable why anyone would want to avoid suffering, it is also well known that this will hardly work when applied to our inner world.

In helping children and adolescents cope with these old problems, Acceptance and Commitment Therapy can be an innovative quite useful approach. Rather than targeting the content, frequency and form of inner experience, ACT seeks to change the relationship with these phenomenon to decrease their behavioural impact. This represents a counterintuitive alternative including the acceptance of thoughts and feelings as they are (just thoughts and feelings), to take time to attend to them with curiosity, and to carry on with life guided by what is most important.

We all teach children and adolescents many things about many things but seldom do we give them the opportunity to learn about themselves, their thoughts and feelings and how to deal with them. They need to know what it means to be human, what all human beings have to face and struggle with just because they have a mind. And to learn how to use the mind instead of having the mind using them. ACT will give them this opportunity: the opportunity of learning to deal with the mind (and related inner experiences) and stay focused on what really matters; to use their strengths and live their lives guided by what is really important instead of letting thoughts and feelings decide for them, even when these thoughts and feelings are really stormy and try to get in the way.

There is growing support for the use of ACT for adolescents. The aim is still to foster psychological flexibility, and the preferential use of metaphors and experiential exercises may be particularly suitable for this developmental phase.

In this master class these and other issues will be addressed as well as the therapeutic process and some strategies to help adolescents live their lives according to what matters.

FRIDAY, SEP 7, 10:30

***Behavioural experiments in PTSD treatment - why, when and how?***

**HANNAH MURRAY**

**ABSTRACT**

Behavioural experiments are a core component of cognitive therapy for PTSD (CT-PTSD). When well designed and implemented, they are a powerful way to help clients evaluate and modify beliefs about the trauma and its consequences. They can support and enhance in-vivo tasks, promote alternative coping strategies, and provide new information with which to update memories. Importantly, behavioural experiments can be integral to overcoming common obstacles in PTSD treatment. This skills class will begin with an overview of the “off the shelf” behavioural experiments commonly used in PTSD treatment, focusing on each element of a typical cognitive formulation. Building on this, and using case vignettes, clinical material and video excerpts, participants will learn how to collaboratively implement experiments that are creative, conceptually rigorous, and highly personalised. This will include experiments conducted in and out of the office, using technology, as homework, and when returning to the scene of the trauma. The workshop will also discuss how to use experiments both in a planned and spontaneous way to support other elements of CT-PTSD.

SATURDAY, SEP 8, 10:30

# ***Mentalizing and attachment in CBT***

**MARTIN KOLEFF**

## **ABSTRACT**

Some label the concept of mentalizing the ability to "see yourself from the outside and the other from the inside". The human being has all the resources needed in order to develop the ability to function with a social and learning brain. Like using language we mentalize naturally; most of the time we don't even need to think about it. Yet mentalizing is often seen as a skill that can be developed to varying degrees. Failing to mentalize can contribute to serious problems in relationships and psychopathology. That's one of the main reasons mentalizing is a crucial ability in the therapeutic room. This will lead us to examine the main points of mentalizing as well as its link to cognitive-behavioral psychotherapy with which it has a strong historical and practical bond. During the time of this workshop/masterclass we shall explore theoretically and experientially the concept of mentalizing or - as it is known in clinical context - keeping the mind in mind.

**SATURDAY, SEP 8, 10:30**

***First Generation Mindfulness-Based Approaches: MBSR  
(Mindfulness-Based Stress Reduction) and MBCT (Mindfulness-***

## Based Cognitive Therapy)

ZUMRA ATALAY

### ABSTRACT

Mindfulness is generally defined to include focusing one's attention in a nonjudgmental or accepting way on the experience occurring in the present moment (Kabat-Zinn, 1994; Brown and Ryan, 2003; Linehan, 1993). It is an open and receptive awareness and attention, which may be reflected, in a more regular or sustained consciousness of ongoing events and experiences (Brown & Ryan, 2003). MBSR stands for mindfulness-based stress reduction program. It is an 8-week program developed by Jon Kabat-Zinn. MBSR uses a combination of mindfulness meditation, body awareness, and yoga to help people become more mindful. It was originally developed for patients in chronic pain, undergoing intensive treatments for cancer, AIDS and other serious illness, but has since expanded and been incorporated into the daily lives of ten of thousands of people whether they are dealing with the serious stress of illness or simply the day to day stress which at times seems like it can be too much to handle. MBCT stands for mindfulness-based cognitive therapy and developed by Zindel Segal, Mark Williams and John Teasdale, based on Jon Kabat-Zinn's Mindfulness-Based Stress Reduction program. It is an 8-week program specifically designed to help you deal with persistent unwanted mood states. MBCT has been tested in research and proven effective for relapse of depression, as well as anxiety and a wide range of other problems.

**Learning Objectives:** To confirm understanding and provide information and introductory practice in MBSR and to support participants with practical strategies to embrace mindfulness practice on a daily basis. To introduce the core components of the MBSR and MBCT programs, while offering attendees the opportunity to engage in an experiential exercises and meditation. Offering an experiential learning environment, with a focus on developing the capacity for attention, communication and self-awareness in stressful and demanding situations.

**Teaching Methods:** Through short talks, experiential activities, videos, and group discussions we will explore ways in which we react to stressful or difficult challenges in our lives.

**Brief Background Description of Workshop Leader:** Currently Associate Professor and chair person of the Counseling Psychology Department, Faculty of Education at MEF University-Istanbul, Turkey. She is an international faculty member of IMA (<https://www.institute-for-mindfulness.org/about-ima/institute-faculty>) and graduate of the IMA's MBSR-MBCT teacher-training program and has established the Mindfulness Institute of Turkey. She maintains a mindfulness practice and is the author of two books titled "Mindfulness and Self-Compassion" (2011) and "Mindfulness: Now and Here" (2018). She teaches mindfulness at undergraduate and graduate levels and gives MBSR and MBCT courses as well as trainings sessions, workshops and talks. She has two TUBITAK (Turkish government granted) projects on mindfulness and her fields of study include mindfulness, compassion, personality, social skills, depression, stress and stress management, and anxiety.

<https://mindfulnessinstitute.com.tr>, <http://zumraatalay.com>

Implications for everyday clinical practice of CBT. The heart of MBCT is gentle, systematic training in mindfulness. It combines the ideas of cognitive therapy with meditative practices and attitudes based on the cultivation of mindfulness.

### Relevant background readings about the topic:

Kabat-Zinn, J. (2013). Full catastrophe living: How to Cope with Stress, Pain and Illness Using Mindfulness Meditation. London: Piatkus.Segal,

Z. V., Williams, J. M., & Teasdale, J. D. (2013). Mindfulness-based cognitive therapy for depression. New York: Guilford Press.

SATURDAY, SEP 8, 14:00

## *Remediating reduced Autobiographical Memory Specificity (rAMS) with Memory Specificity Training (MeST)*

KRIS MARTENS

### ABSTRACT

Reduced Autobiographical Memory Specificity (rAMS) represents a vulnerability factor for depression. A brief group training, called Memory Specificity Training (MeST) was developed to remediate rAMS. First results are promising: MeST clearly improves patients' level of memory specificity and also seems to lead to improvements in symptoms and depression-related processes such as rumination, problem-solving and cognitive avoidance. However, interventions translated from basic science do not always translate well to clinical settings. The studies related to this skill class were aimed at preparing the dissemination and implementation of MeST by a) adapting MeST to clinical settings and examining effectiveness, b) creating and examining the use of an online train-the-trainer protocol and c) creating and examining a dismantled online version of MeST for individual use. In this skills class results and experiences of translating MeST to clinical settings and to an online application will be shortly be presented, following the basic ingredients of this training program will be interactively demonstrated and practiced. Learning objectives: To gain knowledge about the transdiagnostic mechanism called reduced Autobiographical Memory Specificity (rAMS) and the evidence base of remediating rAMS with Memory Specificity Training (MeST) To gain knowledge about the results of translating MeST to clinical settings using an online train-the-trainer protocol, and to patient populations using a dismantled online version of MeST To experience the core component of MeST To learn how to train/teach the core component of MeST

Suggested reading: Williams, J. M. G., Barnhofer, T., Crane, C., Herman, D., Raes, F., Watkins, E., & Dalgleish, T. (2007). Autobiographical memory specificity and emotional disorder. *Psychological Bulletin*, 133, 122–148. <http://doi.org/10.1037/0033-2909.133.1.122> Dalgleish, T., Bevan, A., McKinnon, A., Breakwell, L., Mueller, V., Chadwick, I., ... Werner-Seidler, A. (2014). A comparison of Memory Specificity Training (MEST) to education and support (ES) in the treatment of recurrent depression: Study protocol for a cluster randomised controlled trial. *Trials*, 15, 293–302. <http://dx.doi.org/10.1186/1745-6215-15-293>

# SYMPOsia

THURSDAY, SEP 6, 10:30

***Social Anxiety Disorder in Children and Adolescents: Mechanisms and New Insights for Treatment***

**HANNAH ROGERS** Speaker

**BRYNJAR HALLDORSSON, ANNE MIERS, ESTHER VAN DEN BOS** Speaker

Social anxiety disorder (SAD) is the most common anxiety disorder with a lifetime prevalence of 12%. In comparison to other anxiety disorders, young people with a principle diagnosis of SAD have less favourable treatment outcomes and many continue to show clinically significant symptoms following treatment. In adults, there is a strong evidence base for cognitive behavioural models of SAD, and

strategies which optimise treatment outcomes have been identified. However, there is little evidence of the applicability of adult SAD models to children and young people. The symposium will cover several potential mechanisms for young people with SAD, and any subsequent insights for treatment. This symposium brings together researchers from different European universities who will highlight new research on SAD in young people. We will consider the association between pre- and post-event social performance appraisals and SAD in pre-adolescent children. We will also discuss how positive peer feedback can influence self-perceptions of socially anxious individuals in a positive direction. In addition, we will explore the relationship between social anxiety and performance anxiety in youth by examining heart rate during a public speaking task. Finally, we will present findings from an experimental study on how to optimise exposure for young people with performance anxiety.

Brynjar Halldorsson. 1\*, Anne Miers. 2\*, Esther van den Bos. 3\*, Hannah Rogers. 4\*.

1. Anxiety and Depression in Young People Research Unit (AnDY) School of Psychology and Clinical Language Sciences, University of Reading, UK.
2. Developmental and Educational Psychology Unit, Department of Psychology Leiden University, Netherlands.
3. Developmental and Educational Psychology Unit, Department of Psychology Leiden University, Netherlands.
4. Anxiety and Depression in Young People Research Unit (AnDY) School of Psychology and Clinical Language Sciences University of Reading, UK.

#### **Symposium Presenters :**

1. **Dr Brynjar Halldorsson**, Anxiety and Depression in Young People Research Unit (AnDY) School of Psychology and Clinical Language Sciences, University of Reading, UK

Email: [b.halldorsson@reading.ac.uk](mailto:b.halldorsson@reading.ac.uk);

Title of talk: **Anticipatory and post-event processing in childhood social anxiety disorder: Is it different to adult social anxiety?**

The cognitive theory of social anxiety disorder (SAD) suggests that adults with SAD have a tendency to anticipate poor social performance and reflect negatively on their performance following a social event. While a number of studies with socially anxious adults have supported the role of poor performance anticipation and post-event rumination in SAD, to date, only a few studies have addressed whether this also applies to children with SAD. In this study, we exposed children diagnosed with SAD (n=40), other anxious children (n=40) and non-anxious children (n=34) to a social stressor speech task and assessed their pre- and post-performance appraisals, taking into account objective performance ratings. Although observers rated some aspects of performance as significantly worse among children with SAD than children with other anxiety disorders, children with SAD were not more likely than their anxious or non-anxious peers to show a general bias in their pre- or post-performance appraisals. Furthermore, children with SAD were just as likely as their anxious and non-anxious peers to recognize good performance but were more critical of themselves when their performance was poor. Findings are discussed in relation to current cognitive and developmental models of SAD, as well as treatment implications.

2. **Dr Anne Miers**, Developmental and Educational Psychology Unit, Department of Psychology, Leiden University, Netherlands

Email: [acmiers@fsw.leidenuniv.nl](mailto:acmiers@fsw.leidenuniv.nl)

Title of talk: **The influence of positive peer feedback on cognitions after a speech task: A pilot study**

Research indicates that youth with high levels of social anxiety are caught in a vicious cycle of their own negative social perceptions *and* negative responses from their age peers. Breaking this vicious cycle by



using peers to modify the negative social perceptions may be crucial to preventing the worsening of social anxiety. This pilot study investigated whether positive peer feedback can influence self-perceptions of socially anxious individuals in a positive direction. Sixty undergraduate students gave an impromptu speech and received either neutral or positive feedback post-speech. The participants rated their expected performance prior to the speech. One week later participants returned to the laboratory and completed questionnaires about their ruminative thoughts related to the impromptu speech and expected performance for a future speech. High socially anxious participants who received positive feedback reported a *higher* frequency of positive ruminative thoughts about their speech in the week between the two sessions compared to high socially anxious participants receiving neutral feedback. Findings also showed that speech performance expectations *increased* between the two sessions in high socially anxious students receiving positive but not neutral feedback. These findings suggest that, in high socially anxious students, positive peer feedback can modify self-perceptions in a positive direction.

3. **Dr Esther van den Bos**, Developmental and Educational Psychology Unit, Department of Psychology, Leiden University, Netherlands

Email: [bosejvanden@fsw.leidenuniv.nl](mailto:bosejvanden@fsw.leidenuniv.nl)

Title of talk: **Social anxiety and performance anxiety in youth: Different relations with heart rate**

Although performance anxiety (e.g. public speaking anxiety) is recognized as a specific form of social anxiety in DSM-5, the relevance of this distinction in youth is under debate. The present study investigated how social anxiety and performance anxiety are related to heart rate (HR) during a public speaking task. A community sample of 327 children and adolescents, aged 8-17 years, gave a 5-minute speech in front of a prerecorded audience. Heart rate was measured continuously. Twelve epochs of 30 seconds were selected for analysis: end of the preparation phase, entrance of the audience on screen and ten segments during the speech. Social anxiety and public speaking anxiety were measured by self-report questionnaires. Data were analyzed with regression analysis with clustered bootstrap. HR was higher during the speech than before. After peaking in minute 1, it stabilized at a lower level in minutes 2 to 4 and decreased further in minute 5. Public speaking anxiety was associated with higher HR in the minute before the speech and a smaller decrease in minute 2. Social anxiety was unrelated to HR. These differential associations with HR in a public speaking task support the distinction between social anxiety and performance anxiety in youth.

4. **Hannah Rogers**, Anxiety and Depression in Young People Research Unit (AnDY) School of Psychology and Clinical Language Sciences, University of Reading, UK

Email: [Hannah.rogers@prg.reading.ac.uk](mailto:Hannah.rogers@prg.reading.ac.uk)

Title of talk: **Affect labelling enhances exposure for adolescents who fear public speaking**

Exposure-based treatments are highly effective for treating anxiety disorders, yet approximately 40-50% of young people do not benefit. Research with adults has identified strategies to optimise learning during exposure. However, most of these strategies have not been considered in young people. This study investigated whether affect labelling enhances exposure (impromptu speeches in front of a pre-recorded audience) effectiveness in adolescents who fear public speaking. Eighty-one adolescents were randomised to either 1) exposure with affect labelling (EXP+AL), 2) exposure with positive coping statements (EXP+PC) or 3) exposure with neutral statements (EXP+NS). Self-reported anxiety and heart rate were assessed before and after three assessment timepoints and compared between groups. Whilst adolescents in the EXP+PC condition reported a greater reduction in self-reported anxiety at immediate post-test, at 1-week follow-up the adolescents in the EXP-PC condition reported

significantly higher fear compared to EXP+AL and EXP+NS. No significant effects were found for heart rate. The findings suggest that, compared to more traditional exposure-based treatment approaches, behavioural strategies thought to optimise inhibitory learning (e.g. affect labelling) can enhance treatment effectiveness for adolescents who fear public speaking.

THURSDAY, SEP 6, 10:30

***Self-compassion and its relationship with empathy, emotion regulation and fear of compassion for and from others***

GREGORIS SIMOS **Speaker**

NIKOLAS NIKOLAIDIS, OLGA ZIKOPOULOU, MARILIA NOMIKOU, ANNA NISYRAIOU **Speaker**

Compassion seems to influence people's ability to deal with life's adverse situations such as stress and it is linked with lower psychopathology and greater wellbeing. Compassion is defined as the recognition of the pain of the self or others' that is accompanied with the will to take action in order to relieve the person from pain. Its main features are kindness, the recognition of common humanity and mindfulness when facing adverse conditions. Aim of the present symposium is to present findings related to compassion and its relationship to a variety of mental phenomena that are hypothesized to relate to compassion to self and others. The first presentation tries to investigate the role of compassion for self and others in the occurrence of stressful events and levels of perceived stress in students, as well as the role of attachment. Compassion to self seems to decrease the negative effects of stressful events, while students with a secure attachment tend to feel compassion towards both self and others. The second paper focuses on the relationship among compassion, emotion regulation strategies, and empathy. Aspects of self-compassion seem to relate in a positive way with aspects of empathy, while low self-compassion relates to limited access to emotion regulation strategies. The third presentation elucidates the relationships of compassion to self and fear of compassion to and from others. Positive aspects of

self-compassion, like self-kindness and mindfulness seem to relate in a negative and conceptually expected way to fear of compassion to and from others.

Chair: Gregoris Simos & Nikolas Nikolaidis

Greek Association for Cognitive Behavioural Psychotherapies, and the Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

a) The relationship of self-compassion to empathic understanding of others

Olga Zikopoulou, Marilia Nomikou, Gregoris Simos

Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

b) Self-compassion and difficulties in emotion regulation

Gregoris Simos & Marilia Nomikou,

Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

c) Self-compassion and fear of compassion for and from others

Marilia Nomikou, Anna Nisyraiou & Gregoris Simos

Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

The relationship of self-compassion to empathic understanding of others

Olga Zikopoulou, Marilia Nomikou, Gregoris Simos

Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

## Introduction

An adequate amount of self-compassion seems to be related to a better mental health, as well as to a number of positive variables, like life satisfaction, social connectedness or personal responsibility. Empathic understanding of others, our ability to understand the thoughts and feelings of others, in other words our ability to put ourselves in their shoes, also relates to positive health variables. Since one could suppose that empathy may have a close relationship to self-compassion too, aim of present study was the study of the relationship between self-compassion and empathy.

## Method

We used the Greek versions of the Self-Compassion Scale (SCS) and the Interpersonal Reactivity Index (IRI). SCS includes six subscales- three subscales that enhance self-compassion (Self-Kindness, Common Humanity, Mindfulness) and three subscales that inhibit self-compassion (Self-Judgment, Isolation,

Over-identification). The IRI assesses empathy along four subscales- Perspective Taking (PT), Fantasy (FS), Empathic Concern (EC), and Personal Distress (PD). Study participants were 317 young adults (mean age of 23 years).

## Results

Self-compassion correlated negatively mainly with the IRI- Personal Distress and positively with the IRI- Perspective Taking subscales. The IRI- Perspective Taking subscale related only to the positive self-compassion subscales, while the IRI- Fantasy subscale only to the negative self-compassion subscales.

The IRI- Personal Distress correlates to all SCS subscales (positively with the negative SCS scales and negatively with the positive SCS scales), while the IRI- Empathic Concern correlated only to the SCS Mindfulness (positively) and the SCS Over-identification (negatively). All three positive SCS subscales correlated negatively to the IRI- Perspective Taking and negatively to the IRI- Personal Distress, while all negative SCS subscales correlated positively mainly to the IRI- Personal Distress and less strongly to the IRI- Fantasy

## Discussion and Conclusion

A rather low self-compassion seems to relate to feelings of personal anxiety and distress in interpersonal contexts (IRI- Personal Distress), while a rather high self-compassion seems to match to one's tendency to almost automatically adopt another human being's psychological point of view (IRI- Perspective Taking). Present results suggest that self-compassion and empathy may actually come together from the same (developmental?) path, and also help us hypothesize that compassion focused techniques in therapy may as well promote empathic understanding.

## Self-compassion and difficulties in emotion regulation

Gregoris Simos & Marilia Nomikou,

Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

## Introduction

Emotional dysregulation seems to be associated with a range of psychopathological symptoms and problems. On the contrary, self-compassion - our tendency to stand in kindness and understanding against our pain and failures, instead of being self criticizing, seems to be associated with fewer problems, such as less anxiety or depression. Aim of this study was the examine the relationship between difficulties in emotional regulation and self-compassion in a young adult sample.

## Method

We used the Greek versions of the Difficulties in Emotion Regulation Scale (DERS) and the Self-Compassion Scale (SCS). DERS assesses six different dimensions-difficulties in emotion regulation-

nonacceptance of emotional responses (NONACCEPTANCE), difficulties engaging in goal directed behavior (GOALS), impulse control difficulties (IMPULSE), lack of emotional awareness (AWARENESS), limited access to emotion regulation strategies (STRATEGIES), and lack of emotional clarity (CLARITY). SCS includes six subscales- three subscales that enhance self-compassion (Self-Kindness, Common Humanity, Mindfulness) and three subscales that inhibit self-compassion (Self-

Judgment, Isolation, Over-identification). Study participants were 322 young adults (mean age of 23 years).

## Results

Female subjects expressed significantly greater difficulties both in emotion regulation and self-compassion. Age had a low positive correlation to self-compassion and a low negative correlation to difficulties in emotion regulation. The relationship between self-compassion and difficulties in emotion regulation was negative ( $r=-0.54$ ,  $P<0,001$ ). Correlation analysis among DERS subscales and SCS subscales shed more light the DERS-SCS relation and also showed some conceptually very significant correlations (e.g. especially significant was the relationship of low self-compassion to limited access to emotion regulation strategies or the nonacceptance of emotional responses).

## Discussion and Conclusion

Although the concepts of difficulties in emotion regulation and self-compassion come from two rather different streams of thought, it seems that emotion regulation difficulties and self-compassion affect each other in a significant way, both as a conceptual whole, and at the level of their sub-specified variables. Such relationships seem to reflect their importance in the contemporary cognitive behavior therapy.

## Self-compassion and fear of compassion for and from others

Marilia Nomikou, Anna Nisyraiou & Gregoris Simos

Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece

## Introduction

During the last 15-20 years, self-compassion, the tendency to address our pain and failures with kindness and understanding-instead of being harshly self-critical- seems to develop as an important variable in the area of psychopathology in general, and specific conditions like depression, social anxiety or inappropriate anger in particular. Along these lines, fear of compassion for and from others has also become the recent focus of interest. The assessment of the relationship between self-compassion and fear of the expression of compassion for and from others is the aim of the present study.

## Method

Study subjects were 365 community participants and university students of a mean age of 23.4 years. Participants were administered the Greek versions of the Self-Compassion Scale (SCS), the Fear of Compassion for others (FCForO), and Fear of Compassion from others (FCFromO). SCS includes six subscales- three subscales that enhance self-compassion (Self-Kindness, Common Humanity, Mindfulness) and three subscales that inhibit self-compassion (Self-Judgment, Isolation, Over-identification). The FCForO and FCFromO scales assess one's fear of expressing compassion for others (e.g. "People will take advantage of you if you are too forgiving and compassionate") or from others (e.g. "When people are kind and compassionate towards me I feel anxious or embarrassed") respectively.

## Results

Self-compassion correlated negatively to the fear of compassion for and from others. SCS subscales correlated, either positively or negatively, to the fear of compassion for and from others in a conceptually appropriate or expected way; for example, SCS- Self-Judgment and SCS- Isolation correlated positively to FCForO και FCFromO, while SCS- Self-Kindness and SCS- Mindfulness correlated negatively to FCForO και FCFromO. Additionally, SCS-Isolation could predict fear of compassion for others, while SCS- Self-Judgment could predict fear of compassion from others.

## Discussion and Conclusion

Our finding that low self-compassion relates to the fear of expressing compassion for others or our fear of their expressing compassion for us, help us understand the role of self-compassion in interpersonal problems, as well as its role in the context of CBT. Nevertheless, behind the relationship between self-compassion and fear of compassion for and from other, there may be one or more mediating factors, something that is worth examining it or them.

THURSDAY, SEP 6, 10:30

***Cognitive Bias Modification: Exploring the role of emotional state and novel approaches to increase effects on bias and anxiety***

**MAE NUIJS** Speaker

PATRICK CLARKE, LIES NOTEBAERT, ELSKE SALEMINK Speaker

A long line of research suggests that biased information processing plays a crucial role in the onset and maintenance of anxiety. Many studies investigated whether training paradigms called 'Cognitive Bias Modification' (CBM) could modify these cognitive biases and thereby reduce anxiety symptoms. Promising findings have been observed, however, there are also more mixed findings. CBM has the potential to be used as an experimental tool to test causal relationships as well as a therapeutic tool to reduce anxiety. For both goals, increased understanding of the conditions under which CBM is most effective is strongly needed. In this symposium, two promising novel avenues to improve CBM will be presented: 1) to match the emotional context in which biases are experienced to the context during training and 2) to increase participants' engagement as current paradigms are experienced as repetitive and monotonous. Mae Nuijs (University of Amsterdam, the Netherlands) investigated whether the emotional state and arousal during training moderated the effects of CBM on bias and anxiety reactivity. Patrick Clarke (Curtin University, Australia) investigated whether a gaze-contingent CBM using an operant learning eye-tracking approach is effective in reducing bias and anxiety. Lies Notebaert (University of Western Australia, Australia) investigated whether a new gamified version of CBM was more effective than the conventional CBM in improving bias and anxiety reactivity. In an international collaboration with the Universities of Kent and Kyoto, Elske Salemink (University of Amsterdam, the Netherlands) investigated whether training experience and effectiveness can be improved by using Virtual Reality technology.

1. Msc. Mae Nuijs 2. Dr. Patrick Clarke 3. Dr. Lies Notebaert 4. Dr. Elske Salemink

1. Developmental Psychology at the University of Amsterdam 2. School of Psychology at the Curtin University 3. School of Psychological Science at the University of Western Australia 4. Developmental Psychology at the University of Amsterdam

First presenter:

Title of talk

The effect of state anxiety on the efficacy of a single session of visual search training in students with subclinical social anxiety

Presenter name

Mae Nuijs

Professional affiliations

University of Amsterdam

Abstract

Background: An attentional bias for socially threatening stimuli have been suggested to play a role in the etiology and maintenance of social anxiety. Cognitive Bias Modification for Attention (CBM-A) aims to reduce this attentional bias and thereby reduce anxiety. Recent meta-analyses suggest that the context in which CBM-A is offered, including the emotional state during training, moderates the effect of CBM-A. This study aims to investigate whether elevated levels of state anxiety prior and during training increase the effectiveness of a single session of CBM-A in reducing attentional bias, stress reactivity, and post-event processing. Method: We randomly assigned 78 students ( $M_{age} = 21.92$ ,  $SD = 2.55$ ; 75.9% female) with subclinical social anxiety scores on the SPAI-18 ( $M = 62.79$ ,  $SD = 12.14$ ) to visual search CBM-A or placebo training. Prior to training, participants randomly received either anxiety or placebo induction in order to manipulate state anxiety. Attentional bias was assessed pre- and post-training. Stress reactivity was assessed in response to a speech task one day after training and post-event processing was assessed the day after the speech task. Self-reported arousal was assessed before, during, and after training. Results: The results of this study will be presented at the EABCT conference.

Second presenter:

Title of talk

Believing is Seeing: Boosting the Interpretation Bias Modification effects on anxiety by using a mobile Virtual Reality tool

Presenter name

Elske Salemink

Professional affiliations

University of Amsterdam & University of Utrecht

Abstract

Cognitive Bias Modification of Interpretations (CBM-I) is a computerized intervention designed to change negatively biased interpretations of ambiguous information, which underlie and reinforce anxiety. The repetitive and monotonous features of CBM-I can negatively impact on training adherence and learning processes. We examined whether performing a CBM-I training using mobile Virtual Reality technology (VR-CBM-I) improves training experience and effectiveness. Forty-two students high in trait anxiety completed one session of either the VR-CBM-I or a standard CBM-I training. The VR-CBM-I outperformed the standard training in effects on state anxiety and emotional reactivity. In addition, the VR-CBM-I resulted in greater feelings of immersion in the training scenarios, which were positively correlated with changes in the emotional outcomes. Both training-varieties successfully changed interpretations. These findings hold promise for VR as a tool to boost the effects of CMB-I training for anxious individuals.



Third presenter:

Title of talk

Game on! Testing the effectiveness of Face Hero, a novel gamified Cognitive Bias Modification for Attention (CBM-A) paradigm.

Presenter name

Lies Notebaert (lies.notebaert@uwa.edu.au)

Professional affiliations

Centre for the Advancement of Research on Emotion, School of Psychological Science, University of Western Australia

Abstract

Cognitive Bias Modification for Attention (CBM-A) is a promising therapeutic tool aimed at changing patterns of attentional selectivity associated with clinical anxiety. A number of studies have implemented CBM-A using the traditional modified dot-probe paradigm. Results however are mixed, and highlight the need to develop novel, more effective CBM-A tasks. This presentation presents a novel CBM-A task, Face Hero, which was developed by adopting gaming principles from the popular game Guitar Hero. In Face Hero, participants are encouraged to anticipate the location of a discrepant face in an array of cascading faces. Half of the participants were exposed to a training condition in which the discrepant face was happy (encouraging avoidance of angry faces), whereas the other half of participants were exposed to a training condition in which the discrepant face was angry (encouraging vigilance for angry faces). The effectiveness of Face Hero in producing a group difference in attentional bias was compared to that of a traditional probe-based task. Results showed that the magnitude of the group difference in attentional bias following Face Hero training was larger than the group difference in attentional bias following probe-based training. Future research directions and potential clinical applications will be discussed.

Fourth presenter:

Title of talk

The impact of neurostimulation on cognitive bias and emotional vulnerability: Examining the potential modulating role of emotion regulation during stimulation

Presenter name

Patrick Clarke

Professional affiliations

School of Psychology, Curtin University

## Abstract

Emerging research is suggesting that neurostimulation (such as transcranial direct current stimulation - tDCS) targeting cortical areas implicated in emotional pathology may reduce emotional vulnerability by modifying cognitive biases known to operate in anxiety and depression. Further evidence indicates that the emotional effects of tDCS may also be dependent on intentional cognitive processes operating during stimulation, whereby tDCS may reduce or increase emotional reactivity depending on an individual's emotion regulation goals. In the present study we examine whether the effects of tDCS on emotional reactivity to stress is carried by its effect on cognitive biases (biased attention for threat and biased interpretation), and whether such effects are moderated by emotion regulation strategies adopted during tDCS delivery. Across four conditions, participants received active or sham tDCS (between-groups) while viewing emotionally negative images under instruction to either not regulate or down-regulate (between-groups) their emotional reactions. The effects of these conditions on cognitive bias (biased attention and interpretation) and emotional reactivity to a subsequent stress task were assessed. The findings to be reported on this study carry potential implications for enhancing cognitive bias change, and for the use of tDCS as an intervention in anxiety.

THURSDAY, SEP 6, 10:30

## *Nurturing processes of change in iCBTs*

AMIT BAUMEL **Speaker**

PER CARLBRING, JONATHAN HUPPERT, JONATHAN G. SHALOM **Speaker**

iCBTs refer to a broad area of Cognitive Behavioral Therapy programs that are delivered through the internet. Most of these interventions are accompanied with some extent of human support. This Symposium aims to discuss how iCBTs' design and human therapist's involvement affect the therapeutic process and clinical outcomes. Through the discussion of intervention's design impact on

relevant outcomes, we focus on "evidence based therapeutic process". Evidence based therapeutic process regards the path the intervention leads the user through in order to reach desired results. This includes interactions with human therapist, monitoring of user state, and providing just-in-time feedback. Four presenters will present studies which shed light on the connection between the therapeutic process – which is nurtured by intervention design and therapist's protocol –and relevant outcomes. Prof. Carlbring will present preliminary results from a randomized study utilizing a factorial design that examines the importance of content tailoring (Unified protocol/Diagnosis specific treatment) in the context of available therapist support (With/Without). Since the therapist may provide more adaptive and persuasive intervention, the study design enables to discuss more broadly when a human therapist matters most, and why. Dr. Baumel will present a study in which he investigated the correlation between online activities of users of 30 web-based behavioral interventions (collected from a proprietary data set of anonymized logs) and interventions' design quality ratings obtained by trained raters. Findings suggest the importance of persuasive design and behavior change techniques incorporation in the development of digital behavioral interventions. In Prof. Huppert presentation, the theory and practice of measuring therapist contribution to iCBT via existing measures and a new measure will be discussed. Preliminary data from two trials: one on iCBT for panic and another on iCBT for depression will be presented, and results will be discussed in the context of other findings about alliance and outcome in iCBT and beyond. Dr. Aderka will present data from a randomized controlled trial of iCBT for social anxiety disorder (SAD). The study examines patterns of change in usage of the program (e.g., time spent in the program, forms completed) and patterns of change in engagement with the human therapist (number of exchanges, number of words in correspondence). We will present data on the association between the two over time as well as on the relationship between the two patterns and treatment outcome.

Amit Baumel (presenter and discussant). 1\*. Per Carlbring. 2\*, Jonathan Huppert. 3\*, Jonathan G. Shalom. 4\*

1. Department of Community Mental Health, University of Haifa, Haifa, Israel;
2. Department of Psychology, Stockholm University, Stockholm, Sweden;
3. Department of Psychology, Hebrew University, Jerusalem, Israel;
4. Department of Psychology, University of Haifa, Haifa, Israel.

1st PAPER TITLE:

iCBT for Social Anxiety Disorder: Does Engagement with human therapists predict outcome more than engagement with non-human elements?

AUTHORS: Idan Aderka, Jonathan Shalom, Jonathan Huppert, Gerhard Andersson

ABSTRACT

We will present data from a randomized controlled trial of iCBT for social anxiety disorder (SAD). Treatment in this study included components embedded in the interface such as reading text, and completing forms and questionnaires. In addition, treatment included weekly correspondence with a human therapist. The study examines patterns of change in usage of the non-human components of therapy (e.g., time spent in the program, forms completed) and patterns of change in engagement with the human therapist (number of exchanges, number of words in correspondence). We will present data on the association between the two over time as well as on the relationship between the two patterns

and treatment outcome. Finally, clinical and research implications of the study for iCBT will be discussed

#### 2nd PAPER TITLE:

Unified protocol vs. diagnostic specific treatment of social anxiety - a randomized treatment study with a factorial design

#### AUTHORS:

Per Carlbring, Matilda Enoch, Philip Lindner, Gerhard Andersson

#### ABSTRACT:

Traditionally, Cognitive Behavior Therapy researchers have developed and tested diagnostic specific treatment manuals. Most of which are efficacious. However, since comorbidity between anxiety and mood disorders is common and as the choice of the best suited treatment manual for each patient can be hard when delivering the treatment via the internet, transdiagnostic interventions have been put forward.

The purpose of this study was to compare the effect of unified protocol vs. diagnostic specific treatment in a group of 147 individuals with social anxiety. The score on Liebowitz Social Anxiety Scale at pre-treatment was  $M=52.7$ .

The interventions were both delivered via the internet during 9 weeks. In addition, the relative effect of no guidance vs. guidance on demand was investigated in a factorial design with 25 % of the patients randomized into each of the four groups. The preliminary results at week 9 show large within group effects (average Cohen's  $d = 1.03$ ), but no significant between-group differences as measured with the self-report MINI-SPIN-R and OASIS/ODSIS.

At the time of the conference 6-month follow-up data will be available in addition to the already collected post-assessment data (analyzed according to the intention-to-treat principle).

#### 3rd PAPER TITLE:

Can we disaggregate therapist and program's contributions to the alliance and outcomes in ICBT?

#### AUTHORS:

Jonathan D. Huppert, Asher Strauss, Dina Zalaznik, Asala Halaj, Isaac Fradkin, Elad Zlotnik, David Ebert & Gerhard Andersson

In the current talk, I will present a number of issues that we have considered in terms of what the role of the therapist is in ICBT. Data suggest that the presence of a therapist assists effectiveness in terms of adherence, treatment completion, and symptom reduction. However, less is known about how active the therapist should be, how to measure the therapist's contribution, and how to disaggregate the therapist's contribution from the program's contribution. Can we distinguish the alliance with the program and the alliance with the therapist? Interviews with patients post-treatment suggests that some see the therapist as a built in part of the treatment whereas others make a sharp distinction between the internet program and the therapist. In addition, some patients describe their relationship

with their online therapist as being similar to the relationship that they had in past face-to-face treatment whereas others describe a large discrepancy in ICBT compared to previous face-to-face treatment. I will present two ways we have attempted to separately assess the relationship with the therapist and computer and some preliminary data on how these relate to outcomes. Then, I will raise a number of questions for future research.

#### 4th PAPER TITLE:

The impact of product design on user engagement with iCBTs in real world use

#### AUTHORS:

Amit Baumel <sup>1</sup>, John M. Kane <sup>2</sup>,

<sup>1</sup> University of Haifa, Israel

<sup>2</sup> The Zucker Hillside Hospital, NY, USA

#### ABSTRACT:

The quality of iCBT product design may affect user engagement. This presentation provides several analyses that shed light on this relationship.

First, using two independent expert raters we rated the quality of off-the-shelf iCBTs on different aspects of product design (e.g., Usability, Visual Design, Content, Therapeutic Persuasiveness, and Therapeutic Alliance), and examined the correlations between these quality aspects. Second, using several data sets we examined which quality aspects predict user engagement in the real world.

Findings indicate that most self-help iCBTs that have high quality of content do not have high quality of persuasive design and do not well incorporate behavior change techniques (i.e. therapeutic persuasiveness) within the digital product. Moreover, findings indicate that several quality aspects predict which iCBTs are more engaging. At the time of the conference analysis of several data sets – in which we examined which aspects of product quality predict user engagement – will be available and presented.

THURSDAY, SEP 6, 10:30

***Treatment of chronic PTSD: Imagery Rescripting, EMDR and STAIR - effectiveness and mechanisms of change***

**KATRINA BOTERHOVEN DE HAAN** Speaker

**ARNOUD ARNTZ, DR HANNAH MURRAY, SANDRA RAABE** Speaker

Understanding what treatment approaches work best in treating more chronic forms of PTSD requires considerable further investigation. It is important that we learn more on how best to treat this disorder and what are the key processes that determine their effectiveness. Some possibilities are Imagery Rescripting (ImRs) and EMDR which are brief trauma-focused interventions that limit the amount of exposure to traumatic material, thereby they may be more palatable to clients with complex and extensive traumas. This symposium will present research findings on different aspects of EMDR and ImRs in the treatment of more chronic PTSD presentations. Arnoud Arntz will present results from the IREM RCT which compared ImRs and EMDR for the treatment of childhood trauma-related PTSD. The trial has recently concluded and was conducted in three countries and seven treatment sites. Sandra Raabe will present data on a completed RCT which investigated ImRs as stand-alone treatment vs. a sequential treatment (stabilization - ImRs) for PTSD related to childhood trauma. Katrina Boterhoven de Haan will present findings from qualitative interviews to explore the treatment experience from both therapists and patients' perspectives involved in IREM. She will discuss the implications in how these findings further our knowledge and understanding of the barriers associated with PTSD treatments. Hannah Murray will present results from a series of studies conducted in a clinical setting which address the question 'what makes ImRs effective?'. Together, these studies provide insight into whether, and how, ImRs can be used to address PTSD following extensive and chronic trauma.

Professor Arnoud Arntz (Chair & Discussant) <sup>1\*</sup>, Dr Hannah Murray <sup>2\*</sup>, Sandra Raabe <sup>1\*</sup> and Katrina Boterhoven de Haan (Convenor) <sup>3\*</sup>

1. Department of Clinical Psychology, University of Amsterdam, The Netherlands;
2. Oxford Centre for Anxiety Disorders and Trauma, University of Oxford, United Kingdom;
3. Faculty of Health and Medical Sciences, University of Western Australia, Australia

1. What makes imagery rescripting effective?

Presenter: Hannah Murray

Affiliation: Oxford Centre for Anxiety Disorders and Trauma, University of Oxford

#### Abstract

Imagery rescripting (ImRs) has an accumulating evidence-base for effectiveness, but little research has examined how the technique works and, importantly from a clinician's point of view, what makes an effective rescript. In this presentation, Dr Hannah Murray will summarise results from a number of clinical studies which have used varying techniques (experimental, case series and qualitative interview studies) to answer the question 'what makes ImRs effective?'. The results contribute to a growing understanding of the crucial mechanisms of rescripting, and also allowing us to start making some clinical recommendations about the optimal way to deliver ImRs.

2. Imagery Rescripting versus STAIR/Imagery Rescripting for PTSD related to Childhood Abuse: A Randomized Controlled Trial

Presenter: Sandra Raabe

Affiliation: University of Amsterdam

#### Abstract

A recent randomized controlled trial examined two main questions: 1) what is the efficacy of Imagery Rescripting (ImRs) as stand-alone treatment for patients with complex PTSD related to childhood abuse, and 2) does the addition of a skills training in emotion and interpersonal regulation (STAIR) as a preparatory phase prior to the ImRs-treatment phase enhance the treatment effect for PTSD-symptoms. This presentation provides data on a comparison of ImRs as stand-alone treatment compared to the sequential treatment (STAIR/ImRs) and to a waitlist control group. Data consist of single-blind obtained interview-based measures for PTSD, and self-report measures for PTSD-symptoms, emotion regulation, and interpersonal functioning. Assessments were conducted at pre-/post and 3-month follow-up. Results will be presented and implications of the findings will be discussed.

Authors: Sandra Raabe, Thomas Ehring, Arnoud Arntz, Loes Marquenie, Merel Kindt.

### 3. Imagery Rescripting versus EMDR for PTSD related to Childhood Abuse: A Randomized Controlled Trial – the IREM study.

Presenter: Arnoud Arntz

Affiliation: University of Amsterdam

#### Abstract

An international multicenter RCT was designed to compare Imagery Rescripting and EMDR as treatments for childhood-trauma related PTSD (Ch-Tr PTSD) as to effectiveness, mechanisms of change, and views of patients and therapists on the treatments. In both conditions, patients received 12 sessions of treatment twice a week. The primary outcome was the CAPS total score, and secondary outcomes include measures of guilt, shame, disgust, anger, dissociation and depression, as well as trauma-related cognitions. The inclusion has been completed now with a sample size > 140, and first (still preliminary, as follow-ups are not completed yet) results will be presented during this symposium. First results indicate high acceptability by patients (high treatment retention) and large clinical effects. The qualitative study results on the views of patients and therapists on the treatments will be presented separately in this symposium by Katrina Boterhoven de Haan.

Authors: Arnoud Arntz, Katrina L. Boterhoven de Haan, Christopher W. Lee, Eva Fassbinder, Marisol J. Voncken, Marleen Rijkeboer, Mariel Meewisse, Saskia M. Van Es, Simone Menninga, Margriet Kousemaker.

### 4. What therapists and adult patients Tell Us About treating their childhood PTSD experiences

Presenter: Katrina Boterhoven de Haan

Affiliations: University of Western Australia

Their remains controversy around treating more complex forms of PTSD such as childhood-based trauma; in particular, the need for a stabilisation phase prior to trauma-focused treatment. It has been suggested that treatment effectiveness may be impacted due to patients' limited capacity to tolerate increased levels of distress required for trauma processing. However, we know little about the experience of trauma-focused treatment from the patients' perspective and even less from the therapists' point of view. These perspectives may help to provide clinically relevant insights into how best to treat childhood trauma-related PTSD.

Patients and therapists involved in the IREM trial were interviewed to explore the experience of trauma-focused treatment for childhood trauma-related PTSD from both perspectives. We discuss the findings of this qualitative research which was conducted across three countries. The implications of these findings for improving PTSD treatments will be discussed.

Authors: Katrina L. Boterhoven de Haan, Helen Correia, Christopher W. Lee



THURSDAY, SEP 6, 10:30

***Diversity of CBT-based interventions promoting resources in physical health: from face-to-face to digital interventions***

CHANTAL MARTIN-SOELCH **Speaker**

LUCIA ROMO, ROMINA RECABARREN, STÉPHANIE HAYMOZ, KATHARINA LEDERMANN, MARIA ALEJANDRA LASZCZ **Speaker**

Chair:

Prof. Dr. Lucia Romo, *Département des Sciences Psychologiques, EA 4430 CLIPSYD Clinique Psychanalyse Développement, University of Paris Nanterre, France*

Prof. Dr. Chantal Martin-Soelch, *Unit of Clinical and Health Psychology, University of Fribourg, Switzerland*

Convenor:

Prof. Dr. Chantal Martin-Soelch, *Unit of Clinical and Health Psychology, University of Fribourg, Switzerland*

Stream: Behavioral Medicine and Health

Martin-Soelch, Chantal (convenor and chair),<sup>1</sup>; Romo, Lucia (chair), <sup>2</sup>; Recabarren, Romina (speaker), <sup>1</sup>; Haymoz, Stéphanie (speaker), <sup>1,3</sup>; Ledermann, Katharina (speaker), <sup>1,4</sup>; Laszcz, Maria Alejandra, <sup>5</sup> (speaker)

1) Unit of Clinical and Health Psychology, University of Fribourg, Switzerland;

2) Département des Sciences Psychologiques, EA 4430 CLIPSYD Clinique Psychanalyse Développement, University of Paris Nanterre, France;

3) Clinique de la Source, Lausanne, Switzerland;

4) University Hospital Zurich, Switzerland;

5) Clinique des Maladies Mentales et de l'Encéphale, Centre Hospitalier Sainte-Anne, Paris, France

The aim of this symposium is to present different types of CBT-based interventions and their research outcomes in the field of physical health with a specific focus on interventions promoting individual resources. The management and prevention of chronic physical diseases, e.g. obesity, chronic pain, cardio-vascular problems are challenging issues for healthcare systems. Current clinical guidelines stress the importance of psychosocial interventions in this context; and interventions using cognitive-behavioral methods have proved to be useful. CBT-based interventions in the context of chronic diseases were shown to increase physical and mental health as well as life quality in patients with chronic physical diseases. Used in a preventive way, resource-activating CBT-interventions support lifestyle changes, reducing the individual probability to develop chronic health problems. This symposium aims to illustrate the great methodological heterogeneity of CBT-based interventions in

physical health, and present on-going works performed by young women scientists in France and Switzerland. The first talk will present the outcomes of a preventive CBT-based group intervention for stress management using multimodal intervention methods. In the second talk, the outcomes of a group intervention focusing on the promotion of emotional skills, and its use in individuals with obesity will be presented. The third talk will describe the development of a smartphone application to offer a personalized pain management treatment in chronic pain patients. The last talk will present a smartphone-based intervention for individuals with eating disorders. Overall, this symposium aims to illustrate the diversity and the effects of CBT-based interventions in physical health.

Presenters and presentation titles:

1) MSc. Romina Evelyn Recabarren, *Unit of Clinical and Health Psychology, University of Fribourg, Switzerland.*

Title: Strong against stress. Effects of a multidimensional stress prevention program on psychological resources and physical indicators of well-being in university students

University students report increased levels of stress than the general population of the same age, which may be associated with an increased risk for psychological problems. Depression, anxiety, substance abuse, sleep- and eating problems were often reported by university students. The effectiveness of cognitive, behavioral, and mindfulness interventions focusing on stress prevention among university students was evidenced. However, these programs are based generally in one way to cope with stress. This study aimed to investigate the impact of a multidimensional stress prevention program on stress perception, quality of life, psychological resources and physical indicators in university students. A randomized controlled trial study was applied to compare pre- and post outcomes in an experimental group compared to a waiting-list control group. Sixty-four university students were randomly distributed in both groups. The experimental group followed an eight-weekly stress prevention program based on well-validated approaches, integrating cognitive-behavioral strategies with mindfulness-based exercises, emotional regulation strategies, social skills training and assertiveness activities. Before and after the participation in the program, both groups answered online questionnaires about their psychological and physical well-being. We expected the students in the experimental group to have lower perceived stress perception and a reduction of psychological problems indicators after their participation in the program, compared to the control group. As well as an increase in quality of life and an improvement in psychological resources. Preliminary results will be presented.

2) Dr. Phil. Stéphanie Haymoz, *Clinique de la Source, Lausanne, Switzerland & Unit of Clinical and Health Psychology, University of Fribourg, Switzerland.*

Title: Working on emotions to better manage weight: Emotional-Openness-based group intervention in the context of overweight treatment

Emotional food consumption has long been recognized as an etiological factor of overweight and obesity (Kaplan & Kaplan, 1957). Given the difficulties overweight patients face in regulating their eating behavior, it is crucial to offer adapted psychotherapeutic interventions focused on emotional processing. Thus, we proposed a six-session manual-based group program focused on the model of Emotional Openness (Reichert, 1999; Reichert et al., 2012), whose efficacy with non-clinical subjects was shown in previous research (Haymoz, 2014). The model highlights five components: cognitive representation of emotions, perception of internal and external bodily indicators, communication and regulation of emotions. The aim of this pilot study was to assess the efficacy of the program on a small

number of overweight patients with a three-point measurement design on their eating behavior, affective treatment, and on their BMI. Faced with the poor results of psychological treatments for overweight and obesity, it is important to benefit from an efficient and effective manual-based program.

3) Dr. Phil. Katharina Ledermann, *Department of Psychosomatics and Consiliar psychiatry, University Hospital Zurich, University Zurich, Switzerland & Unit of Clinical and Health Psychology, University of Fribourg, Switzerland.*

Title: Development of a smartphone application for the treatment of chronic pain in older adults based on the daily life experience of pain

The global population is ageing rapidly. Chronic pain is one of the most distressing and debilitating health issues faced by people over 65. The burden of unrelieved pain experienced by older people and its associated high symptom and economic costs demands consideration of new strategies to better this condition. As the global uptake of digital technology increases, exploring its potential to impact positively on older people's pain self-management practices warrants investigation. The aim of this presentation is to demonstrate a new approach for the assessment of chronic pain in older adults by a mobile electronic system consisting of an application for pain self-assessment and self-monitoring by means of a pain diary as well as attached sensors to gain a better understanding of the interaction of psychological and biological factors influencing the pain perception in older people. First results from our pilot study will be presented. Furthermore, the implementation of smartphone applications in the cognitive behavioral treatment of older people will be discussed and advantages and eventual problems that could arise with the use of this new technology critically reflected.

4) Maria Alejandra Laszcz, *Clinique des Maladies Mentales et de l'Encéphale, Centre Hospitalier Sainte-Anne, Paris, France*

Title: Development of a Smartphone Application for the Treatment of Eating Disorders

The global population is ageing rapidly. Chronic pain is one of the most distressing and debilitating health issues faced by people over 65. The burden of unrelieved pain experienced by older people and its associated high symptom and economic costs demands consideration of new strategies to better this condition. As the global uptake of digital technology increases, exploring its potential to impact positively on older people's pain self-management practices warrants investigation. The aim of this presentation is to demonstrate a new approach for the assessment of chronic pain in older adults by a mobile electronic system consisting of an application for pain self-assessment and self-monitoring by means of a pain diary as well as attached sensors to gain a better understanding of the interaction of psychological and biological factors influencing the pain perception in older people. First results from our pilot study will be presented. Furthermore, the implementation of smartphone applications in the cognitive behavioral treatment of older people will be discussed and advantages and eventual problems that could arise with the use of this new technology critically reflected.

THURSDAY, SEP 6, 10:30

***New ways of preventing and treating depression in youth***

**DENISE BODDEN** *Speaker*

MARIEKE VAN DEN HEUVEL (1) SANNE RASING (2 + 3) DENISE BODDEN (2) KEITH DOBSON (DISCUSSANT)  
(4) *Speaker*

CBT has repeatedly found to be effective in preventing and treating depression. However, studies mainly focused on effectiveness of CBT “treatment packages” so little is known about which CBT elements are essential for its’ effectiveness. In the first presentation, a prevention study will be presented in which we evaluate the effectiveness of the four most commonly used CBT-elements (i.e., cognitive restructuring, behavioral activation, relaxation and problem solving skills). A RCT was conducted in which adolescents (n=240, ages 12-18) with elevated levels of depression were randomly

assigned to four conditions which each started with a different 3-session CBT-element. Results from this RCT will be presented. Also, not all depressed adolescents profit from CBT, the drop-out rate is high and the motivation of adolescents is low. So perhaps, we should look into other, innovative ways of treating depressed adolescents. The second presentation will present data on blended CBT in which online CBT treatment is combined with therapist sessions to treat clinically depressed adolescents (12 to 21 years old). The aim of this study is to evaluate the (cost-)effectiveness of D(o)epression Blended by comparing D(o)epression blended (still including participants) with D(o)epression face-to-face (n=44) and CAU (n=44). Results will be presented. The third presentation focusses on the effectiveness of Acceptance and Commitment Therapy in the treatment of adolescent depression. This intervention is aimed at increasing psychological flexibility and taking action towards values, instead of reduction of symptoms. Preliminary results of the effects of ACT in clinically depressed youth (12-21 years old) will be presented.

Marieke van den Heuvel (1), Sanne Rasing (2 + 3), Denise Bodden (2), Keith Dobson (discussant) (4)

1. Netherlands Institute of Mental Health and Addiction (Trimbos instute), Utrecht, the Netherlands
2. Utrecht University, Utrecht, the Netherlands,
3. GGZ Oost Brabant, Oss, the Netherlands
4. University of Calgary, Calgary, Canada

1. Core elements of Cognitive Behavioral Therapy in preventing depression in youth: Does the type and sequence of elements matter?

*Presenter: Marieke van den Heuvel MSc*

*Co-authors: Denise Bodden & Rutger Engels*

*Affiliations: Trimbos-institute & Utrecht University, The Netherlands*

Depression during adolescence is a major public health concern, because of its high prevalence, association with suicide, comorbid psychiatric diagnoses and high treatment costs. Even sub-clinical levels of depressive symptoms put adolescents at risk for several negative outcomes. Therefore, it is important that depression is detected at an early stage and is treated preventively. Prevention programs based on the principles of Cognitive Behavioral Therapy (CBT) have proven to be the most effective and most applied in preventing depression among adolescents. Thus far, research has mainly focused on effectiveness of "prevention packages" consisting of multiple CBT-elements. Little research has been done on the specific elements of these protocols. Most common CBT-elements in existing programs are cognitive restructuring, behavioral activation, relaxation and problem solving skills. It is unclear which of these elements contribute to the positive outcomes of CBT-programs and how these elements should be offered (i.e., what their optimal sequencing is). A Randomized Controlled Trial has been conducted to evaluate the differential effectiveness of different types and sequences of CBT-elements in the prevention of depression among 220 adolescents. Preliminary results will be presented.

2. Blended CBT as treatment for depressive disorders in adolescents in psychiatric care

*Presenter: Denise Bodden*

*Co-authors: Sanne Rasing & Yvonne Stikkelbroek*

Affiliations: Utrecht University, The Netherlands

CBT is an effective intervention to treat depressive disorders. However, research has shown that up to 57% of patients drop out of treatment and that 50% of the adolescents still has depressive symptoms after treatment. Alternative interventions, such as Interpersonal Psychotherapy and Problem-Solving Therapy, are comparable to CBT in terms of effectiveness, but also in terms of drop-out and remission-rate. So, offering different treatments does not seem to be the solution to improve effectiveness. Offering CBT as a blended intervention might be.

Earlier research has shown that online CBT and face-to-face CBT have similar effects in treating depressive disorders in adults. It is known that online interventions increase motivation, treatment expectancies, independence, accessibility, and decrease resistance and drop-out because it can be easily tailored to the needs of patients. Furthermore, adolescents seem to prefer self-help. Combining online treatment with therapist guidance through email, online chat and face-to-face sessions (hence a blended treatment) is associated with higher completion of treatment. Moreover, therapeutic guidance in treatment of depression is strongly advised to monitor the suicide risk.

In this presentation, an overview of the literature on treatment of depressive disorders in adolescents, the design of a pragmatic quasi-experimental controlled trial on the effectiveness of blended cognitive behavioural therapy as treatment for clinically depressed adolescents and preliminary results will be shown.

### 3. ACT your way: Acceptance & Commitment Therapy (ACT) for depressed youth

Presenter: Denise Bodden

Co-authors: Denise Matthijssen & Jacquelijne Schraven

Affiliations: Utrecht University, The Netherlands

Recently, Acceptance and Commitment therapy (ACT) has been receiving more attention in clinical practice. Acceptance and Commitment Therapy (ACT) is a so called third generation behavior therapy. The goal of ACT is not to reduce depressive symptoms but to increase one's Psychological flexibility; an individual's acceptance of negative feelings, thoughts and physical sensations and the ability to choose an adaptive response based on the values of that individual.

ACT is an effective treatment for adults with a depressive disorder (A-Tjak et al., 2015). There are only a few studies that have investigated ACT in youth and they often are directed at prevention of depressive symptoms (Hayes, Boyd & Sewell, 2011; Livheim et al., 2015). More research on the effectiveness of ACT in clinically depressed adolescents is needed.

ACT your way is an intervention based on ACT which focusses on youth (15 to 25 years old) with problems concerning their identity, autonomy or psychopathology. ACT your way consists of a workbook for the adolescent and a therapist guide. In this study, the quality of the manual as well as the efficacy of ACT your way was investigated in youth with chronic depression or recidivism. The goal of this study was to investigate whether ACT your way leads to changes in psychological flexibility, quality of life, depressive symptoms, etc. The design consisted of a pre-, post – and 6-month follow-up analyses. Adolescents' self-reports were employed. Preliminary results will be presented.

THURSDAY, SEP 6, 10:30

***The Child Internet Project (BiP) – increasing access to evidence-based treatment for children and adolescents via therapist guided internet-delivered cognitive behavior therapy***

**EVA SERLACHIUS** Speaker

EVA SERLACHIUS, SARAH VIGERLAND, TOVE WAHLUND, MARIANNE BONNERT, CATHY CRESWELL Speaker

Despite the fact that cognitive behavior therapy (CBT) is effective for a range of child- and adolescent conditions, and is considered a prioritized psychological treatment option in many national guidelines, few children and adolescents get access to CBT. The treatment gap between the demands for evidence-based psychological treatment in contrast to CBT-trained therapists is a well-known problem. Internet-delivered cognitive behavior therapy (ICBT) is a novel, efficient and cost effective treatment alternative for children and adolescents with psychiatric conditions (such as anxiety disorders) and somatic conditions (such as IBS), which could increase availability to evidence-based treatments. Sarah Vigerland, PhD, will present the background, results and future direction of the Child Internet Project (BiP). BiP has evaluated ICBT for children and adolescents for a range of psychiatric and somatic conditions. Since the start in 2010, BiP has treated over 900 children and adolescents through clinical trials including anxiety disorders, obsessive-compulsive disorders, functional gastrointestinal disorders (e.g., IBS), non-suicidal self-injury and tics. Tove Wahlund, MSc, will present the results from a recently completed clinical trial for adolescents with excessive worry. Marianne Bonnert, PhD, will present the results from a newly conducted clinical trial where ICBT for functional gastrointestinal disorders is implemented in regular care. Maral Jolstedt, MSc, will present secondary outcomes, including predictors, moderators and long-term follow-up from a large stepped care randomized controlled trial for childhood anxiety disorders. The symposium will end with the discussant, Professor Cathy Creswell, giving her thoughts on childhood anxiety disorders, ICBT and implementation in regular care.

Chair: Eva Serlachius, PhD, MD 1\* 2\*;

Presenters: Sarah Vigerland, PhD 1\* 2\*, Tove Wahlund, MSc 1\* 2\*, Marianne Bonnert, PhD 1\* 2\*,



Maral Jolstedt, MSc 1\* 2\*;  
Discussant: Professor Cathy Creswell 3\*

1. Department of Clinical Neuroscience, Karolinska Institutet, Sweden;
2. Stockholm Health Care Services, Stockholm County Council, Sweden;
3. School of Psychology & Clinical Language Sciences, University of Reading, UK (C Creswell)

#### 1. The Child Internet Project (BiP) – an overview

*Sarah Vigerland<sup>1,2</sup>, Jens Högström<sup>1,2</sup>, Fabian Lenhard<sup>1,2</sup>, Kristina Aspvall<sup>1,2</sup>, Maral Jolstedt<sup>1,2</sup>, Martina Nordh<sup>1,2</sup>, Tove Wahlund<sup>1,2</sup>, Marianne Bonnert<sup>1,2</sup>, Maria Lalouni<sup>1,2</sup>, David Mataix-Cols<sup>1,2</sup>, Clara Hellner<sup>1,2</sup>, Brjánn Ljótsson<sup>1</sup>, Eva Serlachius<sup>1,2</sup>*

*<sup>1</sup>Karolinska Institutet, Sweden, <sup>2</sup>Stockholm Health Care Services, Stockholm County Council, Sweden*

**Introduction:** The Child internet project (BiP) was formed in 2010 with the objective to increase the availability of evidence-based treatment for children and adolescents with anxiety disorders. At that time, access to such treatments within the Child and Adolescents Mental Health Services (CAMHS) in Stockholm was limited and unevenly distributed between clinics. With the Internet psychiatry unit for adults in Stockholm as a model, BiP started the development of a web platform that could deliver internet-based treatments for anxious youth.

**Method:** Between 2010 and 2018, BiP has grown into a program comprised of several research groups and has developed internet-delivered cognitive-behavioral therapies (ICBT) for children and adolescents with anxiety disorders, obsessive compulsive disorder, irritable bowel syndrome, Tourette's syndrome as well as specific treatments for social anxiety and generalized anxiety disorder. So far, several pilot trials and six RCTs have been completed, five trials are ongoing and an additional studies are being planned. More than 1000 participants have been treated with ICBT in these trials and the number of researchers involved in the BiP-program has grown substantially.

**Results:** ICBT for youth seems to reduce symptoms and increase functioning in the short- as well as long-term (<12 months="" after="" treatment="" furthermore="" icbt="" seems="" to="" be="" a="" feasible="" and="" acceptable="" even="" though="" therapists="" spend="" on="" average="" 20-30="" minutes="" each="" family="" patient="" parents="" per="" week="" on-going="" trials="" include="" non-inferiority="" trial="" where="" is="" compared="" regular="" face-to-face="" cbt="" as="" well="" implementation="" of="" in="" care="" rural="" sweden="" p="">

**Conclusions:** BiP has developed and evaluated ICBT treatments for a wide array of disorders. The efficacy of these treatments in a research setting has been confirmed and the next line of studies is moving toward investigating the effectiveness in real-world settings. Plans for and challenges with dissemination will be discussed.

#### 2. Internet-delivered psychological intervention for adolescents with GAD – a multiple baseline evaluation

Tove Wahlund<sup>1,2</sup>, Maral Jolstedt<sup>1,2</sup>, Erik Andersson<sup>1</sup>, Sarah Vigerland<sup>1,2</sup>, Sean Perrin<sup>3</sup>,

Eva Serlachius<sup>1,2</sup>



*1Karolinska Institutet, Sweden, 2Stockholm Health Care Services, Stockholm County Council, Sweden, 3Lund University, Sweden.*

**Introduction:** Generalized Anxiety Disorder (GAD) is an impairing anxiety disorder, increasing in prevalence during adolescence and related to impairment and comorbidity later in life. Cognitive Behavioral Therapy (CBT) has been found to be helpful for youth with anxiety disorders. However, many patients who receive CBT do not respond to treatment, the effect of standard CBT on GAD specifically is not clear, and the availability of treatment is limited. Intolerance of uncertainty (i.e. a fear of the unknown) is related to worry among adolescents, and treatment targeting this factor has shown promising results in traditional in-person format. The objective of this study was to evaluate the feasibility and preliminary efficacy of an internet-delivered, intolerance of uncertainty-focused treatment for adolescents with GAD.

**Method:** Participants were adolescents ( $N=13$ ), aged 13-17 years, with a principal diagnosis of GAD. The study was conducted as a multiple-baseline evaluation and participants were randomized to different baseline-periods prior to the 10-week treatment period. During the baseline and treatment periods, adolescent rated their level of worry weekly. Follow-up assessments were conducted one and three months after treatment.

Treatment was delivered via a secure internet platform and was exposure-focused, based on the rationale that exposure to thoughts and situations involving uncertainty would increase the tolerance for uncertainty and thus decrease worrying. Treatment consisted of two parallel parts; one for adolescents and one for parents. Both parts comprised 10 modules and included therapist support, and both adolescents and parents were encouraged to complete one module each week. Treatment content consisted of texts, illustrations, written exercises, and animations informing the adolescents and parents about how to reduce excessive worry and helping them plan exercises for each week.

**Results:** After ten weeks of treatment, 50 % of participants no longer fulfilled criteria for GAD and the mean PSWQ-C score had decreased from 33.5 points ( $sd = 4.06$ ) to 25 points ( $s = 8.06$ ),  $p = .007$ . Visual inspection of self-rated worry indicated that change occurred only after the introduction of the treatment. Both adolescents and parents completed on average 9.75 modules. There was one drop-out at the first week of treatment (due to severe depressive symptoms), all other participants completed treatment as well as post- and follow-up assessments. Results at 1-month and 3-months will be presented.

**Discussion:** Improvements on self-rated worry, high adherence to treatment and low drop out rate indicate that the internet-version of a psychological intervention focused on intolerance of uncertainty for adolescents with GAD was well accepted by families, appears to be feasible and may be effective in reducing worry.

### 3. Internet-delivered exposure therapy for pediatric functional abdominal pain disorders:

An open pilot implementation study

*Marianne Bonnert<sup>1,2</sup>, Ola Olén<sup>1</sup>, Maria Lalouni<sup>1,2</sup>, Erik Hedman-Lagerlöf<sup>1</sup>, Hanna Sahlin<sup>1,2</sup>, Josefina Särnholm<sup>1</sup>, Eva Serlachius<sup>1,2</sup> & Brjánn Ljótsson PhD<sup>1</sup>*

*<sup>1</sup>Karolinska Institutet, Sweden, <sup>2</sup>Stockholm Health Care Services, Stockholm County Council, Sweden*

**Background:** Functional abdominal pain disorders (FAPD) are highly prevalent (13%) in children and adolescents worldwide. FAPD is associated with anxiety and depression, school absenteeism, high health care consumption and a low quality of life. The evidence for medical or diet treatment is weak, but cognitive behavioral therapy (CBT) has shown promising effects. However, there are few available therapists trained in CBT for pediatric FAPD. To reduce the treatment gap internet-delivered exposure based CBT (Internet-CBT) was developed and evaluated for children and adolescents with FAPD. Internet-CBT has shown significant and stable long-term effects on a broad range of outcomes. However, it is still unclear how to best transfer Internet-CBT for children and adolescents with FAPD into regular care. The objective of this study was to evaluate the feasibility and potential effects of Internet-CBT when conducted in regular care and preliminary compare the results from a national unit specialized on the Internet-CBT for FAPD with three regional pediatric clinics.

**Method:** This was an open pilot with a pretest-posttest design. Sixty-eight children and adolescents with FAPD aged 8-17 years were included, with 41 participants included at the national specialized unit and 27 participants included at the regional clinics. The Internet-CBT consisted of 10 weekly modules, which focused mainly on exposure to abdominal symptoms and reduction of avoidance behaviors. Feasibility criteria included adherence, treatment credibility, treatment satisfaction and potential efficacy. The primary outcome for potential efficacy was global gastrointestinal symptoms. Secondary outcomes included quality of life, school absenteeism, avoidance behavior and fear of symptoms. Assessment points were at pre-treatment and at post-treatment.

**Results:** Feasibility and potential efficacy will be presented for the whole sample as well as a preliminary evaluation of feasibility and efficacy when comparing a national specialized Internet-CBT unit with regional pediatric clinics.

**Conclusions:** This study contributes with increased knowledge of implementation of Internet-CBT by investigating whether feasibility and efficacy are maintained when the treatment is performed by psychologists in regular care at a regional pediatric clinic. Implications will be discussed at the conference.

#### 4. Long-term effects of internet-delivered cognitive behavior therapy within a stepped care model

Maral Jolstedt<sup>1,2</sup>, Tove Wahlund<sup>1,2</sup>, Martina Nordh<sup>1,2</sup>, Brjánn Ljótsson<sup>1</sup>, Jens Högström<sup>1,2</sup>, David Mataix-Cols<sup>1,2</sup>, Eva Serlachius<sup>1,2</sup>, Sarah Vigerland<sup>1,2</sup>

<sup>1</sup>Karolinska Institutet, Sweden, <sup>2</sup>Stockholm Health Care Services, Stockholm County Council, Sweden

**Introduction:** Pediatric anxiety disorders are common and can cause significant impairment later in life if left untreated. Cognitive behavior therapy (CBT) has been found to be an effective treatment for children and adolescents with a range of disorders; however, many children do not get access to CBT. Internet-delivered CBT (ICBT) has the potential to increase availability in a cost-effective manner. However, even though ICBT has been found to be effective for the majority of participants in several trials, little is known about how it should be implemented within regular health care. The possibility of a stepped-care approach has been suggested, but never tested. The objective of this study was therefore to evaluate the effects of ICBT within a stepped-care model, where non-responders were offered additional face-to-face CBT, as well as the long-term (12 month) outcomes of ICBT (with or without additional face-to-face CBT)

Method: Participants were children ( $N=131$ ), aged 8-12 years, with a principal anxiety disorder (separation anxiety, generalized anxiety, panic disorder, social anxiety disorder, specific phobia). If still fulfilling their principal anxiety disorder three months after completed ICBT, participants were offered 12 weeks of traditional face-to-face CBT. Participants were assessed three months post ICBT (i.e., pre CBT treatment), at post CBT treatment, and 12 months after completed ICBT regardless of additional CBT or not. Primary outcome measure was clinically assessed symptom severity measured with ADIS-C/P. Secondary outcome measures included self- and parent reported anxiety symptoms, functional impairment and life-quality.

Results: The proportion of participants in need of treatment after completed ICBT and the effects of face-to-face CBT as an additional treatment to non-responders will be presented, as well as the long-term effects of ICBT, with or without additional face-to-face CBT.

Discussion: The effects and feasibility of ICBT in a stepped care model will be discussed. ICBT has the potential to increase availability to evidence-based treatments. However, even though the growing research on pediatric ICBT for anxiety disorders indicate that it is an effective treatment, little is known about how it should be implemented and made available in regular health care. The presented findings from this trial may help understand whether a stepped-care model for the implementation of ICBT is feasible.

THURSDAY, SEP 6, 14:00

***Improving access to evidence-based mental health treatment for children and adolescents***

**TESSA REARDON** Speaker

**CATHY CRESWELL, JENNIE HUDSON, VICTORIA INGRAM, RACHEL HAYES, TAMSIN FORD, LAURA PASS, SHIRLEY REYNOLDS** Speaker

Only a minority of children and adolescents with mental health problems receive treatment. This symposium consists of four papers that have a common goal of improving access to evidence-based mental health treatment for children and adolescents. An improved understanding of barriers to help-seeking can inform targeted approaches to promoting treatment access. The first paper will present findings from a UK community survey on the frequency and type of help-seeking, support received, and barriers among parents of children with elevated anxiety (n=222). Stigma associated with mental health problems presents one barrier to help-seeking. The second paper will present findings from a cluster Randomised Controlled Trial (RCT) that examined the impact of the contact-based programme 'batyr@school' in reducing stigma and promoting help-seeking for mental health problems in young people in Australia (n=399). There is a growing policy focus on the role of schools in the delivery of mental health interventions. The third paper will present results of the STARS cluster RCT that evaluated the effectiveness and cost-effectiveness of the Incredible Years® Teacher Classroom Management programme on children's mental health (n=2075). The fourth paper will focus on a brief structural behavioural intervention for depressive symptoms in adolescents, designed to be delivered by a range of healthcare professionals. This paper will present an overview of the Brief Behavioural Activation (Brief BA, Pass & Reynolds 2014) approach and current outcomes from a study evaluating delivery of Brief BA in secondary schools in the UK.

Chair: Tessa Reardon, University of Reading, UK

Paper 1: Tessa Reardon (1) Professor Cathy Creswell (1).

Paper 2: Professor Jennie Hudson (2) Victoria Ingram (2).

Paper 3: Professor Tamsin Ford (3).

Paper 4: Dr Laura Pass (1) Professor Shirley Reynolds (1)

(1) School of Psychology and Clinical Language Science, University of Reading, UK.

(2) Centre for Emotional Health, Macquarie University, Australia.

(3) University of Exeter Medical School, Exeter, UK

## 1. Seeking and accessing professional support for child anxiety in a community sample

Tessa Reardon, Kate Harvey, Cathy Creswell

School of Psychology and Clinical Language Sciences, University of Reading, UK

There is a lack of current UK data on help-seeking, and barriers to accessing professional support for child anxiety disorders. This study aimed to provide current data on the frequency and type of i) parental help seeking, ii) professional support received, and iii) parent reported barriers/facilitators in the context of child anxiety. We conducted a survey of help seeking in parents of 222 children (aged 7-11) with elevated anxiety symptoms identified through screening in schools, 138 children of whom met diagnostic criteria for an anxiety disorder. 64.5% of parents of children with an anxiety disorder

reported seeking professional help; 38.4% reported that their child had received support to help manage and overcome their anxiety difficulties; and 2.2% reported receiving CBT. Frequently reported parental barriers related to difficulties identifying anxiety problems, a lack of help-seeking knowledge, negative attitudes towards help-seeking, and limited service provision. Findings identify the need for i) tools for parents and professionals to help identify children who may benefit from professional support; and ii) increased evidence-based provision for child anxiety disorders, including delivery within school settings and direct support for parents.

## 2. Efficacy of the batyr@school program in reducing mental health stigma and promoting help-seeking in young people

Professor Jennie Hudson & Victoria Ingram

Centre for Emotional Health, Macquarie University

Stigma associated with mental health problems can negatively influence intentions to seek help in young people. Evidence has suggested that contact interventions involving personal stories from individuals with lived experiences of mental health problems, may reduce stigma. Using a cluster randomised controlled trial, the present study examined the impact of a contact-based program 'batyr@school', in reducing stigma and promoting help-seeking for mental health problems in young people. A total of 399 students across six schools were randomly allocated to the intervention condition or waitlist. The program was found to significantly reduce stigma and increase participants' intentions to seek help from formal sources. The program did not significantly alter intentions to seek help from informal sources. Amongst students as 'at risk', due to high levels of psychological distress, the intervention did not significantly impact help-seeking intentions. This study demonstrates the potential of universal contact-based programs in reducing stigma and increasing intentions to seek help from formal sources for mental health problems.

## 3. The effectiveness and cost-effectiveness of the Incredible Years® Teacher Classroom Management programme in primary school children: results of the STARS cluster randomised controlled trial

Tamsin Ford Professor of Child and Adolescent Psychiatry at Exeter University Medical School and Honorary Consultant at Devon Partnership Trust

**Background** There is a growing policy focus on the role that schools play in children's mental health. We evaluated the effectiveness and cost-effectiveness of the Incredible Years® (IY) Teacher Classroom Management (TCM) programme on children's mental health.

**Methods** A two-arm, pragmatic, parallel group, superiority, cluster randomised controlled trial recruited three cohorts of schools (clusters) between 2012 and 2014, randomising them to TCM (intervention) or Teaching As Usual (TAU – control). TCM was delivered to teachers in six whole-day sessions, spread over six months. Schools and teachers were not masked to allocation. The primary outcome was teacher-reported Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score. Random effects linear regression and marginal logistic regression models using Generalised Estimating Equations were used to analyse the outcomes. Trial registration: ISRCTN84130388.

Results Eighty schools (2075 children) were enrolled; 40 (1037 children) to TCM and 40 (1038 children) to TAU. Outcome data were collected at 9, 18 and 30-months follow-up for 96%, 89% and 85% of children, respectively. Unless our results are still embargoed, we will present the findings of this trial. If we are unable to do this, we will present the lessons learnt and the qualitative findings of the study.

Funding NIHR Public Health Research Programme

#### 4. Brief Behavioural Activation (Brief BA) in secondary schools: A feasibility study

Dr Laura Pass & Professor Shirley Reynolds, University of Reading, UK

Depression in adolescence is a common and serious mental health problem. In the UK, access to evidence based psychological treatments is limited and training and employing therapists to deliver these is expensive. Brief Behavioural Activation (Brief BA, Pass & Reynolds 2014) was developed as a brief, structured behavioural intervention for depressive symptoms in adolescents, designed to be delivered by a range of healthcare professionals. Brief BA focuses on helping the young person identify their personal values then make small, practical changes in behaviour to increase valued activities, by 'doing more of what matters to you'. This talk will present an overview of an ongoing feasibility study evaluating delivery of Brief BA in secondary schools for adolescents with depression symptoms. Students are identified by school staff or self-referrals via a school survey of emotional health, if depression symptoms were endorsed and the student requested help with low mood. Brief BA treatment is delivered by Psychological Wellbeing Practitioners (PWP) during the school day, with additional clinical input as required (e.g. liaison with school staff/parents, referrals to specialist services). The challenges of embedding a mental health intervention within the school setting will be discussed, as well as the opportunities this presents.

## THURSDAY, SEP 6, 14:00

### ***Mechanisms of worry perseveration in children and adults***

**FRANCES MEETEN** Speaker

DR HELEN DODD, DR LIES NOTEBAERT MECHANISMS OF WORRY PERSEVERATION IN CHILDREN AND ADULTS RT,  
PROFESSOR GRAHAM DAVEY (ALSO DISCUSSANT) Speaker

Excessive and uncontrollable worry is a defining feature of generalised anxiety disorder (GAD) and an important transdiagnostic symptom in other anxiety disorders. The symposium will examine mechanisms of worry perseveration in both children and adults and discuss the role of experimental psychopathology in improving our understanding of the development and maintenance of disorders such as GAD. In the first talk, Helen Dodd will discuss experimental research on intolerance of uncertainty and its relationship to worry in children aged 8-11. She has examined whether intolerance of uncertainty moderates emotional and behavioural reactions to uncertainty on an adapted Beads Task. The following three talks discuss research with participants aged 18 and over. Lies Notebaert will present data on attentional bias and productive vs. unproductive worry. She will discuss whether greater attentional bias to threat cues signalling more controllable rather than less controllable

dangers, is associated with a greater tendency to worry about a potentially negative future event when the outcome of this event is controllable, relative to when it is no longer controllable. Frances Meeten will discuss cognitive and physiological mechanisms of worry perseveration. She will present data examining the relationship between attentional control, heart rate variability, and worry. Finally, Graham Davey will discuss how experimental psychopathology research contributes to improving our understanding of what causes distress during pathological worrying, including the automaticity of cognitive processes involved in worrying, negative thought intrusions, endemic negative mood during worrying, and the role of conflicting beliefs about worrying.

Dr Helen Dodd.<sup>1\*</sup> Dr Lies Notebaert. <sup>2\*</sup> Dr Frances Meeten.<sup>\*3</sup> Professor Graham Davey (also discussant).<sup>4\*</sup>

1. School of Psychology and Clinical Language Sciences, University of Reading, United Kingdom. 2. School of Psychological Science, University of Western Australia, Australia. 3. Institute of Psychology, Psychiatry and Neuroscience, King's College London, United Kingdom. 4. School of Psychology, University of Sussex, United Kingdom

1. Development of a Behavioural Measure of Intolerance of Uncertainty in Preadolescent Children: Adaptation of the Beads Task

Authors: Helen Dodd, Nihan Osmanagaoglu, Cathy Creswell (University of Reading, UK)

Abstract: Intolerance of Uncertainty (IU) may be important for the development and maintenance of anxiety disorders. To date, research with preadolescent children has relied entirely on questionnaire measures to assess IU. Here we aimed to develop a behavioural measure of IU that was appropriate for preadolescent children by adapting the beads task (Jacoby, Abramowitz, Buck, & Fabricant, 2014). Participants were 51 typically developing children (26 female; 7 to 11 years). We examined first whether participants could understand and complete the task. Based on the proportion of participants who completed the task, the accuracy scores across levels of uncertainty, self-reported certainty ratings and ratings of how important it was to participants to answer correctly, we concluded that the task is appropriate for children of this age. We then examined how participants responded to varying levels of uncertainty by examining decision-making time, information requested, and self-reported worry across uncertainty conditions. Finally, we evaluated whether the task captured reactions to uncertainty that are related to questionnaire measures of IU, anxiety and worry. Children reported feeling less certain, more worried, and requested more information as uncertainty increased. Task related worry was significantly associated with self-reported IU and the association between IU and task-related certainty approached significance; however, decision making time and information seeking showed no significant associations with self-reported IU. Overall, the adapted Beads Task appears suitable for preadolescent children, able to induce uncertainty and can capture at least some IU related processes.

2. Why worry? The contribution of attentional bias to individual differences in productive and unproductive worry.

Authors: Lies Notebaert and Colin MacLeod (University of Western Australia, Australia)

Abstract: While worry about events that are beyond our control is maladaptive, worrying about controllable events can be adaptive. Given the causal relationship between biased attention to threat and worry, this study aimed to examine whether greater attentional bias to threat cues signalling more controllable rather than less controllable dangers, is associated with a greater tendency to worry about a potentially negative future event when the outcome of this event is controllable, relative to when it is



no longer controllable. Attentional bias to threat cues predicting highly and poorly controllable dangers was examined using an interference paradigm, and worry was elicited using a speech stressor. Results showed that greater Attentional Capture by threat cues predicting high relative to low control dangers, predicted increased worry about events the speech when control over the outcome was still possible.

### 3. Cognitive and physiological mechanisms of worry perseveration

Authors: Fran Meeten and Colette Hirsch (King's College London, UK)

Abstract: Excessive and uncontrollable worry is a defining feature of generalised anxiety disorder. Worry perseveration has been linked to cognitive and physiological processes such as poor attentional control and chronically low heart rate variability (HRV). However, as one would expect, there are individual variations in cognitive and physiological presentations and one possibility is that individual variation in these processes is related to the ability to disengage from worry. This experimental study examines how individual differences in the ability to regulate cognitive and physiological processes during worry predicts performance on a behavioural worry task. Participants selected for low and high levels of trait worry completed measures of attentional control and resting state heart rate variability before and after a worry induction. The relationship between baseline and post-worry induction measures of attentional control and HRV and performance on a behavioural worry task are discussed.

### 4. Why is pathological worrying distressing?

Author: Graham C. L. Davey (University of Sussex, UK)

Abstract: Distress is a defining feature of most mental health problems, but there are relatively few psychopathology models that focus directly on distress and attempt to identify the specific factors that generate that distress. This paper will discuss how experimental psychopathology research contributes to improving our understanding of what causes distress during pathological worrying and makes it qualitatively different to adaptive, everyday worrying. These factors include the automaticity of cognitive processes involved in worrying, negative thought intrusions, endemic negative mood during worrying, and the role of conflicting beliefs about worrying.



THURSDAY, SEP 6, 14:00

***Cultural adaptations of CBT with diverse populations: "Making it Meaningful".***

**BELINDA GRAHAM** Speaker

PETER PHIRI, VALENTYNA PAROBIY, ANDREW KARACHEVSKY, HAKON STENMARK, PAUL SALKOVSKIS Speaker

Despite abundant evidence that cognitive behavioural therapies can effectively treat many psychological disorders, mental health problems among much of the world's population are not properly addressed. This inspiring symposium showcases creative new approaches to expanding the geographical reach and cultural appropriateness of these interventions to those who are currently underserved. The first speaker will present on the development of cultural adaptations of CBT for Psychosis in Black and minority ethnic groups in the UK. The second speaker will present on the recent establishment of an accredited CBT training program in Ukraine. The presentation will discuss the substantial need for psychotherapy services after the war in eastern Ukraine began in 2014, the considerable barriers that were met, and the solutions that have been developed to reach those in need. The third speaker will present data on the effectiveness of narrative approaches in reducing symptoms of posttraumatic stress disorder among refugees in Norway, Republic of Congo, and Rwanda. In contexts of ongoing adversity and minimal resources, the acceptability and feasibility of this approach may be critical to promoting healing. The final speaker will present on the development of a lay-led Islamic Trauma Healing program in Seattle, USA. The program addresses a treatment gap for Somali refugees who rarely access help through established care pathways. It is located within local mosques and targets trauma-related difficulties by combining components of exposure-based therapy with Islamic principles, including Prophet stories and talking to Allah about traumatic experiences.

1. Peter Phiri, 2. Valentyna Parobiy and Andrew Karachevsky, 3. Hakon Stenmark, 4. Belinda Graham.  
[Discussant: Paul Salkovskis]

1. Southern Health NHS Foundation Trust and University of Southampton, Southampton, UK.,
2. Ukrainian Catholic University, Lviv, Ukraine.,
3. Center on Violence, Stress and Suicide Prevention, Universitetssykehuset i Trondheim, Norway.,
4. Centre for Anxiety Disorders and Trauma, University of Oxford, UK.

## 1. Development and piloting of a lay-led Islamic Trauma Healing program

Belinda Graham – Wellcome Trust Clinical Research Training Fellow, Centre for Anxiety Disorders and Trauma, University of Oxford, UK.

Several interventions effectively address symptoms of posttraumatic stress disorder (PTSD) but despite substantial need there are considerable barriers to access and uptake by refugee groups. This project took place in northwest USA, where there is a relatively large Somali refugee population with substantial trauma exposure but limited uptake of existing services. Culturally appropriate interventions are needed that are accessible and consistent with the Islamic faith and worldview. To address this need, a small pilot study examined feasibility and utility of a six-session group intervention for healing after trauma. The Islamic Trauma Healing program is led by members of the community within local mosques and specifically targets emotional wounds of trauma. The program incorporates elements of cognitive and exposure therapies, with Islamic-informed principles using Prophet stories and talking to Allah about trauma. Pre- to post-group pilot data is presented for men's ( $n = 6$ ) and women's ( $n = 7$ ) groups, assessing PTSD, depression, somatic symptoms, well-being, and satisfaction. In addition, qualitative analysis of feedback from group members and leaders was conducted. Results indicated large effects across all measures from pre- to post-group ( $g = 0.76$  to  $3.22$ ). Qualitative analysis identified high perceived need for culturally appropriate interventions and suggested that Islamic Trauma Healing operates on themes of community, faith integration, healing, and growth. The program was well received by participants and offers a community-based model for delivering a trauma-focused intervention to Somali refugee communities. Combining culturally appropriate components including faith-based principles with cognitive behavioural therapies could increase relevance, accessibility, and sustainability.

## 2. Development and formation of CBT in Ukraine: 7 years of challenges and successes

Valentyna Parobii, psychotherapist, CBT lecturer and supervisor at UICBT, head of Ethical committee UACBT

Andriy Karachevskyy, psychiatrist, CBT lecturer and supervisor at UICBT, vice-president UACBT

The historical background of CBT development in Ukraine is very controversial. There is still a continuation of the stigmatization of mental illness, which extends from the Soviet era of punitive psychiatry. On the other hand, there is currently a "wild west" provision of psychotherapeutic services that can be provided privately by almost anyone. The state still does not control this situation. Therefore, when in 2011 the Ukrainian Institute of CBT (UACBT), with the support of the Ukrainian CBT Association, started its first course, nobody suspected that it was something qualitatively different. It can be concluded that these qualitative advantages have made it possible to make CBT education in Ukraine authoritative and a desirable aspiration.

The war in eastern Ukraine, which began in 2014, was a huge challenge for the Ukrainian psychotherapeutic community. The waves of internally displaced persons, families that have suffered from losses, soldiers with PTSD needed and still need quality interventions. Our students and graduates can apply these interventions successfully.

The Ukrainian Association for Cognitive-Behavioral Therapy actively participates in the reform of the existing system of psychiatric care in the country. UACBT and the Ukrainian Union of Psychotherapists initiated the signing of the "Declaration on Psychotherapy in Ukraine".

### 3. Adapting Cognitive Behaviour Therapy for Psychosis for Black and Minority Ethnic Communities.

Dr Peter Phiri, R&D Manager, Southern Health NHS Foundation Trust, Visiting Fellow, University of Southampton

Background: Culture significantly impacts all aspects of psychosis and although CBT is recommended for schizophrenia and associated psychotic symptoms (NICE, 2014; APA, 2004) it requires cultural adaptation (Kingdon & Turkington, 2005) given higher drop-out and poorer outcomes for African Caribbean and Black African patients.

Aims: To produce a culturally sensitive adaption of a CBT manual for therapists working with patients with psychosis from African-Caribbean, Black-African/Black British, and South Asian Muslim communities, and assess its effectiveness.

Method: Part 1: Qualitative study of semi-structured interviews with patients with a diagnosis of schizophrenia, schizo-affective, delusional disorders or psychosis (n=15); focus groups with lay members (n=52); CBT therapists (n=22) and mental health practitioners (n=25). Part 2: Adaptation of CaCBTp, tested in a multi-site RCT in the UK (n=35). Participants randomised to receive 16 sessions of therapy (n=16) or Treatment as Usual (TAU; n=17). Patients completed Comprehensive Psychopathological Rating Scale (CPRS), Patient Experience Questionnaire (PEQ).

### 4. "Does my experience match that of the patient or am I being indulgent?" Culture and Therapist Self-Disclosure

Dr Peter Phiri, R&D Manager, Southern Health NHS Foundation Trust, Visiting Fellow, University of Southampton

Traditionally, the attitude towards self-disclosure in psychotherapy has been based on the Freudian concept that psychoanalysts should be "impenetrable to the patient...reflect nothing but what is shown to him" (Freud, 1912/1958, p.118).

CBT as a treatment for schizophrenia and psychotic disorders has significantly greater dropout rates in clients of Black and Minority ethnic (BME) groups (NHS Digital, 2017). Our recent qualitative study thus aimed to develop culturally sensitive CBT for BME clients with psychosis (Rathod et al., 2010). The two centre study consisted of individual in-depth face to face interviews and focus groups (n=114).

Several themes emerged relating to therapist awareness on culturally derived behaviours, beliefs and attitudes that can influence client response and participation in therapy. This talk explores one of these themes (client initiated therapist self-disclosure - TSD) in greater detail. This theme has provoked debate and challenged therapists faced with disclosure of personal issues. This talk highlights key elements of how this could impact on a) therapists reaction towards TSD, b) therapeutic alliance and c) outcomes of therapy.

THURSDAY, SEP 6, 16:00

*Zooming in to CBT components, zooming out to broader outcome: CBT for anxious youth*

MAAIKE NAUTA **Speaker**

DENISE BODDEN, LEONIE KREUZE, MAAIKE NAUTA, RACHEL DE JONG, VANESSA COBHAM **Speaker**

Anxiety-focused cognitive-behavioral therapy (CBT) effectively reduces anxiety in youths. However, there are large differences in CBT programs, with various components and contextual and structural factors, which may be associated with anxiety reduction as well as broader outcome. The current symposium will shine light on CBT components and outcome. First, we will present a taxonomy tool, that we developed to code the various treatment manuals in order to map the presence of CBT components (e.g. exposure, cognitive restructuring, problem solving, modeling, rewards, social skills training), contextual factors (e.g. target group, parental involvement) and structural factors (e.g. group or individual, number of sessions). Fifty-five manuals were coded and interrater reliability proved to be good. Results provide insight into differences and similarities of CBT programs worldwide. The next presentation is a systematic review and meta-analysis of 42 randomized controlled trials (n=3239 anxious youths), showing that CBT favorably affected general functioning, depressive symptoms, and externalizing behaviors, especially when parents were highly involved. These findings are important, since many anxious children present with comorbid problems and poor functioning. The third study explores whether CBT components, contextual and structural factors of the taxonomy were related to CBT outcome. We selected 70 RCTs with anxiety disordered youth, and outcome was related to potential main and interacting effects of the taxonomy factors, using meta-regression and the novel meta-‘classification and regression trees’ (meta-CART). Finally, we will present a study with youth with speech anxiety (n=70, aged 12-15 years), investigating the benefits of adding the components cognitive restructuring or relaxation to exposure in vivo group sessions in a randomized controlled design.

Chair: Maaïke Nauta

Discussant: Vanessa Cobham, 4

1. Denise Bodden, 2. Leonie Kreuze, 3. Rachel de Jong, 4. Vanessa Cobham (discussant)

- 1. University of Utrecht, the Netherlands;
- 2-3 University of Groningen, the Netherlands;
- 4. University of Queensland, Australia

Distinguishing components of CBT: the development of a taxonomy tool

*Presenter name and affiliations: Denise Bodden, Department of Child and Adolescent Studies, University of Utrecht, the Netherlands*

Cognitive behavioural therapy usually consists of different components, is delivered in different contexts and structures. Also in the field of anxiety disorders in youth, CBT programs widely vary. In order to map these differences, we set out to develop a taxonomy tool. The taxonomy tool provides a framework to code the various treatment manuals in order to map the presence of CBT components (e.g. exposure, cognitive restructuring, problem solving, modeling, rewards, social skills training), contextual factors of the treatment (e.g. target group, parental involvement) and structural factors of the treatment (e.g. group or individual, number of sessions). Fifty-five manuals were coded and interrater reliability proved to be satisfactory to good. Results provide insight into differences and similarities of CBT programs worldwide.

Cognitive-behavior therapy for children with anxiety disorders: a meta-analysis of secondary outcomes

*Presenter name and affiliations: Leonie Kreuze, Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, the Netherlands*

Anxiety-focused cognitive-behavioral therapy (CBT) effectively reduces anxiety in children and adolescents. An important remaining question is to what extent anxiety-focused CBT also affects broader outcome domains. Additionally, it remains unclear whether parental involvement in treatment may have impact on domains other than anxiety. A meta-analysis (n studies=42, n participants=3239) of the effects of CBT and the moderating role of parental involvement was conducted on the following major secondary outcomes: depressive symptoms, externalizing behaviors, general functioning, and social competence. Randomized controlled trials were included when having a waitlist or active control condition, a youth sample (aged <19) with a primary anxiety disorder diagnosis receiving anxiety-focused CBT and reported secondary outcomes. Controlled effect sizes (Cohen's *d*) were calculated employing random effect models. CBT had a large effect on general functioning (-1.25[-1.59;0.90], n studies=17), a small to moderate effect on depressive symptoms (-0.31[-0.41;-0.22], n studies=31) and a small effect on externalizing behaviors (-0.23[-0.38;-0.09], n studies=12) from pre-to post-treatment. Effects remained or even further improved at follow-up. Social competence only improved at follow-up (n studies = 6). Concluding, anxiety-focused CBT has a positive effect on broader outcome domains than just anxiety. Higher parental involvement seemed to have beneficial effects at follow-up, with stronger improvements in general functioning and comorbid symptoms.

Effectiveness of CBT in treating adolescent anxiety, what works for whom, a meta-regression analysis of treatment components, modalities and mode of delivery

*Presenter name and affiliations: Maaïke Nauta, Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, the Netherlands*

Even though we know that CBT is effective as a treatment package in treating anxiety disorders in children and young people, little is known about which (combination of) components of CBT contribute to its effectiveness. This study explores whether contextual and structural characteristics of CBT treatment packages and CBT components (as derived by a taxonomy of CBT protocols ;see first talk of the current symposium) were associated with CBT outcome in child anxiety. We performed a systematic search in the relevant databases, and 68 articles of randomized controlled trials RCTs were selected by two independent reviewers. RCTs comparing CBT as indicated prevention or treatment, to an inactive intervention (e.g. waitlist, no treatment, monitoring) for (sub)clinical symptoms of anxiety in youth, were included. Data extraction was carried out by two independent researchers. The quality of studies was assessed using the 'Clinical Trials Assessment Measure for Psychological Treatments' (CTAM) scale and the Cochrane Risk of Bias tool. Cohen's *d* was calculated as a measure of effect size for both self- and parent-reported anxiety levels. Treatment outcome was then related to potential main and interacting effects of the structural and contextual factors as well as the CBT components, using meta-regression and the novel meta-'classification and regression trees' (meta-CART). Results will show if any of the components, contextual factors, or structural factors, or their combination, were associated with changes in child and parent reported child anxiety symptomatology.

Core Elements of Cognitive Behavioural Therapy in Treating Speech Anxiety in Youth: Facing Fears by Focussing on Behaviour, Body, or Mind?

*Presenter name and affiliations: Rachel de Jong, Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, the Netherlands*

The most common CBT element in current intervention packages for anxiety in youth is exposure, which is often only applied after providing the child with cognitive restructuring (CR) and relaxation exercises (RE) as preparation for exposure. However, there is hardly empirical evidence for the additional value of CR or RE (Reynolds, Wilson, Austin, & Hooper, 2012). In addition, it is unclear whether the combination of these elements with exposure is counterproductive compared to the use of exposure only. In this study, the effectiveness of these three different types of CBT-elements was evaluated in the treatment of speech/performance anxiety among adolescents. Sixty adolescents aged 12 to 15 years with subclinical or higher levels of the fear of performance/public speaking subtype of social phobia were randomly assigned to one of three conditions: exposure only, exposure + CR, exposure + RE. All adolescents were offered one psycho-education session on anxiety, social phobia and exposure, followed by either four sessions of exposure, or two sessions of either CR or RE and two sessions of exposure. Before and after treatment, speech anxiety was measured, including the different dimensions of anxiety (approach/avoidance behavior, cognitions and bodily tension). Preliminary results will be reported and discussed.

THURSDAY, SEP 6, 16:00

## ***Examining the Everyday Environment to Better Understand and Intervene with Patients***

ANDREW GLOSTER *Speaker*

JÜRGEN HOYER, PHILIPO SANTANGELO *Speaker*

Only a small minority of a patient's week is spent together with a therapist. Whereas this time is intended to stimulate change, the time outside the therapy room is where a patient must attempt to implement the changes initiated during therapy in their everyday lives. Each of the presentations in this symposium will examine patients' everyday lives via Event Sampling Methodology (ESM), a methodology that captures patients' experiences in their self-chosen daily environments and close to the time of occurrence. ESM increases external validity while simultaneously reducing memory bias. The rich longitudinal data generated by ESM provides insight into the natural unfolding of important experiences and behaviors over time and information about how patients respond to daily challenges. Thus, detailed intra-personal and interpersonal data is generated that informs about the antecedents and consequences of salient events. The first presentation will examine the transdiagnostic relevance of post-event rumination using a large ESM data set of depressed and socially anxious individuals. The second presentation will present ESM data from two studies: a) a large ESM data set on the interaction between stress, well-being, and social interactions in depressed, socially anxious and controlled individuals; b) ESM data from patients at baseline and post-treatment to monitor changes in daily

experiences. The third presentation will examine how monitoring the dynamics of psychopathological reactions can be used to provide just-in-time interventions. Each of the presentations will discuss how understanding the everyday conditions that patients face can be used to facilitate positive change and overcome obstacles.

**Convenor:** Gloster or Hoyer

**Chair:** Gloster

**Presenters:** Jürgen Hoyer 1\*, Andrew Gloster 2\*, Philipo Santangelo 3\*

1 Technische Universität Dresden, Germany; Institute of Clinical Psychology and Psychotherapy

2 University of Basel, Switzerland; Division of Clinical Psychology and Intervention Science

3 Karlsruhe Institute of Technology, Germany; Department of Sport & Sport Science – Applied Psychology

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**Discussant:** Thomas Heidenreich

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**Abstracts:**

**Paper 1:**

“The transdiagnostic relevancy of post-event rumination: Comparing experience sampling data of depressed and socially anxious individuals”

Hoyer, Juergen

Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

**Abstract**

1. Post-event rumination (PER) after social interactions significantly contributes to the persistence of social phobia (SP). The present study used experience sampling data to investigate to what extent PER also in major depression (MDD) and healthy controls (HC). Additionally, we tested whether PER is accounted for by trait levels of social anxiety (SA) or depression.
2. Prospective experience sampling was used (seven days, six surveys per day). A total of  $n = 165$  patients ( $n = 47$  SP,  $n = 118$  MDD) and  $n = 119$  HC were included. PER was assessed following subjective embarrassment in social interactions.
3. Individuals with SP or MDD experienced significantly more embarrassing social interactions than HC and, accordingly, more PER. The *relative* frequency of PER *within embarrassing* interactions was high in all groups (86-96%). After controlling SA, between-group differences in the number of embarrassing situations, and consequently in PER, dissipated. When controlling depression, PER was higher in SP compared to HC and to MDD.
4. The study demonstrates the close link between feelings of embarrassment and PER and that PER related to social events is primarily accounted for by SA.

**Paper 2:**

“Using ESM to better understand social interaction in patients with social phobia, MDD, and controls”

Andrew Gloster

University of Basel

**Background:** Social interactions (SIs) are a crucial part of human existence. Lack of SIs is a risk factor for various physical and mental health outcomes. Event sampling methods (ESM) offer unique insights into



psychological processes as they unfold in participants' daily lives. This study examined the mechanisms and contexts that facilitate and impede SIs in patients with impairments in social functioning, and controls.

**Methods:** ESM was administered for seven days, with six surveys per day. A total of  $n = 165$  patients ( $n = 47$  Social Phobia [SP],  $n = 118$  Major Depression Disorder [MDD]) and  $n = 119$  Controls were included. A total of  $n = 6965$  SIs were recorded.

**Results:** Patients and Controls experienced the same number of meaningful SIs, but patients rated them as lower quality. When SIs were not experienced, patients engaged in more avoidance behaviors. Flexible emotional coping facilitated social interactions relative to rigid emotional coping.

**Discussion:** These results elucidate contexts that facilitate SIs and suggest possible intervention targets. Results will also be discussed with relation to how ESM can be used at pre-treatment and post-treatment in treatment studies and interventions designed to increase well-being.

### Paper 3:

"Monitoring the dynamics of real life psychopathology in patients with Borderline personality disorder as well as clinical and healthy controls using ambulatory assessment"

Presenter name and professional affiliations: Philip Santangelo, Applied Psychology/Mental mHealth Lab, Karlsruhe Institute of Technology, Germany

1. Borderline personality disorder (BPD) is commonly characterized by instability. The investigation of dynamic processes has proved challenging in the past due to the incapacity of single assessments to capture symptom dynamics. Offering the possibility of repeated assessments, ambulatory assessment methods (e.g., e-diaries) are suited to investigate unstable symptoms in the most important context, patients' everyday lives. Even though BPD is the only disorder for which affective instability is a diagnostic criterion, recent studies revealed heightened instability in other disorders.
2. We addressed the neglected criterion of self-esteem instability and repeatedly assessed momentary self-esteem and affective state 12 times a day for four consecutive days in 80 BPD patients, 80 healthy controls, and 80 patients with anxiety disorders. We used established instability indices and analyzed multilevel models to determine group differences.
3. Affective instability was elevated in both BPD patients and those with anxiety disorders compared to HC. However, patients with BPD showed heightened self-esteem instability compared to both HC as well as patients with anxiety disorders.
4. The results highlight the importance of self-esteem instability being potentially specific for patients with BPD.

THURSDAY, SEP 6, 16:00

***Modular and transdiagnostic Approach to Cognitive Behavioral Therapy for Children and Adolescents***

**DANIEL BACH JOHNSEN** Speaker

PIA JEPPESEN, LOUISE BERG PUGGAARD, MIKAEL THASTUM, SIMON-PETER NEUMER Speaker

Anxiety, depression, and behavioral problems are common among children and adolescents (youths) affecting more than 20% one or several times before adulthood. These problems are impairing, and linked to school absenteeism, school dropout, long term physical, social and educational problems, and increased risk of mental disorders in adulthood. The majority of youths with emotional and behavioural problems lack access to evidence-based treatments, indicating a need for systematic, large-scale implementation of effective psychological treatments and preventive interventions. The development of transdiagnostic and modular treatments has been suggested as a way to make evidence-based psychotherapies more available. This symposium presents the rationale and the preliminary results from two randomized controlled trials (RCTs), the Mind My Mind (MMM) and Back2School (B2S). Both investigate the effectiveness of a new modular Cognitive Behavioral Therapy (CBT) compared with treatment as usual for youths with symptoms of anxiety, depression, behavioral problems, and/or school absenteeism. The Mind My Mind (MMM) manual comprises evidence-based CBT, tailored to the child by dosing and sequencing of modules. The flexible application of modules is governed by the youth's and parent's description of a Top-problem and their scoring of the severity of the Top-problem. The primary outcome measure is the impact of problems in daily life in the domains of home, school and friendships. Back2School (B2S) is a modular trans-diagnostic CBT intervention for increasing school attendance and decreasing psychological problems among youths with problematic school absenteeism. It is based on a functional approach, and is supplemented by modules from the MMM manual.

Convenor: Daniel Bach Johnsen

Chair: Simon-Peter Neumer

Discussant: Mikael Thastum

Subject Track: Children and Young People

Presenters:

Pia Jeppesen (Paper 1)

Louise Puggaard (Paper 2)

Mikael Thastum (Paper 3)

Daniel Bach Johnsen (Paper 4)

PAPER 1: The Mind My Mind study: Lessons learned from the feasibility study and the ongoing main study.

Jeppesen, P.<sup>1</sup>; Neumer, S.<sup>2</sup>; Thastum, M.<sup>3</sup>; Puggaard, L.P.<sup>4</sup>; Rottbøll, A.<sup>5</sup>; Wolf, R.T.<sup>6</sup>; Plessen, K.J.<sup>7</sup>; Bilenberg, N.<sup>8</sup>; Thomsen, P.H.<sup>9</sup>; Correll, C.U.<sup>10</sup>; Silverman, W.<sup>11</sup>.

The Mind My Mind (MMM) program adapts current evidence-based treatment strategies for anxiety, depression and/or behavioral problems aiming at implementation in school children aged 6-16 years with such psychiatric problems. A feasibility randomized controlled trial (RCT) was conducted in four Danish municipalities (2015-2017). The children were randomized to the modular, cognitive and behavioral therapy (MMM) versus treatment as usual (TAU). Altogether, 264 children were screened for eligibility, 35 (13.3%) had only minor problems, 28 (10.6%) were lost during screening, 37 (14%) were excluded due to overly severe psychopathology, and 14 (5.3%) did not consent. Altogether, 150 children were randomized (3:1) to MMM (n=113, 52% boys) or TAU (n=37, 35% boys). The MMM group received an average of 11 (2-20) weekly sessions, 10 (8.8%) ended treatment prematurely, and 6 (5.3%) were referred to child and adolescent psychiatry. The ITT analyses of MMM versus TAU suggested benefits in the following domains: impact of problems on child's daily life, anxiety, depressive symptoms, and functional impairments. Results were mixed for the Top-problem scores. An ongoing main study (RCT, N=412) employed new strategies for evaluation of child psychopathology, for linking the Top-problem to the treatment, and provides more principle-guided use of the modular MMM manual.

(ClinicalTrials.gov: NCT03448809)

Presenter: Pia Jeppesen Ph.D., senior researcher and specialist in child and adolescent psychiatry, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.

#### AUTHORS PAPER 1

1. Pia Jeppesen, Ph.D., Associate Professor, Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark; Specialist in Child and Adolescent Psychiatry and Senior Researcher, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.
2. Simon-Peter Neumer, Ph.D., Senior Researcher, Centre for Child and Adolescent Mental Health, Oslo, Norway.
3. Mikael Thastum, Ph.D., Professor, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark
4. Louise Berg Puggaard, Ph.D., Postdoc, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.
5. Amanda Schulz Rottbøll, MSc in psychology, research assistant, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.
6. Rasmus Trap Wolf, Ph.D. Fellow, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark, Danish Centre for Health Economics, Department of Public Health, University of Southern Denmark
7. Kerstin Jessica Plessen, Ph.D., Professor and Head of Research, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark; Professor, Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark.

8. Niels Bilenberg, Ph.D., Professor and Head of Research, Department for Child and Adolescent Psychiatry, Psychiatry in Southern Denmark and University of Southern Denmark.
9. Per Hove Thomsen, Dr. Med., Professor and Director of the Research Center at the Psychiatric Hospital for Children and Adolescents, Aarhus University Hospital, Denmark.
10. Christoph U. Correll, Professor of Psychiatry and Molecular Medicine, Hofstra Northwell School of Medicine, New York, USA; Professor of Child and Adolescent Psychiatry, Charité Universitätsmedizin, Berlin, Germany.
11. Silverman, Ph.D., Alfred A. Messer Professor of Child Psychiatry, Professor of Psychology and Director, Yale Child Study Center Anxiety and Mood Disorders Program, Yale University School of Medicine, USA.

PAPER 2: The Mind My Mind study: Measurement of treatment fidelity of a new trans-diagnostic and modular cognitive and behavioral treatment for school-aged children  
 Puggaard, L.P.<sup>1</sup>; Neumer, S.<sup>2</sup>; Rottbøll, A.S.<sup>3</sup>; Thastum, M.<sup>4</sup>; Correll, C.U.<sup>5</sup>; Silverman, W.<sup>6</sup>; Wolf, R.T.<sup>7</sup>; Plessen, K.J.<sup>8</sup>; Bilenberg, N.<sup>9</sup>; Thomsen, P.H.<sup>10</sup>; Jeppesen, P.<sup>11</sup>

The aim of this study is to develop and evaluate a video-observation-based fidelity measurement for Mind My Mind (MMM), which is a new trans-diagnostic and modular cognitive and behavioral treatment (CBT) for school-aged children with anxiety, depression, and/or behavioral problems. The study is conducted as an integrated part of the effectiveness randomized controlled trial (RCT) of MMM. The experimental group includes 206 children aged 6-16 years old, their parents and 26 therapists in the context of Educational Psychological Counselling in four Danish municipalities with a total of n=460 recordings of sessions. The MMM fidelity measurement is based on The Competence and Adherence Scale for Cognitive Behavioral Therapy (CAS-CBT) that comprises six items covering: 1) CBT structure (homework planning and reviewing, structure and progress, and parental involvement), 2) process and relational skills (positive reinforcement, collaboration and flexibility), and 3) specific MMM CBT-interventions. Two items measure the global adherence and competence, and a final item measures the overall adaptation of the MMM program to the individual child's needs. The challenges of measuring treatment fidelity in a transdiagnostic and modular CBT program will be discussed together with the presentation of preliminary inter-rater reliability results.

Presenter: Louise Berg Puggaard, Ph.D., Postdoc, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.

#### AUTHORS PAPER 2

1. Louise Berg Puggaard, Ph.D., postdoc, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.
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4. Mikael Thastum, Ph.D., Professor, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark
5. Christoph U. Correll, Christoph U. Correll, Professor of Psychiatry and Molecular Medicine, Hofstra Northwell School of Medicine, New York, USA; Professor of Child and Adolescent Psychiatry, Charité

Charité Universitätsmedizin, Berlin, Germany.

6. Wendy Silverman, Ph.D., Alfred A. Messer Professor of Child Psychiatry, Professor of Psychology and Director, Yale Child Study Center Anxiety and Mood Disorders Program, Yale University School of Medicine, USA.

7. Rasmus Trap Wolf, Ph.D. Fellow, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark, Danish Centre for Health Economics, Department of Public Health, University of Southern Denmark

8. Kerstin Jessica Plessen, Ph.D., Professor and Head of Research, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark; Professor, Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark.

9. Niels Bilenberg, Ph.D., Professor and Head of Research, Department for Child and Adolescent Psychiatry, Psychiatry in Southern Denmark and University of Southern Denmark.

10. Per Hove Thomsen, Dr. Med., Professor and Director of the Research Center at the Psychiatric Hospital for Children and Adolescents, Aarhus University Hospital, Denmark.

11. Pia Jeppesen, Ph.D., Associate Professor, Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark; Specialist in Child and Adolescent Psychiatry and Senior Researcher, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.

PAPER 3: Back2School: A feasibility study of a new modular cognitive behavioral intervention for youth with problematic school absenteeism

Thastum, M.<sup>1</sup>; Johnsen, D.B.<sup>2</sup>; Silverman, W.<sup>3</sup>; Heyne, D.<sup>4</sup>; Jeppesen, P.<sup>5</sup>; Jeppesen, J.L.<sup>6</sup>

Back2School (B2S) is a new program aiming to help young people with problematic school absenteeism (SA) back to regular school attendance, and consists of ten conjoint sessions with the young person and parents, four school meetings and a booster session. The manual comprises: 1) modules specifically addressing problems with school attendance, 2) modules addressing problems related to school attendance, such as anxiety, depression, or behavioral problems, derived from the Mind My Mind manual, 3) guidelines for conducting school meetings. In 2017, twenty-four young people with SA (more than 10% absence during the last three month) from primary and lower secondary schools in the Aarhus municipality (Denmark) were included in a feasibility study, together with their parents. Psychologists from the municipality conducted the treatment. The primary outcome measure was school attendance, while secondary outcome measures were anxiety, depression, and behavior problems. The evaluation of the program was based on qualitative feedback (participating families; schools; psychologists conducting B2S) and a preliminary evaluation of the efficacy of the program. The B2S manual was modified based on the results of the preliminary evaluation. It is now being tested against treatment as usual in a randomized controlled trial. The presentation focuses on outcome data and lessons learned from the feasibility study.

Presenter: Mikael Thastum, Ph.D., Professor, Department of Psychology, Aarhus University, Denmark.

AUTHORS PAPER 3:

1. Mikael Thastum, Ph.D., Professor, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark

2. Daniel Bach Johnsen, Ph.D. Fellow, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark

3. Wendy Silverman, Ph.D., Alfred A. Messer Professor of Child Psychiatry, Professor of Psychology and Director, Yale Child Study Center Anxiety and Mood Disorders Program, Yale University School of Medicine, USA.
4. David Heyne, Ph.D., Associate Professor in the Department of Psychology, Faculty of Social and Behavioural Sciences. University of Leiden.
5. Pia Jeppesen, Ph.D., Associate Professor, Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark; Specialist in Child and Adolescent Psychiatry and Senior Researcher, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.
6. Johanne Jeppesen Lomholt, Ph.D., Assistant Professor, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark

PAPER 4: Back2School: Research design, rationale, and preliminary baseline data from a randomized controlled trial, treating school absenteeism.

Johnsen, D.B.<sup>1</sup>; Jeppesen, J.L.<sup>2</sup> ; Silverman, W.<sup>3</sup>; Heyne, D.<sup>4</sup>; Jeppesen, P.<sup>5</sup>; Thastum, M.<sup>6</sup>

The Back2School (B2S) program is a modular cognitive behavioral therapy program aimed at helping youths with school absenteeism and their families. The study aims to investigate the efficacy of the B2S program in a randomized controlled trial (RCT) by comparing B2S against treatment as usual (TAU). The RCT runs from the summer of 2017 to 2019, and is conducted in collaboration between Aarhus University and Aarhus municipality. Youths in primary and lower secondary schools in Aarhus municipality (7-17 years), with more than 10% absence during the last three months of school, are eligible to participate in the study. Participants in the B2S condition (n=80) receive B2S treatment conducted by clinical psychologist from the municipality, while participants in the TAU condition (n=80) will receive standard help provided by the municipality. The primary outcome is change in school attendance, registered on a daily basis. Secondary outcome measures are anxiety, depression, behavioral problems, bullying, and school related self-efficacy. Based on the previous feasibility study, the B2S program is expected to significantly increase school attendance, and reduce symptoms of psychopathology and increase self-efficacy. The presentation focuses on the study design and descriptive baseline data from the ongoing RCT.

(ClinicalTrials.gov: NCT03459677)

Presenter: Daniel Bach Johnsen, Ph.D. Fellow, Department of Psychology, Aarhus University, Denmark.

#### AUTHORS PAPER 4:

1. Daniel Bach Johnsen, Ph.D. Fellow, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark
2. Johanne Jeppesen Lomholt, Ph.D., Assistant Professor, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark
3. Wendy Silverman, Ph.D., Alfred A. Messer Professor of Child Psychiatry, Professor of Psychology and Director, Yale Child Study Center Anxiety and Mood Disorders Program, Yale University School of Medicine, USA.
4. David Heyne, Ph.D., Associate Professor in the Department of Psychology, Faculty of Social and

Behavioural Sciences. University of Leiden.

5. Pia Jeppesen, Ph.D., Associate Professor, Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark; Specialist in Child and Adolescent Psychiatry and Senior Researcher, Child and Adolescent Mental Health Centre, Mental Health Services of the Capital Region of Denmark.

6. Mikael Thastum, Ph.D., Professor, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark

THURSDAY, SEP 7, 10:30

***Risk and vulnerability factors of OCD and predictors of outcome:  
Recent findings from experimental and longitudinal studies***

**KARINA WAHL** Speaker

ANDREA ERTLE, PATRIZIA HOFER, LEE TIBI Speaker

Convenor: **Karina Wahl**

Chair: **Andrea Ertle**

**Presenters:** Karina Wahl, Patrizia Hofer, Lee Tibi

Discussant: **tba**

Subject tracks: **Adult mental health**

**Abstract:**

Several risk and vulnerability factors of obsessive-compulsive disorder (OCD) have been discussed, including cognitive factors as well as temperamental factors, parental rearing, and adverse life events. The symposium gathers recent studies of risk and vulnerability factors of OCD and also predictors of outcome in OCD. Two experimental studies investigate the role of cognitive factors. The first one shows that the performance of approach avoidance reversal learning is reduced in individuals diagnosed with OCD, which might pose a particular problem during exposure exercises. The second experimental study



investigates the effects of rumination about unwanted intrusive thoughts on the frequency of these thoughts, the urge to neutralize them and on depressive mood. A longitudinal, community based study in young adults found evidence that the interaction of temperamental factors (behavioural inhibition) and environmental factors (adverse life events and parental rearing style) predicts incident OCD. Finally, the last study investigates the prognostic role of interpersonal determinants (expressed emotion, social support and attachment style) as well as intrapersonal factors (severity, age of onset and chronicity) of the four-year outcome of OCD.

#### INDIVIDUAL ABSTRACTS:

1<sup>st</sup> presentation

##### **Rumination on unwanted intrusive thoughts affects the urge to neutralize in nonclinical individuals**

Karina Wahl<sup>1</sup>

Marcel van den Hout<sup>2</sup>

Roselind Lieb<sup>1</sup>

<sup>1</sup> University of Basel, Department of Psychology, Clinical Psychology and Epidemiology, Missionsstr. 62a, 4055 Basel, Switzerland

<sup>2</sup> University of Utrecht, Heidelberglaan 1, 3584 CS Utrecht, The Netherlands

Rumination on symptoms of mental disorders is involved in the onset and maintenance of these symptoms across a range of mental disorders. The purpose of the study was to investigate whether rumination on unwanted intrusive thoughts (UITs) has an immediate causal effect on discomfort, urge to do something about the UITs (i.e., to neutralize) and frequency of the UITs, as well as on depressed mood. A UIT was activated by asking nonclinical participants to write down a sentence stating that they wished a loved one would die in a horrible car accident. During the experimental manipulation, they were instructed to ruminate on their UIT, to ruminate on negative mood, or to distract themselves by thinking about everyday objects and situations. Individuals who had previously ruminated on the UIT had an attenuated reduction of the urge to neutralize compared to individuals who had previously engaged in rumination on negative mood or those who were distracted. Results indicate that thinking repetitively about a UIT prevents decay of the urge to engage in behaviors to undo it but does not influence discomfort or depressed mood associated with it. This phenomenon may be involved in the maintenance of UITs, for example, in obsessive-compulsive disorder.

2<sup>nd</sup> presentation

##### **The role of behavioral inhibition, perceived parental rearing and traumatic events for the subsequent onset of OCD in adolescents and young adults**

Hofer, Patrizia, D., University of Basel, Department of Psychology, Division of Clinical Psychology and Epidemiology, Missionsstrasse 60/62, CH-4055 Basel, +0041 61 207 35 67, patrizia.hofer@unibas.ch

Patrizia D. Hofer<sup>1</sup>, Karina Wahl<sup>1</sup>, Andrea H. Meyer,<sup>1</sup> Marcel Miché<sup>1</sup>, Katja Beesdo-Baum<sup>2,3</sup>, H.-U. Wittchen<sup>2,4</sup>, Roselind Lieb<sup>1,5</sup>

<sup>1</sup> Division of Clinical Psychology and Epidemiology, Department of Psychology, University of Basel, Basel, Switzerland

<sup>2</sup> Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany

<sup>3</sup> Behavioral Epidemiology, Technische Universität Dresden, Dresden, Germany

<sup>4</sup> Clinical Psychology & Psychotherapy RG, Department of Psychiatry & Psychotherapy, Ludwig Maximilians Universität Munich, Munich, Germany <sup>5</sup> Max Planck Institute of Psychiatry, Munich, Germany

#### **Background:**

We prospectively examined if BI and perceived parental rearing predicted incident OCD. Consistent with a diathesis-stress model, we investigated whether BI moderated the association between perceived parental rearing / adverse life events and incident OCD.



**Methods:**

Data stem from the Early Developmental Stages of Psychopathology Study, a prospective-longitudinal study among a community sample of adolescents and young adults (aged 14-24) that were followed up over 10 years ( $N=2210$ ). OCD and adverse life events were assessed with the DSM-IV/M-CIDI. BI and parental rearing were assessed using the Retrospective Self-Report of Inhibition and the Questionnaire of Recalled Parenting Rearing Behavior.

**Results:**

In logistic regressions adjusted for gender and age, BI, both the social and the non-social component, and paternal rejection but none of the other rearing styles predicted incident OCD. Social BI interacted with any adverse life event ( $RR=11.98$ ) and paternal overprotection ( $RR=5.54$ ), i.e., adverse life events and paternal overprotection only predicted incident OCD among individuals with high but not low social behavioral inhibition. Non-social fear BI interacted with emotional warmth ( $RR=0.34$ ) in predicting incident OCD in that paternal emotional warmth seemed to be associated with OCD in individuals with high but not low non-social fear BI. We found no evidence of other interactive effects.

**Conclusions:**

Findings suggest that BI, paternal rejection and traumatic life events predict the subsequent onset of OCD. Especially individuals with high social BI who experienced parental rejection or adverse life events or with high non-social fear who experienced a lack of paternal emotional warmth may profit from early, targeted preventive interventions.

3<sup>rd</sup> presentation:

Lee Tibi<sup>1\*</sup>, Patricia van Oppen<sup>2</sup> Anton J. L. M. van Balkom<sup>2</sup>, Merijn Eikelenboom<sup>2</sup>, Gert-Jan Hendriks<sup>3,4,5</sup>, Gideon E. Anholt<sup>1</sup>

<sup>1</sup> Department of Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

<sup>2</sup> Department of Psychiatry and EMGO institute for health and care research, VU University Medical Center, GGZ InGeest, Amsterdam, the Netherlands.

<sup>3</sup>Institute of Integrated Mental Health Care "Pro Persona," Centre for Anxiety Disorders "Overwaal," Lent, the Netherlands.

<sup>4</sup>University Center for Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands.

<sup>5</sup>Department of Psychiatry, Radboud University Medical Centre, Radboud University Nijmegen, Nijmegen, the Netherlands

Obsessive compulsive disorder (OCD) is a chronic psychiatric disorder where most patients do not reach full symptomatic remission. Several predictors associated with improved outcome of OCD were previously identified. However, information on interpersonal determinants as predictors of remission in OCD is lacking. We used the baseline, two and four year data of 180 adult OCD patients participating in the multicenter, naturalistic cohort study of the Netherlands Obsessive Compulsive Disorder Association (NOCDA). Both intrapersonal and interpersonal predictors of the four-year outcome were assessed at baseline, using clinician rated and self-report instruments. Using regression analyses, we

examined the unique predictors of the outcome of OCD. Approximately 57% of the patients did not remit two years from intake. Among remitters, partial remission was more common than full remission (30.6% vs. 12.4%, respectively). After four years, 60% of the patients failed to remit as compared to 24.6% and 15.3% who exhibited partial and full remission. A total of 87 (48.3%) patients remained diagnosed through the entire four-year follow-up, compared to 52 (28.9%) that maintained partial or full remission during the observation period. Baseline chronicity and OCD severity predicted increased odds for poor outcome and secure attachment style emerged as the only predictor of good outcome. Results coincide with previous prediction research and stretch the importance of adaptive interpersonal functioning in the course of OCD. Clinical implications and future research directions are discussed.

4<sup>th</sup> presentation to be announced

THURSDAY, SEP 7, 10:30

## ***Advances in sex research: Etiology, diagnosis, and treatment of sexual dysfunctions***

**JULIA VELTEN** Speaker

ANNA-CARLOTTA ZARSKI, MEHMET SUNGUR, JÜRGEN HOYER Speaker

Convenor: Dr. Julia Velten, Ruhr-Universität Bochum, Germany

Chair: Dr. Julia Velten, Ruhr-Universität Bochum, Germany

Discussant: Anna-Carlotta Zarski, University Erlangen-Nürnberg, Germany Presenters: Dr. Julia Velten, Ruhr-Universität Bochum, Germany Anna-Carlotta Zarski, University Erlangen-Nürnberg, Germany

Prof. Dr. Mehmet Sungur, Psychiatry Dept of Marmara University Hospital, Istanbul, Turkey Prof. Dr.

Jürgen Hoyer, TU Dresden, Germany

Subject Tracks: Adult mental health

The speakers of this symposium will present new data on the etiology, diagnosis, and psychological treatment of sexual dysfunctions. Over the last decade, mindfulness-based therapy has been found effective in treating sexual dysfunctions in women. The mechanisms by which these treatments help to improve women's sexual function are, however, still unclear. Dr. Velten will present findings of two in-laboratory studies investigating the relevance of mindfulness-exercises for sexual response in women. Understanding the mechanisms by which mindfulness can improve women's sexual response can help to further improve psychological treatments. Ms. Zarski will present results of a randomized-controlled trial investigating the efficacy of an online-treatment program for women with genito-pelvic pain/penetration disorder. This common sexual pain condition negatively affects the sexual health of women worldwide. User-friendly Internet-based treatments can improve women's sexual function whenever no specialized treatment providers are available. Diagnostic criteria for sexual dysfunctions in women and men have been under constant change over the last decades. Dr. Sungur's talk will focus on critiques and challenges to the old and new DSM diagnostic criteria for sexual disorders. His presentation will also include implications of these revised criteria for research and clinical practice. Dr. Hoyer will present findings of two studies, a large online survey and a clinical investigation, on safety behavior in the context of sexual dysfunction. His talk will include an estimation of the frequency of these behaviors and an evaluation of the clinical use of this concept.

1) Understanding processes of mindfulness-based sex-therapy: Does mindfulness enhance women's sexual arousal?

Julia Velten & Jürgen Margraf

Mental Health Research and Treatment Center, Ruhr-Universität Bochum, Germany

Mindfulness-based sex-therapy is an effective treatment for sexual dysfunctions (e.g., low sexual desire, genito-pelvic pain) in women. The mechanisms, however, through which mindfulness fosters women's sexual well-being are unclear. The goal of our studies was to investigate the influence of in-session mindfulness-exercises on women's sexual response. In two psychophysiological studies ( $N = 42$ ,  $N = 49$ ), women's subjective and genital sexual responses were assessed during the presentation of neutral and erotic videos. Women were invited to listen to a series of audio-recordings that included mindfulness-based or other relaxation exercises which were presented in randomized order. In addition, body responsiveness and state mindfulness were assessed between exercises. Our studies suggest that mindfulness-based exercises that encourage women to mindfully focus on bodily sensations (i.e., whole body or genitals) can increase their subjective sexual arousal. Sexual concordance, the association between genital and subjective sexual arousal, was also greater after mindfulness-exercises. Our findings suggest that mindfulness-based treatments may improve women's sexual function by increasing their subjective sense of arousal during sexual activity.

## 2) Internet-based Guided Self-Help for Genito-Pelvic Pain/Penetration Disorder: Preliminary Results of a Randomized Controlled Trial

Anna-Carlotta Zarski, Matthias Berking, David D. Ebert

Friedrich-Alexander Universität Erlangen-Nürnberg

Background: Genito-pelvic pain/penetration disorder (GPPPD) not only adversely affects women's sexuality but is also associated with reduced quality of life and well-being, mental health comorbidities, and relationship distress. Evidence for effective treatment options is scarce. Approximately two-thirds of women with sexual dysfunction do not seek professional help due to individual barriers such as feelings of shame or structural barriers such as limited availability of specialized treatment. The aim of this study is to evaluate the efficacy of an internet-based guided self-help intervention for GPPPD. Method: A total of 200 women with GPPPD were randomly allocated to the intervention or the waiting control group. The intervention is comprised of 8 modules consisting of psychoeducation, relaxation exercises, sensate focus, and systematic desensitization via dilator insertion exercises. Participants have the opportunity to request automatic text messages on their mobile phone along with the intervention and to receive written feedback on every completed session from an eCoach. The primary outcome is sexual intercourse. Secondary outcomes are e.g. fear of coitus, negative penetration cognitions, sexual functioning, and general well-being. Web-based self-report assessments for both groups are scheduled at baseline, 10 weeks, and 6 months. Findings: in progress

## 3) Critiques & Challenges to old and new DSM-Criteria for sexual dysfunction

Mehmet Sungur

Psychiatry Dept of Marmara University Hospital, Istanbul, Turkey

All the DSM classifications until present time based definitions of sexual dysfunctions on expert opinions that were not supported by sufficient clinical or epidemiological data. Additionally, definitions included vague terms such as satisfactory, soon after satisfactory, rapid, short, minimal, recurrent, persistent which were difficult to interpret. The DSM 5 attempted to operationalize the diagnostic criteria and avoided these vague terms. It also used specific duration and severity criteria to identify more homogeneous groups for purposes of good clinical epidemiological research and better treatment decisions. All of the DSM classifications until DSM 5 classified male and female SD on the same

continuum based on unified sexual response cycles. DSM 5 made a major conceptual change and emphasized that different genders' sexual disorders are no longer required to be analogous. DSM 5 also merged female desire and arousal diagnosis into one entity defined as female sexual interest and arousal disorders. This presentation aims to compare and contrast DSM 5 definitions of sexual dysfunctions with that of DSM IV TR and explains the rationale for making these changes. It subsequently challenges the suggested DSM 5 criteria and addresses some issues to be considered further for future diagnostic criteria.

4) Safety behaviour in the context of sexual dysfunction: Preliminary data on its frequency and on the validity of the concept

Jürgen Hoyer, Corinna Klitzke & Verena Wuellhorst

Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

Safety behaviours in order to avoid embarrassing experiences are common and well researched, especially in social anxiety disorder. The study aimed to investigate whether safety behaviour also occurs in the context of sexual dysfunction and whether it co-varies with indicators of sexual functioning. In an online survey, we applied the Questionnaire on Behaviour during Sexual Activities (BSA; Frank, Noyon, Höfling, & Heidenreich, 2010) which contains items on typical (sexual) safety behaviours that patients attending sex therapy presented with. Furthermore, a short screener for sexual dysfunction, validated measures of sexual functioning (such as the Female Sexual Functioning Index) and the Sexual Motives Scale were applied. In preliminary clinical study, we applied the same set of measures in reliably diagnosed patients with anxiety and/or depressive disorders, who also had indicated to suffer from sexual problems during the diagnostic intake interview. Results of the online survey and the clinical study allow a first estimation of the frequency of these safety behaviours and make an evaluation of the clinical use of the concept possible.

THURSDAY, SEP 7, 10:30

***Primun non nocere - Side effects in psychological treatments***

JOHANNA BOETTCHER *Speaker*

PER CARLBRING, MICHAEL LINDEN, STEVE HOLLON, ALEXANDER ROZENTAL *Speaker*

**Track:** Adult mental health

**Chair/Discussant:** Per Carlbring, Stockholm University

**Convenor:** Johanna Boettcher, Freie Universität Berlin

**Presenters:**

- Michael Linden, Charité Berlin, Germany
- Johanna Boettcher, Freie Universität Berlin, Germany
- Alexander Rozental, Karolinska Institutet, Stockholm, Sweden
- Steve Hollon, Vanderbilt University, Nashville, USA

Psychological treatments help patients overcome mental health problems. Thousands of studies document the positive effects of psychotherapeutic interventions. The potential of these same interventions to cause harm, on the other hand, has scarcely been subject to scientific investigation. The nature and frequency of side effects of psychological treatments are largely unknown. The present symposium aims at shedding light on some important questions concerning negative effects: How should side effects be defined? What are typical side effects? How frequent are side effects in different treatment formats? And how can side effects be effectively measured?

In the first presentation, Michael Linden will speak about side effects in group therapy and will report data from two different group therapy formats. Johanna Boettcher will focus on side effects of individual therapy for depression. She will present data from a large trial of Internet-based therapy and will summarize a qualitative analysis of the patients' experience of negative effects. Steve Hollon will talk specifically about one particular side effect, the deterioration of targeted symptoms. He will report results of an individual patient data meta-analysis and compare rates of deterioration in cognitive-behaviour therapy and pharmacotherapy. Finally, Alexander Rozental will present a new questionnaire for the assessment of negative effects and will demonstrate its psychometric properties in a Rasch analysis.

## Presentation 1: **Negative effects of group psychotherapy**

M. Linden<sup>1</sup>, B. Muschalla<sup>1</sup>

<sup>1</sup> Charité Berlin, Germany

### **Background**

Group psychotherapy is a widely used mode of treatment with similar therapeutic effects than individual psychotherapy. The encounter with other patients can be therapeutically helpful, but also detrimental, as co-patients can make negative comments, start confrontational discussions, give wrong advice, or be a burden to others by inappropriate behavior.

### **Method**

Sixty two patients from a somatic rehabilitation hospital were randomized to cognitive behavioral group therapy or an unspecific group encounter and filled in the Unwanted Events in Group Therapy Scale (UE-G scale).

### **Results**

In the cognitive behavior therapy group 41.9% of the patients reported at least one severe burdensome effect, and 28.9% in the recreational group. Problems were an increase of anxiety and perception of

work-problems, crowding in the room, the encounter with other patients, the content of discussions, worries in regard to confidentiality, and demoralization after observing the problems of others.

### **Conclusion**

Group psychotherapy regularly has frequent and severe side effects. There are burdens, which are characteristic for all types of group therapy and others, which are specific for the type of intervention. Therapists should be aware of this and patients should be carefully selected.

## Presentation 2: **Experiencing negative effects in an online treatment for depression**

Johanna Boettcher<sup>1</sup>, Friederike Fenski<sup>1</sup>, Pavle Zagorskac<sup>1</sup>, Alexander Rozental<sup>2</sup>

<sup>1</sup> Freie Universitaet Berlin, Germany

<sup>2</sup> Karolinska Institutet, Stockholm, Sweden

**Background:** Numerous randomized controlled trials show the efficacy of Internet-based interventions (IBI) in the treatment of depression. Only very few studies also focus on investigating potential negative effects. The current study examined side effects of an IBI for depression, making use of quantitative as well as qualitative measures.

**Method:** N=814 patients with mild to moderate depressive symptoms took part in a 8-week IBI. At the end of treatment, patients completed closed and open-format questions regarding potential side effects. Open questions were subjected to a qualitative content analysis. Quantitative analyses examined consequences and predictors of side effects.

**Results:** 8.6% of the patients experienced side effects. These included the development of new symptoms, struggling with increased insight, problems with the online format, problems in carrying out treatment tasks, and perceived lack of support. The only significant predictor of side effects was a poor quality of the therapeutic relationship.

**Conclusion:** A small but significant proportion of patients in IBI for depression experiences side effects, some of them specific to the online format. Patients should be informed about potential side effects prior to the start of treatment and should be encouraged to address these with their online therapist.

## Presentation 3: **Measuring adverse and unwanted events in psychotherapy**

Rozental, A.<sup>1,2</sup>, Kottorp, A., Forsström, D., Månsson, K., Boettcher, J., Andersson, G., Furmark, T., & Carlbring, P.

<sup>1</sup> Department of Clinical Neuroscience, Karolinska Institutet;

<sup>2</sup> Institute of Child Health, University College London.

### **ABSTRACT:**

**Background:** Psychotherapy offers many benefits, but research also indicate that negative effects sometimes occur. The Negative Effects Questionnaire (NEQ) was therefore developed to help researchers and clinicians determine the occurrence and characteristics of such incidents.

**Method:** The NEQ was evaluated in two studies, using data from both clinical trials and a survey distributed among individuals in the general population (Ns 653 and 564).

**Results:** The results from an exploratory factor analysis suggest that six factors could be relevant to retain: symptoms, quality, dependency, stigma, hopelessness, and failure, with poor treatment quality and therapeutic relationship having the highest self-rated negative effects. Further, the results from a Rasch analysis, a modern test theory application, suggest that the self-report measure exhibits fairness in testing across sociodemographics and that it is suitable for monitoring items with regard to their frequencies or levels of impact. Overall, 18.8% of the patients experienced more stress, 12.6% reported the resurfacing of unpleasant memories, and 12.2% were more anxious during treatment, implying that adverse and unwanted events are not uncommon in psychotherapy and may have to be monitored.

**Conclusion:** The NEQ could be a useful self-report measure to investigate negative effects in both research and clinical practice.

## Presentation 4: **Divergent Outcomes in Cognitive-Behavioral Therapy and Pharmacotherapy for Adult Depression**

Hollon, S.<sup>1</sup>, Vittengl, J.R., Jarrett, R.B., Weitz, E., Cuijpers, P.

<sup>1</sup>Vanderbilt University, USA

**Objective:** Although the average depressed patient benefits moderately from cognitive-behavioral therapy (CBT) or pharmacotherapy, some experience divergent outcomes. The authors tested frequencies, predictors, and moderators of negative and unusually positive outcomes.

**Method:** Sixteen RCTs comparing CBT and pharmacotherapy for unipolar depression in 1,700 patients provided individual pre- and post-treatment scores on the Hamilton Depression Rating Scale (HAM-D) and/or Beck Depression Inventory (BDI). The authors examined demographic and clinical predictors and treatment moderators of any deterioration, reliable deterioration, extreme nonresponse, superior improvement, and superior response using multilevel models.

**Results:** About 5%-7% of patients showed any deterioration, 1% reliable deterioration, 4%-5% extreme nonresponse, 6%-10% superior improvement, and 4%-5% superior response. Superior improvement on the HAM-D only (OR=1.67) and attrition (OR=1.67) were more frequent in pharmacotherapy than in CBT. Patients with deterioration or superior response had lower pretreatment symptom levels, whereas patients with extreme nonresponse or superior improvement had higher levels.

**Conclusions:** Deterioration and extreme nonresponse and, similarly, superior improvement and superior response, both occur infrequently in randomized clinical trials comparing CBT and pharmacotherapy for depression. Pretreatment symptom levels help forecast negative and unusually positive outcomes but do not guide selection of CBT versus pharmacotherapy. Pharmacotherapy may produce clinician-rated superior improvement and attrition more frequently than does CBT.



THURSDAY, SEP 7, 10:30

***Mindfulness and self-compassion: from improved well-being in the general population to new perspectives on the treatment of PTSD***

**MEIKE MÜLLER-ENGELMANN** Speaker

**DR. SUSAN EVANS, STELLA KÜMMERLE.** Speaker

Mindfulness-based interventions, like Mindfulness Based Stress Reduction (MBSR) have been demonstrated to be useful in reducing general distress, pain, depression and anxiety. This symposium ranges from investigating mediators of the effects of mindfulness practice on well being to a mindfulness based innovative treatment approach for posttraumatic stress disorder (PTSD) after interpersonal violence. First Susan Evans will present data from a pilot study that examined the role of self-compassion in an 8-week MBSR program with a community-based sample. Results indicate improvement in well-being along with increases in mindfulness and self-compassion. Furthermore, self-compassion mediated the relationship between mindfulness and well-being. Results suggest that mindfulness may provide a pathway to cultivating self-compassion, which may be associated with enhanced wellbeing. Second Stella Kümmeler will present results from a comparison of PTSD patients, depressive patients and healthy controls with respect to mindfulness, compassion and emotion regulation. In this comparison both patient groups demonstrated less mindfulness skills and self-compassion than the healthy controls and used more maladaptive emotion regulation strategies. Results confirm the relevance of interventions including mindfulness and compassion in the treatment of both disorders. Based on this, Meike Müller-Engelmann will present data from a multiple-baseline study that evaluated a new intervention for survivors of interpersonal violence that combines psychoeducation and short mindfulness-based exercises with formal practices from MBSR and loving-kindness meditation. The majority of the completers showed a significant reduction of PTSD symptoms and a significant increase in well-being. Effects on PTSD symptoms, depression and psychological distress were large.

Chair: Dr. Meike Müller-Engelmann

Presenters: Dr. Susan Evans (Weill Cornell Medicine, New York, USA), Stella Kümmerle (Goethe University, Frankfurt, Germany), Dr. Meike Müller-Engelmann (Goethe University, Frankfurt, Germany)

## Talk 1

Title: Self-compassion mediates well-being in a mindfulness based stress reduction program in a community-based sample.

Presenter: Susan Evans, Ph.D.

Affiliation: Weill Cornell Medicine, New York, USA

Abstract:

Introduction

Mindfulness Based Stress Reduction (MBSR) is useful for a range of problems including anxiety, pain, and coping with a medical illness. As the field matures there is a growing interest in mediational factors associated with the beneficial effects of MBSR. Self-compassion, a construct of increasing focus in empirical study, may play a role in the change process leading to improvement in well-being.

Method

The goal of this pilot study was to examine the role of self-compassion in producing improved well-being following an 8-week MBSR program in a community-based sample. Participants engaged in a MBSR program at a major academic medical center and completed the Profile of Mood States (POMS), Mindful Attention Awareness Scale (MAAS) and Self-Compassion Scale (SCS) pre- and post-MBSR course.

Results

Results demonstrated significant reduction of symptoms on the POMS and significant increases on the MAAS and SCS at the end of the program, indicating notable improvements in well-being. Mediation analyses demonstrated that changes in self-compassion mediated the relationship between mindfulness and well-being following MBSR training (serial indirect effects:  $\beta = -9.45$ , CI (-39.06, -7.50)).

Conclusion

These results suggest that mindfulness may provide a pathway to cultivating self-compassion in MBSR, which may be associated with enhanced well-being.

## Talk

Title: Mindfulness, Compassion and Emotion regulation strategies: a comparison of PTSD patients, depressive patients and healthy controls

Presenter: Stella Kümmerle

Affiliation: Goethe University Frankfurt, Germany

Abstract:

Introduction

According to various studies using different clinical and healthy samples, reduced mindfulness skills, lack of compassion and difficulties in emotion regulation are associated with higher levels of psychopathology. The aim of this study was to compare PTSD patients, depressive patients and healthy

controls with regard to mindfulness, self-compassion, compassionate love for others and difficulties in emotion regulation using a multi-method approach.

## Method

To assess for inclusion and exclusion criteria diagnostic interviews were conducted in all three groups (N = 33, each group). The Mindful Breathing-Exercise was completed in order to assess state-mindfulness, the ability to observe one's breath without distraction. Self-reported data was collected for trait-mindfulness, self-compassion, compassionate love and difficulties in emotion regulation.

## Results

A high amount of PTSD patients also met diagnostic criteria for depression. Both patient groups demonstrated less trait- and state-mindfulness and self-compassion than healthy controls and more difficulties in emotion regulation, whereas no differences were found between both patient groups. Furthermore, results indicated no differences between all three groups with regard to compassionate love for others.

## Conclusion

The high comorbidity between both disorders has to be considered. Results confirm the relevance of interventions including mindfulness and compassion in the treatment of both disorders.

## Talk 3

Title: Mindfulness and loving-kindness in the treatment of posttraumatic stress disorder (PTSD) after interpersonal violence: a multiple-baseline study

Presenter: Meike Müller-Engelmann, Ph.D.

Affiliation: Goethe University Frankfurt, Germany

## Abstract:

### Introduction

New meta-analyses demonstrate that mindfulness based interventions are suitable to reduce PTSD symptoms, as mindfulness practice reduces avoidance and allows the patient to get in touch with distressing trauma related memories, thoughts and feelings. Another promising approach are loving-kindness meditations that reduce self-criticism and strengthen the feeling of belongingness.

### Method

Fourteen patients with PTSD after interpersonal violence participated in eight treatment sessions. The intervention combines psychoeducation and PTSD specific mindfulness-based exercises with formal practices from mindfulness-based stress reduction and loving-kindness meditation. The intervention was evaluated in a multiple-baseline design. From baseline until an eight-week follow-up, self-reported PTSD symptoms and well-being were measured weekly. The intervention was further assessed through self-ratings and the Clinician-Administered PTSD Scale (CAPS-5).

## Results

The majority of the twelve completers showed a significant reduction of PTSD symptoms and a significant increase in well-being. We found large effects on PTSD symptoms as measured by the CAPS-5 (Cohen's  $d = 1.7$ ), as well as on depression ( $d = 1.2$ ) and psychological distress ( $d = .9$ ), complemented by relevant increases in mindfulness skills and self-compassion.

## Conclusion

This study contributes evidence that mindfulness and loving-kindness are promising new interventions for reducing PTSD in victims of interpersonal violence.

THURSDAY, SEP 7, 10:30

# ***Design, development, evaluation and dissemination of digital CBT interventions***

**STOYAN STOYANOV** *Speaker*

OKSANA ZELENKO, DAVID KAVANAGH, JOHN DALGLEISH, GERHARD ANDERSSON *Speaker*

**Topic:** General Mental Health, Digital Health

## **Abstract:**

Over the last 20 years, there has been a rapid proliferation of digital mental health resources, some of which have gained strong research support on their acceptability and impact. These resources hold the potential to transform the accessibility and provision of clinical services on individual and global scale. However, the quality and evidence base of these resources vary widely. This symposium outlines approaches to the conceptualization, development, testing, quality assurance and dissemination of digital mental health resources that can maximize their quality, use and impact. The first paper presents examples of eHealth CBT interventions incorporating various therapeutic approaches and their quality evaluation. The second paper describes how participatory design can be used as an effective end user engagement framework in conjunction with qualitative research methods to design and develop novel digital interventions. The third paper describes sector-wide outcomes from a national program to disseminate digital mental health resources in primary care. The fourth paper focuses on the implementation of digital innovation in Australia's largest national youth counselling service. The final paper presents novel data suggesting that clients can benefit from selecting intervention techniques instead of being prescribed techniques by a clinician or computer. End user consultations using participatory design, appropriate quality control and evaluation, and cross-disciplinary collaboration can increase the acceptability, uptake and efficacy of digital mental health resources. Implementation of rigorous scientific approach is required to ensure their widespread dissemination in routine clinical practice.

## **Presenters:**

Mr Stoyan Stoyanov<sup>1, 3</sup>; Dr Oksana Zelenko<sup>1</sup>; Prof David Kavanagh<sup>2</sup>;  
Mr John Dalgleish<sup>4</sup>; Prof Gerhard Andersson<sup>5, 6</sup>

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5. Department of Behavioural Science and Learning, Linköping University, Linköping, Sweden;
6. Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden
7. University of New South Wales
8. Menzies School
9. University of Sydney

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## **Presentation 1:**

**eHealth CBT intervention approaches: quality, evaluation and efficacy**

Authors: **Stoyan Stoyanov**<sup>1,3</sup>; Oksana Zelenko<sup>1</sup>; David Kavanagh<sup>2</sup>; Leanne Hides<sup>3</sup>

1. School of design, Creative Industries Faculty, Queensland University of Technology, Brisbane, Australia;

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3. School of Psychology, Faculty of Health and Behavioural Sciences, The University of Queensland, Brisbane, Australia;

Global spread and adoption of digital health interventions has prompted an unprecedented shift in the provision and utilisation of healthcare. An array of CBT-based interventions are actively applied in digital health. To date, few clear methodological guidelines exist for eHealth design and evaluation. Thus the market offers interventions that lack evidence, and are even potentially harmful. We present examples of evidence-based CBT interventions and approaches to their evaluation. A multi-disciplinary team of researchers, designers, health experts and developers was involved; appropriate intervention strategies were determined; end users were consulted through participatory design workshops; a series of evaluation methodologies was developed to ensure high quality and fidelity of the new eHealth interventions.

Five CBT-based digital health interventions were developed. To assist with determining the efficacy, an evaluation framework, called the Mobile App Rating Scale was devised, in order to assist with the quality evaluation of digital health interventions. A number of considerations and effective strategies need to be implemented in order to increase the usability and utility of CBT-based digital health. A variety of evaluation strategies will be discussed.

#### Presentation 2:

##### **Participatory design: an effective end-user engagement framework to design and develop novel digital interventions**

Authors: **Oksana Zelenko**<sup>1</sup>; Stoyan Stoyanov<sup>1,3</sup>; Gavin Sade<sup>1</sup>; Leanne Hides<sup>3</sup>

1. School of design, Creative Industries Faculty, Queensland University of Technology, Brisbane, Australia;

3. School of Psychology, Faculty of Health and Behavioural Sciences, The University of Queensland, Brisbane, Australia;

Digital health interventions provide an unprecedented opportunity to simultaneously increase client accessibility to help and support services, while increasing clinician access to targeted and personalised client treatments. Furthermore, they hold a potential for large-scale economic benefits.

Logically, eHealth has seen exponential growth since the onset, reaching 320,000 health apps today with nearly 100,000 of them published between 2015 and 2016 alone. This growth, however, shows less-than-optimal adoption with 21% of mobile apps being deleted after a single use. Apps are often unengaging and designed without adequate background research and consultation with prospective users. Multi-disciplinary methodologies promoting collaborative partnerships between end-users, researchers and services open potential for increasing acceptance, relevance and uptake of new digital interventions. To increase the usability and acceptability of health apps, through participatory design. A participatory design-led engagement framework using a series of participatory design workshops (PDWs), following qualitative methodological guidelines have been used to inform the development of a set of evidence-based mobile health apps. A series of considerations and best practices relating to transdisciplinary eHealth research have been established in order to efficiently translate user needs into digital health technologies. Resulting apps present with high levels of uptake and user engagement and hold promise for the effective implementation of eHealth into the public domain. Participatory design

research is an integral component of the conceptualisation and development process, ensuring higher quality and uptake of novel eHealth interventions.

#### Presentation 3:

### **e-Mental Health in Practice: A Nation-Wide Initiative to Embed Digital Mental Health in Primary Care**

Authors: **David J Kavanagh**<sup>2</sup>, Heidi Sturk<sup>2</sup>, Jonathon Tennant<sup>7</sup>, Sarah Connor<sup>7</sup>, Sarah McNally<sup>7</sup>, Tricia Nagel, Kylie Dingwell<sup>8</sup>, James Bennet-Levy, Judy Singer<sup>9</sup>

2. School of Psychology and Counselling, Faculty of Health, Queensland University of Technology, Brisbane, Australia;

7. University of New South Wales

8. Menzies School

9. University of Sydney

Digital mental health has now obtained substantial evidence supporting its efficacy across a growing range of disorders, but its integration with standard services is limited and lacks consistency. Since 2013, the Australian government has made substantial investments in e-Mental Health in Practice (eMHPrac), a multi-site project to undertake extensive marketing and training to support practitioners' use of digital mental health in their work. The initiative has not only focused on GPs and allied health practitioners, but also on workers in Indigenous communities, including ones in remote locations. From its inception, the project has been informed by the different ways in which digital resources fit into these contrasting contexts, and the different challenges for implementation that each pose. Over the first 4 years, the project has documented substantial increases in registered users of web programs and online or phone counselling offered by the leading Australian providers, but numbers of referrals have remained relatively static. While marketing and training efforts are continuing, the project now focuses on implementing a broader model of dissemination science and on fostering sustainability.

#### Presentation 4:

### **Implementation of digital innovation in Australia's largest national youth counselling service**

Authors: **John Dalgleish**<sup>4</sup>; Stoyan Stoyanov<sup>1,3</sup>; Oksana Zelenko<sup>1</sup>; Calvin Smith<sup>4</sup>

1. School of design, Creative Industries Faculty, Queensland University of Technology, Brisbane, Australia;

4. Yourtown/Kids Helpline, Australia;

Kids Helpline offers Australia's largest youth counselling service, which received 340,000 direct contacts in 2017 alone. While help seeking amongst young Australians, aged 5-25 years is on the rise helpline resourcing and funding is limited. Thus, 54% of all direct contacts to Kids Helpline remain unanswered. Meanwhile, Kids Helpline has seen a significant shift of support-seekers from traditional phone counselling to online technologies such as chat, or email, which provides a great potential for the service to increase its accessibility via alternative media. To increase access to counselling services by implementing innovative digital health technologies. A review of current help-seeking trends and available resources, provided by organisations worldwide is followed by a series of participatory design workshops, to conceptualise a new resource. Two digital resources are developed, which aim to reshape the way young Australians receive support: The Breakup Shakeup app uses behavioural activation to assist young people after a relationship breakup. The ToolKit app utilises Education, Activity Scheduling, monitoring and a wealth of CBT-based approaches to increase agency and self-efficacy in young people with mental health concerns.

This presentation will outline key learnings concerning how modern technology is being used to support help-seeking by children and young people and to strengthen counselling practice.

#### Presentation 5:

## **Tailored internet treatment for depression. A factorial design trial on the role of support and choice of treatment components**

**Gerhard Andersson<sup>5,6</sup>**; Simon Juhlin<sup>5</sup>, Carl Wahlström<sup>5</sup>, Anna Steneskog<sup>5</sup>, Anna Tholcke<sup>5</sup>, Edvard de Fine Licht<sup>5</sup>, Simon Färdeman<sup>5</sup>, & Kristofer Vernmark<sup>5</sup>

5. Department of Behavioural Science and Learning, Linköping University, Linköping, Sweden.

6. Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden

Psykologpartners private practice

While there are several controlled trials on the effects of Internet-delivered CBT (ICBT) for depression most have used a traditional controlled trial design with one or two active treatments and a control condition (most often waitlist control). Another way to investigate components of interventions is to run factorial design trials. In the present study we included 197 persons with depression and or elevated symptoms of depression. They were randomly assigned to eight groups in design with three factors. The treatment was tailored ICBT with a range treatment modules. The first factor was form of support with either scheduled support or support on demand. The second factor was self-tailored versus tailoring done by a clinician informed by a patient interview. The third factor was supervision vs no supervision on client cases. Results showed moderate to large within-group effects ( $d = 0.73 - 1.23$ ) on measures of depression and anxiety, but no difference between scheduled and support on demand from clinicians or any effect of supervision. However, unexpectedly, there was an effect of self-selection with a between group effect of  $d = 0.43$ . The present study has two important implications. First, it illustrates the value of factorial design trials and second if replicated the finding that self-selection of treatment components work could influence how ICBT is set up in future trials and clinical applications.



THURSDAY, SEP 7, 10:30

## ***Autobiographical Memory in Anxiety and Related Disorders***

MIRJAM VERMEULEN *Speaker*

TINE BENNEDSEN GEHRT, ADRIANA DEL PALACIO-GONZÁLEZ<sup>1</sup>, BARBARA DRITSCHEL *Speaker*

Lately, there is an increased interest in research regarding the underlying mechanisms of autobiographical memory disturbances in psychopathology. The extended understanding of these mechanisms and related processes may facilitate treatment development for various clinical populations. In this symposium, the presenters will focus on new research examining the link between autobiographical memory and anxiety disorders and related symptoms. This link is examined in relation to appraisals of how central personally experienced events are to an individual's identity, as well as to the content of various sampled memories. In the first study, the content and characteristics of autobiographical memories and episodic future thoughts in patients with severe health anxiety are examined and compared to patients with obsessive-compulsive disorder and control participants. In the second presentation, data concerning how memory centrality is related to emotion regulation will be presented. This relationship is later examined in the connection to non-specific anxiety symptoms (e.g., bodily sensations) and generalized anxiety disorder (GAD) symptoms. In the last presentation, the causal relation between memory centrality and symptoms of PTSD is explored using a centrality cognitive bias modification (CBM) training. It was tested whether a centrality CBM was able to decrease memory centrality and subsequent symptoms of PTSD. In sum, in this symposium the latest research findings on memory processes in severe health anxiety, GAD, and PTSD symptoms will be presented, side by side, in order to foster a broad way of thinking about memory processes in psychopathology and inform interventions.

Symposium Convenor: Mirjam Vermeulen

Chair: Mirjam Vermeulen

Presenters: Tine Bennedsen Gehrt,<sup>1</sup> Adriana del Palacio-González,<sup>1</sup> Mirjam Vermeulen,<sup>2</sup>

Discussant: Barbara Dritschel,<sup>3</sup>

1. Center on Autobiographical Memory Research, Aarhus University, Denmark; 2. Behavior, Health and Psychopathology, KU Leuven, Belgium; 3. School of Psychology, University of St Andrews, United Kingdom

## Autobiographical memory in severe health anxiety

*Tine B. Gehrt*<sup>1</sup>, *Lisbeth Frostholm*<sup>2</sup>, *Marie-Louise Obermann*<sup>3</sup>, *Dorthe Berntsen*<sup>1</sup>

<sup>1</sup> Center on Autobiographical Memory Research, Aarhus University, Denmark

<sup>2</sup> Research Clinic for Functional Disorders, Aarhus University Hospital, Denmark

<sup>3</sup> Clinic for OCD and Anxiety Disorders, Aarhus University Hospital, Denmark

Severe health anxiety is a disorder characterized by exaggerated rumination with intrusive worries about harboring a serious illness and a persistent preoccupation with one's health. Memory processes have been proposed to be involved in the maintenance of severe health anxiety. However, autobiographical memory has not been directly studied in patients with severe health anxiety. The present study examined autobiographical memories and personal episodic future thoughts in patients diagnosed with severe health anxiety, patients diagnosed with obsessive-compulsive disorder (OCD) and control participants. The two patient groups displayed similar patterns in the characteristics of the autobiographical events, but differed in the content of the reported events. Patients with severe health anxiety reported more events related to their own illness or death than either of the two other groups. Patients with OCD did not show a distinct pattern of event content. The results are discussed in relation the role of autobiographical memory as a potential maintaining factor in severe health anxiety, and similarities and differences between severe health anxiety and OCD in autobiographical memory.

## Memory centrality, state emotion regulation, and anxiety symptoms

*Adriana del Palacio-Gonzalez* & *Dorthe Berntsen*

Center on Autobiographical Memory Research, Aarhus University, Denmark

In a recent study we found that memories that are more central to identity were associated with more intense emotions and a greater use of various emotion regulation strategies upon memory retrieval. We also found that state emotion regulation employed for highly central memories (but not low-centrality memories) was related to depressive symptoms. In two studies we sought to extend our initial findings to anxiety symptoms. Participants (N = 199 and N = 229, 18 – 35 year olds) rated the memories of recent events along various emotion-related responses at the state level (i.e., specific for a given memory). In both studies more central memories required a greater employment of emotion regulation strategies. In Study 1, emotion regulation of highly central memories (but not low centrality) predicted variance of non-specific anxiety symptoms (e.g., body symptoms). In Study 2 state emotion regulation for both highly central and less central memories was associated with generalized anxiety disorder symptoms. The results suggest that the appraisal for centrality is related to the emotional response displayed when remembering recent events. In addition, the emotional response triggered by different memories is related to anxiety symptoms. However, this connection is different depending on the specific symptom group. The potential role of both centrality appraisals and specific state emotion regulation strategies employed when remembering recent events will be discussed.

## Decreasing Event Centrality in Undergraduates Using Cognitive Bias Modification of Appraisals

*Mirjam Vermeulen*<sup>1</sup>, *Adam D. Brown*<sup>2,3</sup>, *Filip Raes*<sup>1</sup>, *Julie Krans*<sup>1,4,5</sup>

1 Behavior, Health and Psychopathology, KU Leuven, Leuven, Belgium

2 Department of Psychiatry, New York University School of Medicine, New York, USA

3 Department of Psychology, Sarah Lawrence College, New York, USA

4 Behavioural Science Institute, Radboud University, Nijmegen, The Netherlands

5 Pro Persona Overwaal, Nijmegen, The Netherlands

Event centrality refers to the extent to which a personal event in autobiographical memory serves as a reference point for other experiences, as a turning point in the life-story, and is integrated into components of personal identity. Research has shown that event centrality is positively related to symptoms of Posttraumatic Stress Disorder (PTSD). However, limited research is available on the causal relation between event centrality and PTSD symptoms. In our experiment, the causal link between the centrality of a stressful negative autobiographical memory and PTSD symptoms is tested. More specific, the effect of a centrality Cognitive Bias Modification (CBM-App) on event centrality, and symptoms of stress (specifically intrusions and avoidance), mediated by worry, rumination, and posttraumatic cognitions, will be tested. Participants in the CBM-App condition reported reduced event centrality compared to participants in a non-centrality control condition. No changes in PTSD symptoms were found. The link between event centrality and PTSD symptoms was mediated by posttraumatic cognitions and rumination. Together, these studies suggest that CBM-App training can lower appraisals of event centrality of a distressing autobiographical memory. Long-term effects on PTSD symptoms will need to be tested in future research.

THURSDAY, SEP 7, 14:00

***Neurocognitive and personality aspects of substance use disorders***

**JASMIN VASSILEVA** Speaker

**JASMIN VASSILEVA, KIRIL BOZGUNOV, GEORGI VASILEV** Speaker

The symposium consists of three presentations addressing different aspects of substance use disorders (SUDs), with a focus on similarities and differences between opiate and stimulant dependence. The first part of the symposium focuses on diagnosis, neurobiology and etiology of SUDs. The diagnostic criteria of the official classification systems ICD-10 and DSM-5 are examined and different etiological models for development and maintenance of SUDs are considered by focusing on key biological, psychological and environmental susceptibility factors. The second part of the symposium focuses on personality aspects of substance use disorders and discussion of differences in underlying personality risk factors predisposing to distinct types of drug addictions. The third part of the symposium focuses on the role of the multidimensional construct of impulsivity in SUDs. Recent neurocognitive models and empirical findings from the neurocognitive, neuroimaging, and genetic literatures are presented and the utility of various personality, psychiatric, neurocognitive, and computational dimensions of impulsivity as candidate endophenotype(s) for addiction in general and for opiate and stimulant addiction in particular are reviewed. Finally, the potential for personality and neurocognitive aspects of addictions to serve as novel behavioral targets for prevention and intervention programs for SUDs are discussed.

Jasmin Vassileva<sup>1\*</sup>, Kiril Bozgunov<sup>2</sup>, Georgi Vasilev<sup>2</sup>

1. Institute for Drug and Alcohol Studies, Virginia Commonwealth University, Richmond VA, USA

2. Bulgarian Addictions Institute, Sofia 1336, Bulgaria

Assessment and diagnostics of SUDs

Georgi Vasilev<sup>2</sup>

<sup>2</sup>Bulgarian Addictions Institute, Sofia 1336, Bulgaria

This presentation is focused on the diagnosis, neurobiology and etiology of substance use disorders (SUDs). The diagnostic criteria for SUDs of the official classification systems ICD-10 and DSM-5 are examined, providing a review of the main difficulties in the diagnostic process. Different etiological models for the development and maintenance of SUDs are considered, focusing on central biological, psychological and environmental susceptibility factors. Special attention is given to the addiction neurocircuitry implicated in the three stages of addiction: binge/intoxication, withdrawal/negative affect, and preoccupation/anticipation. The important distinction between substance-specific vulnerability (i.e. vulnerability for dependence on specific drug class, e.g. stimulants) and common vulnerability (vulnerability to develop SUD in general, regardless of drug class) is discussed. Key findings from the field are presented and discussed, including both common and unique predispositions for the development of substance dependence to different classes of drugs.

Personality aspects of SUDs. Implications for treatment

Kiril Bozgunov<sup>2</sup>

<sup>2</sup>Bulgarian Addictions Institute, Sofia 1336, Bulgaria

The second part of the symposium focuses on personality aspects of substance use disorders (SUDs). Addiction continues to be regarded as a unitary phenomenon in the literature, based on important similarities between different classes of drugs. However, recent research in the field, including findings from our research program in Bulgaria, reveals fundamental differences in the underlying personality factors predisposing to addiction to different type of drugs. Specific externalizing and internalizing personality traits commonly observed among substance dependent individuals are discussed, emphasizing their differential relations to dependence on different classes of drugs. Research reveals that an in-depth understanding of the role of personality traits for the development and maintenance of SUDs has significant implications for prevention and treatment of SUDs. The *Preventure* program by Conrod and colleagues is reviewed as one of the most successful applications of the personality model to the prevention of SUDs. *Preventure* focuses on the role of four basic personality traits (impulsivity, sensation seeking, hopelessness and anxiety sensitivity), which are identified as key vulnerability factors predisposing to distinct types of substance dependence. Implications for treatment and potential applications of the personality model of addiction in therapy are explored.

#### Neurocognitive correlates of SUDs: Impulsivities and Addictions

Jasmin Vassileva<sup>1</sup>

<sup>1</sup>Institute for Drug and Alcohol Studies, Departments of Psychiatry and Psychology, Virginia Commonwealth University, Richmond VA, USA

The third part of the symposium reviews neurocognitive aspects of substance use disorders (SUDs), focusing on the multidimensional construct of impulsivity, implicated both as an antecedent risk factor as well as a consequence of chronic substance use. Unlike the appreciation of the multidimensionality of impulsivity, addiction continues to be considered as a unitary phenomenon, despite mounting evidence of fundamental differences between addictions to different classes of drugs. We give an overview of the multiple facets of impulsivity, highlighting neurocognitive dimensions of “impulsive choice” and “impulsive action” and their associations with personality and psychiatric aspects of impulsivity in different types of addictions. We present findings from the international research program in addiction developed by our team of Bulgarian and US collaborators, which investigates various personality, psychiatric, neurocognitive, and computational dimensions of impulsivity among rare populations of mono-substance dependent (‘pure’) opiate and stimulant users in Bulgaria. Our findings challenge the unitary account of addiction and suggest that different mechanisms may underlie opiate and stimulant dependence. The utility of various dimensions of impulsivity as candidate endophenotypes for drug addiction in general and for opiate and stimulant addictions in particular, and their potential to serve as novel behavioral targets for prevention and treatment of SUDs are discussed.

#### Acknowledgments:

Supported by the National Institute on Drug Abuse (NIDA) and the Fogarty International Center under grant number R01DA021421 (PI Jasmin Vassileva).

#### Disclosures:

Georgi Vasilev has ownership interests in the Bulgarian Addiction Institute, where data collection took place.

THURSDAY, SEP 7, 14:00

***Uncovering adaptive emotion regulation processes in risk-taking and impulsive behaviours in adolescence***

**PAULA CASTILHO** Speaker

BARRETO-CARVALHO C., BENEVIDES, J., PEREIRA, C., MARTINS, R., DA MOTTA, C., BARRETO-CARVALHO, C., RODRIGUES, J., TEIXEIRA, M., CABRAL, J., SOUSA, M., PEREIRA, C., ANA XAVIER, JOSÉ PINTO-GOUVEIA, MARINA CUNHA Speaker

The first communication studied the impact of boredom in the development of risk behaviours. Some studies have pointed out that boredom plays an important role in how teens spend their free time. Also, the way the teens spend their free time may influence the development of risk behaviours. We will be presenting the preliminary study of the influence of boredom in risk behaviours in a sample of Azorean teens. The second explores the role of Emotional Intelligence in NSSI behaviors. Emotional deregulation has been associated with NSSI. The development of emotional abilities may function as a protector factor when endorsing NSSI behaviours. In this

communication we will present the impact that emotional intelligence has in NSSI behaviours in a sample of teens. The third relates to Azorean island singularities and its role in the development of addictive behaviours. Due to its insularity and geographic discontinuities, the Azorean islands might present different socio-cultural characteristics. We will be presenting the different characteristics of addictive behaviours in each island, as well as the protective and risk factors found associated with these characteristics per island. The fourth presentation aims to concurrently compare intrapersonal variables between adolescents with and without a lifetime history of NSSI; and to longitudinally test whether NSSI predicts 6 months non-suicidal self-injury through self-criticism and depressive symptoms. The final paper aims to explore the impact of borderline features, fears of compassion and self-compassion on NSSI, in a sample of Portuguese adolescents, with and without psychopathology.

THURSDAY, SEP 7, 14:00

***Improving our understanding of social anxiety disorder in children and adolescents: disorder specific psychological factors, maintenance mechanisms and new treatment approaches.***

**BRYNJAR HALLDORSSON** Speaker

**RON RAPEE, JENNIE HUDSON, ELEANOR LEIGH** Speaker

The cognitive theory of social anxiety disorder (SAD) is one of the most widely accepted accounts of the maintenance of the disorder in adults, yet it remains unknown if, or to what extent, the same cognitive and behavioural mechanisms that occur in adult SAD also apply to SAD among children and adolescents. This symposium brings together researchers from different institutions around the world who are all currently leading research projects on social anxiety disorder in children and adolescents. The symposium will begin by critically examining the different theoretical conceptualizations of the maintenance of SAD in the child/adolescent and adult literature and illustrate how these have typically resulted in different treatment approaches. We will then review research examining how well the adult SAD cognitive models 'fit' to younger populations – bringing together hypotheses of mechanisms and psychosocial factors that may be specific to childhood/adolescent SAD. In addition, we will consider how these factors may need to be addressed in treatment. The symposium will then finish with a presentation of a recent study where young people with SAD were treated on the basis of an adapted version of the adult SAD cognitive models. In summary, the symposium will bring attendees up to date

on the current literature on SAD in young people with particular emphasis on what psychological factors may maintain the problem and how it is best treated using CBT approaches. As such, it should benefit both researchers and clinicians.

Track Stream: Children and Young People

Convenor and Chair: Dr Brynjar Halldorsson

Presentation 1: Understanding the maintenance mechanisms of childhood social anxiety disorder: Does parental psychopathology play a role?

*Dr Brynjar Halldorsson*; Anxiety and Depression in Young People Research Unit (AnDY) School of Psychology & Clinical Language Sciences, University of Reading, UK

While the cognitive theory of social anxiety disorder (SAD) is one of the most widely accepted accounts of the maintenance of the disorder in adults, it remains unknown if, or to what extent, the same cognitive and behavioural maintenance mechanisms that occur in adult SAD also apply to childhood SAD. The current talk will first focus on 'what we currently know about maintenance mechanisms in childhood SAD'. We will then explore whether parental psychopathology may need to be considered specifically when treating socially anxious children building on findings from a recent study examining mothers' and fathers' psychopathology across different childhood anxiety disorders. This study set out to examine whether symptoms of social anxiety were more severe amongst mothers of 7-12 year old children presenting for treatment with SAD (n=260) compared to those presenting with other anxiety disorders (n=138). Given the high comorbidity between social anxiety and depression, we also explored associations between child anxiety disorders and maternal depressive symptoms. In an effort to address the neglect in recruiting fathers in research on childhood anxiety we also examined whether fathers of children with SAD report greater symptoms of anxiety and depression than fathers of children with other anxiety disorder. Finally, in order to examine whether elevated levels of parental psychopathology are *specifically* related to childhood SAD, we compared parental psychopathology among children with SAD and children with other anxiety disorders.

Presentation 2: Understanding the maintenance mechanisms in childhood social anxiety

*Professor Jennie Hudson*; Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia.

This study examined aspects of the cognitive model of social anxiety disorders in a treatment seeking sample of 120 pre-adolescent children. Participants aged 7 – 12 were included if they met criteria, as assessed by the ADIS-IV- child and parent, for a diagnosis of social anxiety disorder (n = 60) or a non-social anxiety disorder such as Generalised Anxiety Disorder, Separation Anxiety Disorder, or Specific Phobia (n = 60). Children were assessed before treatment on a range of observational, self-report and parent measures to determine dysfunctional beliefs, safety behaviours, perceived social danger, as well as parenting behaviours.

Presentation 3: Psychosocial factors distinguishing socially anxious pre-teens

*Professor Ron Rapee*; Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia.

Adolescence is a critical time for the development of emotional distress and resilience. The teenage years are characterised by several major social and personal changes including pubertal development, increased peer influence, romantic experimentation, individuation from family, changes in sleep



patterns and diet, and in today's society, increased exposure to social media. Understandably, this is a time of general emotional turbulence and "angst" that often does not reach clinical levels, however, it is during adolescence that we see an increase in the onset of several major mental disorders. One of the primary disorders characterising this developmental period is social anxiety disorder, which has a mean age of onset around 13 years. Prevalence of social anxiety disorder in adolescents is around twice that of pre-teen children. The Risks to Adolescent Wellbeing (RAW) project began in 2016 and aims to understand psychosocial factors associated with mental health during the adolescent period. In 2016/17 525 young people, aged mean 11 years, provided baseline assessments comprised of detailed questionnaires, laboratory tasks, and diagnostic interviews. Key measures included social (e.g., social media use, family relationships, peer relationships), psychological (e.g., cognitive biases, perceptual accuracy, rumination), behavioural (e.g., fear extinction, rejection sensitivity, helplessness, attention), and physiological (e.g., pubertal stage, sleep, BMI) factors. The current talk will focus on baseline relationships. Social anxiety was determined on the basis of both structured diagnostic interview and parent and pre-teen self-reported questionnaires. We evaluated differences between socially anxious pre-teens and their non-anxious peers on a range of psycho-social factors. Results have implications for understanding the development of social anxiety, its prevention, and treatment.

Presentation 4: Preliminary tests of the Cognitive Model of Clark & Wells (1995) in social anxiety in adolescents.

*Dr Eleanor Leigh*; Department of Experimental Psychology, University of Oxford

Social anxiety disorder is a condition characterised by a marked and persistent fear of being humiliated or scrutinised by others. It has its origins in adolescence; the median age of onset is 13 years and about 95% of cases have occurred by early adulthood. Social anxiety in adolescence is associated with considerable impairment that persists through to adulthood, so there is a real need for effective treatments. However, there is limited evidence on the specific efficacy of available therapies. In contrast in adults, randomized controlled trials have shown that individual cognitive therapy (based on the Clark & Wells 1995 model) is highly effective and compares favourably with other treatments (exposure therapy, group CBT, IPT, psychodynamic psychotherapy, SSRI's, and pill placebo). It might therefore be profitable to investigate whether the Clark and Wells (1995) model applies to adolescent social anxiety as well as the adult condition as a way to improve treatment outcomes. We present findings from a series of linked studies that we have undertaken with a sample of school-based adolescents using correlational and experimental methods to examine whether the processes specified in the model are implicated in adolescent social anxiety.

THURSDAY, SEP 7, 16:00

***Improving the quality of, and access to evidence-based interventions in child and youth mental health: Listening to service users (consumers and clinicians)***

**VANESSA COBHAM** Speaker

RENÉE BROWN, JILL EHRENREICH-MAY, INGRID HAWKINS, MATTHEW SANDERS, TOM OLLENDICK, RACHEL HILLER, SARAH HALLIGAN, RICHARD MEISER-STEDMAN, ELIZABETH ELLIOTT, JERICA RADEZ Speaker

Almost 1 in 7 children and adolescents meet criteria for at least one diagnosable mental disorder. And yet, only a minority of these youth receive any kind of intervention, let alone an evidence-based intervention. This symposium consists of 4 papers that attempt to increase our understanding of this critical dilemma. The papers are also linked by a focus on service user participation (where service users include children/adolescents; parents/caregivers; and mental health clinicians) to improve the quality of, and access to evidence-based interventions offered in child and adolescent mental health services. The first paper represents a systematic review of studies examining adolescents' perceptions of barriers and facilitators to their access of mental health services. The second paper focuses on (a) parents' perceptions of different intervention modalities in the treatment of their children's anxiety disorders; and (b) factors which are of importance to families when deciding to seek treatment for their child's anxiety disorder. The third paper focuses on some of the most vulnerable youth in the UK - children and adolescents living in out-of-home care. Qualitative data from foster carers and youth in care relating to their views on mental health support will be presented. The final paper approaches the problem from the perspective of mental health clinicians; presenting data relating to attitudes towards, experiences with and thoughts about evidence-based interventions from qualitative interviews conducted with clinicians working in the largest child and adolescent mental health service in Australia.

Convenor: Vanessa E. Cobham (1)

Authors: Renée Brown (1), Jill Ehrenreich-May (2); Ingrid Hawkins (1), Matthew Sanders (1), Tom Ollendick (3); Rachel Hiller (4), Sarah Halligan (4), Richard Meiser-Stedman (5), Elizabeth Elliott (4); Jerica Radez (6).

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1) School of Psychology, The University of Queensland, Australia. 2) Department of Psychology, University of Miami, USA. 3) Psychology Department, Virginia Tech, USA. 4) Department of Psychology, University of Bath, England. 5) Department of Psychology, University of Reading, England.

Presentation 1: What do young people tell us about the barriers to help-seeking for their own mental health problems? A systematic review of qualitative and quantitative studies.

*Jerica Radez, Doctoral Researcher, AnDY Research Clinic, University of Reading, UK*

Recent epidemiological studies suggest that almost 1 in 7 of children and adolescents meet the criteria for mental health disorder. However, only minority of these young people access mental health treatment. An improved understanding of the reasons underlying the gap between the high prevalence of mental health disorders in young people and low rates of treatment access would inform targeted interventions designed to improve access to youth psychological treatment. In particular, it is important to establish the views of young people and parents on the factors that make it harder or easier for them to seek and access mental health treatment. This study extends a recent systematic review focusing on parents' perceptions of barriers to accessing youth mental health treatment, and aims to systematically review studies examining young people's perceived barriers and facilitators to accessing psychological treatment for a wide range of their own mental health problems. The review combines findings from over fifty qualitative and quantitative studies; and, the findings provide clear implications for ways to overcome barriers and improve access to youth mental health treatment.

Presentation 2: Attitudes towards evidence based treatments: A qualitative study of community child and youth mental health clinicians

*Cobham, Vanessa E.<sup>1,2</sup>, Brown, Renee<sup>1</sup>, Stathis, Stephen<sup>2,1</sup>, Ehrenreich-May, Jill<sup>3</sup>.*

<sup>1</sup>University of Queensland, St. Lucia, QLD, 4072, Australia.

<sup>2</sup>Children's Health Queensland (CHQ) Child and Youth Mental Health Service, South Brisbane, QLD, 4101, Australia.

<sup>3</sup>Department of Psychology, University of Miami, USA.

Forty-five community clinicians from six Community and Youth Mental Health Services (CYMHS) clinics were interviewed about their attitudes towards, experiences with and thoughts about evidence-based interventions. Overall, clinicians felt the populations used in research of psychological interventions did not reflect the CYMHS client populations of severe and complex cases; therefore, the evidence was not translatable. CYMHS client populations were identified as being characterised by non-attendance, ongoing presentation of crises, co-morbidities, deficits that made it difficult for clients to engage with cognitive behavioural interventions (e.g. cognitive deficits), and external factors that hindered engagement with such interventions (e.g. parental language barriers). As such, clinicians felt that many evidence-based interventions were both impractical and irrelevant for the CYMHS population, where clinicians instead used parts of different therapies as needed, adapted to the needs of the client, in response to the particular client's presenting concerns.

Presentation 3: Listening to the parents: perceived advantages and disadvantages when seeking treatment for anxiety disordered children.

*Vanessa E. Cobham (1), Ingrid Hawkins (1), Thomas H. Ollendick (2), Matthew R. Sanders (1)*

<sup>1</sup>University of Queensland, St. Lucia, QLD, 4072, Australia.

2) Virginia Tech, Virginia, USA.

Aim:

Anxiety disorders represent one of the most common diagnostic presentations in children. Although supported by a strong evidence base, individual cognitive behavioral therapy (CBT) approaches pose significant barriers to families. Emerging literature has started to focus on parenting-based CBT approaches to reduce these barriers however logistical barriers still exist for parents. The current research aimed to investigate: (a) parents' perceptions of the advantages and disadvantages associated with different intervention delivery styles (b) factors which are of importance to families when deciding to seek treatment for their child's anxiety disorder.

Method:

Parents of 73 anxiety disordered children (6-12 years) were randomly assigned to one of two CBT parenting interventions. Parents were administered the CRS at post and 6m to identify perceived improvement. Additionally a satisfaction survey, fit of intervention and a perceived advantages and disadvantages survey was completed. 22 parents across the conditions and timepoints undertook a qualitative interview to identify key factors that impacted their decision to seek treatment.

Results: The delivery format of a brief parenting interventions appears to be highly acceptable to parents with common themes of reduced time pressure and less demand on the child.

Conclusion: Briefer version of a targeted CBT anxiety based parenting intervention may be one way to reduce barriers to treatment.

Presentation 4: Supporting the mental health needs of young people in out-of-home care: A qualitative study of the views of the young people and their carers

*Rachel M Hiller (1), Sarah L Halligan (1), Richard Meiser-Stedman (2), Elizabeth Elliott (1)*

1) Department of Psychology, University of Bath;

2) Norwich Medical School, University of East Anglia

Young people in out-of-home care represent some of the most vulnerable youth in the UK. They have typically been removed from their family home due to the experience of significant and prolonged abuse or neglect and their mental health and functional outcomes are poor. While they are 5x more likely to meet criteria for a psychiatric disorder compared to their peers, they often struggle to access appropriate support. This study interviewed 21 foster carers and 20 young people in care about their own views of coping and mental health support, including their views on access and services offered via child and adolescent mental health services (CAMHS). Key themes showed carers significant dissatisfaction with services and their own subsequent difficulty managing the mental health needs of the young people in their care. Many discussed broken communication between social care and CAMHS, challenges in accessing appropriate support. Young people particularly highlighted reasons that they found it difficult to engage with mental health professionals and their views on what support was best. Findings provide insight into the views of service-users regarding both concerns with access to mental health services, engagement with professionals, and the day-to-day management of mental health needs.

THURSDAY, SEP 7, 16:00

***A long-term follow-up of group behavioral treatment for obsessive-compulsive disorder in Norway. A quantitative and qualitative study.***

ÅSHILD TELLEFSEN HAALAND **Speaker**  
TOR SUNDE, LIV TVEIT WALSETH **Speaker**

A long-term follow-up of group behavioral treatment for obsessive-compulsive disorder in Norway.  
A quantitative and qualitative study.

This symposium will deal with a Norwegian 8 year (in average) follow-up of group behavioral therapy for obsessive-compulsive disorder. In the first paper the long-term effectiveness of group CBT will be presented. In the second paper fifteen of these OCD patients were asked in a qualitative study about what they learned from the group ERP and how they dealt with the OCD symptom variations over time. In the third paper the same 15 patients were interviewed in focus groups about their understanding of why they developed OCD and what they thought about the significance of having such an explanation.

Convenor: **Åshild Tellefsen Håland**

1. Tor Sunde: A long-term follow-up of group behavioral therapy for obsessive-compulsive disorder in a general outpatient clinic in Norway.
2. Liv Tveit Walseth: Self-Management of Obsessive-Compulsive Disorder in the Long-Term after Therapy – A Focus group Interview
3. Åshild Tellefsen Haaland: The patients understanding of why they developed obsessive compulsive disorder. A qualitative study.

#### **1. Presenter: Tor Sunde**

There is a lack of knowledge regarding the long-term effect of evidence-based CBT/ ERP treatment for OCD that is delivered in routine clinical care. The aim of this study was to examine the long-term effectiveness of behavioral treatment for OCD in a Norwegian general outpatient clinic. In the current study, 62% ( $N = 40$ ) of the original patients treated in a previously published study of group ERP for OCD were re-evaluated an average of eight years after completing the original treatment. This is the longest follow-up study that has been conducted for OCD patients treated with group ERP. There was a significant reduction in symptoms from pre- to post-treatment measured with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the Spielberger State Anxiety Inventory (STAI-S) and the Beck Depression Inventory (BDI). The gains were maintained from post-treatment through long-term follow-up. Fifty percent of the participants experienced either a clinically significant improvement (10%) or recovery (40%) in OCD symptoms at long-term follow-up. This suggests that patients receiving general outpatient mental health clinic based group ERP for OCD maintain gains over the long-term. The aim is to present to the results from this study and discuss the experience with the implementation of the group ERP for OCD in our clinic.

Sunde, Tor; Walseth, Liv Tveit; Himle, Joseph A.; Vogel, Patrick A.; Launes, Gunvor; Haaland, Vegard Øksendal; Hoffart, Asle; Johnson, Sverre Urnes; Haaland, Åshild (2017). A long-term follow-up of group behavioral therapy for obsessive-compulsive disorder in a general outpatient clinic in Norway. *Journal of Obsessive-Compulsive and Related Disorders*, 59-64

#### **2. Presenter: Liv Tveit Walseth**

Effect of OCD treatment is traditionally reported as symptom level at single points in time. The goal of the present qualitative study was to reveal a more multidimensional description of how OCD patients are doing after therapy. Fifteen OCD patients who had received group ERP therapy 6-11 years earlier participated in 3 focus groups. Their present symptom-level of OCD varied from none to severe. They were asked open-ended questions concerning what they learned from the group ERP and how they dealt with the OCD symptom variations over time. The interviews were audiotaped, transcribed, and analysed phenomenologically.

The results showed that the participants had achieved a foundation for a relaxed solution-oriented attitude regarding their OCD, regardless of their symptom level. The foundation for this attitude consisted of a new self-understanding, a higher evaluation of them self, externalizing and devaluating

of OCD where OCD compulsions were reduced to symptoms and not as behaviour crucial to their identity, seeing OCD as possible to influence. They used several self-management strategies such as using elements learned from treatment, they took efforts to reduce stress level. and took breaks from routines. Surprisingly, none of the participants used formal ERP as they were taught.

The study constitute valuable experience-based input contributing to the development of a multidimensional assessment tool which can evaluate whether OCD patients have attitudes and strategies that make them able to cope with symptom variations.

Walseth LT, Walseth ÅT, Launes L, Himle J, Håland VØ, Håland ÅT, "*Self-Management of Obsessive-Compulsive Disorder in the Long-Term after Therapy – A Focus Group Interview*", European Journal for Person Centered Healthcare, Volum 5, issue 1, 2017

### **3. Presenter: Åshild Tellefsen Håland**

Haaland, Å. T, Launes, G., Haaland, V. Ø., Vogel, P. A., Himle, J. A., Sunde, T & Walseth, L. T.

There is a lack of empirical studies investigating patients conceptualization of why they developed obsessive compulsive disorder (OCD). In the current study 15 patients with obsessive-compulsive disorder were interviewed in focus groups about their understanding of why they developed OCD and what they thought about the significance of having such an explanation. The interviews were analyzed according to systematic text condensation, which is a modification of Giorgi's phenomenological method. The data analysis revealed four main categories: First, the majority of the patients conceived the origin for their OCD as a coping strategy to cope with helplessness linked to diverse stressful life events in the past. Second, some patients also viewed their OCD as a result of family heritage and underlying vulnerability in terms of perfectionism and inflated responsibility. Third, several informants emphasized that having an understanding of the meaning behind the symptoms was comforting and strengthen their self-esteem. Fourth, the importance of attending to the origin of OCD in treatment varied among the informants. Some patients suggested that discussion of the causes should be added to CBT, while others preferred not to talk about it. The results and therapeutic implications will be discussed.

THURSDAY, SEP 7, 16:00

***Teaching & Training Cognitive Behavior Therapy; lessons learned from practice***

REHAM ALY **Speaker**

REHAM ALY, TULLIO SCRIMALI, HISHAM RAMY **Speaker**

In spite of considerable research demonstrating the effectiveness of cognitive behavior therapy (CBT) in treating various psychological disorders, CBT training programs remain largely unavailable and untested in community settings. There is considerable need to address this situation in order to enable the dissemination and implementation of CBT around the globe. A limited body of research suggests that it is possible to disseminate and implement CBT in routine mental health settings with results equivalent to those obtained in randomized clinical trials but such efforts are not widespread due in part to the lack of training opportunities and programs. Training models that fit the needs and resources of community settings need to be developed and evaluated to determine whether they are feasible, effective, and able to be translated into improved client outcomes. There has been little research on the effectiveness of different training strategies on clinicians' ability to effectively implement the empirically supported therapies. Measures such as a clinicians' ability to demonstrate key CBT interventions should be assessed by independent ratings pre- & post training curriculum.

Chair: Tullio Scrimali, *University of Catania, Italy*

Hisham Ramy, *Ain Sham University, Egypt*



## **1) Personal Didactic Analysis and Personal Development for CBT Trainees. The Italian experience at ALETEIA School**

Tullio Scrimali, *University of Catania, Department of Psychology, Catania, Italy*

The subject of personal analysis is not, nowadays, well focused in the field of Cognitive and Behavioural Psychotherapy. Tullio Scrimali developed, at ALETEIA International, European School of Cognitive Therapy, a specific process and protocol that makes the trainees protagonists in a self-observation and personal change process. This last goal is reached, during the training, through following methods:

- Analysis of Schemas and Beliefs
- Becoming aware of their personal history, regarding parenting
- Recognition of their adult attachment patterns
- Monitoring of some psychophysiological patterns, such as heart rate, electro-dermal activity, and EEG. This monitoring is carried out at the *ALETEIA Lab of Applied Neuroscience*, which is active at ALETEIA International, European School of cognitive Therapy
- Biofeedback-Based Mindfulness Training

The protocol and the process of Didactic Personal Analysis are carried out for four years during the Course for Specializing in Cognitive Therapy, held at ALETEIA School, according with the rules of the Italian Minister of University. In order to make the process of Didactic Personal Analysis, as reliable as possible. The process of Personal Analysis includes an Assessment module and a Biofeedback based Mindfulness module in order to allow the trainee to develop not just to develop a self-knowing process but also an attitude of self-regulation, mindfulness, acceptance and compassion. The Personal Didactic Analysis is carried out in-group. This protocol for a Personal Didactic Analysis in Cognitive Therapy Training has been applied for more than ten years and the results are under evaluation and will be exposed and discussed during the symposium.

## **2) Laws & Regulations of practicing CBT in Egypt**

Hisham Ramy, *Ain Sham University, Egypt & Vice President of the Egyptian Association of Cognitive Behavioral Therapy (EACBT)*

Egypt has a very long history of providing services to people with mental illness. The roots of these services can be traced back to the time of the pharos. Laws and regulations were quite general and did not specifically address mental illness. Starting from the twentieth century Specific laws and regulations were issued to address the need of people with mental illness and in the second half of the twentieth century to regulate the practice of psychotherapy. Ironically since that time no major advances in the regulations has been made. The presentation will provide a historical review of the different laws and regulations. In addition the presentation will highlight the current state of affairs and the way forward.

### 3) Applying evidence to teaching and training of CBT

Reham Aly, *President, Egyptian Association of CBT & Egyptian Training Authority*

In spite of considerable research demonstrating the effectiveness of cognitive behavior therapy (CBT) in treating various psychological disorders and reducing the risk of relapse and recurrence, CBT training programs remain largely unavailable and untested in community settings. There is considerable press to redress this situation and to disseminate and implement CBT and other evidence-based practices. A limited body of research suggests that it is possible to disseminate and implement CBT in routine mental health settings with results equivalent to those obtained in randomized clinical trials but such efforts are not widespread due in part to the lack of training opportunities and programs. Training models that fit the needs and resources of community settings need to be developed and evaluated to determine whether they are feasible, effective, and able to be translated into improved client outcomes. There has been little research on the effectiveness of different training strategies on clinicians' ability to effectively implement empirically supported therapies. Measures such as a clinicians' ability to demonstrate key CBT interventions should be assessed by independent ratings pre- & post training curriculum.

THURSDAY, SEP 7, 16:00

***Understanding maintenance mechanisms in CBT: Theory A vs. Theory B approach.***

**MAGNUS BLONDAHL SIGHVATSSON** *Speaker*

SAEVAR MAR GUSTAVSSON, BRYNJAR HALLDORSSON, JÓN FRÍÐRIK SIGURÐSSON, PAUL M SALKOVSKIS *Speaker*

Research on mechanisms of change (MOC) in cognitive behavioural therapy (CBT) has expanded in recent years. Data on transdiagnostic MOC (mechanisms that are CBT specific but applicable to more than one disorder) are non-existent. Salkovskis (1996) has proposed one such mechanism. He framed it as “the belief change from theory A (the belief the patients holds before he attends treatment: chest pains interpreted as indications about impending heart attack in panic disorder) to theory B (the more realistic alternative belief the patients learn in treatment: that they are worried about having a heart attack but no such catastrophe is taking place)”. This symposium discusses this hypothesis in three studies. The first presentation is a psychometric evaluation one possible method to measure belief change (from theory A to theory B) by measuring believability in negative automatic thoughts. The second presentation covers study which considers what perspectives therapists have concerning reassurance seeking. The main conclusions were that a CBT which focuses on helping people to shift from seeking reassurance to seeking support – presented within the context of Theory A vs. Theory B may be beneficial. The third presentation discusses study on the efficacy of a transdiagnostic CBT manual (built on Salkovskis hypothesis) and theory A vs. theory B hypothesis using non-concurrent multiple baseline with six patients suffering from OCD, PD/A and MDD. Visual analysis, indicates that the hypothesized MOC partly mediates TCBT efficacy but the results varied for each participant. Finally, this symposium terminates with discussion about the results by Paul Salkovskis.

**Authors:**

Convenor:

Magnus Blondahl Sighvatsson, University of Iceland and Reykjavik University

Speakers:

Sævar Mar Gustavsson, Reykjavík University

Dr. Brynjar Halldorsson, University of Reading, UK  
Magnus Blondahl Sighvatsson, University of Iceland and Reykjavik University

Chair:

Professor Jon Fridrik Sigurdsson, Reykjavík University and Reykjavik University

Discussant:

Professor Paul M Salkovskis, University of Oxford; Reykjavík University

### **Abstract for lecture 1:**

#### **Measuring believability of negative automatic thoughts: Evaluation of the Automatic Thoughts Questionnaire – Believability Scale**

**Speaker: Sævar Már Gústavsson, Lecturer & Clinical Psychologist, Reykjavik University**

It has been hypothesized that symptom reduction in depression occurs when believability of negative, unrealistic thoughts decreases, and believability of alternative more realistic ones increases. According to the theory A vs. theory B procedure, beliefs which the patient has about his problem when he enters therapy, are treated as “theory A” and the alternative more realistic beliefs that the therapist teaches the patient in treatment are treated as “theory B”. This procedure, of testing the reliability and validity of theory A vs. theory B has been proposed to be a general mechanism of change in Cognitive Behavioural Therapy (CBT). Attempts to empirically test whether the theory A vs. theory B procedure is a general mechanism of change (MOC) in CBT are needed. To test this hypothesis, measurements are needed that evaluates belief in key cognitive variables, such as, automatic thoughts or dysfunctional attitudes.

In this talk, we will present findings from two validation studies on the Automatic Thoughts Questionnaire – Believability Scale (ATQ-B). The ATQ-B was designed to measure how much the respondent believed, on a scale from 0% to 100%, the automatic thoughts included in the original ATQ, the last time he felt depressed/sad. Results from study 1 indicated problems with the response format and the instructions for the ATQ-B. The second study reports result for a modified version of the ATQ-B. The results indicate that the proposed modification to the ATQ-B lead to increase in response rate, and lower correlation with the original ATQ as expected. Furthermore, the results indicate that the ATQ-B measures automatic thoughts, but not other cognitive constructs, such as core beliefs.

### **Abstract for lecture 2:**

#### **Therapists’ beliefs about excessive reassurance seeking: Does experience play a role?**

**Speaker: Dr Brynjar Halldorsson, Clinical Postdoctoral Research Fellow & Clinical Psychologist, University of Reading, AnDY Research Clinic**

It has been suggested that therapists give reassurance to their patients despite knowing that reassurance seeking and giving play a part in maintaining anxiety problems. There are numerous reasons why therapists may find it hard to withhold reassurance, including concerns about ruptures in the therapeutic relationship, fears that the client may be unable to tolerate the distress and experience symptom exacerbation, drop out of therapy and more. Indeed, such ‘therapist beliefs’ have been associated with the underutilization of exposure-based interventions in cognitive behavioural therapy. It is also possible that therapists may find it difficult to tolerate

their own discomfort which point blank refusal of reassurance may trigger, or lack options in substituting reassurance with something different and less pathological.

In this talk, we will present findings from a study which considers the perspectives taken by those responsible for helping patients overcome reassurance seeking, in that it examines therapists' perception and understanding of the behaviour. More specifically it addresses which emotional problems therapists associate reassurance with, how they understand its function and importantly what CBT treatment interventions they consider important and not important when treating reassurance seeking. This study aimed to benchmark qualified clinicians working in routine clinical practice with varying degree of experience against international expert consensus drawn from leading clinical researchers. In addition, the issue of therapeutic intervention in severe and persistent reassurance seeking will be illustrated using a single case experimental design with an older adult suffering from severe and chronic obsessive compulsive disorder. The main conclusions from that study were that a cognitive behavioural therapy which focuses on helping people who engage in excessive reassurance seeking to shift from seeking reassurance to seeking support – presented within the context of Theory A vs Theory B - may be beneficial.

### **Abstract for lecture 3:**

**Evaluation of mechanism of change in Transdiagnostic CBT using single case experimental design with six patients suffering from various mental health problems.**

**Speaker: Magnus Blondahl Sighvatsson, Psychologist; PhD student at University of Iceland; Lecturer at University of Iceland and Reykjavik University**

**Introduction:** Mechanisms of change (MOC) in cognitive behavioural therapy (CBT) remain poorly understood. Data on transdiagnostic MOC (mechanisms that are specific to CBT but applicable to more than one disorder) are non-existent. Salkovskis (1996) has though proposed one such mechanism that he labelled as cognitive flexibility but at its simplest, this has been described as involving a shift in beliefs, from "theory A" (the existing most negative account) to "theory B". To explain, in panic disorder, patients believe that symptoms such as chest pain means that they are about to have a heart attack (theory A). In treatment, (usually as part of formulation and "shared understanding") the person is helped to consider an alternative view; for example, that what they are experiencing is understandable worry about having a heart attack based on their misinterpretation of their symptoms which creates further anxiety and thus increases symptoms as part of a vicious circle (theory B). The goal of this research is to evaluate this hypothesis with six patients suffering from depression, panic disorder and OCD.

**Method:** Efficacy of a TCBT manual and hypothesized MOC was evaluated using non-concurrent multiple baseline (Barlow et al., 2009) with six patients (two OCD patients, two panic disorder patients and two major depressive disorder patients). Participants were evaluated in terms of diagnosis with the MINI diagnostic interview and efficacy and the hypothesized MOC where evaluated using various self-report measures.

**Results:** Our results, using visual analysis, indicate that for these six individuals the hypothesized MOC partly mediates TCBT efficacy but the results for each participant varied dependent on the stimuli evaluated as negative or threatening.

**Discussion:** These results indicate that a TMOC exist that might be responsible for efficacy of CBT for various mental health problems. The lecture will finish by discussing why the treatment was more efficacious for some of the participants.

**Co-Authors of lecture:** Jon Fridrik Sigurdsson, J.F.<sup>1,2,3</sup>, Paul M. Salkovskis,<sup>3,4</sup>; Engilbert Sigurðsson<sup>1,2</sup>, Heiddis B. Valdimarsdóttir<sup>3,5</sup>, Fanney Thorsdóttir<sup>1</sup>

1: University of Iceland

2: Landspítali – The National university hospital

3: Reykjavik University, Iceland

4: University of Oxford, UK

5: Mount Sinai Medical school, USA

SATURDAY, SEP 8, 10:30

***Autobiographical memory and psychopathology: From basic to applied research***

ADRIANA DEL PALACIO-GONZALEZ *Speaker*

BARBARA DRITSCHEL, CAITLIN HITCHOCK, KRIS MARTENS *Speaker*

In this symposium four different studies employing novel research paradigms will be presented. The studies investigated various aspects of autobiographical memory (AM) processing in relation to eating behaviors, social anxiety, and depression. Through these paradigms the connection between AM processing, executive functioning, and emotional processing are investigated, as well as the implications of these processes for various psychiatric symptoms. In addition, recent developments of a memory-based intervention for depression, will be presented. In the first study, cognitive flexibility is investigated in relation to the ability to change from specific to general AMs. Further, cognitive flexibility is analyzed in relation to binge-eating and other eating behaviours. In the second study, two modes of AM retrieval (involuntary and strategic) are compared in relation to the emotional intensity and emotion regulation triggered by such memories in highly socially anxious individuals. In the third presentation, the fluency and ability to shift between positive and negative AM is examined in depressed individuals, as well as changes in affect intensity. Lastly, the results of a novel online intervention aiming at increasing AM specificity is presented in relation to depressive symptoms and rumination. The presenters will discuss how these cognitive and (or) emotional processes related to AM processing may be related to psychopathology. The results of these studies may be employed to further existing cognitive models of eating disorders, social anxiety, and (or) depression. In addition, the findings from this new research may suggest ways to improve memory-based- interventions.

*Adriana del Palacio-Gonzalez, convenor*

*Kris Martens, chair*

*Barbara Dritschel, discussant*

4 Individual presentations in order:

The impact of mood and attitudes towards eating on autobiographical memory flexibility

Barbara Dritschel (presenter)

*University of St. Andrews, Scotland*

A deficit manifested by clinical and subclinical disordered eating is the ability to retrieve specific autobiographical memories. It is possible that deficits in autobiographical memory retrieval extends to the ability to shift between retrieving specific versus general autobiographical memory information, a function important for problem –solving and emotion regulation. There is evidence that cognitive

flexibility is impaired in patients with eating disorders. Therefore, the aims of the present study were to determine whether impaired set-shifting is evident in a non-clinical population of females with eating concerns, and whether inflexibility is also manifested in autobiographical memory retrieval. Sixty-nine female undergraduate students completed a measure of autobiographical memory flexibility, a set-shifting task (Brixton Spatial Anticipation Test) and measures of mood, ruminative thinking, and eating habits. After controlling for mood and rumination, bulimic traits predicted set-shifting ability and flexibility in autobiographical memory retrieval. Thus flexibility deficits appear to manifest at the subclinical level, are evident in different domains, and appear to be related to bulimic traits, such as binge-eating.

## Emotional Responses to Autobiographical Memories in Social Anxiety: The Roles of Retrieval Mode and Specificity

Adriana del Palacio-Gonzalez (presenter) and Dorthe Berntsen

*Center on Autobiographical Memory Research, Aarhus University, Denmark*

Previous research with individuals with dysphoria indicated that involuntary memories were associated with a greater employment of emotion regulation strategies, compared with memories retrieved strategically (i.e., voluntary). Specific memories were also associated with more intense emotions and emotion regulation. We sought to extend previous findings regarding memory retrieval (involuntary vs. voluntary) and specificity to the emotional responses to memories in social anxiety. A memory diary was completed by 24 low-anxiety and 30 high-anxiety participants. The results indicated that involuntary retrieval came with more intense anxiety and embarrassment, and required greater emotion regulation than voluntary retrieval. Specific memories were emotionally more intense than general/non-specific memories. At the same time, socially anxious individuals responded with more intense negative emotions and greater emotion regulation for all their memories relative to non-anxious individuals. The implications for understanding emotional processes involved in autobiographical memory retrieval in social anxiety will be presented.

## Memory fluency, memory specificity, and the fading-affect bias for positive and negative autobiographical events in major depressive disorder

Caitlin Hitchcock<sup>1</sup> (presenter), Jill Newby<sup>1</sup>, Emma Timm<sup>1</sup>, Rachel Howards<sup>1</sup>, Willem Kuyken<sup>2</sup>, and Tim Dalgleish<sup>1,3</sup>

<sup>1</sup>Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge

<sup>2</sup> University of Oxford

<sup>3</sup> Cambridgeshire and Peterborough NHS Foundation Trust

Difficulties with aspects of autobiographical memory (AM) processing characterize clinical depression. We extended this research and evaluated two additional key components of AM processing that we hypothesized would be disrupted by depression: emotional memory fluency (ease of recall) and the fading affect bias – a greater reduction in the intensity of memory-related affect over time for negative



versus positive events. Using a novel recall paradigm – the Good-Day, Bad-Day Task in which participants had to produce and rate memories of good and bad past events – we explored between-group differences in fluency and fading affect bias, as well as memory specificity. Relative to never-depressed individuals, depressed individuals demonstrated reduced fluency of positive memory retrieval, but no significant difference in fluency of negative memories. Although still present, the fading affect bias was significantly mitigated in the depressed sample. Finally, specificity was comparably reduced in depression for both positive and negative memories. The findings extend our understanding of the breadth of AM difficulties associated with depression and provide important guidance for the development of AM-based intervention protocols.

Remediating Reduced Autobiographical Memory Specificity (rAMS) with an online dismantled version of Memory Specificity Training (MeST)

Kris Martens<sup>1</sup> (presenter), Tom J Barry<sup>2,3</sup>, Keisuke Takano<sup>4</sup>, Patrick Onghena<sup>1</sup>, and Filip Raes<sup>1</sup>

<sup>1</sup> Faculty of Psychology and Educational Sciences, University of Leuven, Belgium

<sup>2</sup> Department of Psychology, The University of Hong Kong, Hong Kong

<sup>3</sup> Department of Psychology, The Institute of Psychiatry, King's College London

<sup>4</sup> Ludwig-Maximilians-University of Munich, Germany

Memory Specificity Training (MeST) is an intervention for depression, which aims to remediate a memory deficit, known as reduced Autobiographical Memory Specificity (rAMS) or Overgeneral Autobiographical Memory (OGM). Hitherto studies have typically examined the effects of MeST using an in-person group training consisting of the core component specificity exercises and peripheral components (e.g., psycho-education on memory problems in depression). The current single-case design study examined an online dismantled version of MeST for individual use consisting exclusively exercises to retrieve specific memories. These exercises were guided by a web-application that provides feedback automatically on participants' responses. A multiple baseline across participants design with 20 participants (17 female) with at least one depressive episode in the past and current mild depressive symptoms was used. Results indicate that online MeST increases memory specificity, but does not have a significant impact on symptomatology or associated processes. In addition, session-by-session improvement and feasibility measures give insight in the possibilities of online remediation of reduced Autobiographical Memory Specificity.

SATURDAY, SEP 8, 10:30

***Information processing and parental factors as predictors of risk in anxious children.***

JODIE ANAGNOS **Speaker**

SUZANNAH STUIJFZAND, JONATHAN HILL, ANNABEL SONGCO, HELEN DODD **Speaker**

Anxiety disorders are commonly acquired during childhood, and early onset is associated with increased severity and risk for long-term mental health problems.. A number of theorists suggest that anxiety disorders are acquired and maintained due to the interaction of individual differences and environmental factors. The literature has identified significant variation among information processing styles between anxious and non-anxious children, with anxious children demonstrating a range of interpretation, memory and attention biases that influence their response to fear related stimuli and associated threat and safety cues. Whilst individual variation may make some children more susceptible to the acquisition of anxiety, this risk is amplified when occurring in concert with certain environmental

variables, such as parental style. Parental factors known to influence the acquisition of anxiety include overcontrolling and critical parenting, however, the implications of these factors as they relate to treatment, particularly parenting, is less clear and findings are often disparate. This symposium addresses cognitive and parental factors that influence anxiety disorders in children and adolescents, and their impact on treatment outcome. The symposium brings together an international group of researchers from Macquarie University, Australia, Reading University, and Oxford University, UK. Four studies will be presented examining: discriminatory indirect fear learning in anxious and non-anxious children; the influence of cognitive biases on worry in anxious adolescents; anxiety related attention biases towards emotional faces; the influence of family interactions (domains) on treatment outcomes. The studies provide novel insights into the development of anxiety and have implications for future research and interventions.

Presenters: Jodie Anagnos, Suzannah Stuijtzand, Jonathan Hill, and Annabel Songco, Discussant: Helen Dodd

Oxford University, UK; Macquarie University, Australia; Reading University, UK

The impact of maternal behaviours on fear reduction during an indirect fear learning task with anxious and non-anxious children

Authors: Jodie Anagnos, Carol Newall, and Jennie Hudson, Centre for Emotional Health, Macquarie University, Australia

Previous research has indicated that mothers of anxiety disorder (AD) children display anxiogenic behaviours towards their offspring during anxiety provoking tasks, and often promote avoidant solutions to problems. Other findings suggest that AD children demonstrate impaired fear learning and display difficulty inhibiting a fear response in the presence of safety cues. Theoretical models of fear learning suggest that intra-individual differences, such as impaired response to safety cues may interact with environmental factors (e.g., maternal behaviour) to influence the course of anxiety. The interaction between maternal behaviour and impaired reduction of fear in AD and nonAD children is examined in the present study. Mothers were tasked with reducing fear in their children and facilitating behavioural approach, following the child's acquisition of fear to a novel animal stimulus using an indirect fear learning paradigm. Findings indicated that mothers of AD children compared to mothers of nonAD children exhibited heightened rates of reassurance statements and reduced frequency of encouragement to approach. AD children maintained increased levels of fear compared to nonAD children on cognitive and behavioural measures of fear following interaction with their mothers. Implications for treatment are considered.

Cognitive Biases and Adolescent Worry

Authors: Ms. Annabel Songco and Professor Elaine Fox, Department of Experimental Psychology, University of Oxford

Key words: Worry, Adolescents, Cognitive biases, Information-processing

Worry is a common phenomenon in adolescents, yet some young people experience excessive worries that cause significant distress and interference in their daily lives. This pathological worry is a risk factor for a range of negative developmental outcomes and is a defining feature of generalized anxiety disorder (GAD). Whilst the literature on worry and GAD in adults is well established, there is a relatively small body of research examining the mechanisms underlying the development and maintenance of

adolescent worry. The present study investigated how cognitive biases such as attention, interpretation and memory bias are associated with worry in adolescents. Participants were 504 adolescents aged 11 to 14 (mean age= 12.9) who completed cognitive processing tasks and self-report measures. This study is part of a three-wave longitudinal study (CogBIAS-L-S) and data presented are from time-point one. The results showed that interpretation bias and memory bias were important information processing biases associated with adolescent worry. Negative interpretations of ambiguous social scenarios (beta = 0.12,  $p < .05$ ) and non-social scenarios (beta = 0.10,  $p < .05$ ) were related to high worry, whilst positive interpretations of ambiguous social scenarios were related to low worry (beta = -0.14,  $p < .05$ ). In addition, negative memory bias was significantly associated with high worry (beta = 0.18,  $p < .05$ ). A better understanding of how these cognitive biases operate during adolescence has important implications for identifying the mechanisms to target during treatments and early interventions in adolescent populations.

This work was supported by the European Research Council (ERC) under the European Union's Seventh Framework Programme (FP7/2007–2013)/ERC grant agreement no: [324176].

#### Anxiety Differences in Visual Attention to Emotional Faces in Four to Eight-year-olds

Authors: Suzannah Stuijzand, Bobby G. Stuijzand, Shirley Reynolds, and Helen F. Dodd

There is robust evidence of an attention bias-anxiety relationship in children. However, there is a paucity of studies with children below 8-years-old due to a lack appropriate measures of attention bias. This study uses a new child friendly eye-tracking task to investigate whether anxiety related attention biases exist in children aged 4 to 8 years. A community sample of 104 children split into high and low anxious groups completed the task. Children viewed happy-neutral and angry-neutral face pairs. Initial analyses found vigilance to emotional faces in all children and young children looked less at angry faces. Growth curve analyses revealed a moderation by age where younger and older children show differences in the nature of anxiety related biases. Effortful control influenced withdrawal from faces. Results highlight the importance of considering developmental factors in the anxiety-attention bias relationship and have implications for the age appropriateness of anxiety treatments targeting attention bias.

#### Parent-adolescent interactional predictors of poor outcome for on-line CBT for anxiety disorders

Authors: Jonathan Hill, Polly Waite, Cathy Creswell, University of Reading, UK

##### Background

We suggest there are four kinds of parent-child interactions (domains) focused on safety, attachment, discipline and exploration, and that problem solving is reduced where the identity of domains is unclear (Hill et al 2003). We predicted that low domain clarity would be associated with poorer treatment outcome for adolescent anxiety disorders.

##### Method

33 adolescents aged 13 – 16 with DSM-IV anxiety disorder were randomized to immediate or delayed on-line CBT and followed at 6 months ( $N = 31$ ). Parent-adolescent interactions were assessed at baseline using three mildly anxiety provoking tasks (Waite & Creswell 2015). Intrusiveness, warmth and total domain unclear sequences were rated by psychology graduates (all ICCs  $\geq .78$ ). Measures included CGAS, and parent and child reported SCAS and CAIS.

## Results

There was marked improvement from baseline to 6 months on all measures – Cohen's  $d \sim 1$ , all  $p < .001$ . Improvements in parent-reported anxiety and impact were lower than the presence of low domain clarity time by unclear score interactions.  $p = .001$  for the moderator effects over time are shown in figure 1 for high groups, none interactional measures predicted adolescent outcomes.

## Discussion

The findings provide initial evidence that domain unclear parent-child interactions are associated with poorer outcomes for on-line CBT for adolescent anxiety disorders.

## Conclusions

Larger controlled studies are required to determine whether domain clarity moderates treatment effects for adolescent anxiety disorders and if so whether a domains based intervention improves outcomes.

SATURDAY, SEP 8, 10:30

***The cognitive behavioral model in the 21st century: a critical analysis.***

JESÚS ALONSO-VEGA *Speaker*

RICARDO DE PASCUAL-VERDÚ, MARÍA XESÚS FROXÁN-PARGA, JESÚS ALONSO-VEGA, VÍCTOR ESTAL-MUÑOZ,  
MIGUEL NÚÑEZ DE PRADO-GORDILLO *Speaker*

Convenor: Ricardo de Pascual-Verdú, *Universidad Europea de Madrid*

Chair: María Xesús Froxán-Parga, *Universidad Autónoma de Madrid*

Discussant: Miguel Núñez de Prado-Gordillo, *Universidad Autónoma de Madrid*

*Presenters: Jesús Alonso-Vega (2); Víctor Estal-Muñoz (2); Miguel Núñez de Prado-Gordillo (2); Ricardo de Pascual-Verdú (1);*

*Affiliations:*

*1) Universidad Europea de Madrid;*

*2) Universidad Autónoma de Madrid*

Cognitive Behavioral Treatments (CBT) are considered almost unanimously to be the most effective therapeutic alternative for a full range of psychiatric and psychological disorders. This success is the product of the collaborative effort of different practitioners and clinical researchers who continuously work to improve treatments that help create better mental health services. The development of CBT is thus due to an Evidence-Based Practice that has as one of its core principles that clinical decisions should be based on a combination of both critical thinking and the available scientific evidence. Following these principles, the objective of this symposium is to critically review essential clinical and theoretical aspects of the current CBT practice and research. To achieve this goal, four current topics in this area will be discussed: transdiagnostic perspective, outcome research paradigm, biopsychosocial model and case formulations. Transdiagnostic perspective arises in response to the traditional disorders classification, proposing a model that combines both categorical and dimensional models. Its supporters posit that there are common psychological processes that cause and maintain different disorders, and aim to develop interventions and protocols for a set of disorders by addressing these processes in a cross-sectional and non-specific manner. Starting on these assumptions, the objective of the communication entitled Critical analysis of transdiagnostic perspective: A real progress in

psychological intervention? is to critically analyse the transdiagnostic model and its contribution to the growth of psychological science. Secondly, outcome research in psychological interventions has helped practitioners and researchers to discern which interventions work and which do not, improving clinical decisions and health services. However, we will discuss that the comparison of treatment techniques is fruitless if the processes underlying clinical behavior change are not analysed. The communication "Is process research a solution to the drift of outcome research?" will review the rationale for outcome research and compare it with that of process research. Thirdly, the biopsychosocial model is also reviewed. The advantage brought by the biopsychosocial model lies in its rupture with the biomedical model, raising the possibility of an intervention that goes beyond the brain. However, it could be said that nowadays several "biopsychosocial models" coexist, along with what could be called a "biomedicalisation" of some biopsychosocial approaches. These issues will be addressed in the communication titled "A conceptual analysis of the notion of mental disease in the biopsychosocial model". Finally, to achieve a successful intervention, a series of decisions must be made regarding both the evaluation and the explanation of the problem, and the treatment proposal. An effective intervention hinges fundamentally on how solid is the base from which the therapist is outlining it. Functional behavior analysis will be presented as a scientific alternative that maximises effective assessment and treatment in the communication titled "Case Formulation and Functional Analysis in clinical contexts. A review.". This symposium analyses different matters of interest for both CBT practitioners and researchers. We believe that it could be an excellent opportunity to create a context of reflection and constructive criticism.

#### 1) A conceptual analysis of the notion of mental disease in the biopsychosocial model.

Speaker: Miguel Núñez de Prado-Gordillo<sup>1</sup>

Authors: Miguel Núñez de Prado-Gordillo<sup>1</sup>, Gladis Pereira<sup>1</sup>, Alejandro Ricote<sup>1</sup> y María Xesús Froxán-Parga<sup>1</sup>

Affiliations: Universidad Autónoma de Madrid<sup>1</sup>

Abstract:

In contrast to both the biomedical approach, the bio-psycho-social model (BPSm) conceives mental disease within a broader conceptualization of disease in general, which also integrates its psychosocial dimensions. The breakthrough of the BPSm lies in its rupture with the narrow framework of the biomedical model and its willingness to provide a broader intervention model. However, we consider that it is nowadays possible to speak of a certain "biomedicalization" of the BPSm. From our perspective, this is due to the attempt of the BPSm to safeguard the nosological architecture inherited from the biomedical model. Taking the comparison between schizophrenia and diabetes as an example, we analyzed the epistemological basis of the BPSm through the elucidation of the "language-games" that health practitioners play in their diagnostic practices. The broader concept of disease proposed by the BPSm mistakes the descriptive use of language of organic diagnoses (i.e., to point to etiopathological processes) with the evaluative use of mental diagnoses (i.e., to judge behavior from a certain normative standard). This could explain how, despite many practitioners have de jure assumed the BPSm, its application de facto seems to be still sometimes rooted in the biomedical model.

## 2) Critical analysis of transdiagnostic perspective: A real progress in psychological intervention?

Speaker: Víctor Estal-Muñoz<sup>1</sup>

Authors: Víctor Estal-Muñoz<sup>1</sup>, Miguel Núñez de Prado-Gordillo<sup>1</sup>, Ricardo de Pascual-Verdúz & María Xesús Froxán-Parga<sup>1</sup>.

Affiliations: Universidad Autónoma de Madrid<sup>1</sup>; Universidad Europea de Madrid<sup>2</sup>

Abstract:

The transdiagnostic perspective is a response to several limitations that the categorical behavioural-cognitive model has, such as the high comorbidity among disorders or the common characteristics and treatment techniques existing between them. In this way, the aim of this work is to critically analyse the transdiagnostic model and its contribution to the growth of psychological science. The rationale of this work leans on the philosophical and theoretical underpinnings of the functional behavioural analysis intervention model, as well as on the empirical evidences that support it. The transdiagnostic model faces several problems. Firstly, it does not give up the medical-diagnose model that has proven to be reductionist. Secondly, it provides a flawed explanation of the aetiology of psychological problems, falling into circular reasoning. Finally, its interventions are based in standardized protocols instead of using an individualized approach. The transdiagnostic proposal constitutes an attempt to unify theory and research with clinical practice, and it has been shown to be useful in certain contexts. However, further advances could be achieved if certain transdiagnostic assumptions were reconceptualised.

## 3) Is process research a solution to the drift of outcome research?

Speaker: Jesús Alonso-Vega<sup>1</sup>

Authors: Jesús Alonso-Vega<sup>1</sup>, Carolina Trujillo<sup>1</sup>, Víctor Estal-Muñoz<sup>1</sup> y Maria Xesús Froxán-Parga<sup>1</sup>.

Affiliations: Universidad Autónoma de Madrid<sup>1</sup>

Abstract:

Outcome research is a broad term that includes all the studies that analyze the effectiveness of the psychological interventions. For years, this type of studies has proliferated, with the objective of developing treatment guidelines that constitute a protocolled manual that explains what should be done at any time. The aim of this oral communication is to critically analyze the outcome research rationale. The thesis proposed in this work is that the comparison of treatment techniques is useless if it is not analyzed what it is that makes these techniques work, that is, what process underlies the procedure. To get this objective a narrative review was conducted. The focus has been on the main articles and movements that have shaped the outcome research. Process research has traditionally been presented as an incompatible path with outcome research until recently the APA (2006) itself began to recognize the need to develop both together. From our perspective, process research would be a necessary preliminary step to outcome research so that it could explain how and why psychological treatments work, avoiding that the clinician simply applies the procedures described in the standardized manuals.



#### 4) Case Formulation and Functional Analysis in clinical contexts. A review.

Speaker: Ricardo de Pascual-Verdú<sup>1</sup>

Authors: Ricardo de Pascual-Verdú<sup>1</sup>, Carolina Trujillo<sup>2</sup>, Imanol Campo<sup>2</sup> & María Xesús Froxán-Pargaz

Affiliations: Universidad Europea de Madrid<sup>1</sup> y Universidad Autónoma de Madrid<sup>2</sup>

Abstract:

The cognitive behavioral model in the 21st century: a critical analysis. Introduction: To face the challenge of clinical success, we must have a solid base that helps us maximize the probability of carrying out an effective intervention. Functional Behavior Analysis is presented as the scientific alternative that maximizes the effectiveness of evaluation and treatment. An alternative is the Case Formulation, a tool that would include Functional Analysis and other elements such as the Functional Analytic Clinical Case Diagrams (FACCD), defined as an integrated set of hypotheses and judgments about the relationships between behaviors, problems and objectives of the treatment and the variables that affect them (Kaholokula, Godoy, Haynes and Gavino, 2013). The aim of this work is to study Case Formulation focusing on the FACCD and Functional Analysis. Method: we analyze what these strategies consist of, what results are obtained when using them, and their usefulness in the clinical context. Results: Functional Analysis shows best results when conducting an assessment and effective intervention. Other Case Formulations have advantages if accompanying functional analysis. Conclusion: Functional Analysis is presented as the best alternative to explain client's problems and to develop an effective intervention.

**SATURDAY, SEP 8, 10:30**

### ***Mediators and mechanisms of change in cognitive-behavioral therapy***

**ANNA KUNZE** Speaker

JOHANNA BÖTTCHER, JAAP LANCEE, STEFAN HOFMANN, ANNA KUNZE Speaker

Cognitive-behavioral therapy (CBT) leads to therapeutic change in a variety of psychological disorders. In the past decades, the majority of CBT research has focused on the efficacy of psychotherapy, which led us to conclude that CBT “works”. However, the mechanisms through which psychological treatments operate remain largely unknown and there is little empirical research to provide an evidence-based explanation of why treatment works and how therapeutic changes come about.

Understanding how or why psychotherapy leads to change is essential for clinical research and practice for a number of reasons (see also Kazdin, 2007, pp. 3-4): First, understanding the mechanisms of change can bring order and parsimony to the current wealth of interventions in use. Second, elaborating mechanisms of therapy will clarify the connections between treatment and its benefits on quite diverse outcomes including social, cognitive, emotional, behavioral, and physiological problems. Third, if we know how therapeutic changes come about, we can optimize such change by improving the therapeutic strategies that trigger the critical process(es). Fourth, understanding the process through which treatment operates can help identify variables that might be particularly influential in treatment outcome and allow for better selection of suitable patients. In sum, understanding how or why psychological interventions produce therapeutic change is necessary in order to eventually increase the effectiveness of psychological treatments. It therefore seems crucial to draw researchers’ and clinicians’ attention to the working mechanisms of CBT.

In this symposium, unique and exciting research as well as novel theoretical ideas on mechanisms of change in CBT-based psychological treatments will be presented. We will start with an overview on mediators of change in online CBT. Next, we will consider possible mechanisms of change in the treatment of insomnia. Moreover, we will look at mediators of the treatment effects of imagery rescripting versus imaginal exposure, two evidence-based treatments for a variety of emotional disorders. We conclude with a novel theoretical approach in clinical psychology called process-based therapy. The following presenters have agreed to take part the symposium:

- 1) Johanna Böttcher (FU Berlin, Germany) will present a systematic review on mediators of the treatment effects in internet-based CBT.
- 2) Jaap Lancee (University of Amsterdam, the Netherlands) will present data on a network analysis carried out in a study on the effects of insomnia treatment on depressive symptoms, focusing on the relationship between treatment, sleep symptoms, and depressive symptoms.
- 3) Anna Kunze (LMU Munich, Germany) will present data on a randomized controlled clinical trial that investigated the mechanisms of change in imagery rescripting versus imaginal exposure in a sample of nightmare sufferers.
- 4) Stefan Hofmann (Boston University, USA) will present his thoughts on process-based therapy, an innovative therapeutic approach in clinical psychology focusing on theory, mediators, and moderators of change.

Kazdin, A.E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology*, 3, 1-27.

Mediators of change in Internet-based cognitive-behaviour therapy – a systematic review

Johanna Boettcher<sup>1</sup>, Anita Wilke, Pavle Zagorscak, & Thomas Berger

<sup>1</sup>Freie Universität Berlin, Berlin, Germany

**Background:** Numerous randomized controlled studies show that Internet-based interventions (IBI) are a low-threshold and easy-access treatment option for many mental disorders. But what makes these interventions work? The current review summarizes evidence on mediators of change in IBI.

**Methods:** We searched the literature for IBI studies that 1) reported potential mediators 2) within a RCT 3) for mental disorders in adults 4) with at least three measurement occasions.

**Results:** 28 studies met all inclusion criteria. Results on the therapeutic relationship were mixed, with only half of the trials reporting a significant association with treatment outcome. Most studies on cognitive factors found that change in cognitions (e.g. dysfunctional beliefs) mediated change in symptoms. The few studies on behavioral change factors showed that e.g. a reduction of safety behaviors mediated change in symptoms. A third group of studies investigated mindfulness and related concepts and consistently showed an association with treatment outcome.

**Discussion:** The current review paints a somewhat mixed picture. This is certainly due to the high variability in treatment formats and potential mediators. At the same time, the methodological quality of these studies is also diverse and only few studies make use of the excellent research conditions in Internet-based treatment formats.

Treating insomnia and depression: using network analysis to explore targeted treatment effects

Jaap Lancee<sup>1</sup>, Tessa F Blanken<sup>2</sup> & Tanja Van der Zweerde<sup>3</sup>

<sup>1</sup> Department of Clinical Psychology, University of Amsterdam, Amsterdam, the Netherlands

<sup>2</sup> Department of Sleep and Cognition, Netherlands Institute for Neuroscience, an Institute of the Royal Netherlands Academy of Arts and Sciences, Amsterdam, The Netherlands.

<sup>3</sup> Department of Clinical Psychology & EMGO Institute for Health and Care Research, VU University, Amsterdam, the Netherlands

**Introduction.** In a recent trial we found that Cognitive Behavioral Therapy for Insomnia (CBT-I) not only improved insomnia complaints, but also depressive symptoms. The question remains how CBT-I brings about the effects: *via* improvements in insomnia, or by affecting depression symptoms directly.

**Methods.** We performed a secondary data analysis on 104 patients (N=104) with insomnia (i.e. self-reported fulfilling of DSM-5 criteria) and (subclinical) depression. Participants were randomized to either guided web-based CBT-I or to a sleep diary. Insomnia and depression complaints were measured weekly for 10 weeks.

**Results.** Network analysis suggests that CBT-I predominantly affects insomnia symptoms, particularly *difficulty maintaining sleep* and *early morning awakenings*. While depressive symptoms also decline, this seems to occur *via* their relations to insomnia symptoms (specifically: sleep complaints) rather than via direct associations to treatment.

**Conclusions.** This study suggests that CBT-I firstly has its effects on insomnia symptoms and that the depressive symptoms follow the changes in insomnia symptoms. This is illustrated by the predominant conditional dependencies between treatment and insomnia symptoms. Through this network approach there is an opportunity to explore how treatments affect specific symptoms of psychological disorders, in existing (trial) datasets and future studies.

*Keywords:* insomnia, depression, CBT, online treatment, RCT, network analysis

Mediators of change in imagery rescripting and imaginal exposure for nightmares:

Evidence from a randomized wait-list controlled trial

Anna E. Kunze<sup>1</sup>, Jaap Lancee<sup>2</sup>, Nexhmedin Morina<sup>3</sup>, Merel Kindt<sup>2</sup>, and Arnoud Arntz<sup>2</sup>

<sup>1</sup>LMU Munich, Leopoldstraße 13, 80802 Munich, Germany

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<sup>3</sup>University of Münster, Fliegerstraße 21, 48149 Münster, Germany

Imagery rescripting (IR) and imaginal exposure (IE) are two efficacious treatments for nightmare disorder, but their discrete underlying mechanism(s) remain largely unknown. We therefore examined mediators of the treatment effect of IR and IE in a randomized wait-list controlled trial. Therapeutic outcomes were assessed at pre- and post-assessment, and mediator assessment took place in between treatment sessions in order to establish a temporal relationship between mediators and nightmare symptoms (i.e., frequency and distress). In line with the hypothesis, enhanced mastery (or self-efficacy) of the nightmare content mediated the therapeutic efficacy of IR. Furthermore, the treatment effects of IE were mediated by increased tolerability of the negative emotions elicited by nightmares. The results suggest that current theories about mediators of exposure treatments (i.e., increased emotion toleration) may generalize to IE for nightmares. Given that the working mechanisms of rescripting treatments to date remain largely unknown, the present data provide invaluable though preliminary evidence for the mediating role of mastery in rescripting-based therapies of aversive memories.

Process-based therapy: Psychological treatments focusing on theory, mediators and moderators of change

Stefan G. Hofmann, Boston University

Steven C. Hayes, University of Nevada, Reno

Cognitive Behavioral Therapy (CBT) has been an enormous empirical and practical success over its more than 50+ year history. However, the situation surrounding evidence-based care has dramatically changed, and it is important for CBT to change as well. For decades, evidence-based therapy has been defined in terms of scientifically validated protocols focused on syndromes. That era is now passing away. A new generation of evidence-based therapy has begun to move toward process-based interventions to target core mediators and moderators based on testable theories. This change could represent a paradigm shift in clinical science, leading to a decline of named therapies defined by set technologies, a decline of broad schools, a rise of testable models, a rise of mediation and moderation studies, the emergence of new forms of diagnosis based on functional analysis, a move from nomothetic to idiographic approaches, and a move toward processes that specify modifiable elements.

SATURDAY, SEP 8, 10:30

### ***Intolerance concept in different clinical entities***

MEHMET HAKAN TURKCAPAR **Speaker**

ASLIHAN DÖNMEZ, KADIR ÖZDEL, EMRE SARGIN **Speaker**

There are several concepts in the psychology literature dealing intolerance of different emotional states. It can be traced back to the forties. In early years intolerance of frustration and intolerance of ambiguity were prominent constructs that are seen important factors in the development and maintenance of emotional disorders. Rational emotive behavioral therapy, which is one of the original forms of cognitive behavioral therapies, gives strong emphasis to low frustration tolerance as an etiological factor to psychopathology and offers to improve frustration tolerance as a therapeutic mediator. Distress intolerance and discomfort intolerance are similar but different constructs on that we have been growing literature. This literature suggested those constructs as possible for the development and maintenance of various emotional problems including depression, anxiety disorders, eating disorders, alcohol & substance use problems and so forth. In this symposium we are going to discuss different types of intolerance constructs in various clinical entities. First we are going to discuss. Then the second presenter will be presenting the relation between frustration discomfort and different kinds of obesity, such as emotional eaters and food addicts. Third presenter will discuss the relation between symptom severity in premenstrual disorder and distress tolerance and discomfort intolerance. Finally last presenter will be discussing what kind of relationship there is between dissociative experiences and alexithymia and frustration discomfort in conversion disorder patients.

Presenter: Emre Sargin

Affiliation: Assistant Prof. Uskudar University-Istanbul,

Title: The Role of Frustration Intolerance and Alexithymia in Conversion Disorder Patients

Authors: Emre Sargin, Muge Sargin, Hakan Turkcapar

#### Summary

Conversion disorder is a frequent psychiatric diagnose in Turkey. Despite this frequency, factors that determine the dissociative experiences in conversion disorder are not adequately focused. On the other

hand it is widely accepted that frustration intolerance may be the key factor in many psychiatric disorders. Alexithymia may also be an important factor for somatoform disorders since there is a deficit in emotion regulation processes. In our study we are going to focus on the factors that predict the dissociative experiences in conversion disorder patients. For this purpose, we have given dissociative experiences scale (DES), Toronto Alexithymia Scale (TAS) and Frustration Discomfort Scale (FDS) to 79 conversion disorder patients. The results showed that the subdimension "emotional intolerance" of FDS significantly predict the presence of dissociative experiences in conversion disorder patients. This result is discussed in consideration of the recent literature.

Presenter: Aslıhan Dönmez

Affiliation: Professor of Psychiatry Uskudar University-Istanbul,

Title: The Relation Between Frustration Intolerance and Different Kinds of Obesity; such as Emotional Eaters and Food Addicts

#### Summary

The percentage of obesity is increasing with a high rate worldwide. It is one of the leading causes of death since it causes many diseases such as diabetes and coronary heart disease. In 1980 there were 875 million obese people worldwide and in the last 30 years the problem has doubled in number.

Previous views about obesity was mainly focused on over-consumption of unhealthy food, but during the last decades, increased number of studies have shown that obesity can be caused by psychological problems. In this presentation, we will report the results of our study which was conducted with 150 subjects (both obese and normal weight), who were evaluated with Yale Food Addiction Scale, Frustration Intolerance Scale, and Emotional Eating Scale. We hypothesized that the people with low frustration intolerance would show significantly more disordered eating pattern, such as emotional eating and food addiction, than normal weight people.

Presenter: Kadir Özdel

Affiliation: Associate Professor, University of Medical Science, Department of Psychiatry, Diskapi YB Teaching and Research Hospital, Ankara

Title: From casual premenstrual symptoms to premenstrual dysphoric disorder: Relationships between symptom severity, distress tolerance and discomfort tolerance

Authors: Gamze Erzin Şahin, Kadir Özdel, Şenol Bayram, Ozan Kotal, Hasan Kılıç, Erol Göka

#### Summary

Distress tolerance (DT) and Discomfort tolerance are well-established psychological constructs that are related but distinct. Distress tolerance is defined as an individual's perceived capacity to withstand negative emotional states or the capacity to continue goal-directed behavior in the context of negative affect. As for discomfort tolerance, it mainly is about the capacity to withstand negative bodily sensations. PMDD which consists bodily and psychological symptoms, is a DSM-5 diagnosis determined under the category of depressive disorders. In this study we examined the relationship between distress & discomfort tolerance levels and premenstrual symptoms. We discussed the importance of two relevant psychological constructs on the clinic of premenstrual dysphoric disorder.

SATURDAY, SEP 8, 10:30

***Schizophrenia-spectrum disorders: assessment, psychological processes and informal caregiver intervention***

**MARIA JOÃO MARTINS** *Speaker*

BARRETO CARVALHO, CASTILHO, P., MACEDO, A., PEREIRA, A., PALMEIRA, L., XAVIER, A., MARQUES, C., PINTO, A., CARREIRAS, DA MOTTA, C., PATO, CABRAL, J. *Speaker*

Clinical interview for Psychotic Disorders (CIPD): Presentation and Early findings The CIPD, in addition to diagnosis assessment, has a clinical valence aiming the evaluation of the psychosocial correlates of symptoms (clinician and patient-rated) and, therefore, it is useful throughout the therapeutic process. We will be presenting preliminary evidence of reliability with the established diagnosis and interrater reliability of the CIPD diagnosis and dimensional ratings (clinician rated): frequency, interference and severity. Suicide ideation in psychosis In this communication, the authors will explore the prevalence of suicide ideation (past and current) in a sample of people with psychosis. Associations with psychosocial and clinical variables will also be presented. Are people wired differently? Performance in social and neurocognitive tasks of patients with schizophrenia, relatives and controls This communication will explore existing differences regarding the performance in tasks assessing neurocognitive and social cognition variables between groups of patients with schizophrenia, first degree relatives and healthy controls. ANCORAGEM: Psychoeducational program for informal caregivers of people with schizophrenia ANCORAGEM is a 10-session psychoeducation program for family members/informal caregivers of patients with schizophrenia whose main objectives are to help caregivers to better understand and cope with the disease. It is based on Cognitive-Behavioral Therapy and the following topics are covered: definition and diagnosis of schizophrenia; origin of the pathology; symptoms and behaviors; treatment; positive and negative symptoms; coping strategies; and family role in the intervention. Results showed significant increased knowledge about schizophrenia and improvement regarding skills to deal with the difficulties of the caregiving process.

Author(s):

Chair/Discussant: Barreto Carvalho, C.1

Communication 1: Martins, M. J.2, Castilho, P.2, Macedo, A.2, Pereira, A. T.2, Palmeira, L.2, Xavier, A.2, Marques, C.2, Pinto, A. M.2, Carreiras, D.2, & Barreto-Carvalho, C.1

Communication 2: Martins, M.J.2, Castilho, P.2, Macedo, A.2, Palmeira, L.2, Xavier, A.2, Pereira, A. T.,2 & Barreto-Carvalho, C.1

Communication 3: da Motta, C.1, Barreto-Carvalho, C.1, Castilho, P.1, & Pato, M.3

Communication 4: Barreto Carvalho, C.1, Barreto Bulhões, M.4, da Motta, C.1, & Cabral, J.1

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<sup>4</sup>Regional Secretariat for Social Solidarity

## Abstracts

### Clinical interview for Psychotic Disorders (CIPD): Presentation and Early findings

Martins, M. J., Castilho, P., Macedo, A., Pereira, A. T., Palmeira, L., Xavier, A., Pinto, A. M., Carreiras, D., & Barreto-Carvalho, C.

The Clinical interview for Psychotic Disorders (CIPD) is a semi-structured clinical interview that, in addition to diagnosis assessment, has a clinical valence aiming the evaluation of the psychosocial correlates of symptoms (clinician and patient-rated). It is, therefore, useful throughout the therapeutic process (e.g., in identifying targets for intervention, assessing change, evaluating the efficacy of psychosocial interventions). This study main goals are: (1) assess the inter-rater reliability on diagnosis and symptoms (frequency, interference, severity) and the reliability with the previous established medical diagnosis; (2) explore the relationships between CIPD and other well-known instruments used to assess positive and negative symptoms (PANSS) and functionality (GAF and PSP); (3) analyze qualitative data from the CIPD in order to understand its adequacy and the feasibility of its administration in clinical settings. Preliminary results

(n = 30) showed higher levels of inter-rater reliability across symptom domains and the CIPD generated diagnosis corresponded to the previously established medical diagnosis most of the time. Implications of the present study and clinical applications of the CIPD will be discussed.

### Suicide ideation in psychosis

Martins, M.J., Castilho, P., Macedo, A., Palmeira, L., Xavier, A., Pereira, A. T., & Barreto-Carvalho, C.

Suicide risk is an important variable to consider both in assessment and throughout the therapeutic process in psychotic disorders. Up to 40% of the premature mortality in this population can be attributed to suicide and unnatural deaths. A meta-analysis estimated that 4.9% of schizophrenics commit suicide during their lifetime. Suicide risk in the context of psychosis will be evaluated with the SRS-P, a new 18-item scale computed from the patient and clinician-rated scores obtained in the CIPD. The scale comprises lifetime assessment of depressed mood, anhedonia and its current interference and severity, current and past feelings of hopelessness, suicidal ideation, 'voices' about suicide, and suicide-related behaviors. In this communication, authors will explore the prevalence of suicide ideation (past and current) in a sample of Portuguese patients with psychosis and characterize the associations between suicide risk, clinical and psychosocial variables.

### Are people wired differently? Performance in social and neurocognitive tasks of patients with schizophrenia, relatives and controls

da Motta, C., Barreto-Carvalho, C., Castilho, P., & Pato, M.

Schizophrenia is a complex heritable brain disorder, entailing significant costs to healthcare that presents severe social (e.g. family) and psychological consequences due to its nature and phenomenology. Research has consistently shown that patients present impairment in neurocognitive and social cognitive functioning, and between 20 to 60% of the functional outcome of schizophrenia can be explained by these variables rather than the disease's symptoms. These impairments are thought to aggravate difficulties in several areas, including autonomous living, interpersonal relationships, community integration, employment, and leisure activities. This investigation aims to provide an empirical contribute to the understanding of the endophenotypic aspects involved in schizophrenia in the Portuguese Island Cohort, a genetically homogenous population located in a geographical area that warrants stable



environmental conditions (S. Miguel Island, Azores). Data on the performance in computerized tasks assessing neurocognitive and social cognition domains between of patients diagnosed with schizophrenia, first-degree relatives and an equivalent healthy control group of participants from will be presented. Preliminary results on the analysis of variance of performance observed between groups across domains and its implications for new intervention targets and psychosocial approaches for families and patients will be discussed.

ANCORAGEM: Psychoeducational program for relatives and informal caregivers of patients with schizophrenia

Barreto Carvalho, C., Barreto Bulhões, M., da Motta, C., & Cabral, J.

Family members/informal caregivers are pivotal to the recovery of people diagnosed with schizophrenia. Thus, a growing interest in the development of psychosocial interventions that respond to the needs and difficulties felt by these caregivers has emerged in the literature.

The ANCORAGEM is CBT-based psychoeducation program for relatives/informal caregivers of patients with schizophrenia, aimed at educating and providing help about schizophrenia, and developing more effective coping strategies for the participants.

Goals: The current work presents the development and application processes of the ANCORAGEM, analyzing the program's impact on the participants.

Method: Fifteen relatives of patients diagnosed with schizophrenia, between 30 and 66 years old, participated in the 10 sessions of ANCORAGEM, in the Azores, Portugal.

Participants were administered qualitative and quantitative measures to assess the program's impact.

Results: Results from this exploratory study indicate participants have increased their knowledge about schizophrenia and improved their skills to cope with difficulties in providing care to those patients. Discussion: Findings suggest the importance of investing in interventions aimed at caregivers to reduce their burden and improve specific caregiving skills for schizophrenia. It is possible that these interventions indirectly benefit patients with schizophrenia, which will be target of future studies within this research project.

## SATURDAY, SEP 8, 14:00

***Personality disorders: New perspectives in CBT oriented evaluation and treatments***

**MICHELE PROCACCI** Speaker

**FABIO MONTICELLI, TULLIO SCRIMALI, DAVID KOPPERS** Speaker

A review of the literature on DP, shows how these move in a range from 4.4% to 13.4% with an average of 9.6% (Samuels, 2011). Many of these are in co-morbidity with other mental disorders or even in co-morbidity between DP. In addition, the DSM 5 classification proposes integrating a more innovative functional classification (appendix III, DSM 5) into the traditional category description of the DP. The aim of this symposium is to present some innovations in the functional evaluation of DP. Monticelli will show us how some functional variables (metacognition and interpersonal motivational systems) are present in different ways in the categories of DP. This implies the search for new CBT oriented treatments. Procacci proposes a comparison study MIT AvPd patients with social withdrawal with individual therapy and individual therapy + skills therapy; Scrimali describes a neuroscience-based conceptualization and assessment of BPD patients and his research on integrating biofeedback with the CBT into the treatment of BPD. Finally, thanks to Koppers, we consider that the comorbidity between depressive disorder and PD influences the outcome of treatments both CBT and short-term psychodynamic. The proposal that CBT-oriented treatments are ready to consider the novelties proposed in the current classifications and are ready to introduce innovations in the evaluation and treatment systems proposed to patients.

Symposium Convenor: Michele Procacci (Italy), e-mail: [procacci@terzocentro.it](mailto:procacci@terzocentro.it) EABCT Special Interest Group Symposia in Personality Disorders (SIG in Pd's)

Symposium Chair/Discussant: Arnoud Arnzt (Nederland)

Symposium Presenters

1 Presenter: Fabio Monticelli (Italy), MD, Clinical Centre De Sanctis, International Attachment Network Director of Dissociative Unit, Trainer of Italian Society Behavioural and Cognitive Therapy (SITCC), e-mail: [fabio\\_monticelli@yahoo.it](mailto:fabio_monticelli@yahoo.it)

2 Presenter: Michele Procacci (Italy), MD, Third Centre Cognitive Psychotherapy Rome, Secretary and Treasurer of Italian Society Behavioural and Cognitive Therapy (SITCC), e-mail: [procacci@terzocentro.it](mailto:procacci@terzocentro.it)

3 Presenter: Tullio Scrimali (Italy) MD, University of Catania and ALETEIA International, European School of Cognitive Therapy, rainer of Italian Society Behavioural and Cognitive Therapy (SITCC), e-mail: [tscrima@tin.it](mailto:tscrima@tin.it)

4 Presenter David Koppers (Nederlands), Klinisch Psycholoog BIG/supervisor VGCT

Manager Behandelzaken INFORSA-FPK Zorgprogramma lang

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DEVELOPMENT OF A SELF-REPORT MEASURE TO DETECT THE SPONTANEOUS ATTITUDE TO USE SOME SPECIFIC INTERPERSONAL MOTIVATIONAL SYSTEMS TO REGULATE AND MAKE SENSE TO THE INTERPERSONAL EXPERIENCES: THE ASSESSING INTERPERSONAL MOTIVATION. (AIM 17; Monticelli, Tombolini, Farina, Pedone, in press) INSTRUMENT DESCRIPTION AND FACTOR STRUCTURE

Fabio Monticelli

Centro Clinico De Sanctis Roma (Italy)

Interpersonal Motivational Systems (IMS) regulate social interactions in all mammals. These systems (the attachment system -whose main goal is care-seeking-, the care-giving system, the ranking system to achieve dominance through competitive behavior, the sexual mating system and the cooperative system) are the result of evolutionary processes and can be conceptualized as universal, inborn dispositions aimed at pursuing each a specific biopsicosocial goal.

On this theory we already elaborated the AIMIT method (Assessing Interpersonal Motivation in Transcripts; Liotti & Monticelli, 2008), that allows 1) to detect the IMS by specific linguistic markers, within sessions 2) to identify moment by moment the patient's cooperation trend, indicating the therapeutic impasse or ruptures 3) to evaluate the interventions of both, therapist and patient, that favour the impasse or rupture phases of Therapeutic Alliance.

There has seemed useful to set up an instrument able to identify the spontaneous attitude to use some specific IMS to regulate and make sense to the interpersonal experiences. Understanding at the beginning of treatment such patient's spontaneous inclinations to activate dis-functionally one or more specific IMS, can be useful to understand the patient complexity in a dimensional approach. I'll present 1) the AIM 17 (Assessing Interpersonal Motivation; Monticelli et al. In press) a Self-report questionnaire in course of validation and 2) the preliminary results of a research in which the AIM 17 was administered to 70 patients with the ADP-4 and Self-report MSAS (Metacognition Self-Assessment Scale, Pedone et al. 2017) to value the subject metacognitive abilities.

MIT for severe social withdrawal:

How an integrated MIT model based on individual and social group could make the difference?

Michele Procacci<sup>2</sup>, Livia Colle<sup>1,2</sup>, Paola Mallozzi<sup>2</sup>, Fabio Moroni<sup>2</sup>, Giovanni Pellicchia<sup>2</sup>, Nino Carcione<sup>2</sup>, Giuseppe Nicolò<sup>2</sup>, Antonio Semerari<sup>2</sup>,

<sup>1</sup>Department of Psychology, University of Turin, Italy

<sup>2</sup> Third Centre of Cognitive Psychotherapy, Rome, Italy

## Objectives

The aim of this study is to present an original individual and group treatment protocol developed specifically for patients with severe social withdrawal and for AvPD patients in particular. These patients are associated with elevated levels of interpersonal problems, low levels of social support and intimacy and limited emotional expressivity and self-disclosure within close relationships. The Third Centre of Cognitive Psychotherapy developed a treatment of Avpd based on the hypothesis that the core deficit of AvPD patients were: mindreading impairment (the capacity of understanding our own mental states and those of others) and lack of social sharing. Based on the same framework, the Third Centre recently developed an additional MIT Group Therapy Intervention for patient with social withdraw (MIT social skills training, Colle et al 2017).

The aim of this study is to present and describe the rationale of the MIT social group intervention in patients with social withdrawal. Additionally, we aim to provide a preliminary evaluation of the role of the MIT social group comparing to the MIT individual therapy in two samples of AvPD patients.

## Methods

Two samples of patients with AvPD referred to the Third Centre of Cognitive Psychotherapy are compared. Both samples were diagnosed using both structured interviews (SCID II) and self-report measures for a) symptom distress (SCL-90R), b) interpersonal problems (Inventory of Interpersonal Problems), c) psychosocial functioning (Work and Social Adaptation Scale). Treatment was focused group therapy targeting the development of specific social abilities. In order to assess impact and efficacy of the treatment, a semi-structured interview designed to evaluate different aspects of mindreading (MAS) was administered to all participating patients at the start of treatment and after six months of treatment; patients also completed self-reports on their subjective perceptions of social inclusion and social sharing at the start of treatment and after six months of treatment.

## Results/conclusions.

Work in progress and ongoing; preliminary results will be presented and discussed.

## **NEUROSCIENCE-BASED COGNITIVE THERAPY**

### **FOR BORDERLINE PERSONALITY DISORDER**

From Neuroscience to Clinical Setting with BPD Patients.

Tullio Scrimali

Professor of Clinical Psychology and Psychotherapy, Medical School, University of Catania

Founder and Director of ALETEIA International, European School of Cognitive Therapy

E-mail: [tscrima@tin.it](mailto:tscrima@tin.it); Web site: [www.tullioscrimali.it](http://www.tullioscrimali.it)

## Summary

The Author introduces a neuroscience-based model of borderline personality disorder. Then, a new integrated CBT protocol, based on a bio-psycho-social and complex approach, is presented. It includes a new technique, coming from *ALETEIA Applied Neuroscience LAB* (ALAN), which can be easily applied, to the clinic setting of Cognitive and Behavioural Therapy. This new technique is the digital monitoring and biofeedback of electrodermal activity, applied thanks to the use of a new and original device, developed by the Author, and named *MindLAB Set* (see: [www.psychotech.it](http://www.psychotech.it)). This new device can be used, both when assessing a BPD patient and during its treatment. It allows any Cognitive Therapist to apply some new powerful methods of self-regulation, such as Biofeedback and *Biofeedback Based Mindfulness*, when working with BPD patients. Furthermore, a *MindLAB Set* is very useful for monitoring the arousal and the warning signs of relapse and for preventing any crisis episode of emotional dyscontrol in BPD patients. This increases the sense of mastery and the self-esteem, usually

very low in BPD patients. A *single case research study*, concerning the use of a Neuroscience-based cognitive protocol for the BPD is presented.

The effect of personality pathology on depression outcome after cognitive behavioural therapy or short term psychodynamic therapy.

David Koppers (Netherlands)

## Introduction

Several meta-analyses show that time-limited psychotherapy for depression is effective, with large effect sizes at treatment termination. However, full remission rates after treatment is reported between 23% and 62% and are relatively low, possibly due to the high proportion (45% to 74%) of co-morbid personality disorders. While there is a broad consensus that personality disorders influence negatively depression outcome, studying the role of comorbid personality pathology while directly comparing two treatment modalities are scarce.

## Method

We conducted a randomized clinical trial comparing 16-sessions Cognitive Behavioural Therapy (CBT) and Short Psychodynamic Supportive Psychotherapy (SPSP) in depressed patients (n=196) with or without a comorbid personality disorder (MDD-PD). The presence of personality pathology was determined by a self-report version of the International Personality Disorder Examination. Primary outcome was symptom improvement of the HAM-D at treatment termination and at one year follow up. Secondary outcome were social functioning according to the OQ-45 scales social role functioning and interpersonal relations and Quality of Life according to the EQ-5D.

## Results

The results on symptom reduction show a large pre-post treatment effect size at treatment termination (ES=0.88-1.23) and at one year follow-up (ES=1.23-1.73) in both patient-groups.

Personality pathology had a significant worse influence at treatment termination (emd=-2.37, SE=1.12) and follow-up (emd=-4.47, SE=1.21) and the two patient groups were not ameliorated differentially by treatment modality (emd=-0.23, SE=2.25). ES for social functioning according to the OQ-45 were medium to large for both patient-groups. This was also the case for Quality of Life. Depressive patients with comorbid personality disorders had significant more problems in social functioning and a significant worse Quality of Life than without comorbidity. Treatment condition has also no differential influence on these results.

## Discussion

The results confirms that personality psychopathology has a negative influence on depression outcome after treatment termination and one year follow up. This is also the case on social functioning and quality of life. While both patient groups profit from the two short term psychotherapies, treatment modality doesn't make difference in treatment outcome.

## Conclusion

CBT and SPSP contributes to improvement depressive symptoms and interpersonal problems for depressed patients with and without comorbid personality pathology. Both treatments are an effective first step in a stepped care approach, but probably not enough for a large amount of patients with comorbid personality pathology.

SATURDAY, SEP 8, 14:00

## ***Compassion-based interventions across psychological and health conditions***

**MARIA JOÃO MARTINS** Speaker

CASTILHO, P., MARTINS, M.J., BARRETO-CARVALHO, C., MACEDO, A., PEREIRA, A.T., BRAEHLER, C., GUMLEY, A., RIJO, D., RIBEIRO DA SILVA, D., BRAZÃO, PAULO, M., MIGUEL, R., SALEKIN, R., GILBERT, P., MARQUES, M.1, AZEVEDO, J., MARQUES, C., SOARES, M.J., MACEDO, A, PALMEIRA, L., CUNHA M., PINTO-GOUVEIA, J.; CARVALHO, S., GILLANDERS, D. Speaker

Compassionate Approach to Schizophrenia and Schizoaffective disorder (COMPASS): Feasibility results from a clinical trial COMPASS is a 12-session compassion-based group intervention for early psychosis. It comprises three phases: Group as a safe place, Activating the soothing system and developing a compassionate attitude; and Recovery and planning ahead. A Compassion Therapy based proposal for the treatment of young offenders with psychopathic traits A 20-session program was designed to be delivered in an individualized format. The intervention is organized into four sequential modules: Understanding the human mind; Our mind according to CFT; Compassion mind training; and Recovery, relapse prevention, and termination. Program MOTHER IN ME (MIM) MIM is a 8-session prevention/early intervention program for perinatal distress. It covers: Psychoeducation (depression, anxiety, and stress; mindfulness competences and benefits; self-compassion); CBT-based exercises; Mindfulness practices and Self-Compassion. Quality-of-life in women with overweight and obesity: the importance of fostering mindfulness, acceptance and self-compassion This RCT aimed at testing the efficacy of a 12-session group intervention that includes mindfulness, ACT and (self)compassion for women with overweight/obesity. Kg-Free targets weight self-stigma, weight-related experiential avoidance and self-criticism. COMP.ACT: Testing the effect of explicit self-compassion exercises on the efficacy of an ACT group intervention for Chronic Pain – a pilot study This study aims to test the efficacy

of an ACT group intervention for CP that integrates explicit self-compassion exercises (COMP.ACT – 8 sessions), compared with a standard ACT intervention (6 sessions) and treat-as-usual.

Author(s):

Discussant: Castilho, P.1

Communication 1: Martins, M.J.1, Barreto-Carvalho, C.1,2, Macedo, A.1, Pereira, A.T.1, Braehler, C.3, Gumley, A.4, Castilho, P.1

Communication 2: Rijo, D.1, Ribeiro da Silva, D.1, Castilho, P.1, Brazão, N.4, Paulo, M.1, Miguel, R.1, Salekin, R.5, Gilbert, P.6

Communication 3: Pereira, A.T.1, Marques, M.1, Azevedo, J.1, Marques, C.1, Soares, M.J.1, Macedo, A.1

Communication 4 (the two last abstracts will be presented in a single communication by the same presenter – Carvalho, S.):

Part1 - Palmeira, L.1, Cunha M.1, Pinto-Gouveia, J.1;

Part 2 - Carvalho, S.1, Pinto-Gouveia, J.1, Gillanders, D.7, Castilho, P.1

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Compassionate Approach to Schizophrenia and Schizoaffective disorder (COMPASS): Feasibility results from a clinical trial

Contextual CBT approaches encompass a recovery-based conceptualization of psychotic symptoms. Clinical trials have been emerging with promising results, specifically, regarding compassion-based approaches. The aim of the present study was to develop, implement and explore feasibility and clinical benefits of COMPASS (primary aim: clinical change regarding interpersonal and intrapersonal functionality outcomes; secondary aim: to evaluate potential benefits in psychopathology). The COMPASS intervention is a compassion-based group intervention comprising 12 two-hour group sessions grouped in three phases: Group as a safe place, Activating the soothing system and developing a compassionate attitude; and Recovery and planning ahead. It was based on Compassion-focused Therapy, self-compassion, loving-kindness meditation and mindfulness adaptations for psychosis. Participants with a diagnosis of a psychotic disorder in the critical period were referred by their reference health care provider and assessed with instruments measuring positive and negative symptoms, social functioning, self-criticism and self-reassurance, self-compassion, fears of compassion and general psychopathology. This is an ongoing study. Nevertheless, preliminary results indicate significant improvement in social functioning, positive and negative symptoms, fears of compassion, self-criticism and general psychopathology. The COMPASS program seems to have benefits in several intrapersonal and interpersonal variables that have shown to be important in recovery.

A Compassion Therapy based proposal for the treatment of young offenders with psychopathic traits Psychopathy, described as a severe condition with several societal costs, has been historically considered difficult to treat, making urgent to invest in the design of treatment programs specifically tailored for those needs. In line with this, there is growing interest in the development of



psychotherapeutic interventions aimed to treat young offenders with psychopathic traits. Though never tested in psychopathy, Compassion Focused Therapy (CFT) is considered an effective third wave cognitive-behavioral intervention in the treatment of diverse psychopathologies and may be suited for those offenders treatment needs too.

A structured 20-session program was designed to be delivered in an individualized format. The intervention is organized into four sequential modules – Module I: Understanding the human mind (2 sessions); Module II: Our mind according to CFT (8 sessions); Module III: Compassion mind training (7 sessions); and Module IV: Recovery, relapse prevention, and termination (3 sessions). The 20-session intervention manual will allow for further outcome research on the efficacy of CFT interventions in reducing maladjustment of young offenders, including its capacity to promote change in psychopathic traits. In the future, it can also work as an evidence-based tool for clinicians working within forensic settings.

#### Program MOTHER IN ME (MIM)

MIM is a prevention/ early intervention program for perinatal distress. It intends to help pregnant women to develop alternative ways of responding anxiety, stress and depressive symptoms, as well as with worry and rumination. MIM includes psychoeducation, cognitive-behavioral approaches, mindfulness techniques, self-compassion exercises and homework between sessions in order to encourage the everyday use of those tools. The sessions were developed and manualized based in previously MBCT programs, MBSR, MBCP (Mindfulness Based Childbirth and Parenting), Mindful Motherhood, and Self- Compassion exercises, adapting some exercises to pregnant women. The eight sessions cover the following topics: Psychoeducation (regarding depression, anxiety, and stress; and also explaining mindfulness competences and benefits, and self-compassion); Cognitive Behavioral Therapy based exercises (e.g. ABC Sheet; identifying automatic thoughts); Mindfulness practices (e.g. Mountain meditation, three minutes break) and developing Self-Compassion. At each session participants are offered simple handouts with relevant definitions and examples; a folder with record and homework sheets, including meditation instructions. Audio material/recordings are also delivered, to help home meditation practice between sessions. We will present results of the effectiveness of the program (RCT in progress at the moment; n=48 to date) in lowering the proportions/mean scores of depression and anxiety at the second and sixth months postpartum.

#### Quality-of-life in women with overweight and obesity: the importance of fostering mindfulness, acceptance and self-compassion

There is growing evidence on the importance of integrating acceptance and mindfulnessbased interventions in chronic health conditions. These types of interventions proved to be effective in reducing weight-stigma, unhealthy eating patterns and weight and increasing physical activity and health-related quality-of- life (QoL) in individuals with obesity. Additionally, self-compassion seems to be especially important for people that struggle with eating and weight issues. This RCT aimed at testing the efficacy of Kg-Free – a 12-session group intervention that includes mindfulness, ACT and (self)compassion components for women with overweight and obesity. Kg-Free was developed to target weight self-stigma, weight-related experiential avoidance and self-criticism and increase wellbeing and QoL. Participants were adult women seeking weight loss treatment (N = 73) with BMI  $\geq$  25 without binge-eating disorder that were randomly assigned to Kg-Free intervention or Treatment as Usual. Results revealed that the intervention was effective in reducing weight-stigma, unhealthy eating patterns and improving physical exercise and quality-of-life. Overall, results were maintained at three- and six-months follow-up. COMP.ACT: Testing the effect of explicit self-compassion exercises on the efficacy of an ACT group intervention for Chronic Pain – a pilot study Evidence of ACT's efficacy for CP has



mounted, and although ACT does not explicitly focus on promoting self-compassion, recent studies have found that changes in selfcompassion mediated the effect of an ACT intervention on disability and psychopathological symptoms in CP. The current study aims to pilot test the efficacy of an ACT group intervention for CP that integrates explicit self-compassion exercises (COMP.ACT – 8 sessions) and compare it with a standard ACT intervention (6 sessions) and with a control (treat-as-usual). We expect that adding explicit self-compassion exercises will increase the efficacy of an ACT intervention and expect active conditions to be more effective than the control condition. This will be tested in a sample of 30 CP patients who will be randomly assigned into the three conditions. Results from pre- to post-intervention in several self-report measures (pain intensity, disability, quality of life, patient global impression of change, depressive and anxiety symptoms, mindfulness, acceptance, and self-compassion) will be compared. This study will shed new light on an ongoing discussion regarding the benefits of adding self-compassion exercises to an acceptance-based intervention, contributing to the knowledge on evidence-based interventions for CP.

SATURDAY, SEP 8, 14:00

# ***The Impact of Culture on Cognitive Behavior Theory and Therapy***

**REHAM ALY** Speaker

**MEHMET SUNGUR, HISHAM RAMY** Speaker

Evidence-based practice of cognitive behavior therapy has long been adopted as an effective therapy for treating psychiatric disorders. In many situations it is the chosen therapy for such a debilitating disease. Due to its proven efficacy & readiness applicability it has proven to be the 1st choice of therapy for mild to moderate psychiatric anxiety across different life spans from adolescents to geriatrics. Yet; cross cultural differences have seldom been considered in the approach towards managing many of these disorders. Many differences lie between populations & countries in defining what is accepted & what is not with regard to personal interactions. Even across the one country many differences may color the perception of appropriate behavior & communication. Hence no one-size-fits all can be adopted here. In different parts of the world, some interactions are accepted & encouraged while others are basically banned. Thus, during the application of cognitive behavioral therapy, effectual therapist should modify his conceptual framework of action while still trying to abide with the fundamental notion of CBT of exposure experiments. In doing this many therapists may be challenged in their work. While still lacking a strong body of research, clinical experience can provide us with some helpful innovations for successful practice. A series of case-studies are discussed to present some innovations in applying CBT for patients. Moreover, essentials of past research are reviewed & needs for further research directions in the field are discussed.

Chair: Mehmet Sungur, *Marmara University Hospital, Turkey*  
Hishman Ramy, *Ain Sham University, Egypt*

1) Cultural Factors in Assessment and Treatment of Sexual Problems  
Mehmet Sungur, *Marmara University Hospital, Turkey*

Societies with different cultural heritage differ about what behaviors (including sexual ones) will be accepted, tolerated or rejected and thus problems and especially sexual ones and their management are not culture free. That is why sex therapists must be flexible enough to adapt themselves to the needs of different cultures and subcultures surrounding them.

Cultural factors influence the way sex therapies are offered and welcomed. Those therapists practicing in multicultural societies have to realize that the importance of cultural diversity is no longer an optional extra. Contemporary routine work demands that a sex therapist takes cultural issues into serious account. This presentation will discuss some of the sociocultural factors that shape the clinical presentation of sexual problems, the help-seeking behavior of individuals and couples and how a culturally tailored approaches, rather than a standard one, should be preferred for successful intervention. It will also discuss whether being a Muslim in a secular country like Turkey effects or changes the routine practice of western sex therapy programs.

2) The Practice of CBT : Egyptian Perspectives  
Hishman Ramy, *Ain Sham University, Egypt*

Despite the long years of development in the Western countries, the current situation of cognitive behavior therapy (CBT) in Egypt remains a work in progress. The following Presentation explores the

evolution, development, and current status of psychotherapy in general and CBT specifically in Egypt. Beginning with the development of clinical psychology in Egypt, the theoretical orientation of contemporary psychotherapy in the country, its status in the health care system, its training and research opportunities, and its current and future challenges will be presented. The formation and activities of the only official Egyptian organization; the Egyptian Association of CBT (EACBT) is also elaborated with a special emphasis on its training activities and accreditation process of CBT throughout the country. Finally, future expectations and provisional plans for implementing CBT in Egypt are presented.

### 3) Cognitive Behavior Therapy in the psychosocial rehabilitation for ethnic minorities

Reham Aly, *President, Egyptian Association of CBT & Egyptian Training Authority*

The burden of psychiatric disorders and mental health problems across the globe is steadily increasing. Despite exhaustive efforts to alleviate suffering due to these disorders, a considerable proportion of those diagnosed with mental health problems require long-term rehabilitation to help them return to a normal lifestyle. Psychiatric rehabilitation is now an established service across a number of countries. However, a wide gap exists between the supply and demand of this crucial service. Even when the services are available, the quality of these services varies. As globalization spreads across the world, the need to embrace diversity and multiculturalism has increased. The inpatient population is increasingly culturally diverse, and requires and deserves psychosocial rehabilitation programs specifically designed to meet their needs, values and lifestyles. A psychosocial rehabilitation program must therefore respect patients' culture. This is especially significant as psychiatric rehabilitation programs rely heavily on psychosocial interventions. In an ideal world, psychological intervention underpinning rehabilitation should be evidence-based and culturally sensitive. It therefore follows that the developers, providers and practitioners of psychosocial rehabilitation services must appreciate the impact of culture on the aetiology, diagnosis, treatment and rehabilitation of psychiatric disorders. Therefore, if psychosocial rehabilitation is to meet with success in its aims of improving recovery, alleviating distress and promoting social inclusion, it should be grounded in cultural sensitivity.

OPEN PAPERS

# THURSDAY, SEP 6, 10:30

## General Mental Health

MURAT ARTIRAN, MONIKA KORNACKA, TOBIAS KUBE, SABRINA BOGER, JOSIE MILLAR / STEVEN HOLLON (CHAIR) **Speaker**

Chair: Steven Hollon, *Vanderbilt University*

### 10:30 **Development of rational emotive self determination scale (RES-D) for work-life**

Murat Artiran, *Istanbul Arel University*

### 10:45 **Repetitive negative thinking, emotional regulation and inhibition in depressive patients**

Monika Kornacka, *University of Social Sciences and Humanities, Warsaw*  
& *Université de Lille*

Céline Douilliez, *Université de Lille*

Izabela Krejtz, *University of Social Sciences and Humanities, Warsaw*

### 11:00 **Do we experience what we expect? The role of expectations in the development of depression**

Tobias Kube, *Philipps-University of Marburg & University of Koblenz-Landau*

Julia Anna Glombiewski, *Philipps-University of Marburg & University of Koblenz-Landau*

Winfried Rief, *Philipps-University of Marburg*

### 11:15 **Mediating factors of the relationship between childhood maltreatment and depression**

Sabrina Boger, Thomas Ehring, Gabriela Werner, *LMU Munich*

### 11:30 **Treatment Preference for OCD: What can be done to improve access to good quality CBT for those who do not respond?**

Josie Millar, *University of Bath, UK*

Paul Salkovskis, *University of Oxford, UK*

11:45 Discussion

## **Abstracts:**

### **1) Development of rational emotive self determination scale (RES-D) for work-life**

Murat Artiran, *Istanbul Arel University Psychology Department*

Purpose of the research is not only to develop a scale but also describe a new conceptualization under the umbrella of both Rational Emotive Behavioral Theory (REBT) and Self-determination Theory (SDT). Called as ‘three psychological needs irrational beliefs’ try to bring two definitions into one. Cognitive behavior therapy is a widely accepted and continuously developed therapeutic approach in psychotherapy field. The aim of the study is to bring a motivation theory to CBT interventions and make them work together. Although the study present some new concepts in psychotherapy, ‘three psychological needs irrational beliefs’ is not a first attempt to define. Rational Emotive Self Determination Scale for Work Life (RES-D-W) is a follower of RES-D-A (Rational Emotive Self Determination Scale (RES-D) for Adolescents). Since RES-D-A studies’ outcomes promising, this research aimed to widen the scope of the conceptualization in different areas such as work life. The scale’s aim is that among employers, measuring irrational beliefs in the light of autonomy, competence, and relatedness as basic psychological needs which underlined in SDT. Four studies were conducted to confirm the factor structure of the

RES-D-W. The psychometric properties of 16 items of RES-D-W were tested. The study conducted with four different samples: for exploratory factor analyses (N=148), for confirmatory factor analyses (N=162), test-retest reliability (N=38), for concurrent validity (N=167). In the study, in terms of the validity and reliability analyses confirmed theoretical expectations and have yielded positive results. Results of exploratory and confirmatory factor analyses demonstrated that this scale yielded three factors. Reliability analyses showed internal consistency coefficient is .81. Test-retest analysis has provided sufficient evidence that RES-D can make stable measurements.

In order to confirm its concurrent validity, RES-D was tested with, first, Basic Psychological Needs Scale (BPNS) and The short version of the Brief Symptom Inventory. The results showed that correlation between RES-D and these two scales is ranging from weak to medium. According to these promising results, the scale may suggest a different approach to cognitive behavior therapy in the means of integrating both REBT and SDT theoretical frameworks. Keywords: Self-Determination Theory, positive psychology, CBT, REBT, irrational beliefs.

## **2) Repetitive negative thinking, emotional regulation and inhibition in depressive patients**

Monika Kornacka, Céline Douilliez, Izabela Krejtz, MK & IK - SWPS University of Social Sciences and Humanities, Warsaw, Poland; MK & CD - Univ. Lille, EA 4072 - PSITEC - Psychologie: Interactions Temps Émotions Cognition, F-59000 Lille, France

### *Introduction:*

Repetitive negative thinking (RNT) is defined as dwelling on one or more negative issues that is perceived as difficult to control. It is responsible for risk, recurrence and relapse in depression (Watkins, 2008). Recent studies suggest that inhibition impairment might be responsible for the maintenance of RNT (Daches & Mor, 2013). The link between RNT and inhibition was previously assessed in the laboratory setting only (Yang et al., 2017). Moreover, any of the previous studies linking RNT to inhibition did not distinguish between abstract and concrete, a more adaptive type of RNT (Watkins, 2008). One of the challenges of the current research was to evaluate how RNT, mood, and inhibition interplay in patients' everyday life and to assess the distinctive impact of abstract and concrete RNT on inhibitory resources.

### *Method:*

In the first study, we used ecological momentary assessment (EMA) to measure the three aforementioned variables. For 7 consecutive days, 30 participants suffering from major depressive disorder and 30 healthy controls used EMA application for mobile devices. The application randomly sent participants the set of questions once in every 2,5h gap between 9 a.m. and 9:30 p.m. Mood and RNT were assessed 5 times a day. The inhibition was assessed once a day in the evening with Emotional Stroop Task. In the second study, we induced, in the laboratory, either abstract RNT, concrete RNT or distraction. Following the induction, participants' eye movements were recorded while their inhibition was assessed with an antisaccade task. Participants' affect and state rumination was controlled at every stage of the experiment. At the beginning of both studies, participants filled in a series of questionnaires assessing trait RNT and depressive/anxious symptomatology.

### *Results:*

The studies are in the process of gathering data. Analyses in the first study will include multilevel modeling with each observation nested in days (level 1) and in participants (level 2). In the study 2, analyses will include comparisons between the three experimental groups on affect, inhibition efficiency and eye-tracking measures. Discussion The role of inhibition in RNT maintenance and the clinical perspective of using executive functions training in RNT-focused interventions will be discussed.

### *Conclusion:*

The study 1 is, to our knowledge, the first to explore the relation between RNT and inhibition in participants' everyday life. The study 2 should provide some valuable information on how maladaptive and adaptive RNT affect inhibition.

## **3) Do we experience what we expect? The role of expectations in the development of depression**

Tobias Kube, Philipps-University of Marburg, Department of Clinical Psychology and Psychotherapy, Germany; University of Koblenz-Landau, Department of Clinical Psychology and Psychotherapy, Germany; Julia Anna Glombiewski, Philipps-University of Marburg, Department of Clinical Psychology and Psychotherapy, Germany; University of Koblenz-Landau, Department of Clinical Psychology and Psychotherapy, Germany; Winfried Rief, Philipps-University of Marburg, Department of Clinical Psychology and Psychotherapy, Germany.

### *Introduction:*

Inspired by Beck's cognitive model of depression, numerous studies have acknowledged the importance of dysfunctional cognitions (i.e. core beliefs, intermediate beliefs, automatic thoughts) in the development of depressive symptoms. Recent studies have specified the role of different types of cognitions for the course of depression, and research suggests that expectations might be a particularly important subgroup of cognitions because expectations represent cognitions with clear relevance for future events or experiences. We conducted three empirical studies to further investigate the role of expectations in the development of depressive symptoms.

### *Methods:*

In Study 1, we aimed to integrate two important types of expectations into the cognitive model of depression: situation-specific dysfunctional expectations (SDEs) and dispositional optimism (DO). Using a clinical sample ( $N = 95$ ), we hypothesized that SDEs as expectations with a high level of situational specificity would mediate the effects of DO and intermediate beliefs (IBs) on depressive symptoms. In Study 2, we aimed to provide further evidence for the suggested mediational role of SDEs in the development of depressive symptoms. For this purpose, we examined 128 healthy individuals in a one-year prospective study. In Study 3, we examined both a clinical ( $N = 91$ ) and a healthy sample ( $N = 80$ ). In this study, we examined whether SDEs rather than other well-established cognitive variables predict depressive symptoms. In particular, it was hypothesized that SDEs rather than more global cognitions (that is, IBs, DO, and generalized expectations for negative mood regulation (NMR)) predict depressive symptoms five months later.

### *Results:*

Results of Study 1 indicate that IBs had no significant direct effect on depressive symptoms ( $\beta = .096$ , BCa 95% CI  $[-.168, .364]$ ), but a significant indirect effect via SDE ( $\beta = .172$ , BCa 95% CI  $[.051, .355]$ ). DO had both a significant direct effect on depressive symptoms ( $\beta = -.239$ , BCa 95% CI  $[-.449, -.038]$ ) and significant indirect effect via SDE ( $\beta = -.124$ , BCa 95% CI  $[-.248, -.043]$ ). Results of Study 2 confirmed this mediational model: IB and DO had no direct effects on depressive symptoms; instead, the effects of IBs ( $b = .160$ , BCa 95% CI  $[.039, .300]$ ) and DO ( $b = -.100$ , BCa 95% CI  $[-.192, -.035]$ ) on depressive symptoms were fully mediated via SDEs. In Study 3, it was found for both the healthy sample ( $\beta = .497$ ;  $p = .031$ ) and the clinical sample ( $\beta = .473$ ;  $p = .028$ ) that SDEs were the only significant predictor of depressive symptoms among all cognitive variables.

### *Discussion:*

The present studies consistently provide evidence for a mediational role of SDEs in the development of depressive symptoms. That is, dysfunctional global beliefs elicit negative situational expectations which in turn lead to more pronounced symptoms of depression. When comparing different predictors of depression, it seems that situational expectations rather than global beliefs predict depressive symptoms.

### *Conclusion:*

These studies highlight the importance of expectations in the development of depressive symptoms. Due to their high level of situational specificity, especially SDEs might be an effective target for cognitive-behavioral interventions.

## **4) Mediating factors of the relationship between childhood maltreatment and depression**

Sabrina Boger, Thomas Ehring, Gabriela Werner, *Department of Clinical Psychology and Psychotherapy, LMU Munich, Germany*

Childhood Maltreatment (CM) has been discussed as a risk factor for the development and maintenance of depression. There is first evidence of a relationship between CM, especially emotional abuse and neglect, and adult depression with regard to symptom severity, earlier onset and a more chronic course of the disorder. However, processes that might underlie this relationship remain unclear. It has been shown that various factors, e. g. biological factors, play a role in the relationship between CM and affective disorders, but research investigating the influence of psychological factors like social interactions, emotion regulation, sleep disturbances, attachment or individual posttraumatic symptoms is still rare. Therefore, the aim of this study was to examine in a large sample of inpatients with the diagnosis of depression whether there is a relationship between the number, type and severity of traumatic experiences on the one hand and the severity and course of the depression on the other hand. In addition, possible mediators of the association, that indicate a poor processing of traumatic experiences, in particular PTSD symptoms, trauma-related intrusions and dissociative symptoms were examined. Furthermore we consider mediators, that can be seen as a result of traumatic experiences and contribute to the maintenance of depression, such as dysfunctional cognitions, sleep disorders, emotion regulation and attachment problems. The contribution presents the results of the study.

## **5) Treatment Preference for OCD: What can be done to improve access to good quality CBT for those who do not respond?**

Josie Millar, *University of Bath, UK*

Paul Salkovskis, *University of Oxford, UK*

### *Introduction*

CBT is an effective treatment for OCD, however a large proportion of clients remain symptomatic following the completion of treatment, with the average symptom reduction across studies being 48% (Abramowitz et al., 2002). The UK National Institute for Health and Clinical Excellence (NICE) guidelines recommend an intensive version of CBT be offered to individuals who have not responded to one or more trials of CBT or one or more adequate trials of a SSRI or Clomipramine (NICE, 2005).

Little research however has examined the acceptability of time-intensive CBT, how accessible it is and the views of those who may be offered treatment in this format, particularly in comparison to weekly CBT.

### *Method*

A series of questionnaires were used to investigate participant's attitudes towards and beliefs about receiving CBT for OCD delivered in either a weekly or time-intensive format. Participant's beliefs about the perceived advantages and disadvantages of intensive CBT were examined. A questionnaire developed specifically for this study sought to understand how participants perceived various elements of a time-intensive approach would work in practice. Participant's readiness to change, self-efficacy and previous treatment history were examined in relation to their preference for treatment.

100 participants with OCD took part in this study.

### *Results*

The results of this study will be discussed with regards to improving access to good quality CBT for OCD, for those who are often left feeling that nothing can be done to help them after treatment has been unsuccessful. Important directions for future research will be discussed.



# THURSDAY, SEP 6, 10:30

## Behavioural Medicine and Health

MARGARITA SLOF-OP 'T LANDT, ALEXANDRA DINGEMANS, MAYRON PICOLO, MELISSA ATKINSON, ORÇUN YORULMAZ, FRANCISCO ESTEVES / SANDRA MULKENS (CHAIR) **Speaker**

Chair: Sandra Mulkens, *Maastricht University*

**10:30 Functional and dysfunctional impulsivity in relation to impulsivity measures in an eating disorder sample**

Margarita Slof-Op 't Landt, Eric F. van Furth, *Rivierduinen Eating Disorders Ursula & Leiden University Medical Center*

**10:45 Executive functioning as predictor for treatment outcome in Binge Eating Disorder**

Alexandra Dingemans, C.B. Vanhaelen, *Rivierduinen Eating Disorders Ursula, Leiden*  
G.E. van Son, *Rivierduinen Quality of Care, Leiden*  
Eric F. van Furth, *Rivierduinen Eating Disorders Ursula & Leiden University Medical Center*

**11:00 Interactions between reward and hunger: mood reactions to reward in anorexia nervosa under starvation and satiety states**

Mayron Picolo, Chantal Martin-Sölch, *University of Fribourg*  
Gabriella Milos, Sena Bluemel, Sonja Schumacher, Christoph Müller-Pfeiffer, *University Hospital Zurich*  
Monique Ersnt, *National Institutes of Mental Health, Bethesda*

**11:15 Acceptability and preliminary efficacy of an online mindfulness-based eating disorder prevention programme: Results from a randomized controlled pilot study among young adult women**

Melissa Atkinson, *University of Bath & University of the West of England*  
Phillippa Diedrichs, *University of the West of England*  
Tracey Wade, *Flinders University*  
Nichola Rumsey, *University of the West of England*

**11:30 Highlights of Cognitive Model on Body Dissatisfaction: Examination of Several Factors in a Non-Western Culture**

Orçun Yorulmaz, *Dokuz Eylül University*  
Münire Kaytan, *Uludağ University*

**11:45 Attention and eating disorders**

Francisco Esteves, *Mid Sweden University & Instituto Universitário de Lisboa*  
Isabel Santos, *Instituto Universitário de Lisboa & Universidade Lusófona de Humanidades e Tecnologias, Lisboa*  
Jens Bernhardsson, Billy Jansson, Örjan Sundin, *Mid Sweden University*

**Abstracts:**

## **1) Functional and dysfunctional impulsivity in relation to impulsivity measures in an eating disorder sample**

Margarita C.T. Slof-Op 't Landt, Eric F. van Furth, *Rivierduinen Eating Disorders Ursula, Leiden, Netherlands & Department of Psychiatry, Leiden University Medical Center, Leiden, Netherlands*

Impulsivity – the tendency to act with little or no forethought, reflection or consideration of the consequences – is a multidimensional construct. It can be split into an ‘unhealthy’, when consequences of the lack of deliberation are undesirable, and a ‘healthy’ variant, when consequences are positive. In the current study the relation between both impulsivity variants and three commonly used impulsivity measures was examined in a group of patients with eating disorders (EDs). 185 patients with EDs (55 restricted type, 130 binge eating/purging type) completed the Dickman Impulsivity Inventory to assess Functional (‘healthy’) and Dysfunctional (‘unhealthy’) Impulsivity. In addition the Go/No Go task, the Iowa Gambling Task and the Inhibit subscale of the BRIEF-A questionnaire were completed. In regression analyses the association between Dysfunctional/Functional Impulsivity and the scores on the separate impulsivity measures were tested. Finally, the difference between ED types (binge eating/purging type is generally characterized by high impulsivity) was examined. Higher levels of Dysfunctional Impulsivity were associated with making more commission errors in the Go/No Go task ( $\beta=0.18$ , [95% CI:0.07;0.52],  $p<0.05$ ) and with a self-reported lower ability to resist impulses on the Inhibit subscale ( $\beta=0.57$ , [95% CI:1.68;2.55],  $p<0.01$ ). For both associations the effect was present in the binge eating/purging type but not in the restricted type patients. Functional Impulsivity was not associated with any of the impulsivity measures. Patients who reported more ‘unhealthy’ impulsivity were also more likely to show impulsivity on the Go/No Go task and the Inhibit scale. ‘Healthy’ impulsivity was not related to these impulsivity tasks.

## **2) Executive functioning as predictor for treatment outcome in Binge Eating Disorder**

Dingemans A.E., *Rivierduinen Eating Disorders Ursula, Leiden, the Netherlands*; van Son G.E., *Rivierduinen Quality of Care, Leiden, the Netherlands*; Vanhaelen C.B., *Rivierduinen Eating Disorders Ursula, Leiden, the Netherlands*; van Furth E.F., *Rivierduinen Eating Disorders Ursula, Leiden, the Netherlands*; *Department of Psychiatry, Leiden University Medical Center, Leiden, the Netherlands*

One of the key symptoms of Binge Eating Disorder (BED) is eating large amounts of food within a limited period of time while experiencing feelings of loss of control. Binge eating may serve as a means to escape from negative thoughts and worries, and to alleviate emotional distress. Executive functions play an important role in mediating self-control and self-regulation. It has been suggested that the inability to control eating in BED may indicate inefficiencies in executive functioning. This study investigated whether executive functioning predicted treatment outcome in patients with BED. Depressive symptoms and executive functioning (neuropsychological tests and a questionnaire) were assessed in 91 patients with BED. Eating disorder (ED-) symptoms (EDE-Q) were assessed every six months. Potential predictor variables were investigated using multivariate Cox regression models. Remission was defined by means of two different indicators based on the EDE-Q: 1. achieving abstinence of objective binge eating; and 2. showing a 50% reduction in baseline symptom ED severity and/or reaching the clinical significance cut-off. The results revealed no significant predictors for achieving abstinence of binge eating. . Severity of ED-psychopathology at baseline was the only significant predictor for 50% reduction ED-symptoms . An increase of 1 SD of the EDEQ global score was associated with a 42% decrease in the chance of a good outcome (HR=0.58 (95% CI: 0.37-0.93),  $p<0.01$ ). No associations were found between executive functioning and treatment outcome. Inefficiencies in executive functioning at baseline do not seem to play a role in the maintenance of the BED.

### **3) Interactions between reward and hunger: mood reactions to reward in anorexia nervosa under starvation and satiety states**

Picolo, Mayron, *Unit of Clinical and Health Psychology, University of Fribourg, Fribourg, Switzerland*; Milos, Gabriella, *Clinic for Psychiatry and Psychotherapy, University Hospital Zurich, Zurich, Switzerland*; Bluemel, Sena, *Division of Gastroenterology and Hepatology, University Hospital Zurich, Zurich, Switzerland*; Schumacher, Sonja; Müller-Pfeiffer, Christoph, *Clinic for Psychiatry and Psychotherapy, University Hospital Zurich, Zurich, Switzerland*; Ersnt, Monique, *Section on Neurobiology of Fear and Anxiety, National Institutes of Mental Health, Bethesda, USA*; Martin-Sölch, Chantal, *Unit of Clinical and Health Psychology, University of Fribourg, Fribourg, Switzerland*

#### *Introduction:*

Previous studies reported altered reward processing in anorexia nervosa (AN), showing reduced striatal activation to natural and monetary rewards as well as reduced dopamine function. In addition, anhedonia states are frequently reported in AN, potentially due to the physiological stress produced by the permanent starvation. Here, we investigated the effect of hunger and satiety on reward responses and associated mood reactions to monetary rewards in AN patients and healthy controls.

#### *Methods:*

24 participants with current AN diagnosis (BMI 14.4 (11.9-15.5) kg/m<sup>2</sup>) and 17 age and gender matched healthy, normal weight subjects (BMI 21.8 (18.9-24.9) kg/m<sup>2</sup>) without psychiatric disorders performed a validated reward task (wheel of fortune), involving uncertainty (50/50 probability of winning high and low reward), safe and risky (30/70 and 10/90 probabilities) conditions, while fasting (session 1, before eating) and after ingestion of a standard meal (session 2, after eating). Subjects rated their mood through the positive and negative affective schedule (PANAS) questionnaire before and after the task in each session. Data analysis was done with linear mixed models.

#### *Results:*

While fasting, healthy women (HW) showed higher hunger ratings than AN participants while this difference disappeared after meal intake. Across groups and sessions, positive affect was rated higher after the reward task compared to before. In general, HW reported higher positive and lower negative affect ratings than those with AN. HW and AN reported very similar positive mood in response to reward, while negative mood after not winning was more prominent in HW than in AN, mostly involving risky conditions.

#### *Discussion:*

Mood reactivity to monetary reward is stronger under starvation compared to satiety for both HW and AN. However, the general mood refers mostly to winning a monetary reward, and this does not seem to be impaired in AN, while negative mood after not winning is stronger in HW compared to AN. Also, patients with AN report less hunger under starvation compared to healthy controls, and this could mean that hunger has less effect on mood in AN than in the general population. In addition, our results suggest that negative but not positive mood is less adaptive in AN.

#### *Conclusion:*

Our study shows that hunger does not have the same effect in AN compared to HW, and also that people with AN may not respond to not getting a monetary reward as does the healthy population. The awareness of this fact might lead to changes in clinical practice targeting this population.

### **4) Acceptability and preliminary efficacy of an online mindfulness-based eating disorder prevention programme: Results from a randomized controlled pilot study among young adult women**

Melissa Atkinson, *Department of Psychology, University of Bath, Bath, United Kingdom; Centre for Appearance Research, University of the West of England, Bristol, United Kingdom*; Philippa Diedrichs, *Centre for Appearance Research, University of the West of England, Bristol, United Kingdom*; Tracey Wade, *School of Psychology, Flinders University, Adelaide, South Australia*; Nichola Rumsey, *Centre for Appearance Research, University of the West of England, Bristol, United Kingdom*.

#### *Introduction:*

Mindfulness-based eating disorder (ED) prevention has received support when face-to-face, however dissemination is impeded by limited uptake and reliance on experts. This study therefore assessed online delivery for reducing ED risk factors.

#### *Method:*

Undergraduate women ( $N=174$ ,  $M_{age}=20.34$ ,  $SD=1.67$ ;  $M_{BMI}=23.78$ ,  $SD=4.97$ ) were allocated to self-guided online mindfulness (3 x 30min weekly modules) or active control (body image tips). ED symptoms and risk factors were assessed at baseline, post-intervention and 3-months.

#### *Results:*

Of 87 allocated to mindfulness, 40% completed the first module and 25% completed all three. Moderate acceptability was indicated across understanding, effectiveness, enjoyment, ease of use, and likelihood of continued use ( $M_s=3.56-4.25$ ). Qualitative feedback for non-completion included lack of time, being too busy or forgetting, too much written content and reading, and not being personally useful. Per-protocol analysis revealed a significant interaction for negative affect, with completers reporting lower negative affect than control at 3-months (Cohen's  $d = 0.69$ ). A similar pattern was observed for weight and shape concerns ( $d = 0.39$ ), ED symptoms ( $d = 0.27$ ), and body image inflexibility ( $d = 0.39$ ), although not significant. Participants completing only the first module showed higher anxiety than control at post-intervention.

#### *Discussion and conclusion:*

Findings highlight sleeper effects of mindfulness practice, with potential initial discomfort likely contributing to drop-out. Despite promise for reducing ED risk factors, poor compliance resulted in lack of power to detect significant effects, and indicates limited feasibility of the intervention in this format. Future implementation will require adaptations to increase engagement and maximise impact.

### **5) Highlights of Cognitive Model on Body Dissatisfaction: Examination of Several Factors in a Non-Western Culture**

Orçun Yorulmaz, Münire Kaytan, *Department of Psychology, Faculty of Letters, Dokuz Eylül University, Izmir-Turkey*; Department of Psychology, Faculty of Arts and Science, Uludağ University, Bursa-Turkey

According to the cognitive model (Veale & Neziroglu, 2010; Philips, 2009), attentional and cognitive biases, repetitive safety and/or avoidance behaviors as well as emotional states play critical roles in body dissatisfaction which is a core element in Body Dysmorphic Disorder. Although phenomenological consistency was reported throughout the world for this condition, few research have examined roles of these correlates in other than Western countries; yet, as the cultural characteristics and globalization are considered, this cognitive model and relevant factors needs to be verified. Accordingly, the present study aimed to investigate the main tenets of this model in a Turkish community sample with a cross-sectional design. After giving informed consent, 313 adults completed the self-report measures of body dissatisfaction, self-consciousness, basic emotions, social appearance anxiety and coping strategies of body image. Correlational analyses indicated that body dissatisfaction were positively associated with self-consciousness, social appearance anxiety and coping strategies of avoidance and appearance fixing as well as emotions of fear and disgust. Moreover, females also scored higher on those measures, except for disgust. Finally, hierarchical regression analysis confirmed the roles of gender, fear, fixing appearance, avoidance and appearance anxiety in whole

sample, while it seems that these factors were highlighted more among females. In conclusion, the core factors of the cognitive model of the body dissatisfaction as well as gender difference was confirmed once more in a non-Western country; thus, it appears that these cognitive factors have important impacts, regardless of culture. In other words, people who were more self-conscious and who reported more fear and anxiety about their appearance with more use of problematic strategies are more prone to experience body dissatisfaction. Furthermore, the current findings suggest that prevention studies and psychoeducation programs for the BDD focusing on some emotions, cognitive biases and ways of coping toward body image are strongly needed.

## **6) Attention and eating disorders**

Francisco Esteves, *Mid Sweden University, Östersund, Sweden; Instituto Universitário de Lisboa (ISCTE-IUL), Portugal*; Isabel Santos, *Instituto Universitário de Lisboa (ISCTE-IUL), Portugal; Universidade Lusófona de Humanidades e Tecnologias, Lisboa, Portugal*; Jens Bernhardsson, *Mid Sweden University, Östersund, Sweden*; Billy Jansson, *Mid Sweden University, Östersund, Sweden*; Örjan Sundin, *Mid Sweden University, Östersund, Sweden*;

In recent decades, there has been an increase in dysfunctional eating patterns related to eating disorders. Worries about healthier food, or attitudes related to ethical/environmental issues, or anxiety related to the way our own body corresponds to social desirability standards, might contribute to that behaviour. Furthermore, this problem is not limited to diagnosed eating disorders, but it affects many people who, although they do not meet the diagnostic criteria, show a very problematic way to cope with their food intake. A research strategy to increase the knowledge about possible psychological mechanisms involved is to study the perception we have of food stimuli and of our body. In a series of experimental studies, attentional patterns towards different types of food images (high or low calorie), and towards images of different body shapes (thinner or fatter), were studied. Gaze direction during free observation of several simultaneously presented stimuli was recorded by means of eye tracking. In general, the results showed that the participants with more symptoms of eating disorders had an attention bias towards high-calorie foods (i.e. looked longer to high calorie food pictures), and that women with higher body dissatisfaction looked more (longer) at the thin bodies than at the fatter ones. These results suggest interesting possibilities of using measures of ocular behaviour in the early detection of eating disorders, and maybe possibilities of improving clinical and preventive interventions.

# THURSDAY, SEP 6, 10:30

## General Psychological Processes and Neuroscience

IFTAH YOVEL, AYŞEGÜL KART, ADI DAYAN RIVA, SIRMA BOYKOVA **Speaker**

### 10:30 Assessing Anxiety Sensitivity Non-Directly Using the Questionnaire-Based Implicit Association Test (qIAT)

Iftah Yovel, *The Hebrew University of Jerusalem*  
Ariela Friedman, *The Hebrew University of Jerusalem*  
Gidi Aviram, *The Hebrew University of Jerusalem*  
Psychology Department, *The Hebrew University of Jerusalem*

### 10:45 Relation of Metacognitions and Avoidance in Agoraphobia

Ayşegül Kart, *Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital*  
Mehmet Hakan Türkçapar, *Hasan Kalyoncu University*

### 11:00 You Are What You Do: Response Conflict and Enhanced Action Tendencies in Obsessive-Compulsive Disorder

Adi Dayan Riva, *Ben Gurion University in the Negev*

### 11:15 Combined application of cognitive behavioral therapy and EEG feedback (neurotherapy) - case presentations

Sirma Boykova, *CBT and Neuro Training Center, Varna*  
Slavena Bolova, *CBT and Neuro Training Center, Varna*

11:30 *Discussion*

## **Abstracts:**

### **1)Assessing Anxiety Sensitivity Non-Directly Using the Questionnaire-Based Implicit Association Test (qIAT)**

*Iftah Yovel, Ariela Friedman, Gidi Aviram, Psychology Department, The Hebrew University of Jerusalem, Jerusalem, Israel*

#### Introduction:

Anxiety sensitivity (AS; fear related to experiences of anxiety) is a well researched transdiagnostic risk factor, particularly germane to anxiety disorders. To date, AS has been typically measured by self-report questionnaires. However, self-report methods are prone to biases related to inaccurate or



incomplete self-knowledge and to a variety of self-presentational strategies. This limitation may be particularly relevant in therapy outcome studies, where clients might be motivated to exaggerate their symptoms due to secondary gains, or alternatively feel pressured to report a higher degree of improvement. Reaction-time (RT)-based Implicit assessment methods such as the implicit association test (IAT; Greenwald et al, 1998) can access self-knowledge in a relatively automatic manner and provide incremental information to standard self-reports in research and clinical contexts. Until recently, however, the scope of implicit assessment has been restricted due to limitations of existing RT-based implicit measures (e.g., the use of single words as stimuli).

#### Methods:

In the present study, we examined a novel method of implicitly assessing AS, using the Questionnaire-Based Implicit Association Test (qIAT; Yovel & Friedman, 2013). The qIAT is an implicit RT-based method that is similar to the IAT, but it also resembles the assessment procedures of self-report questionnaires. Most importantly, the qIAT uses full sentences (e.g., ordinary questionnaires' items) rather than single words as stimuli, and it therefore clearly assesses intended constructs, rather than mere associations. To examine the reliability, convergent and discriminant validity of the implicit assessment of AS, participants (N = 132) completed self-report measures of three different constructs: AS, Need for Closure (NFC) and Aggressive Humor (AGH), as well as the AS-qIAT.

#### Results:

The split-half reliability (Spearman-Brown corrected) of the AS-qIAT was 0.90. Supporting the convergence and discriminant validity of implicit measurement of AS, the correlation between the explicit and implicit scores of AS was significant,  $r = .41$ ,  $p < .001$ , and it was significantly larger ( $p$ 's  $< .05$ ) than the correlations of the AS implicit scores with the two other scales, NFC ( $r = .18$ ) and AGH ( $r = .14$ ).

#### Conclusions:

Taken together, these findings open the door for the implicit measurement of AS, as well as additional complex constructs formerly assessed exclusively by self-report scales, in a wide variety of clinical contexts.

## 2) Relation of Metacognitions and Avoidance in Agoraphobia

*Ayşegül Kart, MD, Psychiatrist, Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital ; Mehmet Hakan Türkçapar, Professor of Psychiatry, Department of Clinical Psychology, Hasan Kalyoncu University, Istanbul/Turkey*

#### Introduction:

Agoraphobia is defined as a marked fear or anxiety and avoidance of a wide range of situations. Recently, in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) agoraphobia is diagnosed independently of panic disorder and in clinical samples prevalence of agoraphobia without panic attacks is low. Thus, there's few data about agoraphobia without panic disorder in the literature. In this study we aimed to study relationship of avoidance and metacognition in agoraphobia

#### Method:

77 agoraphobic patients (69% women, 31% men) completed Mobility Inventory for Agoraphobia (MIA) and Metacognitions Questionnaire (MCQ)

#### Results:

There were statistically strong correlations between total and cognitive confidence, positive beliefs about worry, cognitive self-consciousness, negative beliefs about uncontrollability of thoughts and

danger, beliefs about need to control thoughts subscales of MCQ and avoidance alone ( $p < 0,001$  in all correlations) and avoidance accompanied subscales ( $p < 0,001$ ,  $p < 0,001$ ,  $p = 0,002$ ,  $p < 0,001$ ,  $p < 0,001$ ,  $p = 0,003$ , respectively) of MIA

#### Discussion:

Dysfunctional metacognitions might be a vulnerability factor for occurrence and maintenance of anxiety disorders. In this study, there was not any significant difference according to metacognitive beliefs between avoidance alone and accompanied in Agoraphobia. The lack of a control group was our limitation.

#### Conclusion:

For a better recognition of Agoraphobia, further studies are needed.

### **3) You Are What You Do: Response Conflict and Enhanced Action Tendencies in Obsessive-Compulsive Disorder**

*Adi Dayan Riva, Ben Gurion University in the Negev*

Obsessive-compulsive disorder (OCD) is a psychiatric disorder characterized by recurrent and intrusive thoughts and/or behaviors. OCD symptoms are often triggered by external stimuli. It has therefore been suggested that difficulty inhibiting responses to stimuli associated with strong action tendencies may underlie symptoms. The current study examined at the brain electrophysiological level, whether such stimuli, associated with a strong automatic response, are associated with enhanced action response tendencies in OCD participants relative to healthy controls. The event-related potential (ERP) component of the lateralized readiness potential (LRP) was used as a measure of action tendencies. ERPs were recorded while 38 participants with OCD and 38 healthy controls performed a variation of the Stroop task using colored arrows. Results showed that the OCD group presented greater LRP amplitudes over bilateral fronto-parietal areas than the control group. This LRP effect was found in the incongruent trials. Results support the hypothesis that stronger readiness for action characterizes OCD, especially when there is a need to suppress a dominant response tendency. These findings were found to be specific to OCD, and were not associated with anxiety and depression symptoms. These findings support the notion of stronger habitual behavior and embodiment tendencies in OCD, which may serve as a preliminary step towards altering the focus of OCD treatment leaning further towards action focused approaches.

### **4) Combined application of cognitive behavioral therapy and EEG feedback (neurotherapy) - case presentations**

*Sirma Boykova, CBT and Neuro Training Center, Varna*

*Slavena Bolova, CBT and Neuro Training Center, Varna*

Biofeedback therapy, and EEG feedback in particular, has undergone rapid development in the last two decades. The method has been successfully applied both alone and in combination with other therapeutic approaches for prevention and treatment of a wide range of psychiatric, psychosomatic, and neurological disorders.

The concept of parallel application of cognitive behavioral therapy and neurotherapy is relatively new. However, studies have shown that the combined application considerably enhances the effectiveness of both therapies.

The parallel work through both approaches allows for a more complete and clearer picture of the patient's condition as far as the diagnosis is concerned, and helps to refine the direction of therapeutic work. It supports the therapist in the psychoeducational part by allowing for a demonstration of



various psychosomatic dependencies. It also allows for a follow-up, in real time, of the changes in the patient's condition and objectifies the results of therapy.

In this report we will show the results of the combined application of cognitive behavioral therapy and EEG feedback therapy in three cases with different clinical pictures.

# THURSDAY, SEP 6, 14:00

## General Mental Health

**BETTY LIAO, METAXIA TOUMBELEKIS, ENRIQUE MERGELSBERG, ASHER STRAUSS, GÜLİZ ŞENORMANCI / ARNOUD ARNTZ (CHAIR) *Speaker***

Chair: Arnoud Arntz, *University of Amsterdam*

### 14:00 **The Effects of Attention Allocation on Fear Extinction**

Betty Liao, *University of California San Francisco-Fresno*

Michelle Craske, *University of California Los Angeles*

### 14:15 **Thinking of your loved one can reduce fear learning.**

Metaxia Toumbelekis, Belinda J. Liddell, Richard A. Bryant, *UNSW Sydney*

### 14:30 **An Investigation into Factors that Influence Successful Attention Bias Modification Training**

Enrique Mergelsberg, Patrick Clarke, Ottmar Lipp, *Curtin University*

### 14:45 **Does Uncertainty Induce Checking Behavior in the Lab? A Meta-Analysis of OCD and Checking**

Asher Strauss, Issac Fradkin, Jonathan D. Huppert, *The Hebrew University of Jerusalem*

Omer Linkovski, *Stanford University*

Gideon Anholt, *Ben-Gurion University of the Negev*

### 15:00 **Comparison of Metacognitions in Obsessive Compulsive Disorder, Generalized Anxiety Disorder, Panic Disorder and Healthy Controls**

Güliz Şenormanci, *University of Health Sciences Bursa*

Ramazan Konkan, *University of Health Sciences Bakirkoy*

Oya Güçlü, Ömer Şenormanci, *University of Health Sciences Bagcilar*

15:15 Discussion

## **Abstracts:**

### **1) The Effects of Attention Allocation on Fear Extinction**

Betty Liao, *Center for Medical Education and Research, University of California San Francisco-Fresno*; Michelle Craske, *Department of Psychology, University of California Los Angeles*.

Although the literature on fear conditioning and the literature on selective attention to threat have received wide support and have consequently implicated the treatment of anxiety disorders in their own right, there is very little integration and reconciliation of the two into a more parsimonious, yet comprehensive, theory of anxiety development, maintenance, and treatment. This study attempted to integrate both bodies of work by examining the effect of attention bias modification training upon Pavlovian fear extinction. This study tested the prediction that training attention towards the threat cue (CS+) would facilitate fear extinction; whereas training attention towards the safety cue (CS-) would impair fear extinction. High trait-anxious participants were trained to attend towards the threat cue, towards the safety cue, or equally to both cues in a modified dot probe task. Next, transfer of attention processing tendencies was examined in a differential conditioning paradigm across 2 visits. Results indicated participants trained to attend towards the safety cue demonstrated temporary

enhancement of extinction performance, but it did not persist through Visit 2. Participants trained to attend towards the threat cue demonstrated reduced fear responding on an expectancy measure of conditioning that did not become apparent until Visit 2. These results suggest that attention training towards the threat cue may benefit extinction learning in the long-term and that attention training towards the safety cue may provide short-term relief from fear. Other clinical implications will be discussed.

## **2) Thinking of your loved one can reduce fear learning.**

Metaxia Toumbelekis; Belinda J. Liddell; Richard A. Bryant, *School of Psychology, UNSW Sydney, Australia*

We have evolved to seek proximity to our attachment figures especially during times of distress or threat. Attachment theory has been studied extensively in infants for decades. More recently, the literature has begun to elucidate the benefits of this proximity-seeking behaviour to attachment figures even in adulthood. There is evidence that even thinking of an attachment figure elicits a range of psychological benefits and enhances emotion regulation. However, the extent to which activating attachment representations impact acquisition and extinction of fear memories has not yet been thoroughly studied. This research question would have important implications for our understanding of how fear develops and how it can be better treated. In this study, 50 participants underwent a standard fear conditioning and extinction paradigm. Half the participants thought about a supportive attachment figure and half thought about a non-attachment positive experience prior to the fear conditioning. All participants then underwent a differential fear conditioning and fear extinction paradigm, and returned two days later for an extinction recall task. Fear-potentiated startle and subjective expectancy of shock ratings were measured as the primary indicators of fear learning across trials. The attachment prime significantly reduced the acquisition of fear-potentiated startle ( $p = 0.028$ ), and this lower level of fear was maintained at the extinction recall task ( $p = 0.028$ ). These results demonstrate that attachment primes can modulate the acquisition of conditioned fear. These findings provide preliminary evidence for the protective nature of attachment relationships at times that are characterized by fear learning. Future studies will examine the impact of attachment primes on fear extinction to identify if this protective mechanism can boost the learning process occurring during exposure-based therapies such as in Cognitive-Behavioral Therapy (CBT).

## **3) An Investigation into Factors that Influence Successful Attention Bias Modification Training**

Enrique L.P. Mergelsberg, Patrick J.F. Clarke, Ottmar V. Lipp, *School of Psychology, Curtin University, Perth, Australia*

Attention is at default a biased mechanism that guides our perception. It is believed that the tendency to selectively attend to negative information can lead to the development and maintenance of emotional and non-emotional disorders. A substantial body of literature has sought to examine the potential therapeutic benefits of modifying biased attention in an attention bias modification (ABM) paradigm. ABM typically employs the dot-probe task (DPT) to assess and train selective attention. Previous studies have shown that if selective attention training is successful, it leads to a decrease in attention bias and, subsequently, disorder-related symptoms. However, the conditions under which selective attention can be reliably and successfully modified with a DPT is still unclear. The two experiments conducted investigated how malleable attention bias is and what role contingency awareness plays in ABM using the DPT. In an attempt to establish a baseline for the training and transfer of ABM with DPT, Experiment 1 used only neutral stimuli (shapes). First, participants ( $n = 46$ ) were trained in 160 trials towards one of the two shapes in a 95/5% contingency, within training, the 95% congruent was compared with the 5% incongruent trials to assess if training was successful. Then possible transfer was assessed in a 50/50% contingency in a post-training assessment (80 trials). Secondly, the contingency was reversed in the second training, attention bias was assessed and in the

end contingency awareness was reported. It was found that only in the second training, selective attention was successfully modified, however, only when participants were aware of the stimulus-target contingency ( $n = 23$ ). This effect was not transferred to the post-training assessment. Overall, it was concluded that selective attention towards neutral stimuli is malleable when aware of the stimulus-target contingency, and that 160 training trials may not be enough to achieve initial training. The second experiment included emotional stimuli and investigated if attention control mediates contingency awareness and training of selective attention. Participants ( $n = 120$ ) completed anxiety questionnaires and a baseline assessment of selective attention of 80 trials. Then a training of 240 trials, either towards angry or neutral faces or no training (control), was followed by a post-assessment. Finally, contingency awareness was reported, and attention control and state anxiety were assessed. Firstly, the findings showed that participants in the trained towards neutral condition did not become aware of the contingency (compared to 50% in the trained towards angry condition). This could possibly explain why the effect of awareness was only marginally significant this time. Secondly, individual measures of anxiety and attention control did not explain any variance. Finally, it was replicated that there was no transfer evident from training to assessment. The lack of transfer to assessment could suggest that the assessment is influencing the pattern of bias rather than simply capturing what happens in training. These results give insight in important factors that influence successful training of selective attention in ABM. This insight could help improve ABM and deliver better methods that also may transfer to the clinic.

#### **4) Does Uncertainty Induce Checking Behavior in the Lab? A Meta-Analysis of OCD and Checking**

Asher Strauss, Issac Fradkin, *Department of Psychology, The Hebrew University of Jerusalem*; Linkovski Omer, *Department of Psychiatry and Behavioral Sciences, Stanford University*; Gideon Anholt, *Department of Psychology, Ben-Gurion University of the Negev*; Jonathan D. Huppert, *Department of Psychology, The Hebrew University of Jerusalem*.

Obsessive compulsive disorder (OCD) is characterized by repetitive ritual behaviors that the person feels compelled to perform. A common reported compulsion in OCD is checking. Recently, an important model for the onset and maintenance of compulsive checking has been proposed: feelings of uncertainty prompt the checking behavior, and the checking behavior itself perpetuates feelings of uncertainty, resulting in a vicious cycle. While this proposed model is congruent with several recent findings and appeals to clinical intuition, the context and means in which individuals suffering from OCD react with checking behavior is not fully understood. In fact, past reports have been mixed. More importantly, given that uncertainty is suggested by the model to both promote checking and result from checking, the mere observation that OCD is associated with tendency to check does not imply that uncertainty causes checking, nor that checking causes uncertainty. To support the model, both directions need to be empirically substantiated in the lab. The purpose of the current meta-analysis is to examine the causal role of uncertainty as promoting checking. Four databases (PsycNet, Pubmed, Web of Science, and Proquest) were searched for experimental tasks in which uncertainty was manipulated and a behavioral measure of checking was obtained. Eligible studies were required to include: 1) A task in which participants were forced to decide between two or more options 2) Exploration of options and exploitation of options were separate phases. 3) The amount of checking behavior was measured via a behavioral measure (checking could refer to requesting the same information again or new information) 5) Direct comparison between adult with a primary diagnosis of OCD and healthy controls. 6) Treatment studies will be included only if pre-treatment test scores were reported. 7) Only studies written in English or translated to English will be included. Our search, after removing duplicates, yielded 1927 studies. We are currently engaged in abstract screening and study coding. So far 19 studies have met inclusion criteria. Various tasks were identified including: the bead task, card task, information sampling task, delayed matching to sample task, virtual reality checking task and eye tracking checking task. Possible moderators which are being coded and examined include but are not limited to: stimulus type (anxiety provoking / OCD threat provoking / neutral), consequence of decision (reward / punishment / none) and checking type (new / same information). Analysis will be conducted using a multilevel random-effect model to account for the

nested nature of the data (e.g. multiple dependent variables within tasks). Detailed results will be presented and discussed within the context of the onset and maintenance model for checking behavior.

## **5) Comparison of Metacognitions in Obsessive Compulsive Disorder, Generalized Anxiety Disorder, Panic Disorder and Healthy Controls**

Güliz Şenormanci, Ramazan Konkan, Oya Güçlü, Ömer Şenormanci, *University of Health Sciences Bursa Yüksek İhtisas Training and Research Hospital, University of Health Sciences Bakırköy Training and Research Hospital, University of Health Sciences Bağcılar Training and Research Hospital*

### *Background:*

Although there are studies evaluating dysfunctional metacognitive functions in anxiety disorder and depression, as far as we know, there is no study investigating metacognitive functions in obsessive compulsive disorder (OCD), generalized anxiety disorder (GAD), panic disorder (PD) and healthy control (HC) groups. The aim of the present study was to compare metacognitions in OCD, GAD, PD and HC groups.

### *Methods:*

The present study included 106 OCD, 100 GAD and 104 PD patients who referred to Bakırköy Training and Research Hospital met study criteria and 105 HC. In the present study, Metacognition Questionnaire-30 (MCQ-30), Beck Depression Inventory (BDI), Generalized Anxiety Disorder-7 (GAD-7), Panic and Agoraphobia Scale (PAS), Yale-Brown Obsessive Compulsive Scale (Y-BOCS) were used to evaluate patients. Groups were compared in terms of metacognition with and without controlling confounding effects of depression level.

### *Results:*

MCQ-30 cognitive confidence (CC) score in OCD group was significantly higher than that in HC. When depression levels were controlled for, significant difference between HC and OCD groups with regard to MCQ-30 CC scores disappeared. MCQ-30 negative beliefs about uncontrollability of thoughts and danger (NBUD) score was significantly higher in GAD group than HC group, but when the confounding effect of depression was controlled for, this significance disappeared.

### *Conclusions:*

OCD, GAD and PD have some characteristics in terms of dysfunctional metacognitions. No clear unique profile exists among the groups. This indicates that it could represent a transdiagnostic phenomenon.

### *Keywords:*

Metacognition, obsessive compulsive disorder, generalized anxiety disorder, panic disorder, depression

# THURSDAY, SEP 6, 14:00

## Behavioural Medicine

**Ivan Koychev, Melanie Schellekens, Martti T. Tuomisto, Rosalie van Woezik, Melanie P. J. Schellekens, Jon Fridrik Sigurdsson (chair) Speaker**

Chair: Jon Fridrik Sigurdsson, *Reykjavik University*

### **14:00 CBT for Neuropsychiatric Symptoms of Parkinson's Disease: A Review of the Evidence**

Ivan Koychev, *University of Oxford*  
David Okai, *Oxford University Hospitals NHS Foundation Trust*

### **14:15 Are mindfulness and self-compassion related to psychological distress and communication in couples facing lung cancer? A dyadic approach**

Melanie Schellekens, *Helen Dowling Institute*  
Johan C. Karremans, *Radboud University, Nijmegen, Behavioural Science Institute*

### **14:30 Characteristics of Patients in Bariatric Surgery and the Development of their Weight**

Martti T. Tuomisto, *University of Tampere*  
Maaria Nikunen, *Tampere University Hospital*  
Satu-Sisko Koivula, *University of Tampere*  
Jyrki Ollikainen, *University of Tampere*  
Lauri Parkkinen, *University of Tampere*  
Ulla Siljamäki-Ojansuu, *Tampere University Hospital*

### **14:45 "Less Fear after Cancer": Insights from a Tailored Online Self-help for Fear of Cancer Recurrence**

Rosalie van Woezik, *Helen Dowling Institute*  
van Helmondt, S. J., *Helen Dowling Institute*  
de Vries, J., *Tilburg University*  
van der Lee, M. L., *Helen Dowling Institute*

### **15:00 The interconnectedness of fatigue, depression and anxiety in cancer patients seeking psychological care: A network approach**

Melanie P. J. Schellekens, *Helen Dowling Institute*  
Marije D. J. Wolvers, *Helen Dowling Institute*  
Tom Bootsma, *Helen Dowling Institute*  
Maya J. Schroevers, *University of Groningen*  
Angelique O. J. Cramer, *Tilburg University*  
Marije L. van der Lee, *Helen Dowling Institute*

### **15:15 Online Mindfulness-based Cognitive Behavioral Therapy reduces Chronic Cancer-Related Fatigue. Results of a 3-armed Randomized Controlled Trial and insights about the working alliance in online therapy.**

Marije L. van der Lee, *Helen Dowling Institute, the Netherlands*

F.Z. Bruggeman-Everts, J. Bruggeman, M.D.J. Wolvers, R. van de Schoot, M.M.R. Vollenbroek-Hutten

## **Abstracts:**

### **1) CBT for Neuropsychiatric Symptoms of Parkinson's Disease: A Review of the Evidence**

*Ivan Koychev, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, UK; David Okai, Psychological Medicine Service, Oxford University Hospitals NHS Foundation Trust, Oxford, UK*

Neuropsychiatric symptoms are common in Parkinson's disease (PD) and have a disproportionate impact on quality of life and carer burden. Cognitive-behavioural therapy (CBT) is a viable alternative to pharmacological treatment and in this paper we will review the current evidence for its efficacy in the treatment of depression and anxiety, impulse-control disorder (ICD) and insomnia. We conducted a systematic search and identified a range of studies ranging from case reports to randomised controlled trials. The largest body of evidence concerned depression and anxiety symptoms. We found that CBT protocols were frequently modified to account for psychological problems that are more prevalent in PD: anxiety modules were prioritised with a focus on relaxation techniques, recognising motor symptoms as triggers of anxiety and the highly prevalent fear of falling. Loss of motivation is highly prevalent leading to a number of CBT protocols including behavioural activation modules with emphasis on activity scheduling around on/off periods. Overall, there was consistent evidence for moderate improvement in self-reported depressive and anxiety scores post-treatment and at follow-up assessments of up to 3 months. This outcome is further strengthened by evidence of similar effects where CBT is delivered remotely as difficulty attending appointments physically is a major limiting factor PD patients' access to CBT. Limited but encouraging evidence exists also for targeted treatment of insomnia and ICD. Overall, our review demonstrated growing evidence base for the treatment of neuropsychiatric symptoms of PD with CBT and highlighted the need for adequately powered studies in this area.

### **2) Are mindfulness and self-compassion related to psychological distress and communication in couples facing lung cancer? A dyadic approach**

*Melanie P. J. Schellekens, Helen Dowling Institute, Centre for Psycho-Oncology, Bilthoven, the Netherlands; Johan C. Karremans, Radboud University, Nijmegen, Behavioural Science Institute, the Netherlands; Miep A. van der Drift; Desiree G. M. van den Hurk; Johan Molema, Radboud university medical centre, Department of Lung Disease, Nijmegen, the Netherlands; Judith B. Prins, Radboud university medical centre, Department of Medical Psychology, Nijmegen, the Netherlands; Anne E. M. Speckens, Radboud university medical centre, Department of Psychiatry, Nijmegen, the Netherlands.*

#### *Introduction:*

Lung cancer is the leading cause of cancer death worldwide. Patients suffer from severe physical symptoms and undergo intensive treatment. Both patients and their spouses report



high rates of distress. Most studies have examined the factors associated with psychological and relational distress for patients and their spouses separately. Yet, partners in long-term relationships are interdependent, mutually affecting each other. Due to the increasing popularity of and evidence for mindfulness-based interventions in cancer, mindfulness and self-compassion have been identified as potentially helpful skills for those who are coping with cancer. This dyadic study (1) examined whether mindfulness skills and self-compassion are associated with lower psychological distress and better communication about cancer in couples facing lung cancer and (2) explored whether the mindfulness skills and self-compassion of one partner might be associated with the psychological distress and communication about cancer of the other partner.

#### *Method:*

Using the Actor Partner Interdependence Model, self-reported mindfulness skills, self-compassion, psychological distress and communication about cancer were analyzed in a cross-sectional sample of 88 couples facing lung cancer.

#### *Results:*

No main differences were found between patients and spouses regarding psychological distress or communication about cancer. Regarding psychological distress, we found that in both partners, one's level of mindfulness skills ( $B = -.19, p = .002$ ) and self-compassion ( $B = -.43, p = .001$ ) were negatively related to distress. Regarding communication about cancer, one's self-compassion ( $B = .03, p = .023$ ) was negatively associated with communication in both partners while mindfulness was not. At a dyadic level we found that when one's self-compassion was lower, the self-compassion of the partner was negatively related to one's distress ( $B = .04, p = .028$ ). A trend suggested that mindfulness of one partner was related to more open communication in the other partner ( $B = .01, p = .070$ ).

#### *Discussion:*

Findings are consistent with previous research showing mindfulness and self-compassion are related to psychological wellbeing and communication. Interestingly, dyadic findings suggested that when one's own self-compassion is low, the self-compassion of one's partner seems to buffer one's own psychological distress. Furthermore, open communication was not predicted by one's own levels of mindfulness but marginally by one's partners' mindfulness skills, emphasizing the role of the partner in communication. Note, however, that the cross-sectional design prevents us from drawing conclusion about the causal relationship between the predictors (mindfulness and self-compassion) and the outcome variables (psychological distress and communication about cancer).

#### *Conclusion:*

Present findings give a first indication that mindfulness skills and self-compassion may go beyond the individual and could impact couple functioning. Future research should explore mindfulness and self-compassion in longitudinal dyadic designs to confirm their protective causal role in couples facing (lung) cancer.

### **3) Characteristics of Patients in Bariatric Surgery and the Development of their Weight**

*Martti T. Tuomisto, Faculty of Social Sciences (Psychology), University of Tampere, Finland; Maaria Nikunen, Department of Clinical Nutrition, Tampere University Hospital, Tampere, Finland; Satu-Sisko Koivula, Faculty of Social Sciences (Psychology), University of Tampere, Finland; Jyrki Ollikainen, Faculty of Natural Sciences, University of Tampere, Finland;*



*Lauri Parkkinen, Faculty of Social Sciences (Psychology), University of Tampere, Finland;  
Ulla Siljamäki-Ojansuu, Department of Clinical Nutrition, Tampere University Hospital,  
Tampere, Finland;*

Knowledge for the basis of choice of patients for bariatric surgery is not well established even if bariatric surgery is the treatment of choice for extreme obesity. In this report, from 80 to 90 patients' results are reported depending on availability as the research project is going on. Psychometric instruments used in the assessments were the following: (1) Weight and Lifestyle Inventory (WALI), and (2) the Questionnaire of Risk Situations for Overeating. The mean BMI of the group was reduced during the four phases of the project up to one-year after the operation: 43.3 (SD = 4.3), 42.4 (4.5), 37.2 (4.2), and 32.9 (5.3),  $F = 26.46$  (1, 85),  $p = .000005$ . The operated patients had the following characteristics 2 months before the operation: The mean BMI was 42.3 (SD = 5.0); the mean age was 47.4 (8.5) years. According to the WALI, 43.5% had binge eating; 23.2% could often not stop eating when started; 40.0% considered weight and body shape to be among the most important things in their life. However, none of the patients had purging behaviour. The majority (78.3%) of the group had obstacles preventing exercise (such as pain in their knees, joints, and back). The patients watched TV 2.6 hours per day, 30.0% considered themselves to have low self-esteem, and 45.1% had mental health problems. However, 77.8% had family who supported their efforts in weight management. The most worrying thing for this patient group was that 36.2% had experienced physical abuse, 26.1% had had sexual abuse, and 44.9% had had alcoholism in their family. It was surprising that 17.4% of the group had all these three serious issues in their family and 62.3% had at least one of these issues in the family! The current situation was also problematic for many as 36.2% had work stress that was more serious than usual. The biggest risk situations for overeating were common holidays, when having an urge for eating, and when having stress. The most common risk situations for overeating were these: when in good mood, when having stress, and when tired. When we analysed the risk situations as groups, the biggest risk was associated with special events (e.g., common holidays, 78.9% had at least one such risk situation with rather big risk), environment in general was associated with the next biggest risk (e.g., in good weather, 67.8%), physiological state (e.g., tiredness, 64.4%), emotional state (e.g., good mood, 63.3%), and social problems (e.g., problems in the family, 44.4%), respectively. This patient group has serious problems in their history, and the development of their characteristics and symptoms during the bariatric process and after that merit careful analysis and conclusions.

#### **4) “Less Fear after Cancer”: Insights from a Tailored Online Self-help for Fear of Cancer Recurrence**

*Martti T. Tuomisto, Faculty of Social Sciences (Psychology), University of Tampere, Finland;  
Maaria Nikunen, Department of Clinical Nutrition, Tampere University Hospital, Tampere,  
Finland; Satu-Sisko Koivula, Faculty of Social Sciences (Psychology), University of Tampere,  
Finland; Jyrki Ollikainen, Faculty of Natural Sciences, University of Tampere, Finland;  
Lauri Parkkinen, Faculty of Social Sciences (Psychology), University of Tampere, Finland;  
Ulla Siljamäki-Ojansuu, Department of Clinical Nutrition, Tampere University Hospital,  
Tampere, Finland;*

Introduction Fear of Cancer Recurrence (FCR) is one of the most long-term symptoms for breast cancer survivors. Considering the rising number of breast cancer survivors, FCR is an

increasing problem in the psycho-oncological domain. Since cancer recurrence is not only a relevant, but also rational fear for cancer survivors, regular Cognitive Behavioral Therapy (CBT) may not be sufficient, therefore a specific tailored CBT online self-help program “Less Fear after Cancer” (LFaC) was developed. This program aimed to provide an easy-accessible intervention where patients learn to handle and reduce their FCR. We will present insights about feasibility and usability acquired by analyzing data gathered in the trial: user data and interviews with patients. Methods For the RCT we invited 1165 women with curatively treated breast cancer from a consecutive cohort in 8 different hospitals in the Netherlands to fill out the Dutch version of the Fear of Cancer Inventory (FCRI-NL) (part A), 516 agreed to participate. We also invited them to the online self-help trial (part B) to which 262 agreed. Of the 262 women, 130 were randomized to the intervention and 132 to care as usual (CAU). Of the women in the intervention we tracked login times and responses during the use of the self-help training. Furthermore, semi-structured interviews were conducted with participants from the intervention group. Apart from that we interviewed a group of patients (n=13), not participating in the RCT, who applied themselves at the Helen Dowling Institute to use the online self-help and invited them to fill out an open-ended questionnaire (n=15). Results Women that agreed to be randomized to the self-help (part B) were younger ( $M_{diff} = 5.5$ ,  $p < .001$ ) and had higher levels of FCR ( $M_{diff} = 3.03$ ,  $p < .001$ ) compared to women that only agreed to fill out the FCRI (part A). User data of the online self-help training indicated 87 participants in the intervention group (66.9%) used the program. Moreover, participants in the intervention group completed 2 modules on average, of the total three basic modules and 4 optional modules. Eleven participants (73%) indicated they benefited from the program. Interviews revealed that participants missed personal guidance during the program. Discussion This study gave insights about feasibility and usability of the “Less Fear after Cancer” online self-help. The online self-help was perceived as helpful. However, user data showed low adherence. Patients missed personal guidance. Therefore, including more support in the online self-help might increase adherence. Conclusion Online self-help for Fear of Cancer Recurrence could be useful for cancer patients. However, more research is needed to study the effect of these trainings on FCR. This study helped to identify the strengths and limitations of a CBT-based online self-help.

## **5) The interconnectedness of fatigue, depression and anxiety in cancer patients seeking psychological care: A network approach**

*Melanie P. J. Schellekens, Marije D. J. Wolvers, Tom Bootsma, Helen Dowling Institute, Centre for Psycho-Oncology, Bilthoven, the Netherlands; Maya J. Schroevers, University Medical Centre Groningen, University of Groningen, Department of Health Psychology, Groningen, the Netherlands; Angelique O. J. Cramer, Tilburg University, Department of Methodology and Statistics, Tilburg, the Netherlands; Marije L. van der Lee, Helen Dowling Institute, Centre for Psycho-Oncology, Bilthoven, the Netherlands.*

### *Introduction:*

Researchers have extensively studied fatigue, depression and anxiety in cancer patients. Several risk and protective factors have been identified to account for these symptoms. While these studies have provided valuable insights, current research findings are limited, most importantly because studies have mainly tested unidirectional relationships between these constructs, consequently ignoring the notion that many of the constructs are interconnected and can have reciprocal relationships. In order to gain more understanding in the complex nature of these symptoms and their relationship with protective and risk factors, it might be

more suitable to take a network approach. The network approach conceptualizes symptoms and related factors as elements of a complex dynamical systems, in which symptoms are mutually interacting with one another. The aim of the present study is to help understand the interconnectedness among patients' symptoms and risk and protective factors.

#### *Method:*

We used baseline data from a sample of cancer patients seeking psychological care (n=342). The relationship among symptoms of fatigue, depression and anxiety, as well as potential risk and protective factors, including physical symptoms, social withdrawal, illness cognitions (i.e. acceptance of illness, helplessness, perceived benefits of illness), goal adjustment and partner support were explored using network modelling. Networks are made up of (1) nodes, which represent the selected symptoms, risk and protective factors, and (2) edges, which represent the statistical relationship between the nodes. Network modelling allows to examine which nodes are most central in the network (i.e. the number and strength of the direct connections of a node).

#### *Results:*

Among symptoms, depressed mood, enjoying life and worthlessness were most central in the network. Regarding the risk and protective factors, accepting the cancer and feeling helpless regarding the uncontrollable nature of the cancer appeared highly embedded in the network. In particular, the relationship between helplessness and fatigue was strong.

#### *Discussion:*

The present study supported the network conceptualization of symptoms: rather than being equivalent manifestations of a common underlying disorder, symptoms appeared to exist within a causally connected network. A key implication of the network approach is that by identifying and changing nodes in the network it should be possible to modify the activation of other nodes and consequently change the functioning of the network. Dynamic networks on the level of the individual could inform therapists on how to best treat this person. Given the present findings, acceptance and helplessness would be prime candidates to explore in future studies on individual dynamic networks.

#### *Conclusion:*

The extent to which people adjust to cancer (acceptance, helplessness) seems strongly related to cancer patients' symptoms (fatigue, depression and anxiety). Longitudinal studies should explore these constructs in individual networks to confirm their causal role and whether they can inform us on what psychological treatment would be most suitable for the individual cancer patient

### **Online Mindfulness-based Cognitive Behavioral Therapy reduces Chronic Cancer-Related Fatigue. Results of a 3-armed Randomized Controlled Trial and insights about the working alliance in online therapy.**

1 Helen Dowling Institute, Scientific Research Department, Bilthoven, the Netherlands

2 University of Twente, Faculty of Electrical Engineering, Mathematics and Computer Science, Telemedicine Group, Enschede, the Netherlands

3 Roessingh Research and Development, Telemedicine Group, Enschede, the Netherlands

4 Utrecht University, Department of Methods and Statistics, Utrecht, the Netherlands

5 North-West University, Vanderbijlpark, South Africa

6 Ziekenhuis Groep Twente, ZGT Academy, Almelo, the Netherlands

F.Z. Bruggeman-Everts 1,2, MSc; J. Bruggeman1,2, M.D.J. Wolvers2,3, MSc; R. van de Schoot4,5, PhD; M.M.R. Vollenbroek-Hutten2,3,6, PhD, Prof; M.L van der Lee1, PhD;

#### Introduction:

About one third of all patients who have been successfully treated for cancer, suffer from Chronic Cancer-Related Fatigue (CCRF). Effective and easily accessible interventions are needed for this growing group of patients that often suffer from limitations that make it hard for them to travel. Online interventions can improve access. Results of a 3-armed RCT investigating the clinical effectiveness of guided online Mindfulness-based Cognitive Behavioral Therapy for reducing CCRF compared to a guided web-based activity intervention and an active control condition will be presented. Furthermore results about the importance of patient-therapist working alliance online will be discussed.

#### Method:

Severely fatigued cancer survivors were recruited; 167 participants were randomized into: (1) psychologist guided online mindfulness-based cognitive therapy (eMBCT) (n=55); (2) physiotherapist-guided ambulant activity feedback therapy encompassing the use of an accelerometer (AAF) (n=62); or (3) an unguided active control condition receiving psycho-educational e-mails (PE) (n=50). All interventions lasted nine weeks. Fatigue severity was self-assessed six times from baseline (T0b) to six months (T2) (Checklist Individual Strength – fatigue severity subscale; primary outcome). Patient-therapist working alliance was investigated by ethnographic field study.

#### Results:

Multiple group latent growth curve analysis, corrected for individual time between assessments, showed that fatigue severity decreased significantly more in eMBCT and AAF compared to PE. Field study showed patients provided the eMBCT therapists with individual insights through their biographical writings, as well as writings about daily experiences. These writings enabled the therapist to attune methods and feedback to the specific context of individual patients. Therapists had access to detailed biographical information and seemed very motivated to respond to challenges their patients faced. On the other hand we noted limitations of online therapy in personalizing care, that might explain dropout.

#### Discussion:

Both the eMBCT and AAF are effective for managing fatigue severity compared to receiving psycho-educational e-mails. Advantages as well as limitations of online therapy for establishing working alliance between patient and therapist were found.

#### Conclusion:

Guided Online interventions are effective and the working alliance helps to personalize therapy.

Trial Registration: The Netherlands National Trial Register (NTR3483). (Archived by WebCite at <http://www.webcitation.org/6NWZqon3o>).

# THURSDAY, SEP 6, 16:00

## General Mental Health

KRISTINE SIREVÅG, VICTORIA WILLIAMSON, VIVIANA WUTHRICH, DAVID BERLE /  
KENNETH LAIDLAW (CHAIR) **Speaker**

Chair: Kenneth Laidlaw

**16:00 Physical exercise augmented cognitive behaviour therapy for older adults with generalised anxiety disorder (PEXACOG): Study protocol and feasibility results from a randomised controlled trial**

Kristine Sirevåg, Silje Haukenes Stavestrand, Inger Hilde Nordhus, Ståle Pallesen, Åsa Hammar, Anne Halmøy, Helene Hjelmervik, Anders Hovland, *University of Bergen*  
Trond Sjøbø, Trygve Bruun Endal, *Solli DPS, Norway*  
Hans M. Nordahl, *Norwegian University of Science and Technology*  
Egil W. Martinsen, *University of Oslo*  
Eva Andersson, *The Swedish School of Sport and Health Sciences*  
Jan Mohlman, *William Paterson University, USA*  
Julian F. Thayer, *Ohio State University, USA*

**16:15 The prevalence of mental health disorders in elderly military veterans: A meta-analysis and systematic review**

Victoria Williamson, Sharon Stevelink, Karla Greenberg, Neil Greenberg,  
*King's College London*

**16:30 The impact of military service later in life: A qualitative study**

Victoria Williamson, Sharon Stevelink, Karla Greenberg, Neil Greenberg,  
*King's College London*

**16:45 The relationship between Perceived Injustice, Anger and Posttraumatic Stress Disorder (PTSD): Implications for treatment.**

David Berle, *University of Technology Sydney & University of New South Wales*  
Vladan Starcevic, Dominic Hilbrink, Ryan McMullan, Zachary Steel

17:00 Discussion

## **Abstracts:**

**1) Physical exercise augmented cognitive behaviour therapy for older adults with generalised anxiety disorder (PEXACOG): Study protocol and feasibility results from a randomised controlled trial**

Kristine Sirevåg, *University of Bergen, Faculty of Psychology, Bergen, Norway*; *Solli DPS, Norway*;  
Silje Haukenes Stavestrand, *University of Bergen, Faculty of Psychology, Bergen, Norway*; *Solli*

DPS, Norway; Inger Hilde Nordhus, University of Bergen, Faculty of Psychology, Bergen, Norway; University of Oslo, Faculty of Medicine, Oslo, Norway; Ståle Pallesen, University of Bergen, Faculty of Psychology, Bergen, Norway; Trond Sjøbø, Solli DPS, Norway; Trygve Bruun Endal, Solli DPS, Norway; Hans M. Nordahl, Norwegian University of Science and Technology, Department of Mental Health, Trondheim, Norway; St. Olavs Hospital HF, Nidaros DPS, Trondheim, Norway; Karsten Specht, University of Bergen, Faculty of Psychology, Bergen, Norway; Åsa Hammar, University of Bergen, Faculty of Psychology, Bergen, Norway; Anne Halmøy, K.G. Jebsen Centre for Neuropsychiatric Disorders, University of Bergen, Faculty of Medicine, Bergen, Norway; Kronstad DPS/ Division of Psychiatry, Haukeland University Hospital, Bergen, Norway; Egil W. Martinsen, University of Oslo, Faculty of Medicine, Oslo, Norway; Oslo University Hospital, Division of Mental Health and Addiction, Oslo, Norway; Eva Andersson, The Swedish School of Sport and Health Sciences, GIH, Stockholm, Sweden; Helene Hjelmervik, University of Bergen, Faculty of Psychology, Bergen, Norway; Jan Mohlman, William Paterson University, Department of Psychology, New Jersey, USA; Julian F. Thayer, Ohio State University, Department of Psychology, Ohio, USA; Anders Hovland, University of Bergen, Faculty of Psychology, Bergen, Norway; Solli DPS, Norway;

#### *Background:*

Generalised anxiety disorder (GAD) is prevalent among older adults. These patients exhibit impaired response to cognitive behaviour therapy (CBT), and physical exercise has been recommended as a potential add-on intervention to improve efficacy. The current study is a randomised clinical trial that will compare CBT augmented with physical exercise, or CBT combined with attention placebo, and the current study assessing the feasibility of testing procedures and the experimental combined treatment measures.

#### *Methods:*

4 participants were included in the feasibility study, and feasibility was assessed through completion and attendance rates of testing and treatment sessions. Primary outcome measures were remission as assessed by an independent clinical rater using the Anxiety Disorders Interview Schedule for DSM-IV, and by symptom reduction on Penn State Worry Questionnaire. Manipulation check was assessed by physical tests of change in aerobic capacity and strength. Participants were measured on clinical, biological, physiological and neuropsychological tests at pre-, interim and post-treatment.

#### *Results:*

Completed treatment protocol for the RCT will be presented. 3 of 4 participants completed the full protocol including testing and the experimental augmented treatment. Participants completed 100% and 80% of CBT and physical exercise content, respectively. The three completers had large improvements on primary outcome and on manipulation checks.

#### *Conclusion:*

The testing procedures and experimental augmented treatment appear to be feasible. The preliminary findings indicate that this combined intervention can be efficacious.

## **2) The prevalence of mental health disorders in elderly military veterans: A meta-analysis and systematic review**

Victoria Williamson; Sharon Stevelink; Karla Greenberg; Neil Greenberg, King's Centre for Military Health Research, King's College London, London UK

#### *Objectives:*

Older veterans may be vulnerable to mental health problems. Meta-analytic and systematic review methods sought to determine the prevalence rate of mental health disorders in older military veterans ( $\geq 65$  years).

#### *Methods:*

Eleven studies were eligible and meta-analyses of veteran depression, substance abuse, post-traumatic stress disorder (PTSD), anxiety, dementia, bipolar disorder and schizophrenia were conducted.

#### *Results:*

Although conducted exclusively with US veterans, higher prevalence rates of substance (5.7%) and alcohol use disorders (5.4%) in older veterans were found compared to geriatric community populations. However, the prevalence of other mental health disorders, including PTSD and

depression, in older veterans did not differ substantially from community estimates.

*Conclusions:*

The rates of disorder prevalence observed indicates a need for continued awareness of mental health difficulties in older veterans. In future, studies with non-US military samples using longitudinal design are required to further understand the prevalence of mental health disorders in geriatric veterans.

### **3) The impact of military service later in life: A qualitative study**

Victoria Williamson; Sharon Stevelink; Karla Greenberg, Neil Greenberg, King's Centre for Military Health Research, King's College London, London UK

The UK ex-service community is predominantly elderly, with 64% over the age of 65. Some research indicates that Armed Forces (AF) service may have implications for wellbeing later in life, although it remains unclear whether or not these health needs are a result of military service or a feature of ageing. This research aims to conduct a comprehensive, qualitative investigation of the impact of service on wellbeing.

*Method:*

35 older veterans and 25 non-veterans ( $\geq 65$  years) were recruited. Measures of psychological adjustment were completed and the experience and impact of military/non-military occupations on wellbeing were assessed by semi-structured interviews. The symptom measures were used to describe the sample and interview data was analysed using Thematic Analysis.

*Results:*

Two key themes emerged. First, while military service was often a positive experience, several veteran participants reported ongoing mental health difficulties, including anxiety, depression and post-traumatic stress disorder (PTSD), as a result of military service and combat exposure. Nonetheless, both veteran and non-veteran participants reported psychological difficulties due to retirement from the workforce. Second, better physical health later in life was reported by veterans and attributed to the high volume of exercise undertaken in the AF. However, veterans also reported more physical health problems (e.g. hearing loss) due to a lack of protective equipment in the AF.

*Conclusions:*

These findings provide insight into the experiences and needs of older AF veterans and highlight the need for continued awareness of mental health difficulties in this age group.

### **4) The relationship between Perceived Injustice, Anger and Posttraumatic Stress Disorder (PTSD): Implications for treatment.**

David Berle, *Discipline of Clinical Psychology, University of Technology Sydney; School of Psychiatry, University of New South Wales; Vladan Starcevic, Discipline of Psychiatry, Sydney Medical School – Nepean, University of Sydney; Dominic Hilbrink, St John of God Health Care, Richmond Hospital; Ryan McMullan, Discipline of Clinical Psychology, University of Technology Sydney; Zachary Steel, School of Psychiatry, University of New South Wales; St John of God Health Care, Richmond Hospital*

*Introduction:*

While the prominence of anger in many individuals with Posttraumatic Stress Disorder (PTSD) is well-recognised, the beliefs and cognitive appraisals associated with this have received little research attention. Perceived injustice (PI) surrounding: i) the trauma itself, or, ii) the response of communities and institutions to the events surrounding one's trauma may contribute to both problematic anger and PTSD symptoms. We aimed to determine the relationships between perceived injustice and PTSD symptoms.

*Methods:*

We administered the 12-item Injustice Experiences Questionnaire of Sullivan et al., (2009) alongside measures of PTSD, anger and depression to an unselected online sample (N=261, 47.5% female, median age=34; Study 1) and to 49 individuals with PTSD (16.3% female, median age=46) attending a 4-week residential PTSD treatment program (Study 2).

Results:

In Study 1, latent class analysis suggested two distinct classes (AIC=7020.06; BIC=7365.82; Entropy=0.97): high and low perceived injustice. Regression analyses indicated that membership in the high perceived injustice group was associated with elevated levels of PTSD symptoms after controlling for trait anger, anxiety and depressive symptoms (95% CI: 6.74, 12.31). In Study 2, changes in perceived injustice, but not anger, predicted changes in PTSD symptoms across treatment and 3-month follow-up ( $\beta = 0.22$ ,  $p < 0.05$ ) after controlling for changes in depression and anxiety symptoms respectively.

Conclusion:

These findings highlight the clinical importance of perceived injustice as an independent contributor to PTSD symptoms and the potential benefit of addressing perceived injustice in treatment.



# THURSDAY, SEP 6, 16:00

## Children and Young People

ANA PEREIRA, JENS HÖGSTRÖM, LYNN MOBACH, SAMANTHA PEARCEY, JOHAN KLEBERG  
/ CATHY CRESWELL (CHAIR) **Speaker**

Chair: Cathy Creswell, *University of Reading*

**16:00 Parental cognitions and motivation to change as predictors of parents' engagement in psychological interventions: A systematic review**

Ana Pereira, L.Barros, *University of Lisbon*

**16:15 Social attention in youth with social anxiety disorder and the impact of cognitive behavioral therapy**

Jens Högström, Eva Serlachius, *Karolinska Institutet & Stockholm County Council*

Johan Lundin-Kleberg, *Uppsala University*

Miriam Larson Lindal, Ebba Taylor, *Karolinska Institutet*

Terje Falck-Ytter, *Uppsala University & Karolinska Institutet*

**16:30 Content-specificity of Interpretation Bias in Childhood Anxiety and the Role of Gender and Age**

Lynn Mobach, *Radboud University & Macquarie University*

Anke Klein, Tessa Lansu, Eni S. Becker, Mike Rinck, *Radboud University*

Jennifer L. Hudson, *Macquarie University*

**16:45 The relationship between social anxiety and social communication: A Systematic Review and Meta-analysis**

Samantha Pearcey, Cathy Creswell, Bhismadev Chakrabarti, *University of Reading*

**17:00 Pupil dilation to emotional faces distinguishes adolescent social anxiety from autism, and responders from non-responders in a CBT treatment**

Johan Kleberg, *Uppsala University*

Terje Falck-Ytter, Sven Bölte, *Uppsala University & Karolinska Institutet*

Eva Serlachius, Jens Högström, *Karolinska Institutet & Stockholm County Council*

17:15 Discussion

## Abstracts:

**1) Parental cognitions and motivation to change as predictors of parents' engagement in psychological interventions: A systematic review**

Pereira, A. I. *Faculty of Psychology, University of Lisbon*; Barros, L., *Faculty of Psychology, University of Lisbon*

This work reviews the available research on the predictors of parental engagement in preventive and therapeutic psychological interventions to promote mental health in children. We examine seven predictors concerning the perceived need of intervention (perceived child problems, perceived parenting) and possibility of change (attributions of problems, self-efficacy, perceived benefits and

expectations of treatment, perceived obstacles) and more global readiness to change. PRISMA guidelines for systematic review were used to search for papers published between 1990 and 2017. Thirty-seven studies were included in the review. These longitudinal studies evaluated parental cognitions at the beginning of the intervention and examined them as predictors of parental engagement during a psychological intervention. Most studies focused on the parents' perception of the child's problems and of parenting with fewer studies examining the role of the other putative parental cognitive predictors. The results suggest that studies that focus their evaluation on the psychological dimensions, proposed in motivational models, of parent change and engagement in interventions may have an important role in understanding parental engagement (e.g. parents' attributions of problems and parents' readiness to change).

## **2) Social attention in youth with social anxiety disorder and the impact of cognitive behavioral therapy.**

Jens Högström, *Department of Clinical Neuroscience, Centre for Psychiatry Research, Karolinska Institutet & Stockholm County Council, Stockholm, Sweden*; Johan Lundin-Kleberg, *Uppsala Child and Baby Lab, Department of Psychology, Uppsala University, Sweden*; Miriam Larson Lindal, *Ebba Taylor, Department of Clinical Neuroscience, Division of Psychology, Psychology program, Karolinska Institutet, Stockholm, Sweden*; Terje Falck-Ytter, *Uppsala Child and Baby Lab, Department of Psychology, Uppsala University, Sweden & Department of Women's and Children's Health, Center of Neurodevelopmental Disorders (KIND), Karolinska Institutet, Stockholm, Sweden*; Eva Serlachius, *Department of Clinical Neuroscience, Centre for Psychiatry Research, Karolinska Institutet & Stockholm County Council, Stockholm, Sweden*

### *Introduction:*

To successfully navigate the social world we have to attend to complex and quickly shifting information such as facial expressions and emotional display. Work in psychology and neuroscience has demonstrated that typically developing children are remarkably apt at doing this. However, many children with social anxiety have a difficulty directing their attention flexibly and adaptively to social events, typically manifested as avoidance of eye contact or hyper-vigilance towards potential social threat (e.g., someone looking angry). This atypical social attention has been suggested to be involved in the etiology as well as in the maintenance of social anxiety disorder (SAD) but there is a lack of knowledge about these attentional mechanisms in youth and if they can be affected by psychological treatment. In this study, we tested the specificity of some fundamental social attention mechanisms that have been linked to SAD and their relationship to the outcome of cognitive behavioral therapy (CBT) for adolescents with SAD.

### *Method:*

Participants (N=24) were adolescents with SAD who were matched on sex and age with (N=22) non-anxious controls. In the SAD group, social attention was measured with a corneal reflection eye-tracker before and after the participants went through 12 weeks of CBT. The non-anxious control participants were recruited through a random selection of youths from the Swedish population register. The SAD diagnosis was established with the M.I.N.I.-kid interview and social anxiety was measured using the Social Phobia and Anxiety Inventory - Child version (SPAI-C).

### *Results:*

Adolescents with SAD were found to be more vigilant to threatening social stimuli, compared to when they were confronted with neutral or positive stimuli. I.e. they were faster to shift their gaze towards peripheral threat stimuli. However, this attention bias was also found in the non-anxious control group. Similarly, participants in the SAD group were found to be quicker to shift their gaze away (avoidance) from threatening social stimuli, once a fixation had occurred. This effect was however also seen for the non-anxious controls. Furthermore, analyses showed that level of vigilance to threat at baseline did not predict the outcome from CBT, and there was no effect of CBT on vigilance after treatment.

### *Discussion:*

Although an elevated vigilance toward threat was found in the SAD group, this attention bias was also seen in the non-anxious group, indicating that for adolescents this form of atypical attention does not

distinguish SAD from the normal population. This is in line with some previous findings showing that this difference between SAD and non-anxious individuals does not become noticeable until adulthood. Furthermore, attention bias did not predict the outcome from CBT indicating that CBT is a treatment that works well notwithstanding the degree of vigilance that participants present with. Nor did the level of vigilance change over the course of CBT treatment, pointing in the direction that attention bias has more of a trait-like character, that may be difficult to change.

#### *Conclusions:*

Youths attend to threatening social stimuli differently than to neutral and positive stimuli and this seems to be the case whether or not they have SAD. Further studies with larger samples are needed to confirm these results.

### **3) Content-specificity of Interpretation Bias in Childhood Anxiety and the Role of Gender and Age**

Lynn Mobach, *Behavioural Science Institute, Radboud University, Nijmegen, the Netherlands* & *Centre for Emotional Health, Macquarie University, Sydney, Australia*; Anke M. Klein; Tessa A. M. Lansu, *Behavioural Science Institute, Radboud University, Nijmegen, the Netherlands*; Jennifer L. Hudson, *Centre for Emotional Health, Macquarie University, Sydney, Australia*; Eni S. Becker; Mike Rinck, *Behavioural Science Institute, Radboud University, Nijmegen, the Netherlands*.

#### *Introduction:*

Recent studies found ample evidence for the existence of cognitive biases in socially anxious children. Specifically, interpretation biases – the phenomenon that fearful individuals have the tendency to interpret ambiguous situations as threatening – have been studied quite intensively with regard to childhood social anxiety. Cognitive biases are believed to be content-specific; only stimuli associated with the specific anxiety are biased. There are numerous studies that found interpretation biases in socially anxious children, and several studies also found evidence for the content-specificity of these interpretation biases. Recent studies found age and content of the scenarios (i.e., content-specificity) to be moderators of the association between anxiety and negative interpretation. However, most studies have focused on social anxiety and other anxieties have been neglected. Furthermore, there are very little studies assessing the moderating role of age and gender. Therefore, the current study aimed to (1) study the content-specificity of social anxiety-, separation anxiety-, and spider phobia-related interpretation bias, and (2) to study the moderating role of age and gender. It was hypothesized that there would be content-specificity of interpretation bias for the different anxieties and that gender and age would moderate this association.

#### *Method:*

School-aged children (N=600) between the ages of 7 and 13 were recruited from six regular elementary schools. Children had to complete an ambiguous scenario task consisting of 15 multiple-choice scenarios (5 social threat scenarios, 5 separation threat scenarios, 5 spider threat scenarios). Children had to choose from four answer options (positive/neutral/neutral-negative/negative) to indicate which ending would fit them best. Children also filled out questionnaires on social anxiety, separation anxiety and spider phobia. Data were analysed with hierarchical regression analyses.

#### *Results:*

Results showed that only social anxiety-related threat score was predictive of social anxiety. For spider phobia, only spider-related threat score was predictive of spider fear. However, for separation anxiety all threat scores were significant predictors. Although age and gender were significant predictors for almost all anxieties (age was not a significant predictor for spider fear), moderation analyses showed that age and gender did not significantly moderate the relation between negative interpretations and each of the anxieties.

#### *Discussion:*

These results indicate that content-specificity of interpretation bias might be present only for social anxiety and spider phobia. A strength of the current study is that a large sample was included and therefore had sufficient power to assess a possible moderating role for gender and age. However, the current study included a community sample and results should be replicated in a clinical sample.

Future research should include other anxieties such as generalized anxiety disorder, which is also highly prevalent in children.

*Conclusion:*

The current study partially replicates earlier studies on content-specificity in childhood anxiety. Results confirmed content-specificity of interpretation bias in social anxiety and spider phobia, but not for separation anxiety. Interestingly, gender and age did not moderate the relation between negative interpretation and any of the anxieties. These results suggest that at least for social anxiety and spider phobia, it may be beneficial for treatment to specifically target interpretations related to the specific anxiety disorder.

#### **4) The relationship between social anxiety and social communication: A Systematic Review and Meta-analysis.**

Samantha Pearcey;Cathy Creswell;Bhismadev Chakrabarti,*University of Reading*

*Introduction:*

Social anxiety disorder (SAD) is one of the most common mental health disorders, with approximately 13% of the population meeting diagnostic criteria for SAD during their life. Individuals typically present for treatment for SAD in early adolescence (median 13 years) and the most extensively evaluated treatment for childhood SAD is cognitive behaviour therapy (CBT). However, outcomes tend to be poorer for children with SAD than for those with other anxiety disorders when using generic CBT (i.e. not anxiety disorder specific). Diagnostic specific psychological treatments, that typically involve training social skills, are more efficacious than generic CBT for childhood SAD. However, it is not clear whether this is a direct result of improvements to social skills. Indeed, the nature of social skills deficits in childhood SAD remain unclear. For example, some studies have found that children with SAD have fewer social skills than those with other anxiety disorders or non-disordered children. However, others suggest that this is a reflection of their inhibited behaviour in social situations and overly negative perceptions of their own social skills, rather than reflecting social skills 'deficits'. Additionally, children with disorders conceptualised by social communication difficulties (i.e. Autism spectrum conditions, ASC) are known to be at greater risk of developing SAD (40-50%) than children without these conditions (28%).

*Aims:*

There is clearly some evidence for a relationship between social anxiety and social communication difficulties, but this evidence is mixed and the strength and nature of this relationship is particularly unclear. Therefore, the current review and meta-analysis aims to (a) examine the association between social anxiety and social skills in children and adolescents and (b) examine which populations experience which aspects of social anxiety and social communication. As such variation in (a) social skills among children with varying levels of social anxiety, and (b) social anxiety among children with varying levels of social skills will be examined. This will build on previous reviews which have focused either on anxiety symptoms in general in ASD populations, or on social skills deficits in socially anxious populations. Method and results: Searches were run in 5 databases, yielding over 14,000 abstracts published between 1980 and 2017. Over 1,000 full texts were coded and 150 papers included in the final meta-analysis. Analyses establish an overall effect size for the relationship between social anxiety and social communication, as well as the moderating effects of child age, sample (e.g. clinical (ASD/SAD), community or mixed), type of measure (e.g. questionnaire, experimental task or observation) and reporter (e.g. self, parent, independent observer) on the strength of this relationship. The results will establish whether a relationship exists between social anxiety and social communication and how this varies across different populations; as well as giving a better understanding of which demographic, clinical and methodological aspects affect this relationship. Clarification of this relationship will be important in order to put together more effective and efficient treatments for childhood social anxiety as well as for children with difficulties characterised by social communication difficulties.

### **5) Pupil dilation to emotional faces distinguishes adolescent social anxiety from autism, and responders from non-responders in a CBT treatment**

Johan Lundin Kleberg, *Uppsala Child and Baby Lab, Department of Psychology, Uppsala University, Sweden*; Terje Falck-Ytter, Sven Bölte, *Uppsala Child and Baby Lab, Department of Psychology, Uppsala University & Department of Women's and Children's Health, Center of Neurodevelopmental Disorders (KIND), Karolinska Institutet, Stockholm, Sweden*; Eva Serlachius, Jens Högström, *Department of Clinical Neuroscience, Centre for Psychiatry Research, Karolinska Institutet & Stockholm County Council, Sweden*

#### *Introduction:*

Social anxiety disorder (SAD) is associated with atypical attention to potential social threats such as emotional faces. More knowledge is needed about the mechanisms underlying this form of atypical attention, and how it relates to treatment outcome. There is also a lack of knowledge about the overlap between SAD and autism spectrum disorder in terms of social attention. Pupil dilation is a reliable index of activity in the locus coeruleus-norepinephrine (LC-NE) system, which mediates attention to emotionally and motivationally salient stimuli. We studied pupil dilation during face perception in individuals with SAD, a nonclinical control group, and a group of individuals with autism spectrum disorder (ASD). Our aim was to characterize social attention in adolescents with SAD and examine potential biomarkers for treatment outcome.

#### *Methods:*

Adolescents with SAD (N=25) were matched on sex and age with a group of non-anxious controls (N=23), and matched on age with a group of adolescents with ASD (N = 10). Individuals with SAD took part in a cognitive behavioral treatment (CBT), and completed diagnostic assessments after treatment and at a six months follow-up visit. In total, 20 participants had valid pupil data and clinical assessment from the follow up assessment. Of these, 11 were categorized as being in remission. Participants viewed still images of angry, happy, and neutral faces. Pupil dilation was measured during 2000-4000 milliseconds after trial onset with a corneal reflection eye tracker. We studied the amplitude and the slope (i.e. the change over the course of the trial) of the pupil dilation.

#### *Results:*

The SAD group had smaller slope values (i.e. faster recovery of the pupillary response) than the control ( $p < .05$ ) and the ASD ( $p < .0001$ ) group. The ASD group was also slower to recover than the typical group ( $p < .05$ ). These results were found for fearful and happy, but not neutral faces. The groups did not differ in pupil dilation amplitude to emotional or neutral faces, but across groups, the level of autistic traits were negatively related to pupil dilation amplitude. We also compared pupil dilation during the baseline measurement in SAD participants in remission at post and follow up (N = 12) and participants who still had a SAD diagnosis (N = 8). Participants in remission had pupil dilations of larger amplitude at baseline when viewing happy faces ( $p < .05$ ), but did not differ in slope.

#### *Discussion:*

Adolescent SAD is characterized by atypical LC-NE mediated attention to emotional faces. Specifically, SAD was associated with quicker recovery of pupil dilations, potentially reflecting top-down modulation and avoidance. Individuals with SAD who responded to CBT treatment had elevated pupil dilation amplitude to happy faces at baseline, suggesting that enhanced attention bias to threat may be associated with better outcome.

#### *Conclusion:*

Pupil dilation to emotional faces is a feasible index of atypical social attention in adolescent SAD, and may be a useful biomarker for predicting treatment response.

# FRIDAY, SEP 7, 10:30

## Children and Young People

GUDLAUG MITCHISON, ESTHER CALVETE, IZASKUN ORUE, NORA BALDUS, DANA CASTRO /  
CECILIA ESSOU (CHAIR) **Speaker**

Chair: Cecilia Essou, *University of Roehampton*

**10:30 Emotion Dysregulation in Relation to Disruptive Behavior Problems in 5-8 year-old children: Preliminary Results from a Longitudinal Study**

Gudlaug Mitchison, Urdur Njardvik, *University of Iceland*

Juliette Liber, *Utrecht University*

Dagmar Hannesdottir, *Reykjavik Center for Child Development and Behavior*

**10:45 Teaching Adolescents That People Can Change Reduces Depressive Symptoms in Adolescent Girls**

Esther Calvete, Liria Fernández-González, Izaskun Orue, Estibaliz Royuela-Colomer, Ainara Echezarraga, Nerea Cortazar, *University of Deusto, Bilbao* David S. Yeager, *University of Texas at Austin*

**11:00 Social Information Processing as a mediator in the relationship between early maladaptive schemas and child-to-parent aggression**

Izaskun Orue, Esther Calvete, Liria Fernández-González, *University of Deusto*

**11:15 Attribution of blame and its association with self-reported externalising and internalising problems: A comparison of pupils in inclusive, regular and special needs education**

Nora Baldus, Leen Vereenoooghe, *Bielefeld University*

**11:30 Single-session school based MBCT – like intervention for conflict resolution.**

Dana Castro, *Cabinet de Psychologie, Paris*

11:45 Discussion

### **Abstracts:**

**1) Emotion Dysregulation in Relation to Disruptive Behavior Problems in 5-8 year-old children: Preliminary Results from a Longitudinal Study**

Gudlaug Marion Mitchison, MSc., *University of Iceland*; Juliette Liber, Ph.D., *Utrecht University*; Dagmar Kr. Hannesdottir, Ph.D. *Reykjavik Center for Child Development and Behavior*; Urdur Njardvik, Ph.D., *University of Iceland*

#### *Introduction:*

Associations between emotion dysregulation and behavior problems have been suggested. However, there is a relative lack of consistent evidence regarding the precise nature of this relationship and the manifestation among younger children as the focus has been more on older children and other psychopathology (Bandon et al., 2010; Gerstein et al., 2011; Hill et al., 2006; Martel et al., 2012). Furthermore, estimation of the prevalence of emotion dysregulation in this age group is also lacking.



### *Method:*

This research project is one of the first longitudinal studies where emotion dysregulation is assessed in relation to symptoms of behavior disorders among younger children. The objective is to track the development of both emotion dysregulation and emerging symptoms of psychopathology from the age of 5 to 8 years, a period of vulnerability when the onset of disruptive behavior problems is most prominent, and many comorbid disorders seem to form (Kim-Cohen et al., 2005; Barkley, 2006). This community sample consists of 620 children born 2010 and 2011 in the capital region in Iceland, who are followed from Kindergarten through 2nd grade. Parents and teachers answer the ERC, SDQ, DBRS, and ADHD Rating Scale once a year, followed by the K-SADS diagnostic interview and WISC-IV for children scoring above cut-off on any measure. Data collection is ongoing, therefore results from two phases for the 2011 cohort and results from all three phases for the 2010 cohort will be presented.

### *Results:*

ERC scores were fairly constant over the three years, with boys showing more lability/negativity and poorer emotion regulation than girls. Rate of behavior problems above cut-off increased from 6.2 to 7.7% for boys but decreased from 5.1 to 3.9% for girls over the three-year period, according to parents. Rate of behavior problems according to teachers were below 1% for girls, over the three-year period and decreased from 7.7% to 4.1% for boys. Significant correlation was found between scores on the lability/negativity subscale of the ERC and behavior problems at all three phases, both for parent-report (DBRS:  $r=.74$ ;  $r=.76$ ;  $r=.79$ ; (SDQ:  $r=.70$ ;  $r=.69$ ;  $r=.69$ ) and teacher-report (DBRS:  $r=.82$ ;  $r=.76$ ;  $r=.54$ ; SDQ:  $r=.73$ ;  $r=.76$ ;  $r=.63$ ) Regression results support a connection between the lability/negativity score at age 5 and behavior problems at age 6 (DBRS  $R^2=.350$ ; SDQ  $R^2=.301$ ) and age 7 (DBRS  $R^2=.273$ ; SDQ  $R^2=.335$ ), according to parent-report. Regression results showed a weaker connection according to teacher-report (age 6: DBRS  $R^2=.159$ ; SDQ  $R^2=.184$ ; age 7: DBRS  $R^2=.286$ ; SDQ  $R^2=.050$ ) and could be due to drop-out rate among teachers. As item overlap on these scales is minimal, results indicate a moderately strong relationship between emotion dysregulation and behavior problems in this age group.

### *Conclusion:*

According to the results, overall emotion dysregulation is relatively common among younger children and more frequently seen in the form of lability/negativity than poor emotion regulation. More importantly, collective results are an indication that the relationship between emotion dysregulation and behavior problems among younger children may be relatively strong. Results will be discussed in terms of clinical implications.

## **2)Teaching Adolescents That People Can Change Reduces Depressive Symptoms in Adolescent Girls**

Esther Calvete; Liria Fernández-González; Izaskun Orue; Estibaliz Royuela-Colomer; Ainara Echezarraga; Nerea Cortazar, *University of Deusto. Bilbao (Spain)*; David S. Yeager, *University of Texas at Austin (USA)*

### *Introduction:*

There is an increasing interest in developing brief universal interventions to prevent depression in adolescents. Some efforts have focused on changing entity theories of personality (i.e., the belief that personal characteristics are fixed and cannot be changed; e.g., Miu & Yeager, 2015). This study aimed to test whether an intervention aimed to teach that people can change - intervention based on an incremental theory of personality - reduces depressive symptoms and the incidence rates of clinically significant depressive symptoms over time.

### *Method:*

A total of 886 Spanish adolescents (50.8% boys, aged between 13 and 18) were randomly assigned to the experimental intervention based on an incremental theory of personality ( $n= 468$ ) vs an educational control intervention ( $n=418$ ). Adolescents completed measures of depressive symptoms at pretest and at a 6-month follow-up ( $n= 775$ ). They also completed measures of implicit theory of personality beliefs and bullying victimization at pretest.

### *Results:*

A mixed ANOVA revealed that the interaction Time x Group was not statistically significant, indicating that the change in depressive symptoms was similar in both the experimental and the control groups. However, the Time × Group x Sex interaction was statistically significant,  $F(1, 755) = 4.09$ ,  $p = .043$ . The results indicated that the incremental theory condition reduced significantly depressive symptoms in girls but not in boys. Moreover, in girls but not in boys, the experimental condition reduced significantly the incidence rate of cases presenting scores compatible with major depression in 39%.

### *Discussion:*

Several explanations can account for gender differences in the effect of the intervention, such as greater role of implicit theories of personality in depression among girls.. These reasons should be considered to adapt better this type of intervention to all adolescents.

### *Conclusion:*

Findings suggest that brief interventions that teach adolescents that people can change are a promising tool to prevent the development of depression in adolescent girls.

## **3) Social Information Processing as a mediator in the relationship between early maladaptive schemas and child-to-parent aggression**

Izaskun Orue; Esther Calvete; Liria Fernández-González, *University of Deusto*

### *Introduction:*

Child-to-parent-aggression (CPA) is defined as the repeated physical or psychological violence of a child or an adolescent directed toward his/her parents. There are very few studies that address CPA so far. However, according to recent studies, CPA is highly prevalent in several countries. The aims of this study were to examine the predictive role of early maladaptive schemas (EMS) proposed by Jeffrey Young and the justification of violence schema, and to test whether Social Information Processing (SIP) mediated the association between those EMS and the increase of CPA over time.

### *Method:*

Data were collected at three measurement periods spaced one year apart. A final sample of 903 adolescents (50.9% girls,  $M_{age} = 14.74$ ;  $SD_{age} = 1.20$ ) completed measures of EMSs and justification of violence at time 1, SIP components (hostile attribution, anger, aggressive response access, and anticipation of positive consequences) at time 1 and time 2, and CPA (at time 1, time 2, and time 3).

### *Results:*

CPA was significantly associated with all schemas and SIP components at time 1. Each of the schemas evaluated on this study had a different effect on SIP components and CPA. The SIP components of anger and aggressive response access in turn predicted CPA, mediating the relationship between some EMS and CPA. More specifically, the schemas of defectiveness and justification of violence predicted the response access component of SIP which in turn predicted CPA. The results also showed bidirectional relationships between some SIP components and CPA; whereas SIP components predicted CPA, the latter also predicted a worsening in SIP, perpetuating the problem. Furthermore, some gender differences were found in those paths. For example, anger mediated the relationship between the EMS of entitlement and CPA only in the case of boys.

### *Discussion:*

Social information processing partly mediates the relationship between some early maladaptive schemas and child to parent aggression. Identifying the mechanisms through which schemas predict behavioural problems such as CPA has direct implications for interventions.

### *Conclusion:*

These results suggest that the negative effects of schemas on aggressions directed towards parents could be reduced working the biases in social information processing.



#### **4) Attribution of blame and its association with self-reported externalising and internalising problems: A comparison of pupils in inclusive, regular and special needs education**

Nora Baldus, Leen Vereenooghe, *Bielefeld University*

##### *Introduction:*

The tendency to blame others or the self for ambiguous social situations, in which harm is done but others' intentions are unclear, has been associated with reactive aggression and emotional- and behavioural disorders. Prevalence rates of externalising and internalising problems differ between children and young people with and without special educational needs or developmental disorders. This study therefore aims to explore the various attributions of blame and their correlates in these different populations.

##### *Method:*

Data collection for this cross-sectional study is underway and includes pupils from 3 regular classes (n=56), 4 inclusive classes (n=38) and 4 special needs (n=27) classes, all aged between 9 and 17 years old. Class teachers provided information regarding the special needs status of individual students. A vignette-based assessment of social ambiguity processing in pupils (VASAPP) was developed as a new self-report measure to assess attributions of hostile intent and blame to either the other person, themselves or situational factors. The VASAPP further assessed pupils' internalising- and externalising behaviour choices. In addition, pupils completed the Reactive Proactive Aggression Questionnaire (RPQ) and the Strengths and Difficulties Questionnaire (SDQ). Results School differences in attributions of blame will be analysed using ANCOVAS, with RPQ and SDQ as covariates. It is hypothesised that attributions of blame, aggression, internalising- and externalising problems, conduct problems and peer relationship problems are highest in special needs classes and lowest in regular classes. It is further hypothesised that regression analyses for pupils in inclusive and regular education will show that the tendency to blame others or the self, as opposed to blaming nobody, will be associated with higher reactive aggression, more dysfunctional behaviour choices on the VASAPP, more emotional symptoms, conduct problems and peer relationship problems.

##### *Discussion and Conclusion:*

A positive association between blaming attributions, externalising and internalising problems and peer problems in inclusive and regular schools would open possibilities for cognitive bias modification interventions to alleviate these problems by targeting such attribution biases. Evidence for attributions of blame to be higher in inclusive schools than in regular schools, and highest in special needs schools, might improve our understanding of the differences in emotional-, social- and behavioural problems of pupils in classes with and without special needs.

#### **5) Single-session school based MBCT – like intervention for conflict resolution.**

Dana Castro, PhD, *Private Practice, Cabinet de Psychologie, Paris, France*

##### *Introduction:*

Evidence suggests that single sessions interventions may be effective for youth with anger, anxiety or conduct problems. The aim of the study is to acknowledge the impact of a single-session MBCT –like intervention in a high conflict classroom where students showed important levels of anger towards each other.

##### *Method:*

A 2 hours session had been implemented in a professional classroom of 22 students of a hair-styling program, mean age 17,6 years, 16 females and 6 males, after a violent verbal and physical conflict between two groups. The intervention included bodily and breathing exercises; being present attitudes; visualizing soothing sceneries; paying attention to current thoughts and emotions and introducing to each other. Two psychology undergraduate students, under supervision, had conducted the intervention and administered a structured interview to all the participants and to some of their instructors. Data were analysed by the supervisor on a qualitative basis.

##### *Results:*

Have shown a high level of satisfaction with the intervention both by participants and their instructors. The participants were agreeably surprised to notice that they can cope with conflict. They mentioned that the intervention's format and its peer management were suitable for their problems as different from other psychological techniques.

*Discussion:*

The intervention, being school-based, improved here and now youth communication and opened the participants to a sense of humanity.

*Conclusion:*

More research is needed on the effectiveness of school based single-sessions MBCT interventions to reduce youth aggressive behaviours and anger.

# FRIDAY, SEP 7, 10:30

## General Mental Health

MICHAEL LINDEN, LIEN FAELENS, ANA FONSECA, JUERGEN HOYER, LILLIAN LE / KEITH DOBSON (CHAIR) **Speaker**

Chair: Keith Dobson

**10:30 Impairment and participation restriction in patients with mental disorders: treatment goal in cognitive behaviour therapy**

Michael Linden, *Charité Univesity Medicine*

**10:45 Mapping negative influences of Facebook using network methodology**

Lien Faelens; Kristof Hoorelbeke; Eiko Fried; Rudi De Raedt; Ernst H.W. Koster, Ghent University and University of Amsterdam

**11:00 Be a Mom, a web-based intervention to prevent postpartum depression: Results from a pilot randomized controlled trial**

Ana Fonseca, Stephanie Alves, Fabiana Monteiro, *University of Coimbra*  
Ricardo Gorayeb, *University of São Paulo*  
Maria Cristina Canavarro, *University of Coimbra*

**11:15 The barriers for exposure-based interventions and how practitioners see it**

Juergen Hoyer, Andre Pittig, *Technische Universitaet Dresden*

**11:30 Effects of stressor controllability and emotion regulation on refugee mental health**

Lillian Le, Michelle Moulds, Angela Nickerson, *University of New South Wales*

11:45 Discussion

## Abstracts:

**1) Impairment and participation restriction in patients with mental disorders: treatment goal in cognitive behaviour therapy**

Michael Linden, *Charité Univesity Medicine*

Mental illness does not only result in symptoms but also impairment and restrictions in participation. While there are many treatment modalities for symptoms of illness, capacities to cope with life and support of participation accross different areas of life can only be addressed by psychotherapy. These are therefore most important treatment targets for psychotherapy in general and behavior therapy in particular. Goal of the present study has been to investigate the rate of participation restrictions in outpatients with mental disorders in the perspective of the patient and the therapist. Method 307 mentally ill outpatients in general practice filled in the IMET, a self-rating instrument for the assessment of disability. During a comprehensive clinical assessment, a psychotherapist filled in the IMEP, a parallel observer rating scale, and also the Mini-ICF-APP, which describes the profile of capacity limitations in respect to soft skills. Result The IMET impairment score is  $M = 4.09$  and the

IMEP score  $M = 3.57$ , reflecting "mild to moderate" impairment, with lowest scores for activities of daily living and most impairment in relation to work and stress. Patients and physician see the same spectrum of disabilities, but patients see themselves as more impaired. Participation restrictions were correlated with capacity limitations. Discussion Patients with mental disorders show relevant rates of participation impairment across different areas in life, and especially in relation to work. Patients and physicians have similar but also divergent views and should be seen as complementary. The type and spectrum of capacity limitations and participation restrictions can define treatment targets in cognitive behavior therapy.

## **2) Mapping negative influences of Facebook using network methodology**

*Lien Faelens; Kristof Hoorelbeke; Eiko Fried; Rudi De Raedt; Ernst H.W. Koster, Ghent University and University of Amsterdam*

Social networking sites (SNS) are an important part of everyday life. With 2.13 billion visitors per month, Facebook is currently the most widespread SNS, followed by Twitter and LinkedIn. Given the importance of this SNS, researchers have become increasingly interested in possible negative consequences of Facebook use on mental health. For instance, Facebook use has been related to decreased mental well-being, as often shown by elevated depressive or anxiety symptoms. Yet, empirical evidence for this association is mixed, raising the question under which conditions Facebook use is related to negative outcome measures. Our study addresses this by investigating the relationship between Facebook use, rumination, depressive, anxiety-, and stress-related symptoms, taking into account potential key variables such as social comparison, contingent self-esteem and global self-esteem. Method. In a first cross-sectional study, we used network analysis to explore the unique relations between our variables of interest. As a second step - and to our knowledge for the first time in empirical studies on network models in psychology - we conducted a power analysis to determine the optimal sample size for a preregistered replication study. More information about the preregistration of study 2 can be accessed at <https://osf.io/ahgxx/>. Results. Both studies showed a highly similar network structure in which social comparison and (contingent and global) self-esteem held a central position in the network, connecting social media use with indicators of psychopathology. Discussion. Our findings are consistent with the rapidly growing literature suggesting that social comparison might mediate the relationship between Facebook use and depressive symptomatology. Because Facebook profiles tend to strategically emphasize people's most desirable traits, Facebook users are constantly exposed to the positive life events and successes of others. Consequently, they might be comparing their (truthful) offline selves to strategically presented online profiles of others which could lead induce feelings of inferiority. Surprisingly, less research focused on the relationship between Facebook, (contingent) self-esteem and well-being. Therefore, the current studies serve as an initial step in relating these constructs and highlights the prominent role of both self-esteem and social comparison in the context of social media and mental health. Conclusion. Our study provides key insights on which psychological factors are involved in the association between Facebook use and risk for affective disorders. Further in-depth studies, using longitudinal and experimental designs, will be needed to further support these novel findings. Subsequently, evidence-based guidelines should be developed to inform adolescents and young adults on how to prevent negative effects of Facebook use.

## **3) Be a Mom, a web-based intervention to prevent postpartum depression: Results from a pilot randomized controlled trial**

*Ana Fonseca; Stephanie Alves; Fabiana Monteiro; Center for Research in Neuropsychology and Cognitive-Behavior Intervention, University of Coimbra, Portugal;*

*Ricardo Gorayeb, Faculty of Medicine of Ribeirão Preto, University of São Paulo, Brasil; Maria Cristina Canavarro, Center for Research in Neuropsychology and Cognitive-Behavior Intervention, University of Coimbra, Portugal.*

#### Introduction:

Be a Mom is a self-guided web-based intervention, grounded on Cognitive Behavioral Therapy principles, delivered at postpartum women to prevent PPD. This pilot study aimed to evaluate the Be a Mom considering: a) preliminary evidence of efficacy; b) feasibility of the intervention; and c) acceptability of the intervention. Method: A pilot randomized, two-arm controlled trial was conducted. Women were eligible to participate if they were in the early postpartum period (up to 3 months postpartum) and presented PPD risk factors or early-onset symptoms. Participants in both groups completed baseline (T1) and post-intervention (8 weeks after) assessments (T2).

#### Results:

194 women were randomly allocated to the intervention group (n=98) or to the control group (n=96). In the intervention group ( $p=.013$ ), a significantly higher number of women ceased to have clinically relevant depressive symptoms, from T1 to T2. Of the 98 women who registered at Be a Mom, 41.8% (n=41) completed the program. More than half of dropouts (50.9%) occurred before completing any module. Most women (71.4%) would use Be a Mom again and would recommend it to a friend in a similar situation (83.9%). Moreover, they consider that Be a Mom has helped them to feel better about themselves (72.2%). 27.0% consider that Be a Mom is very demanding.

#### Discussion:

Results provide preliminary evidence of the efficacy of Be a Mom in reducing early-onset depressive symptoms among at-risk women. Dropout rates are similar to other self-guided interventions. Despite acceptability indicators are also promising, there is room for improvements before conducting further evaluations

#### **4) The barriers for exposure-based interventions and how practitioners see it**

*Juergen Hoyer; Andre Pittig, Technische Universitaet Dresden*

The present study aimed to provide more insight into the dissemination barriers of exposure-based interventions. The self-reported frequency of using exposure and four categories of potential barriers were examined: i) barriers regarding the practicability of exposure-based intervention, ii) therapist distress related to the use of exposure, iii) negative beliefs about exposure, and iv) problematic health care regulations. In addition, the self-reported competence to conduct exposure was assessed for different anxiety disorders. A survey covering the above-mentioned variables was developed and sent to licensed behavioral psychotherapists working in outpatient routine care in two regions of Germany. N = 684 licensed therapists responded. All categories of barriers proved relevant, with practicability issues (e.g., time management, cancellation of sessions) being approved most frequently. All categories were negatively correlated with self-reported utilization rates. In addition, all barriers were positively inter-correlated to a moderate degree and negatively correlated with the subjective competence to conduct exposure. Personal and health-care system variables interact in promoting versus blocking the dissemination of exposure. Ideas to enhance the appropriate routine usage of exposure via improving training and supervision will be put forward and discussed

#### **5) Effects of stressor controllability and emotion regulation on refugee mental health**

*Lillian Le, Michelle Moulds, Angela Nickerson, University of New South Wales, Sydney, NSW, Australia*

Refugees are exposed to multiple traumatic events and ongoing stressors. Unsurprisingly, they demonstrate high rates of psychological disorders, including posttraumatic stress disorder and depression. However, the psychological mechanisms underlying refugee psychopathology remain unclear. One possible mechanism underlying refugee mental health is the degree of control, or lack thereof, the individual experiences over a stressful situation. Preliminary evidence from non-refugee

studies suggest that in the context of uncontrollable stress, emotion-focused coping strategies such as cognitive reappraisal may be potentially useful in reducing distress. This study investigated the effects of stressor controllability and emotion regulation on psychosocial outcomes among individuals from refugee backgrounds. Participants were 37 refugees and asylum seekers assigned to an experimental condition where they had control or no control over the viewing duration of trauma-related images. Next, participants were randomly assigned to reappraise or ruminate about their emotional responses to the images. While data collection is ongoing, preliminary findings revealed that cognitive reappraisal led to lower levels of negative affect compared to rumination, regardless of controllability condition, and this effect is influenced by current posttraumatic stress symptoms. The findings suggest that not all coping strategies are equally effective, and may be influenced by current psychological symptoms and other psychosocial factors.

# FRIDAY, SEP 7, 10:30

## General Mental Health

CAMELLIA HANCHEVA, SARAH BATEUP, MARIA ELENA HERNANDEZ HERNANDEZ, NATASA JOKIC-BEGIC / JONATHAN HUPPERT (CHAIR) **Speaker**

10:30 **Mentalization and empathy: Stability and/or change in psychotherapy trainees**

Camellia Hancheva, PhD, *Sofia University*

10:45 **Why are some CBT therapists better than others?**

Sarah Bateup, *Ieso Digital Health and Anglia Ruskin University, Cambridge.*

11:00 **Do patients' mood and gender affect the way we deliver CBT? An experimental, vignette-based study of the relevance of patient and clinician characteristics.**

Maria Elena Hernandez Hernandez, Glenn Waller, *University of Sheffield*

11:15 **Therapist attitudes towards using modern technologies in psychotherapy and counselling**

Natasa Jokic-Begic, Clinical and Health Psychology Unit, Department of Psychology, Faculty of Humanities and Social Sciences, Zagreb, Croatia; Branka Bagaric, Croatian Association for Behavioral-Cognitive Therapies (CABCT)

11:30 *Discussion*

### **Abstracts:**

1) **Mentalization and empathy: Stability and/or change in psychotherapy trainees**

*Camellia Hancheva, PhD, Sofia University*

The aim of the study is to assess mentalizing and empathizing abilities of people in training for psychotherapists. Capacity to reflect upon personal and others' experience and interactions is an important variable in emotional regulation and social interactions. It is considered a key component in psychotherapeutic process. Research question is focused on revealing dynamic of empathy and reflexivity during psychotherapy trainings. Inclination and capacity to think about mental phenomena and mastery of it are assessed by self-report instruments and performance based tests.

**Design and Method:**

A longitudinal design is planned to follow changes or stability in mentalizing and empathy for the period of training and early stages of professional development. Combination of self-report and performance-based tests are to be applied twice for the first year and annually for the next 4 years. Sample consists of 89 trainees in different psychotherapeutic modalities (CBT, Psychodrama, and Family Therapy). Self-report measures used are: Bulgarian adaptations of RFQ (Fonagy et al., 2016; Sharp et al., 2009, Hancheva, 2017), MentS (Dimitrijevic et al., 2017, Hancheva, 2017), and BES (D'Ambrosio, et al., 2009). Performance based tests are modifications of Reading mind in the eyes (Wakabayashi et al. 2006) and RF in 5min transcript (Adkins & Fonagy, 2017).

## Results:

Results from the first two stages are presented. Comparisons of the key variables are made for the trainees and general population (matching educational level); and between groups in the following therapeutic modalities: Cognitive Behavioral Therapy, Psychodrama, and Family Therapy. Potential applications and limitations of the study are critically discussed.

## 2) Why are some CBT therapists better than others?

*Sarah Bateup, Ieso Digital Health and Anglia Ruskin University, Cambridge.*

Cognitive Behaviour Therapy is an evidenced based psychological intervention that is widely recommended as the treatment of choice for common mental health disorders such as anxiety and depression. The effectiveness of CBT is widely documented with recovery rates in large scale randomized controlled trials ranging from 40% to 60%. Unfortunately, recovery rates in real world clinical settings are lower with some services reporting recovery rates as low as 18%. This presentation will explore the variables that may account for these differences.

### Research Purpose

The variance in recovery rates for CBT services in the UK has received much attention but all hypotheses to date are based on conjecture rather than live therapy data. The purpose of this research is to use live therapy data, in volume, to answer the question “why are some therapists getting better outcomes than others?”

### Research Design

One method of delivering CBT online using written communication results in a therapy transcript for every appointment. The therapy transcripts of 238 accredited CBT therapists who delivered online CBT to 10,052 patients were examined using standardized and validated assessment tools. In addition, the participating therapists provided information about their core profession, years of experience and qualifications. The results were analysed to understand the variables that correlate with clinical outcomes

### Research Findings

Early findings highlight that therapists with the best clinical outcomes have three variables in common. In addition, it was found that there was no correlation between years of experience, core profession, level of academic qualification and clinical outcomes.

### Research Conclusions

Understanding the therapist variables that correlate with good clinical outcomes will enhance clinical practice, enabling more patients to benefit from effective methods of treatment. In addition, the findings from this study will enable clinical supervisors to support therapists to become more effective and improve the training of future therapists.



# FRIDAY, SEP 7, 14:00

## Psychosis

**SIMON RICHES, INÊS LEAL, JULIETA AZEVEDO, FAREEHA KHAN / RICHARD BENTALL (CHAIR) *Speaker***

Chair: Richard Bentall, *University of Liverpool*

**14:00 Using virtual reality to assess paranoid ideation and social performance**

Simon Riches, Philippa Garety, Mar Rus-Calafell, Lucia Valmaggia, *King's College London*

**14:15 Living with Psychosis: A pilot study on patient's perspectives and benefits of mindfulness and self-compassion practices**

Inês Leal, Joana Rodrigues, Margarida Tomé, Mariana Argel, Maria João Ruivo, Paula Castilho, *University of Coimbra, Portugal*

**14:30 Efficacy of Contextual Behavioral Therapies In Bipolar Disorder – A Pilot Trial**

Julieta Azevedo, Paula Castilho, António Macedo, *University of Coimbra*  
Michaela Swales, *University of Bangor*

**14:45 Impact of an auditory hallucinations simulation on trainee and newly qualified clinical psychologists**

Simon Riches, Fareeha Khan, *King's College London & South London and Maudsley NHS Foundation Trust*  
Shifaa Kwieder, Helen L. Fisher, *King's College London*

15:00 Discussion

## Abstracts:

**1) Using virtual reality to assess paranoid ideation and social performance**

Simon Riches, Philippa Garety, Mar Rus-Calafell, Lucia Valmaggia, *King's College London, Institute of Psychiatry, Psychology & Neuroscience, Department of Psychology*

*Introduction:*

Paranoid ideation and social performance impairments overlap significantly. Virtual reality (VR) can enable psychological assessment in ecologically valid social environments. This project, in two linked studies, aimed to recruit a general population sample; test for paranoid ideation and its correlates with cognitive, affective, and behavioural components of social performance; then to pilot a new VR 'social situation' paradigm in non-clinical participants with high and low paranoid ideation; and to investigate whether these components of social performance and mood are associated with increased paranoid ideation in a VR 'social situation' task.

*Method:*

In Study 1, a general population online survey (N=609) investigated how trait paranoia relates to components of social performance and mood. In Study 2, two groups were formed from Study 1: participants who scored high and low in trait paranoia (N=89) entered a VR 'social situation' task (a party in a bar) to evaluate the acceptability of the VR task and the relationship between paranoid

ideation and social performance.

#### *Results:*

As hypothesised, in Study 1, trait paranoia was associated with components of social performance; in Study 2, participants found the VR environment acceptable and immersive; exposure to the VR environment elicited a range of cognitive, affective, and behavioural components of social performance; and high trait paranoia participants reported higher state paranoia and greater negative components of social performance.

#### *Discussion:*

The VR environment was shown to be valid for measuring paranoid ideation and social performance by replicating Phase 1 associations of high trait paranoia with both high state paranoia and greater negative appraisals of social performance. This result builds on previous research which demonstrates measurement of the relationship between paranoia and environmental stress in VR environments but, in this study, uses a new immersive, interactive, multi-avatar bar-room environment and targets specific components of social performance known to be associated with paranoia. Furthermore, our participants found the newly designed VR environment acceptable and immersive, and no adverse effects were reported. A key strength of the study is that it explores the link between paranoid ideation and social performance in an ecologically valid, standardised virtual environment, which has the potential to be manipulated experimentally and used therapeutically in ways that can personalise treatments. The VR study controlled for potential confounders, such as group differences in gender, ethnicity, employment status, social anxiety, way of finding out about the study, and previous VR or gaming experience; whereas statistically significant group differences in age, education, and relationship status may have contributed to effects on social performance and paranoid ideation.

#### *Conclusions:*

The VR task has assessment and treatment applications for people with psychosis, who can experience paranoia in social situations.

## **2) Living with Psychosis: A pilot study on patient's perspectives and benefits of mindfulness and self-compassion practices**

Inês Leal, *Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*; Joana Rodrigues, *Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*; Margarida Tomé, *Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*; Mariana Argel, *Faculty of Medicine, University of Coimbra, Portugal*; Maria João Ruivo, *Center for research in Neuropsychology and Cognitive Behavioral Intervention. Faculty of Psychology and Educational Sciences & Department of Psychological Medicine, Faculty of Medicine, University of Coimbra, Portugal*; Paula Castilho, *Center for research in Neuropsychology and Cognitive Behavioral Intervention, Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*.

#### *Introduction:*

With the increasing evidence-based support of recovery-based models for severe mental illness and contextual approaches to psychosis, authors recommend that along with reducing the sense of threat there is also the need to stimulate the soothing-safeness system through mindfulness and compassion practices. Several studies have tested the effectiveness of these practices with promising results both in psychopathology and recovery-related outcomes. However, and to our knowledge, no other study had focused on patients' feedback about these specific practices, which in the light of the recovery model, is of extreme importance. Therefore, this experimental study aimed to understand: 1) whether patients with psychosis consider this approach useful, understanding their feedback on specific practices; 2) the endorsement of mindfulness and compassion skills during and after the exercises; 3) the impact on recovery-related measures (well-being, positive and negative affect).

#### *Method:*

Patients were first referred by their psychiatrists and invited to participate in four individual sessions, in a range of two months. In Session 0, after informed consent was obtained, participants were assessed with the Clinical Interview for Psychosis Disorders from which scores for PANSS, GAF and

PSP were derived. Self-response instruments were also filled in (EADS-21; SMQ; MHC-SF; SELFCS). From Session 0 to 2 inclusive, participants were asked to fill the Daily Report of Emotions after a random phone call during the week following each session. Session 1 addressed the Three Systems of Affect Regulation linked to psychotic symptoms and associated difficulties, followed by Mindfulness of Breathing. At Session 2 was provided a rationale about the Three Flows of Compassion, followed by two exercises: Loving-Kindness and Compassionate Self. At the end of the session participants filled in the same quantitative measures. In all sessions a session summary sheet was filled in and an audio recording was sent so they can practice at home. In order to understand the feedback of the participants regarding the exercises, the last session examined qualitative information.

*Results:*

This is an ongoing study and we expect to have results by June, 2018. We hypothesise that participants will evaluate the exercises as useful and feasible with benefits in terms of well-being, positive affect and improvement of negative affect.

*Discussion and Conclusions:*

If the mindfulness and compassion exercises are considered useful and feasible by the participants and benefits confirmed our results will complement the existing research on the advantages of contextual interventions for people with psychosis.

### **3) Efficacy of Contextual Behavioral Therapies In Bipolar Disorder – A Pilot Trial**

Julietta Azevedo, *CINEICC - Neuropsychological, Cognitive and Behavioural Center for Research, Faculty of Psychology and Educational Sciences & Department of Psychological Medicine, Faculty of Medicine, University of Coimbra, Portugal*; António Macedo, *Department of Psychological Medicine, Faculty of Medicine, University of Coimbra, Portugal*; Michaela Swales, *University of Bangor, United Kingdom*; Paula Castilho, *CINEICC - Neuropsychological, Cognitive and Behavioural Center for Research, Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*

*Introduction:*

Bipolar disorder (BD) is a serious mental disorder characterized by episodes of mania/hypomania and depression, mood instability, significant functional impairment, lower quality of life, and higher rates of suicide than the general population. Pharmacological interventions prevail as the primary intervention in BD, however, most patients are not fully stabilized on drug therapies alone and a large number of patients experience residual symptoms so that full functional recovery is uncommon. Hence, growing evidence support the need to use psychosocial interventions as adjuvant therapies to improve recovery in BD. Even though Psychoeducation (PE) and Cognitive-Behavioral Therapy (CBT) have supporting evidence of their efficacy in BD, there are also contradictory findings, contesting their efficacy. A recent review regarding empirically supported psychosocial interventions for BD, indicate preliminary but positive findings regarding contextual therapies, especially Dialectical Behavior Therapy (DBT) and Mindfulness Based Cognitive Therapy (MBCT) group interventions, and highlighting the necessity for further research. Further empirical research through RCT studies to clarify contextual therapies' efficacy (particularly DBT, and MBCT) for BD is essential and necessary. This study aims to assess contextual behavioral therapies (DBT skills training, MBCT) efficiency in BD symptoms regulation, recovery variables, emotional regulation skills and also functional improvement.

*Method:*

The study will follow a pilot trial design through a 4 groups distribution (Experimental Group 1 – DBT + TAU; Experimental Group 2 – MBCT + TAU; CAG – Control Active Group – Psychoeducation + TAU; CG – TAU). The sample collection will take place at local public hospitals and private clinics. Participants will answer a set of self-report measures and be clinically assessed through semi-structured interviews.

*Expected results:*

We expect to see improvement in personal recovery variables, emotion regulation skills, and psychological distress and enhance positive affect and also functional improvement in everyday life.

This PhD research project intends to analyze DBT-skills and MBCT's efficacy, and if proven, make them available through intervention detailed manuals for mental health professionals.

#### **4) Impact of an auditory hallucinations simulation on trainee and newly qualified clinical psychologists**

Simon Riches, Fareeha Khan, *Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London & South London & Maudsley NHS Foundation Trust, UK;*

Shifaa Kwieder, Helen L. Fisher, *Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK*

##### *Introduction:*

Simulation training is an effective teaching tool enabling learners to gain subjective understanding. Our aim in this study was to pilot and evaluate a newly-designed auditory hallucinations simulation as a future training tool for clinicians.

##### *Methods:*

This was a mixed-methods study in two parts. In Phase 1, trainee and qualified clinical psychologists (N=25) attended the London-based immersive art exhibition, *Altered States of Consciousness*, which included an auditory hallucinations simulation. The exhibition aimed to improve understanding of what it feels like to hear voices by providing members of the public with an individualised simulation of auditory hallucinations. Co-production with people with lived experience of auditory hallucinations was incorporated into all stages of the development of the exhibition and the research. Participants completed pre-/post-exhibition measures of their mood and attitudes towards auditory hallucinations and other unusual sensory experiences. In Phase 2, approximately six months later, a subgroup of Phase 1 participants (N=15) took part in a semi-structured interview and again completed the post-exhibition questions. Results: In Phase 1, most participants were female (N=23), in the 26-35 age range (N=20), and White British (N=18). There were seventeen trainees and eight qualified clinical psychologists. Post-exhibition, there were significant increases in understanding what it feels like to hear voices (large effect), compassion towards people who hear voices (large effect), and comfort talking to people who hear voices (medium effect). In Phase 2, There were fifteen participants. Most were female (N=14), in the 26-35 age range (N=14), and White British (N=12). There were six first year trainees, five second year trainees, and four clinical psychologists, all of whom were less than one year qualified. Quantitative scores were partially maintained. Thematic analysis of interviews showed that participants identified cognitive (distraction, hypervigilance), emotional (anxiety, irritation, fear, disempowerment), and behavioural (compliance vs. defiance, resignation) responses. Participants reported that the simulation provided numerous benefits to their training and clinical practice, including increases in subjective understanding, compassion, and confidence, and suggested training applications for the simulation.

##### *Discussion:*

Our hypothesis, that the simulation would increase clinical psychologists' understanding and compassion towards voice hearers and would have a positive impact on their clinical practice and training, was supported. The findings indicate that the auditory hallucinations simulation may be a useful training tool for clinical psychologists as well as a range of other healthcare professionals, such as nurses, and for broader groups within the public, such as school children, families, and police. Strengths of the study were its novel design; that it recruited trainee and newly qualified clinical psychologists; and the qualitative methodology that offered a more in-depth account of participants' subjective experience. Limitations included the small sample size, lack of control group, and utilisation of brief untested scales.

##### *Conclusions:*

This simulation has potential for training clinical psychologists and other healthcare professionals who work with people who experience auditory hallucinations. Increases in subjective understanding and confidence in clinicians are likely to benefit the therapeutic relationship and improve outcomes.

# SATURDAY, SEP 8, 10:30

## Children and Young People

**BITE, I., JENS HÖGSTRÖM, ANN-KATRIN JOB, LIRIA FERNÁNDEZ-GONZÁLEZ / SARAH HALLIGAN (CHAIR) *Speaker***

Chair: Sarah Halligan, *University of Bath, UK*

**10:30 Behavior management program for preschool children: STOP 4-7 in Latvia**

Bite, I., Lapsina, I., de Mey, W., *University of Latvia, University of Ghent*

**10:45 Social attention in youth with social anxiety disorder and the impact of cognitive behavioral therapy**

Jens Högström, *Karolinska Institute, Sweden*

Johan Lundin-Kleberg, Miriam Larson Lindal, Ebba Taylor, Terje Falck-Ytter, Eva Serlachius

**11:00 Effect of a Brief Intervention Based on Implicit Theories of Personality on Adolescent Aggressive Behaviors toward the Partner**

Liria Fernández-González; Esther Calvete; and Izaskun Orue, *University of Deusto*

**11:15 Results of a Randomized Controlled Study on the Efficacy of a Triple P Group Training for Foster Parents with Young Foster Children**

Ann-Katrin Job, Daniela Ehrenberg, Nina Heinrichs, *University of Braunschweig*

Arnold Lohaus, *University of Bielefeld*

Kerstin Konrad, *University Hospital Aachen*

11:30 Discussion

### **Abstracts:**

**1) Behavior management program for preschool children: STOP 4-7 in Latvia**

Bite, I., Lapsina, I., de Mey, W., *University of Latvia, University of Ghent*

The program STOP 4-7 was invented in Belgium as the effective ecological method for behavior management in children with externalized behavior problems age 4-7. The program includes 10 weeks 'long group training for children, individual and group work for parents, and teachers' training based on behavior therapy principles and methods. Children with ADHD, mild ASD or learning disabilities can be included. Since 2015 the program has been implemented in Latvia with some small modifications. The effectiveness of the program has been tested in 30 participants. Results indicated significant changes in externalized behavior scale of CBCL, lower parenting stress according to PSI scales, and more positive parenting according to Ghent parenting questionnaire.

**2) Social attention in youth with social anxiety disorder and the impact of cognitive behavioral therapy**

Jens Högström (1, 2), Johan Lundin-Kleberg (3), Miriam Larson Lindal (4), Ebba Taylor (4), Terje

*Falck-Ytter (3, 5), Eva Serlachius (1, 2)*

*1) Department of Clinical Neuroscience, Centre for Psychiatry Research, Karolinska Institutet, Stockholm, Sweden*

*2) Stockholm County Council, Stockholm, Sweden*

*3) Uppsala Child and Baby Lab, Department of Psychology, Uppsala University, Sweden*

*4) Department of Clinical Neuroscience, Division of Psychology, Psychology program, Stockholm, Sweden*

*5) Department of Women's and Children's Health, Center of Neurodevelopmental Disorders (KIND), Karolinska Institutet, Stockholm, Sweden*

### *Introduction:*

To successfully navigate the social world we have to attend to complex and quickly shifting information such as facial expressions and emotional display. Work in psychology and neuroscience has demonstrated that typically developing children are remarkably apt at doing this. However, many children with social anxiety have a difficulty directing their attention flexibly and adaptively to social events, typically manifested as avoidance of eye contact or hyper-vigilance towards potential social threat (e.g., someone looking angry). This atypical social attention has been suggested to be involved in the etiology as well as in the maintenance of social anxiety disorder (SAD) but there is a lack of knowledge about these attentional mechanisms in youth and if they can be affected by psychological treatment. In this study, we tested the specificity of some fundamental social attention mechanisms that have been linked to SAD and their relationship to the outcome of cognitive behavioral therapy (CBT) for adolescents with SAD.

### *Method:*

Participants (N=24) were adolescents with SAD who were matched on sex and age with (N=22) non-anxious controls. In the SAD group, social attention was measured with a corneal reflection eye-tracker before and after the participants went through 12 weeks of CBT. The non-anxious control participants were recruited through a random selection of youths from the Swedish population register. The SAD diagnosis was established with the M.I.N.I-kid interview and social anxiety was measured using the Social Phobia and Anxiety Inventory - Child version (SPAI-C).

### *Results:*

Adolescents with SAD were found to be more vigilant to threatening social stimuli, compared to when they were confronted with neutral or positive stimuli. I.e. they were faster to shift their gaze towards peripheral threat stimuli. However, this attention bias was also found in the non-anxious control group. Similarly, participants in the SAD group were found to be quicker to shift their gaze away (avoidance) from threatening social stimuli, once a fixation had occurred. This effect was however also seen for the non-anxious controls. Furthermore, analyses showed that level of vigilance to threat at baseline did not predict the outcome from CBT, and there was no effect of CBT on vigilance after treatment.

### *Discussion:*

Although an elevated vigilance toward threat was found in the SAD group, this attention bias was also seen in the non-anxious group, indicating that for adolescents this form of atypical attention does not distinguish SAD from the normal population. This is in line with some previous findings showing that this difference between SAD and non-anxious individuals does not become noticeable until adulthood. Furthermore, attention bias did not predict the outcome from CBT indicating that CBT is a treatment that works well notwithstanding the degree of vigilance that participants present with. Nor did the level of vigilance change over the course of CBT treatment, pointing in the direction that attention bias has more of a trait like character, that may be difficult to change.

### *Conclusions:*

Youths attend to threatening social stimuli differently than to neutral and positive stimuli and this seem to be the case whether or not they have SAD. Further studies with larger samples are needed to confirm these results.



### **3) Effect of a Brief Intervention Based on Implicit Theories of Personality on Adolescent Aggressive Behaviors toward the Partner**

Liria Fernández-González, Esther Calvete, Izaskun Orue, *University of Deusto*

#### *Introduction:*

Since the first romantic relationships are established during adolescence, implementation of preventive interventions during this developmental stage opens a window of opportunity for the prevention of partner aggression. Previous prevention programs have shown efficacy in modifying cognitions and attitudes related to dating violence, although behavioral changes have been reported in very few cases. Recent innovative brief interventions based on changing entity theories of personality (i.e., the belief that people cannot change and personal characteristics are fixed; Miu & Yeager, 2015) have provided good results for preventing depression and other behavioral problems in adolescents. Therefore, the principal aim of this study is to examine whether a brief one-hour intervention based on promoting the idea that people can change shows efficacy in the prevention of perpetration and victimization of dating aggressive behaviors (both online –cyber dating abuse– and traditional –face-to-face dating aggression–) in adolescents.

#### *Method:*

A double-blind randomized controlled trial with two parallel groups was conducted in a sample of 443 adolescents from four high schools in the province Bizkaia (Spain). Participants were randomized in a 1:1 ratio blocked by gender to one of two groups (experimental versus control condition). The final sample of this study was composed by those participants ( $n = 64$ ; 57.8% females) who reported having had a dating relationship in the last 6 months both at baseline (one week before intervention) and 6-month follow-up (experimental group [ $n = 30$ ], and control group [ $n = 34$ ]). Mean age of participants was 15.28 years ( $SD = 0.95$ ) and the sample distribution by school grade was as follows: grade 8 (15.6%), grade 9 (28.1%), and grade 10 (56.3%). Dating aggressive behaviors were assessed through a self-report questionnaire.

#### *Results:*

There were not significant differences between groups (experimental versus control condition) in gender, age, school grade and dating aggressive behaviors at baseline. The mixed between-within subjects analyses of variance (with group, gender and grade as between-subjects variables) revealed a significant interaction between time and group for the four types of aggression analyzed (i.e., perpetration of cyber dating abuse, victimization of cyber dating abuse, perpetration of traditional dating violence, and victimization of traditional dating violence). Participants in the experimental group showed significant lower mean scores on aggressive behaviors than participants in the control group at six-month follow-up compared to baseline.

#### *Discussion:*

Findings suggest that perpetration and victimization of aggressive behaviors (online and offline) decrease in female and male adolescents after the implementation of an intervention based on implicit theories of personality. Relevant implications for dating violence prevention in terms of efficiency and duration of interventions are discussed. Nevertheless, future studies should explore longer-term effects, as well as the mediating mechanisms that explain the achieved benefits.

#### *Conclusion:*

Brief interventions promoting an incremental theory of personality (i.e., the belief that people can change and personal characteristics are not fixed) shows promise for the prevention of dating aggression in female and male adolescents.

### **4) Results of a Randomized Controlled Study on the Efficacy of a Triple P Group Training for Foster Parents with Young Foster Children**

Ann-Katrin Job, *University of Braunschweig, Germany*; Daniela Ehrenberg, *University of Braunschweig, Germany*; Arnold Lohaus, *University of Bielefeld, Germany*; Kerstin Konrad, *University Hospital Aachen, Germany*; Nina Heinrichs, *University of Braunschweig, Germany*

#### *Introduction:*

Young children who have experienced maltreatment and / or neglect in their biological family are

often placed in a foster family. After the out of home placement foster children still have an elevated risk to develop emotional and behavior problems. Accordingly, foster parents are often confronted with particularly challenging behaviors of their foster children, leading to more parenting stress and parental dissatisfaction in the short-term, and an increased risk for the foster child to experience further maltreatment and placement disruptions in the long-term. Within the German GROW&TREAT-project, we conducted a randomized controlled intervention study to investigate the efficacy of a parent group training tailored to the special needs of foster families. As primary outcomes, we hypothesized significant short- and long-term improvements regarding foster parents' parenting competencies and foster children's relationship behavior in the intervention compared to a usual care control group.

*Method:*

A total of 79 families with 87 foster children aged 2-7 years participated in the trial. At baseline, 32% of the foster children met the ICD-10 criteria for a mental disorder (diagnosed with a standardized clinical interview). For the intervention study, 43 randomly selected families (54%) were offered to participate in the parent training. Primary outcome measures included parent questionnaires on their own parenting competencies and on child relationship behaviors as well as a standardized behavior observation of the parent-child interaction. Intervention and control group families were reassessed three times over a period of one year.

*Results:*

Attending centrally located group trainings was very challenging for foster families as they were spread across the regions of the three project cities. This led to low participation rates. We found no advantages of the intervention group compared to the usual care control group on any outcome measure neither from baseline to post-intervention nor from baseline to the follow-up with the original group assignment. Instead, we found some significant changes in both groups across time.

*Discussion:*

The non-significant results regarding the efficacy of the intervention and their implications for future research and practice are discussed taking into account the favorable baseline results of the foster parents as well as the limitations of the trial and the intervention itself.

*Conclusion:*

Foster children are considered a high-risk group for the development of child emotional and behavior problems. To better support these children, effective interventions need to be developed and implemented. In this context, a centrally offered group intervention, however, may not be the best approach.



# SATURDAY, SEP 8, 14:00

## Children and Young People

RACHEL M HILLER, CAROLIN RITTER, NOORTJE VRIENDS, ANGELIKI ARGYRIOU, SILVIU MATU / VANESSA COBHAM (CHAIR) **Speaker**

Chair: Vanessa Cobham

**14:00 A longitudinal study of the trauma-related psychological profiles of young people in out-of-home care**

Rachel M Hiller; Sarah L Halligan, *University of Bath*  
Richard Meiser-Stedman, *University of East Anglia*  
Elizabeth Elliott, *University of Bath*

**14:15 Corporal punishment across the globe: Parent and child characteristics associated with self-reported spanking in nine countries with and without legal bans of spanking**

Carolyn Ritter, *University of Braunschweig*  
Inga Frantz, *University of Braunschweig*  
Catherine Lee, *University of Ottawa*  
Nina Heinrichs, *University of Braunschweig*

**14:30 It does matter where you live! –Associations between community violence exposure and conduct problems in an international context.**

Noortje Vriends, *Psychiatric University Clinics Basel & University of Basel*  
Linda Kersten, Christina Stadler

**14:45 Psychosocial mediators of the relationship between sexual orientation and depressive symptoms in a longitudinal sample of young people**

Angeliki Argyriou, *King's College London*  
Kimberley Goldsmith, *King's College London*  
Alkeos Tsokos, *University College London*  
Katharine Rimes, *King's College London*

**15:15 Robot enhanced therapy for children with autism spectrum disorders: A randomized clinical trial**

Silviu Matu, *Babeş-Bolyai University, Cluj-Napoca, Romania*  
Daniel David, *Babeş-Bolyai University & Icahn School of Medicine at Mount Sinai, NY, USA*  
Aurora Szentagotai, Anca Doborean, Cristina Costescu, Radu Şoflău, Anamaria Ciocan,  
Mihaela Selescu, Liana Mureşan

## Abstracts:

**1) A longitudinal study of the trauma-related psychological profiles of young people in out-of-home care**

Rachel M Hiller; Sarah L Halligan, *Department of Psychology, University of Bath, UK;*

*Richard Meiser-Stedman, Department of Clinical Psychology, University of East Anglia, UK ; Elizabeth Elliott, Department of Psychology, University of Bath, UK.*

Young people in out-of-home care represent a particularly vulnerable group of UK youth. They have typically been removed from their family home due to the experience of prolonged and significant abuse and/or neglect and experience correspondingly elevated psychological difficulties across their life. The aim of this longitudinal study was to identify the role of cognitive predictors of posttraumatic stress and the impact on their general wellbeing. 118 young people aged 10-17 years old, and their carers, were recruited from three local authorities in England. Over 80% were in foster care, with the remainder in kinship care or residential care. Following their initial assessment they completed a second 6-month follow-up. Cognitive processes covered maladaptive appraisals, trauma-related memory, and coping, based on the cognitive model of posttraumatic stress disorder. General wellbeing includes school-wellbeing, an area where young people in care often have poor outcomes. Results highlighted the large proportion of young people in care who show elevated rates of posttraumatic stress symptoms. Findings particularly highlighted the role of trauma-memories and how young people cope with such memories, as driving their posttrauma distress, and the significant impact of these processes on their concurrent and later wellbeing. Results will be discussed in relation to the implications for trauma-focussed psychological interventions for young people in care, as well as implications for broader trauma-informed care in the services and systems that have contact with these young people.

## **2) Corporal punishment across the globe: Parent and child characteristics associated with self-reported spanking in nine countries with and without legal bans of spanking**

*Carolin Ritter, Department of Psychology, University of Braunschweig, Braunschweig, Germany; Inga Frantz, Department of Psychology, University of Braunschweig, Braunschweig, Germany; Catherine Lee, School of Psychology, University of Ottawa, Ottawa, Canada; Nina Heinrichs, Department of Psychology, University of Braunschweig, Braunschweig, Germany,*

Introduction: Spanking is associated with negative child outcomes, such as externalising and internalising problems, and more negative parent-child relationships (Gershoff & Grogan-Kaylor, 2016). Understanding factors associated with corporal punishment (CP) is essential to allow governments, policy makers and communities to take targeted actions to reduce rates of CP. The prohibition of CP has been shown to be an effective tool in reducing physical punishment in child discipline in a set of European countries, particularly if combined with campaigns publicising the law change (Bussmann, Erthal, & Schroth, 2011). There has been a growing momentum to prohibit CP around the world. To date, 53 countries have fully prohibited CP, with 29 of those countries having instated a legal ban just within the last ten years. Several other countries have committed to prohibition of CP (Global Initiative to End All Corporal Punishment of Children, 2018). Apart from the legal status of CP, other parent and child characteristics have been examined to identify further factors associated with parent-reported CP. Perron et al. (2014) showed in their large Canadian sample that more parent-reported spanking was associated with positive parental attitudes towards spanking, more child behaviour problems, a younger child age, lower parent education, and more income inadequacy. The aim of this current study was to identify child and parent characteristics associated with CP in countries with and without legal bans of CP. Method: Over 9,000 parents of children between 2 and 12 years of age participated in the International Parenting Survey (IPS; Morawska, Heinrichs, & Sanders, 2011). The IPS is a web-based survey developed to explore parenting experiences across countries, including countries with legal bans of CP, such as Germany (N = 1439), and Spain (N = 2007), as well as countries without such bans, such as Australia (N = 588), Belgium (N = 512), Canada (N = 2382), Hong Kong (N = 616), Indonesia (N = 154), Switzerland (N = 331), and the United Kingdom (N = 717). Results: Preliminary analyses of the German sample indicated that increased self-reported use of CP was associated with younger child age, younger parent age at child

birth, and lower parental level of education. The more child behavior problems parents reported and the more positive attitudes towards CP they expressed, the more likely were they to report spanking. For German mothers perceived lack of support within their family, as well as maternal psychological distress, increased the probability of self-reported CP. Further analyses of the international data will be presented, with a focus on analyzing differences between countries with and without prohibition of CP. Discussion: A better understanding of factors associated with CP in countries with and without legal bans will make a significant contribution to the development of strategies and interventions to reduce child physical punishment. Conclusion: Prohibiting CP and publicising the law change needs to be combined with targeted parental education, interventions to support parents manage child problem behaviour, and efforts to reduce maternal psychological distress and strengthen family relationships.

### **3) It does matter where you live! –Associations between community violence exposure and conduct problems in an international context.**

*Noortje Vriends, Department of Child and Adolescent Psychiatry, Psychiatric University Clinics Basel & University of Basel, Switzerland; Linda Kersten, Christina Stadler, Department of Child and Adolescent Psychiatry, Psychiatric University Clinics Basel & University of Basel, Switzerland*

Background: Cross-national differences in conduct problems (e.g. Greenberger, et al., 2000) underscore the importance of environmental factors in conduct problems (CP). In line, our recently published study (Kersten et al., 2017) revealed a significant association between the environmental factor “community violence exposure (CVE)” and CP in healthy controls and in patients with conduct disorder. In addition we preliminary found that rates of CVE were significantly different in the 7 EU countries (not included in the publication). Others also found that CVE varies significantly across countries (Schwab-Stone, 2013). Therefore, we assume that the association between CVE and CD must be investigated taking the national context into account. Method: The present study aims to examine the association between witnessing and victimization of CVE and conduct problems in a sample (N = 1608) of children and adolescents from seven different countries in Europe, and thus taking the national context into account. Conduct problems were defined by oppositional defiant disorder and conduct disorder items of the Kiddie-SADs. CVE was defined by the SAHA witnessing and experiencing scales of CVE. Multiple regression models are used to test the hypotheses. Analyses were controlled for age and gender. Results: The association between victimization of CVE and conduct problems varies significantly across the seven European countries, whereas the association between witnessing CVE and conduct problems does not. A post-hoc analysis revealed that in Germany, the Netherlands, and England victimization of CVE associated with CD, whereas in the countries it does not. Conclusions: Prevention or intervention efforts regarding CVE and CD should be planned according to the national context. Future studies should investigate which factors influence these national differences in the association between victimization of CVE and CD. In sum, these results show that associations between environmental factors, which associate with conduct problems, should be take the national context into account.

### **4) Psychosocial mediators of the relationship between sexual orientation and depressive symptoms in a longitudinal sample of young people**

*Angeliki Argyriou, Institute of Psychiatry, Psychology and Psychiatry, King's College London; Alkeos Tsokos, Department of Statistical Science, University College London; Katharine Rimes, Institute of Psychiatry, Psychology and Psychiatry, King's College London;*

OBJECTIVE: This longitudinal study investigated psychosocial mediators in the relationship between sexual minority status and depressive symptoms in young people. METHOD: Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort were analyzed. Sexual orientation was assessed at 15 years and depressive symptoms were assessed at 18 years (Short Moods and

Feelings Questionnaire). Mediators were assessed at 17 years: unhelpful assumptions about the self and others, hypothesized to be vulnerability factors in cognitive theories of depression (Dysfunctional Attitude Scale – Short Form); self-esteem (Bachman revision of the Rosenberg Self-Esteem Scale); and family relationships measured with four items. Using Full Information Maximum Likelihood, data from 14,814 individuals were analyzed. Multiple mediation using structural equation modelling was conducted, with family relationships entered as a latent variable. Potential confounding variables including depressive symptomatology at age 13 were entered as covariates. Sex was examined as a moderator. RESULTS: Sexual minority youth had higher risk for depressive symptoms at 18 years than heterosexual youth. They also had poorer relationships with their family and more unhelpful assumptions, and there was weaker evidence suggesting lower self-esteem, especially for boys. Poorer family relationships and unhelpful assumptions mediated the relationship between sexual minority status and depressive symptoms, while there was weaker evidence to support self-esteem as a mediator. There was no evidence to suggest that sex moderated these relationships. CONCLUSIONS: Poorer family relationships, more unhelpful self-beliefs and possibly lower self-esteem may contribute to sexual orientation disparities in depressive symptoms, indicating possible areas for prevention and intervention.

#### **4) Robot enhanced therapy for children with autism spectrum disorders: A randomized clinical trial**

Silviu Matu<sup>1</sup>, Daniel David<sup>1,2</sup>, Aurora Szentagotai<sup>1</sup>, Anca Doborean<sup>1</sup>, Cristina Costescu<sup>1</sup>, Radu Șoflău<sup>1</sup>, Anamaria Ciocan<sup>1</sup>, Mihaela Selescu<sup>1</sup>, Liana Mureșan<sup>1</sup>

<sup>1</sup>Department of Clinical Psychology and Psychotherapy, and The International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health, Babeș-Bolyai University, Cluj-Napoca, Romania

<sup>2</sup>Department of Oncological Sciences, Icahn School of Medicine at Mount Sinai, New York, U.S.A.

##### *Introduction:*

Autism Spectrum Disorders (ASD) are characterized by persistent deficits in communication and repetitive or restrictive behaviors. Research has shown promising results for the use of a social robots to improve social skills in ASD children. However, previous studies are mostly case studies and single case experiments. Rigorous data comparing robotic-based interventions with standard treatments in randomized clinical trials is needed to establish the efficacy of this innovative intervention.

##### *Method:*

The present paper describes an equivalence randomized clinical trial which included 63 children with a diagnosis of ASD, aging between 3 to 6 years old. Children meeting inclusion criteria, a psychiatric diagnosis of autism spectrum disorder, confirmed by an assessment with the Autism Diagnostic Observation Scale (ADOS), are randomly allocated to one of two groups: (1) standard therapy (ST), derived from cognitive-behavior therapy (CBT) / applied behavior analysis (ABA) or (2) robot-enhanced therapy (RET), in which the same intervention as for ST is delivered by a semi-autonomous robotic mediator agent (the robot acts as an interaction partner while the therapist is supervising the session). Both interventions are tailored to level of skill of each individual child. The primary outcomes of the interventions are imitation (IM), joint-attention (JA) and turn-taking (TT) performances. Secondary outcomes include performance on cognitive tasks, engagement, communication and the presence of stereotype behaviors. We also assessed ASD symptoms at post-test using standardized measures, such as the ADOS and the Social Communication Questionnaire (SCQ). Both interventions are delivered over 12 bi-weekly sessions of about 45 minutes each.

##### *Results:*

Twenty-seven children had their data analyzed at the present moment. Univariate within-between ANOVAs revealed significant time effects for imitation ( $F(1, 25) = 21.79, p < .001$ ), and turn-taking performance ( $F(1, 25) = 4.50, p = .044$ ), for the first levels of difficulty in the tasks. No other significant time, group, or group\*time effects emerged. These preliminary results point to the equivalence of the two interventions. Some small advantages for the RET condition were present for secondary outcomes.

##### *Discussion:*

The present study will provide some of the first rigorous data regarding the efficacy of robot-enhanced therapy delivered by an intelligent robotic agent which requires less direct input from an operator to deliver the intervention. This could open the door for the dissemination of evidence-based interventions for ASD children through the use of robotic agents.

*Conclusion:*

Robot-enhanced interventions might provide a new and efficacious method to enhance social skills in ASD children.

# POSTERS

# THURSDAY, Sep 6, 10:00

## GENERAL MENTAL HEALTH

### **ID 332: Compassion satisfaction in rehabilitation professionals: the impact of self-compassion, positive affect and social safeness**

*Margarida Tomé, Paula Castilho, Center for Research in Neuropsychology and Cognitive Behavioral Intervention. Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*

Helping professionals, in the rehabilitation context, provide care and compassion to the individuals they assist. As such, they may experience compassion satisfaction, the state of happiness and connectedness derived from their role as a caregiver. Research has shown that self-care, self-compassion, positive affect and social support can contribute to compassion satisfaction. Nevertheless, there is an absence of studies exploring the role and the activation of the soothing system (self-compassion, emotional and social outputs, such as positive affect and social safeness) in compassion satisfaction felt by rehabilitation professionals. The present study aimed to understand the impact of self-compassion, types of positive affect (i.e., active, relaxed, safe) and social safeness in rehabilitation professionals' compassion satisfaction. A series of self-report instruments measuring these variables were completed by 152 rehabilitation professionals. Correlational analysis demonstrated significant positive correlations, as expected. A multiple linear regression showed that active affect significantly predicts compassion satisfaction. A mediational model of the relationship between self-compassion and compassion satisfaction mediated by active affect and social safeness significantly explained 24% of the dependent variable's variance. Thus, the results suggest that the activation of the soothing system (to which self-compassion is related) is fundamental to the quality of life experienced by the professional as a caregiver (compassion satisfaction).

**ID 331: Emergency C-section, maternal satisfaction and emotion regulation strategies: Effects on PTSD and postpartum depression symptoms**

*Deninotti, J., Université Grenoble Alpes, Université Savoie Mont Blanc, LIPPC2S, 38000 Grenoble, France; Denis, A., Université Savoie Mont Blanc, LIPPC2S, 38000 Grenoble, France; Berdoulat, E., Université Grenoble Alpes, Université Savoie Mont Blanc, LIPPC2S, 38000 Grenoble, France.*

The present study investigates the relationship between a mother's emotion regulation strategy (antecedent-focused vs. response-focused), her satisfaction with childbirth, and posttraumatic and/or depressive symptoms towards unplanned C-section. Fifty French participants aged 18-35 ( $M = 27.10$ ;  $S.D. = 3.99$ ) were recruited on exchange groups about C-section and completed four self-report measures online, up to two years after childbirth. These measures assessed emotion regulation strategies used, birth satisfaction, postpartum depression symptoms and PTSD symptoms. Main results indicate: (1) Mothers who use expressive suppression, a response-focused strategy, are less satisfied with childbirth. (2) Emotion regulation, when combined with maternal satisfaction, can predict posttraumatic stress score and depression score. These results imply that the expression of emotions should be encouraged during labour and delivery, especially by providing as much social support as possible, and promoting more personal control in maternal care.



### **ID 329: Uncovering the impact of social ranking mentality and entrapment in the maintenance of the affective temperament in a non-clinical Portuguese Sample**

*Joana Rodrigues, Julieta Azevedo, Paula Castilho, Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal; Center for Research in Neuropsychology and Cognitive Behavioral Intervention. Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*

#### *Introduction:*

Mood disorders, also designated mood affective disorders, are a category of mental illnesses that affects patients undergoing drastic mood changes with consequences in their everyday emotional state. People may experience being extremely sad, irritable or having periods of depression alternating with periods of excessive happiness, productivity and euphoria. Mood disorders have one of the highest risks of suicide among mental illnesses. The current study aims to investigate the relationship between social rank variables (e.g., memories of threat and subordination shame, self-criticism, submission, defeat), different affective temperaments and its and maintenance.

#### *Method:*

It is desired to obtain a homogeneous distribution of ages that is representative of the general population, with ages between 18 and 65 years old. Participants recruited have the opportunity to take the evaluation questionnaire in paper version or online.

#### *Results:*

This is an ongoing study and we expect to have results by September 2018. We hypothesise that participants report higher external shame, self-criticism, depression and anxiety have higher scores in the ATQ scale in the dimensions of the affective temperament measured. Subjects with higher levels of self-compassion, self-reassurance, mindfulness and social safeness and pleasure should report lower values of hyperthymia, irritability, cyclothymia and dysthymia.

*Discussion and Conclusions:* If our hypotheses are confirmed, our results will confirm the importance of competitive mentality for the maintenance of mood disorders and pointed the need to include in the treatment the compassionate mind training.

## **ID 328: Protective processes against compassion fatigue in rehabilitation professionals and disabled persons' caregivers: How they relate to psychological flexibility, mindfulness and self-compassion**

*Margarida Tomé; Paula Castilho, Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal; Center for Research in Neuropsychology and Cognitive Behavioral Intervention. Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*

### *Introduction:*

Several scientific studies have concluded that caregiving professionals, due to their continued exposure to suffering and stress, are likely to develop compassion fatigue. This phenomenon is often described as “the cost of caring” and consists of physiological, emotional and cognitive symptoms, leading to decreased productivity and psychological well-being. Conversely, self-compassion and mindfulness have been shown to endorse resilience, happiness, social proximity and general well-being. Despite its infrequent use in workplaces, it is thought that self-compassion would allow professionals to respond to work's demands in a more positive and balanced manner. Therefore, our study intends to explore whether self-compassion and mindfulness in caregivers of disabled persons' contribute to a better quality of life and psychological well-being, decreasing the compassion fatigue and emotional exhaustion.

### *Method:*

Most of the assistance available to disabled persons' in Portugal is provided by Non-profit Organizations. Hence, several institutions and professional caregivers were contacted and invited to fill in a series of self-report instruments, measuring self-compassion, fears of compassion, mindfulness, burnout, professional quality of life, self-criticism, social safeness and pleasure, and positive and negative affect. Participants were also requested to report the number of times they took leaves of absence and inquired on physical, emotional and cognitive indicators of compassion fatigue.

### *Results:*

This is an ongoing study and we expect to have results by June 2018. We hypothesise that participants who report higher self-compassion and mindfulness levels will present lower scores on compassion fatigue measures, as well as a better professional quality of life and increased social connectivity and psychological well-being.

### *Discussion and Conclusions:*

If our hypotheses are confirmed, our results will confirm the importance of self-compassion and mindfulness in professions that provide assistance to disabled persons, suggesting its protective effect against compassion fatigue and psychopathological symptoms in caregivers.

**ID 317: Acceptability and usability of web and mobile versions of a cognitive behavioral intervention based on problem solving for depressive complaints in Turkey**

*Burçin Ünlü İnce 1, 2\*, Didem Gökçay 1\*, Ece Dinçer 1\*, Heleen Riper 3, 4, 5\*, Pim Cuijpers 3, 6\**

1. Department of Medical Informatics, Informatics Institute, Middle East Technical University, Ankara, Turkey

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In Turkey, the prevalence of depression is approximately 4.4%, while mental health care has serious deficiencies. Innovative solutions which provide cognitive behavioural interventions using online services are needed to fill the gap between health burden and the treatment of depression. For instance, Her Şey Kontrol Altında (HŞKA) which is based on problem-solving therapy is a good alternative which increases self-awareness and reduces the stigma and inconvenience of office visits. In this study, a web version and a mobile application of HŞKA were developed to evaluate the usability and acceptability of online guided self-help among students and therapists. A total of 6 focus groups were organised where participants were asked to perform small tasks in the intervention. Assessment of usability is made through several sub-scales such as trust to the intervention, perceived usability, value to personalization and intention to use the intervention. Finally, the evaluation of acceptability is done through qualitative remarks. The first pilot study was conducted on the web version with four focus groups (22 students and 5 therapists). Perceived ubiquity and application mobility was significantly rated as higher among students than therapists ( $p=.049$  and  $p=.03$ ). The second pilot was performed on the mobile version with two focus groups (28 students). Trust to the intervention was moderate while value to personalization and intention to use the intervention were rated as high. In conclusion, acceptance and usability of both web and mobile applications have been evaluated as moderate to high but trust and privacy were factors of concern.

### **ID 314: Being alone or with someone: Social interactions vs no social interactions in depression, social phobia, and controls**

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Even though the importance of social interactions (SIs) for people is beyond question, less research addresses what happens when people do not have any SIs. To investigate how SIs and the lack thereof are experienced, we compared the social behavior of participants diagnosed with Major Depressive Disorder (MDD) or Social Phobia (SP) with a control group (CG). During a one-week intensive longitudinal investigation in the natural environment of the participants, participants' social behavior was investigated six times a day using Event Sampling Methodology (ESM). We investigated the frequency and quality of SIs (when SIs were experienced) and the level of wishing for a SI and avoidance of SIs (when no SIs were experienced). Results showed no difference between groups regarding frequency of SIs and the level of wishing for a SI. However, the perceived quality and level of avoidance differed: MDD and SP reported significantly lower SI quality than CG, with SP reporting even lower quality than MDD. Further, MDD and SP reported avoiding SIs significantly more often than CG. These results suggest that both diagnostic groups might not have wanted more SIs than they already had. This study makes an important contribution to the understanding of SIs in MDD and SP, which also includes implications for therapy and practice, such as patients possibly being encouraged to effectively engage in less SIs, but to focus on experiencing more high-quality SIs.

### **ID 305: Validation of Turkish Inferential Confusion Scale- Expanded Version: Examination of Psychometric Properties in an Analogue Sample**

*Ezgi Gocek-Yorulmaz; Oya Sorias, Department of Psychology, Faculty of Letters, Ege University, Izmir, Turkey*

#### *Objective:*

Inferential Confusion (IC) is defined as a major cognitive factor in Obsessive Compulsive Disorder (OCD) which includes ignoring true information from senses and giving overemphasis on the possibilities. That is, IC is a subjective and irrational appraisal process about the intrusive thoughts regardless of objective reality, and it results in serious doubting contributing to intrusive experiences. The recent Inferential Confusion Questionnaire Expanded Version (ICQ-EV) provides a more comprehensive assessment in different aspects, namely overthinking about possibilities, abandon oneself to imaginary results and irrelevant connections.

#### *Methods:*

After translation-back translation process and face validity, the final version of the Turkish ICQ-EV as well as Obsessive Beliefs Questionnaire, Padua Inventory, Inferential Confusion Questionnaire, Beck Anxiety and Beck Depression Inventory was administered to 261 university students. Results: Reliability analysis showed that the internal consistency and two weeks test-retest reliability of The Turkish ICQ-EV is satisfactory. Correlation analyses also confirmed convergent validity with strong relationships between the ICQ-EV and other relevant variables. Moreover, the results of partial correlation and regression analyses indicated that independent of other correlates, ICQ was still significant factor for OCD symptoms, while extreme OCD symptom group comparisons (i.e., 25 % upper and lower symptom scorers) confirmed its salient role.

#### *Conclusion:*

As a relatively recent concept, IC seems to play a role for OCD in Turkish sample after partialling out other cognitive factors, and these results indicate that overall, the ICQ-EV Turkish version is reliable and valid instrument. However, future studies are needed in clinical samples.

**ID 304: Increasing access to therapy of anxiety disorders and/or depression for women during pregnancy and puerperium: a screening-referral-treatment model incorporating an on-line CBT module.**

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**Introduction:**

To improve psychiatric care in perinatal period, we propose new screening-referral-treatment module for depressive and anxiety symptoms in pregnant and puerperal women, including online CBT module for subthreshold to mild perinatal anxiety disorders and/or depression (PADD).

**Method:**

Project will be carried out by National Institute of Mental Health (NIMH) in cooperation with Institute for Care of Mother and Child (ICMC). All women registering for delivery at ICMC will be invited to participate. During first two years, participants will complete on-line screening using Edinburgh Postnatal Depression Scale (EPDS) and Perinatal Anxiety Screening Scale (PASS) during each trimester and puerperium. Women scoring above published cut-off will be assessed by psychiatrist via Structured Clinical Interview for DSM-IV adapted for perinatal period (SCID). Using screening and interview data, we will authenticate threshold for PADD requiring psychiatric intervention. During next three years, women scoring under this threshold on the online screening will be randomized to internet based CBT module vs. internet based psychoeducation (1:1). All women scoring above this threshold will be referred to psychiatrist. Effectiveness of CBT and psychoeducational modules will be tested using scores on EPDS and PASS at next screening points and 3 months after puerperal control. We reasonably estimate to randomize 420 women, a sufficient size for testing.

**Discussion:**

Proposed project will enable easy access to CBT, which is recommended in guidelines as early intervention for improving maternal-child outcomes. The tested screening-referral-treatment module will serve as a starting point for establishing systematic perinatal mental healthcare in Czech Republic. This study is a result of the research funded by the project Nr. LO1611 with a financial support from the MEYS under the NPU I program.

## **ID 301: Cognitive biases in individuals with Social Anxiety: A Qualitative Study**

*Chantel Joanne Leung, Laboratory of Neuropsychology, The University of Hong Kong, Hong Kong; Institute of Clinical Neuropsychology, The University of Hong Kong, Hong Kong; Institute of Psychiatry, Psychology and Neuroscience, King's College London, United Kingdom; Jenny Yiend, Institute of Psychiatry, Psychology and Neuroscience, King's College London, United Kingdom; Tatia M. C. Lee, Laboratory of Neuropsychology, The University of Hong Kong, Hong Kong; Institute of Clinical Neuropsychology, The University of Hong Kong, Hong Kong; The State Key Laboratory of Brain and Cognitive Sciences, The University of Hong Kong, Hong Kong*

### *Introduction:*

Attention and interpretation biases, two major domains of cognitive biases, have been remediated by cognitive bias modification (CBM) that aims to promote adaptive cognitive processing in people with social anxiety disorder. Nonetheless, inconclusive results of the published meta-analysis studies suggest that there might be other specific types of cognitive biases that underpin social anxiety and they should not be studied in isolation. This qualitative study explored the types of cognitive biases involved in social interaction and performance situations that maintains social anxiety.

### *Method:*

Eighteen individuals with social anxiety were recruited in The University of Hong Kong. They went through a semi-structured interview asking them to describe two recent distressing social situations. They were prompted to discuss: nature of the social event, the associated thoughts and feelings, attention allocation, interpretation, memory, coping method and reflections on the experience. The data were transcribed and analysed through thematic analysis. Results Initial data analysis showed that more than 50% of the participants expressed higher anxiety in performance situations compared to social interaction. They paid most attention to strangers' facial expressions and interpreted blank faces and smiles as ambiguous expressions. They admitted to have often overestimated the cost and probability of negative events and attributed positive outcomes to luck. The results highlighted the importance of vivid visual memory in influencing evaluative concerns in current and future social situations.

### *Discussion:*

A combination of attention, interpretation, expectancy, reasoning and visual memory bias was identified in maintaining social anxiety. Delineating the role of different biases is essential towards the future development of cost-effective CBM programmes.

## **ID 298: Does helping others help oneself? Preliminary results on the relationship between prosocial behavior and well-being in a clinical and nonclinical population**

*Marcia T. B. Rinner, University of Basel, Department of Psychology, Division of Clinical Psychology and Intervention Science, Basel, Switzerland; Andrea H. Meyer, University of Basel, Department of Psychology, Division of Clinical Psychology and Epidemiology, Basel, Switzerland; Thorsten Mikoteit, University of Basel, Psychiatric Hospital, Centre for Affective, Stress and Sleep Disorders, Basel, Switzerland; Jürgen Hoyer, Technische Universität Dresden, Institute of Clinical Psychology and Psychotherapy, Dresden, Germany; Martin Hatzinger, Psychiatric Services Solothurn and University of Basel, Switzerland; Roselind Lieb, University of Basel, Department of Psychology, Division of Clinical Psychology and Epidemiology, Basel, Switzerland; Andrew T. Gloster, University of Basel, Department of Psychology, Division of Clinical Psychology and Intervention Science, Basel, Switzerland; University of Basel, Department of Psychology, Division of Clinical Psychology and Epidemiology, Basel, Switzerland*

The social nature of humans has been described as evolutionary adaptive behavior. Helping other has been proven to increase well-being. However, the relationship between well-being and prosocial behavior has mainly been tested within nonclinical populations. Hypothetically, due to the symptoms inherent of mental disorder (e.g. experience of anhedonia, social anxiety) patients may not help others as often as nonclinical individual and may not experience well-being from help-giving to the same extent as a non-clinical population. More studies are needed that assess well-being of clinical populations in a natural environment. We used Event Sampling Methodology (ESM) – an approach that allows people to report on their experiences in the real world close to the time they occur – using smartphones, to assess the well-being of individual with MDD and SP and Controls. Data in this study was collected on 118 participants with MDD, 47 with SP and 119 participants acting as a control group. Participants filled out questions for a week (6 times a day) about their helping behavior and well-being. In total >10,000 ESM assessments were collected. Multilevel analysis will be conducted to analysis group differences in help-giving behavior. First results indicate that MDD, SP and Controls do not significantly differ in the frequency with which they engage in help-giving behavior. In a further step we will analyze with further multilevel analysis the relationship of well-being and help-giving behavior. This will contribute to a better understanding of prosocial behavior in the natural environment in both participants with a mental disorder and controls.



## **ID 296: Mindfulness based cognitive therapy for affective disorders. Could it be useful in a Spanish public mental health center?**

*Beatriz Raventós, Sara González , Department of Psychiatry, Hospital Santa Creu i Sant Pau, Barcelona, Spain; David Closas, Anna Plaza, Luís De Ángel 2\* CSMA Dreta de L'Eixample CPB-SSM, Barcelona, Spain.*

### *Introduction:*

Affective Disorders are nowadays one the main causes of health problems and disability around the world. Among them, Major Depressive Disorder (MDD) constitutes an invalidating illness with a high risk of relapse and recurrence. Mindfulness-Based Cognitive Therapy (MBCT) is a psychotherapeutic intervention based on evidence for recurrent depression that integrates elements from Cognitive-Behavioural Therapy for depression with a clinical application of mindfulness meditation (Segal, Williams, Teasdale, 2015). Objectives: Assess the improvement of anxious-depressive symptomatology (Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI)) within patients who present an Affective Disorder (AD) and conducted the MBCT program in a Spanish Mental Health Centre. Assess, within patients diagnosed of a recurrent MDD (MDDr), the number of relapse two years after the end of treatment between a group who conducted standard treatment and follow up (control group) and the MBCT group. Results Both BDI and BAI scores did significantly decrease during treatment (BDI:  $z = -4.255$ ;  $p = .000$  // BAI:  $z = -5.005$ ;  $p = .000$ ) The number of total relapses after 2 years of treatment in the MBCT group was statistically lower than the ones in the control group ( $z = -2.378$ ;  $p = 0.017$ ). Conclusions: Patients with an Affective Disorder diagnosis who had conducted the MBCT program showed a significant reduction in depressive and anxious symptomatology at the end of the program. Patients with a Recurrent Major Depressive Disorder who had conducted the MBCT program showed significantly more reduction in the number of relapses two years after the program than those who followed the standard treatment.

## **ID 292: The relationship between child maltreatment and social anxiety in adulthood**

*Antonia Brühl, Technische Universität Braunschweig; Hanna Kley, Universität Bielefeld ; Anja Grocholewski; Nina Heinrichs, Technische Universität Braunschweig*

### *Background:*

Child maltreatment constitutes a critical risk factor in the development of social anxiety disorder (SAD). Previous studies suggest that emotional abuse and emotional neglect show the strongest relationships with SAD compared to other types of maltreatment. Most studies compared maltreatment experiences between SAD patients and healthy controls.

### *Research questions:*

Are links between types of child maltreatment and (monomorbid) SAD specific to this disorder or do we find similar effects in other monomorbid anxiety disorders? Does comorbidity have an effect on the association between child maltreatment and SAD?

### *Method:*

Data of N = 1294 patients (among them n = 625 without comorbidities) were collected in two outpatient clinics before the start of psychotherapy. Child maltreatment (emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect) was retrospectively assessed with the Childhood Trauma Questionnaire (CTQ). In preliminary analyses, we compared patients with monomorbid SAD, specific phobia, and agoraphobia.

### *Results:*

Experience of child maltreatment did not significantly differ among patients with monomorbid SAD and other monomorbid anxiety disorders. *Discussion:* Preliminary analyses indicate that links between types of child maltreatment and SAD are not specific to this disorder. Further results on the role of comorbidities and etiological implications for SAD will be discussed.

*Key words:* Social Anxiety, Trauma, Child maltreatment, CTQ

## **ID 290: The relationship between perfectionism and rumination in mood disorders**

*Marina Galarregui, Mariana Miracco, Fernán Arana, Lorena De Rosa, Adriana Lago, Andrés Partarrieu, Cecilia Tarruella, Emiliano Sanchez, Laura Kasangian, María Sarno, María Modeva, Eduardo Keegan, Universidad de Buenos Aires. Facultad de Psicología. Instituto de Investigaciones. Buenos Aires, Argentina*

**Key words:** Perfectionism, rumination, transdiagnostic approaches, mood disorders

The goal of the study was to evaluate the relationship between perfectionism and rumination in mood disorders. The study involved two samples and a total of 193 participants: a clinical sample of patients diagnosed with a mood disorder ( $n=42$ ), and a non-clinical sample of university students ( $n=151$ ). Our hypothesis was that perfectionism would be associated to rumination in both samples. Participation was voluntary and confidential, including participants of both sexes, with a gender distribution of 79.8% ( $n=154$ ) women and 20.2% ( $n=39$ ) men. Mean age of participants was 28.54 years ( $SD=8.17$ ). In the clinical sample, 12 clients (28.6%) scored as perfectionists, with 4.8% ( $n=2$ ) scoring as adaptive perfectionists, and 23.8% ( $n=10$ ) as maladaptive perfectionists. Thirty patients (71.4%) scored as non-perfectionists. A positive, statistically significant relationship was found between perfectionism and rumination, specifically for the dimension of Rumination of the Rumination Rating Scale (RRS) and the Discrepancy subscale of the Almost Perfect Scale-Revised (APS-R):  $r=.536$ ;  $p=.000$ . In the non-clinical sample, a positive, significant relationship between perfectionism and ruminative processes was also found. Specifically, we found positive associations between the Discrepancy subscale of the APS-R and the Brooding dimension of the RRS:  $r=.356$ ,  $p=.000$ , the Reflection dimension of the RRS (RRS Reflection):  $r=.211$ ,  $p=.009$  and Positive Beliefs about Rumination:  $r=.245$ ,  $p=.002$ . Discrepancy –the maladaptive dimension of perfectionism– was associated to rumination, though more strongly in the clinical sample. Treating perfectionism in clients with mood disorders might decrease their inclination to ruminating.

## **ID 289: Measuring heart rate variability with smart wearable sensors on bereaved people ongoing an unguided online interventio**

*Liliane Efinger, Anik Debrot, Valentino Pomini, Psychology Institut, University of Lausanne*

Losing a close relative, either by death or by separation, is recognized as one of the most stressful life events, whose negative impact on physical health through multiple physiological pathways is well documented. For example, the loss of a significant person is associated with an increased risk of cardiovascular problems, which may be manifested through the reduction of heart rate variability (HRV) as a physiological consequence observed in psychological stress. The use of methods such as relaxation training enhanced by biofeedback increases the client's awareness and control of HRV. This can be very helpful to regulate negative emotions, psychological stress, and their physical counterparts. CBT therapists indeed recommend such interventions for grieving people. However, to the best of our knowledge, both face-to-face or online therapies for grief generally neglect this aspect, and no study has evaluated their efficacy on physiological indicators such as HRV. LIVIA is an empirically validated German online CBT-based program for bereaved/separated people to prevent the development of complicated grief symptoms (Brodbeck, Berger & Znoj, 2017). LIVIA does not propose specific exercises for controlling HRV. In our process of translating LIVIA into French we came to the idea of developing an alternative version that proposes such exercises, and to compare both versions of LIVIA. We notably want to conduct cases studies where patients wear smart wearable sensors (SWS) assessing the evolution of their HRV during the entire program. The poster will present the challenges, design, and methods of this project.

**Keywords:** HRV, biofeedback, SWS, online intervention, loss

## **ID 285: CBT training in Lithuania: providing clinicians with evidence-based tools**

*Julius Neverauskas, MD, PhD and Giedre Zalyte, MSc, Lithuanian University of Health Sciences*

### *Introduction:*

Since 1990, when Lithuania regained independence, clinicians in Lithuania have been able to train in psychotherapy. For about two decades, the dominant form of psychotherapy was psychodynamic psychotherapy. Until 2007, no training course in cognitive behavioral therapy (CBT) for clinicians was available in Lithuania.

### *The beginning of CBT training in Lithuania:*

As late as 2007 there was only a couple of certified CBT therapists in Lithuania. That same year the first cohort of CBT therapists started their training. The training program was managed and delivered by the Lithuanian CBT Association, which is a member of EABCT. The initial training program took 3 years to complete. The teaching was mostly delivered by experienced CBT practitioners from Poland, Czech Republic, Great Britain, Germany, Argentina and the US. Further developments Since 2014, a 3-year postgraduate training program in CBT has been taught at the Lithuanian University of Health Sciences. At the moment, 151 professionals (medical doctors and psychologists) are enrolled in the program, while another 87 have already graduated from it. The teaching is still to a large degree delivered by foreign CBT experts, including experienced practitioners from various universities and other institutions in the UK, Germany, Czech Republic. However, local teachers are nowadays playing an increasingly important role, delivering a significant proportion of the teaching. Introduction of mindfulness-based interventions In 2016, Lithuanian University of Health Sciences also introduced a one-year postgraduate training program in mindfulness-based cognitive therapy (MBCT).

Mindfulness-based interventions have been introduced in Lithuania by practitioners of CBT as an evidence-based supplement to the classical CBT. The first two cohorts consisting of 105 professionals had graduated by January 2018 and started introducing mindfulness-based interventions into their clinical practice. The new cohort of another 29 professionals has already started their training. These are high numbers for a country with the population of only 3 million people, indicating that the interest for evidence-based psychological treatments such as CBT and mindfulness-based interventions is growing and catching up with the rest of the Western world. Merging CBT and mindfulness-based interventions in clinical practice and beyond In Lithuania, mindfulness-based interventions are delivered both in the structured, original format as a single intervention (mostly MBSR and MBCT), and in combination with other therapeutic interventions, especially CBT. CBT therapists often employ mindfulness exercises to teach their clients to better regulate difficult emotions. For example, mindful breathing (during which the attention is focused on physical sensations of breath and is repeatedly brought back to these sensations when it wanders) is often used as a way to refocus attention and refrain from immediate and unhelpful reactions to negative experiences. The Three-Minute Breathing Space, one of the hallmarks of MBCT, can often be used to pause and re-open our eyes to the present moment reality. For clinicians coming from the CBT background, mindfulness exercises are a welcomed alternative to working on cognitive distortions in more direct ways, such as thought records or behavioral experiments. Through non-reactive observation of internal and external events, clients learn to see reality with fewer distortions, which is a goal of any psychotherapy. This can be especially helpful in complex cases such as personality disorders, where methods aiming to change thoughts or beliefs directly might not work. There is also a rapidly growing interest in mindfulness-based interventions for children, both in clinical and educational settings. In parallel, businesses in Lithuania have also started introducing mindfulness practice to their employees, with Ikea being one of the pioneers in the field. In other words, there is a widespread and growing interest in this promising practice.

### *What about the future?*

With the number of CBT-trained healthcare professionals constantly growing, this evidence-based treatment approach is becoming more accessible in our country. However, in the vast majority of cases, it is accessible through private funding, as CBT interventions are mostly delivered by professionals working in private institutions and having a private practice. In recent years, however, a growing number of state-owned hospitals and health centers are encouraging their employees to attend the training and are willing and able to cover its costs, so hopefully, CBT will soon be increasingly

more available through the national health care system. Suggestions Even in a small country like Lithuania, there is a big and growing interest in evidence-based approaches in psychotherapy. Our experience has also shown that even in countries where other psychotherapeutic approaches have dominated in the past, there is a place for CBT based interventions.

## **ID 283: The characteristics of traumatic events in a French population sample**

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A traumatic event refers to a situation of a sudden, brutal and unusual exposure to a life-threatening or serious threat to one's physical integrity. Epidemiological studies concerning exposure to traumatic events vary according to the population. The aim of this study is to evaluate the characteristics of traumatic exposure (type of exposure, categorical form, number of exposures and the age of the exposure) in a general French population sample, because, we hypothesize that certain characteristics of a traumatic event are predictors of specific and non-specific post-traumatic symptoms. Five hundred and forty participants from the general French population participated in the study (249 men and 291 women, 33.51 average years). Participants completed questionnaire assessing trauma exposure characteristic with the Inventory of Traumatic Events (Ouagazzal & Boudoukha, 2017). Our first results indicated that the number of exposure varies according to the categorical form of the traumatic events. Thus, descriptive analyze showed a strong dispersal within our sample. This can be explained by the low average age of our sample. Our next descriptive analyzes designed to assess the prevalence of traumatic events according to their type of exposure and their age of exposure, and we will also increase the size of our sample. These preliminary epidemiological results will allow us to investigate the impact of these characteristics on the specific post-traumatic symptoms (intrusion, avoidance and negative cognitive impairment) and non-specific post-traumatic symptoms (psychological distress).

## **ID 275: Cognitive bias modification for hostile interpretation: An experimental trial in male personality disorder patients and non-patient controls**

*Martijn van Teffelen, Jill Lobbestael, Maastricht University*

The tendency to misinterpret ambiguous information as hostile (i.e., hostile interpretation bias) has been shown to have a causal link with transdiagnostic anger. This, in turn, is observed to be a potent predictor of treatment failure and drop-out across psychopathology. Cognitive bias modification for interpretation (CBM-I) has been found to effectively reduce psychopathology through a learned association between emotional ambiguity and benign interpretation of everyday situations. The present work evaluated the efficacy of CBM-I for hostile interpretation bias in a mixed sample of male personality disorder patients with clinical anger (n=13) and non-patient controls (n=19). We expected an increase in benign interpretation, a decrease in hostile bias, state anger and reactive aggression after 8 sessions of CBM-I, compared to an active control condition. Results confirmed an increase in benign interpretation and a decrease in hostile bias and state anger in the experimental condition. Change in reactive aggression in the experimental condition was not observed. These findings provide a first insight in the promising potential of CBM-I for transdiagnostic anger.



## **ID 274: Psychometric characteristics of the Bulgarian version of the Anxiety Sensitivity Index**

*Dimitar Nedelchev, Elena Psederska, Kiril Bozgunov, Georgi Vasilev, Bulgarian Addictions Institute, Sofia, Bulgaria; Jasmin Vassileva, Institute for Drug and Alcohol Studies, Virginia Commonwealth University, Richmond VA, USA*

The anxiety sensitivity (AS) firstly called “fear of fear” is a construct well-known in clinical practice, mainly because it is linked to a number of disorders- primarily in the anxiety spectrum and also in substance abuse. The poster evaluates psychometric properties of the Bulgarian version of one of the most widely used measures of Anxiety sensitivity - Anxiety Sensitivity Index (ASI). It is 16-item self-report measure. The Bulgarian translation form of ASI was completed by 514 (males= 363) participants, some of whom were in a protracted abstinence, from amphetamine (N= 87), heroin (N= 106) or polysubstance (N= 123) dependence as well as „pure“ controls (N= 198). The scale showed very good internal consistency ( $\alpha = .84$ ). Individuals with past history of substance abuse demonstrated higher scores of anxiety sensitivity compared with controls. ASI displayed relationships with both internalizing and externalizing psychopathology spectrums. The properties of the scale showed that it can be used in Bulgarian population as an additional diagnostic tool in treatment of anxiety related problems.

## **ID 270: Can decentering and compassionate skills buffer the depressogenic effect of the shame feelings?**

*Trindade, I. A., Ferreira, C., Mendes, A. L., & Marta-Simões, J., Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC)*

### *Background:*

Evidences have consistently shown that shame feelings are highly associated with several psychological difficulties, namely depressive symptoms. Prior studies suggested that the depressogenic effect of shame depends on the way ones cope with perceptions of inferiority and inadequacy. Decentering and self-compassionate skills are both adaptive emotional processes linked with lower levels of psychological difficulties. Nevertheless, the potential helpful role of adaptive emotion processes to cope with this painful emotion is still not clear. *Objective:* This study aimed to explore the moderator effect of decentering and self-compassionate skills on the relationship between general feelings of shame and depressive symptomatology.

### *Methods:*

The current sample comprises 955 adults from the community, with ages ranging from 18 and 60 years. Moderations analyses were conducted, to explore the protective role of decentering and self-compassionate skills in face of shame feelings, through a hierarchical regression analysis.

### *Results:*

Results corroborated the moderator effects of these adaptive emotional processes. Current findings revealed that decentering and self-compassionate abilities buffers the impact of shame on depression symptoms, with the tested model accounting for 33% and 31% of the variance of depressive. The visualization of these results allowed to observe that for the same levels of shame, participants who reported higher levels of decentering and self-compassion tend to present lower experience of depression symptoms.

### *Conclusions:*

Findings suggest that both the ability to observe and cope with unwanted experiences as subjective and temporary events (i.e., decentering abilities) and self-soothing and compassionate skills are effective emotional processes to consider in well-being programs.

## **ID 269: Psychological flexibility's role in the association between attachment, shame and depressive symptoms**

*Ana Laura Mendes, Cláudia Ferreira, Cognitive and Behavioural Centre for Research and Intervention (CINEICC), Faculty of Psychological and Education Sciences, University of Coimbra, Portugal*

### *Introduction:*

Research has emphasized the significant role of attachment interactions on well-being and mental health. For instance, literature suggests that attachment relationships, when associated with empathy, warmth, and security feelings, may associate with later positive social comparison. On the other hand, insecure attachment is reported to be associated with unfavorable social comparisons, depression and anxiety symptoms, and submissive behaviours. Furthermore, negative emotional and affiliative interactions and a lack of a secure base to regulate adverse feelings are associated with the development of different mental health conditions, and with feelings of insecurity, such as shame. Shame is a powerful emotion characterized by the perception that others evaluate the self as weak, defective and unattractive (i.e., external shame). This painful emotion is known to play a significant role in the development and maintenance of psychopathological conditions, namely depressive symptomatology. Previous literature has identified psychological flexibility, defined as the ability to be open, in touch with the present moment, and to modify or persist in behavior according to life experiences and values, as being associated with resilience, mental health and well-being and with a buffer of psychological distress symptoms.

### *Objectives:*

The present study aimed to test whether the association between attachment, external shame and depressive symptoms would be explained by psychological flexibility. This hypothesis was explored through path analysis.

### *Methods:*

The study's sample comprised 114 women from the Portuguese general population, aged between 18 and 61 years old, who completed self-reported measures.

### *Results:*

The path model accounted for 23% of external shame, 43% of psychological flexibility and 56% of depressive symptoms, and showed excellent model fit indices. Results seem to demonstrate that a secure attachment style is associated with lower levels of external shame. Additionally, the model suggests that the relationship between external shame and depressive symptomatology is partially carried by lower levels of psychological flexibility.

### *Conclusions:*

Overall, findings of the current study support the importance of establishing secure attachment interactions, characterized by acceptance, security and support, to one's later mental health and well-being. Furthermore, our results appear to have significant clinical implications, by highlighting the importance of targeting maladaptive emotion strategies through the development of psychological flexibility, specifically in prevention and intervention programs for depressed populations.

## **ID 81: Motivation in the therapist's speech**

*De Pascual, R., Universidad Europea de Madrid; Galván, N., Alonso, J., Froxán, M.X., Universidad Autónoma de Madrid*

### *Introduction:*

Therapists often use their speech as a motivation tool to increase compliance with instructions or simply to create and maintain a better therapeutic alliance. These motivational utterances (verbalisations issued by the therapist that explicitly state the consequences of the client's actions), however, are not randomly issued; rather, they tend to be grouped with other utterances that might benefit from their closeness. This research explores the relation between motivational utterances and other verbalisations issued by the therapist.

### *Method:*

Using a coding system, 98 clinical sessions were analysed, and motivational utterances were coded and classified. Motivational blocks were defined as parts of the therapist's speech that include one or more motivational utterance and that deal with a particular topic (an instruction, a specific issue...). Motivational blocks throughout the sample were then analysed to find out which verbalisations were more likely to be issued alongside a motivational utterance. There were 808 motivational blocks in the sample.

### *Results:*

In the sample, 136 informative utterances, 149 instructional utterances, 10 verbalisations with a reinforcer topography and 2 with a punishment topography were found. These data point to a per-block average for informative, instructional, reinforcing and punishing verbalisations of 0.168, 0.184, 0.012 and 0.002, respectively.

### *Discussion:*

It seems that the therapist is indeed using the motivational utterance as a tool to increase the odds of the client complying with a specific instruction, or, alternatively, to drive home an explanation of their situation.

## **ID 79: Verbal interaction patters in clinical contexts with severe and persistent mental illnesses diagnosed participants.**

*Alejandra Álvarez-Iglesias, Jesús Alonso-Vega, Imanol Campo and María Xesús Froxán-Parga,  
Universidad Autónoma de Madrid*

### *Introduction:*

Severe and persistent mental illnesses (SPMI) -schizophrenia and other psychotic disorders, bipolar disorders and personality disorders- are associated with different degrees of disability depending on the difficulties for their autonomous development, which requires a large amount of resources not only by the caregivers but also by society. These problems suppose a great economic cost and generate a great suffering not only to the people who present it but also to those who are around him.

Psychological interventions have been introduced over the years in health systems to treat these types of problems. However, the learning processes -which occur in the verbal interaction and allow clinical change- have been little studied.

### *Method:*

The aim of this study is to analyze the verbal interaction patters that occur in clinical contexts with severe and persistent mental illnesses diagnosed participants. Sixty-six therapy sessions were recorded in care centers of the public network of social care for people with disabilities. Different cases (n=23) were analyzed, all of them were adults with diagnoses of personality disorders, mood disorders, bipolar disorder or schizophrenia. The Verbal Behavior Categorization System for Severe and Persistent Mental Illnesses (VB-CS-SPMI) have been used to register the therapist verbal behavior and the patient verbal behavior. Once the results were obtained, they were analyzed through a sequential analysis. *Results:*

The results obtained show the reciprocal influence between the behaviors of both parties of the intervention: We have witnessed how the more directive the therapist is with regard to the instructions that he/she gives, the better the response the user emits. Further, we have also noticed that the therapist refrains from using punishment following anti-therapeutic verbalizations. This is especially true after the realization that the user will not – or has not – followed the instructions, as well as after expressions of the so-called positive symptoms. Finally, we have seen a certain lack of consistency in the use of different verbalizations categorized within the different hypothetical levels of reinforcement: The therapist sometimes reinforces with the same level of strength both pro-therapeutic and neutral verbalizations, and sometimes even expresses strong reinforcements following anti-therapeutic verbalizations.

### *Discussion:*

These results may indicate certain similarities between the immediate context in which these problems are maintained, and the therapeutic context. Recalling that these problems may be sustained by avoidance of aversive stimulation and lack of skills to access potent delayed reinforcements, the lack of instructions and the inconsistent use of reinforcement and punishment not only hinders the acquisition of the skills that the person needs, but exposes him/her to an erratic and compassionate context similar to that which keeps problems out of session.

## **ID 74: Which emotion regulation strategy is mediating the relationship between temperament, marital adjustment and postpartum depression of mothers with a 3-12 months old baby?**

*Müyesser Fazlıoğlu, Özden Yalçınkaya-Alkar, Department Psychology of Ankara Yıldırım Beyazıt University, Ankara, Turkey*

### *Introduction:*

Birth and postpartum period can be a great sources of stress for women. It is of great importance to investigate the psychological factors related to this issue and to understand the underlying mechanism of postpartum depression. Thus, the first aim of this study was to examine the relationship between the depression level of mothers with a 3-12 months old baby and their temperament and marital adjustment levels. Secondly, it was aimed to investigate the mediating role of emotion regulation strategies in the relationship between temperament, perceived marital adjustment and postpartum depression of mothers with a 3-12 months baby.

### *Method:*

357 mothers with a 3-12 months baby between the ages of 20-45 participated in the study voluntarily. Mothers filled out the Demographic Form, Emotion Regulation Questionnaire, Adult Temperament Questionnaire, Dyadic Adjustment Scale and Edingburgh Postpartum Depression Scale.

### *Results:*

In this study, in addition to multiple regression analyzes, mediation analyzes were used to examine the indirect effects of independent variables, temperament and perceived marital adjustment of mothers, on postpartum depression. Reappraisal and suppression as emotion regulation strategies were mediators. Negative affect, effortful control and extraversion/surgency factors of mother temperament features and marital adjustment were independent variables. The indirect effects of negative affect, effortful control and extraversion/surgency factors of temperament and marital adjustment on postpartum depression were significant with the mediating role of reappraisal as an emotion regulation strategy. However, the mediating role of suppression was not significant. In addition, according to the result of regression analysis three factors of mother temperament, negative affect, effortful control and extraversion/surgency, marital adjustment, and reappraisal and suppression factors of emotion regulation strategies explained the 33% of the total variance in postpartum depression.

### *Discussion-conclusion:*

The findings of the study showed that the relationship between mother's negative affect, effortful control, extraversion/surgency and marital adjustment with postpartum depression might be through the reappraisal as an emotion regulation strategy. Moreover, postpartum depression was predicted significantly by negative affect, effortful control, extraversion/surgency factors of mother temperament, marital adjustment and reappraisal and suppression factors of emotion regulation strategies. Results of the study were discussed in the light of the literature.

**Keywords:** Postpartum Depression, Emotion Regulation, Temperament, Marital Adjustment.

## **ID 55: Moral injury and occupation: A meta-analysis and systematic review**

*Victoria Williamson, Sharon Stevelink, Neil Greenberg, King's College London*

### *Background:*

Many people may confront potentially morally injurious experiences in the course of their work can which violate deeply held moral values or beliefs, putting them at risk for psychological difficulties (e.g. post-traumatic stress disorder [PTSD], depression, etc.).

### *Aim:*

To clarify the impact of moral injury on wellbeing, we conducted a systematic review and meta-analysis of 13 studies that investigated the association between work-related moral injury and mental health disorders (total n = 6,373).

### *Methods:*

Studies were independently assessed for methodological quality and potential moderator variables were also examined.

### *Results:*

Moral injury was found to account for 9.4% of the variance in PTSD, 5.2% of the variance in depression, and 2.0% of the variance in suicidality. Moral injury was associated with more symptoms of anxiety and behavioural problems (e.g. hostility), although this relationship was not consistently significant.

### *Conclusions:*

Most studies examined occupational moral injury in military samples and additional studies investigating the impact of moral injury on civilians are needed. Given the limited number of high quality studies available, only tentative conclusions about the association between moral injury and mental health disorders can be made.

## **ID 51: What are the Roles of Individuation, Attachment and Personality on Psychological Adjustment?: Examination of Individuation, Neuroticism and Insecure Attachment**

*Orçun Yorulmaz, Department of Psychology, Faculty of Letters, Dokuz Eylül University, Izmir-Turkey*

Transition to college life for an individual is a critical stressful life event which can result in troubles in psychological adjustment, functioning and even physical health through cognitive processes. Outcome of this transition depends on many factors, including various socio-economic conditions and psychological variables. Unlike previous research, it is focused on the role of parental attachment, personality characteristics and ways of coping together with individuation factor on the adjustment in this cross-sectional study. Although one of main developmental tasks at that period is healthy individuation which refers functional separateness without negative feelings but connectedness to some degree, the present research question is whether this statement would be verified, as cultural context and some other relevant factors in the light of research findings are taken into account. Self-report instruments on adjustment, attachment, personality, coping and individuation/separation were completed by Turkish 277 freshmen who have attended in prep school. The analyses of correlation and hierarchical regression showed that those students who were high on neuroticism, who tend to use avoidance and superstition more seem to report more problems in adjustment, and they also had insecure attachment pattern with more difficulties in individuation. Furthermore, being inspired by some previous research findings (e.g., Mattanah et al., 2004), we tested mediator role of individuation problems, and confirmed it for the relationships of neuroticism as well as insecure attachment with psychological adjustment. In other words, it appears that neuroticism and insecure attachment contribute to individuation problems, which in turn bring about difficulties in adjustment. In sum, it seems that in addition to cross cultural verification of this process, prevention and counseling programs supporting not only freshman's adaptation to new life but also healthy disengagement process and adaptive coping strategies would be beneficial particularly for those students having certain personality traits, attachment style with dysfunctional ways of coping.



## **ID 49: Blended E-health in Schema Therapy; the use of SecureNest some early results and future plans**

*Sally Skewes, Joseph Skewes, Michiel van Vreeswijk, Secure Nest*

Mental health is confronted with ever-shrinking resources while waiting lists become longer and longer and less therapy sessions are available for patients. Specifically patients with chronically clinical syndromes and personality disorders need a sufficient amount of therapy time which unfortunately can more often no longer be offered. This poster describes a new development in the treatment of patients with personality disorders and chronic clinical syndromes. The possibility of giving blended Schema Therapy using Secure Nest. This blended form has the potential to: complement individual and group Schema Therapy. to provide high intensity treatment without over-taxing therapists. facilitates the availability and equitable delivery of treatment according to patient need. to add significant value to face-to-face Schema Therapy at a minimal cost. to reduce the number (&/or demands on therapist) of face-to-face sessions. Patients and therapists reported in preliminary results several potential benefits of Secure Nest. Part one of the poster describes: What is Secure Nest? Show how Secure Nest works, Part two: Some early results, Part three: future developments; making it suitable for blended group ST and self-help module.

## **ID Schema Therapy: Can We Work With The Schema Domains?**

*Peter Vassilev, Lubomira Tsvetkova, Institute of Ecology of Cognition, Bulgaria*

With this study, we have the goal to make first steps in one bigger and deeper researching of the deficient behaviors, which are representative for every one of the five Schema Domains. In a most concise form, this article presents the results received from a research, which focus was on the schemas from domain “Other-Directedness” – “Subjugation”; “Self-Sacrifice”; “Approval-Seeking/ Recognition – Seeking”. We have made thematic analysis of the data and we found out stable patterns. These behavioral patterns show that people with active Early Maladaptive Schema or Schemas from the domain “Other-Directedness” have hard difficulties to express an anger in their lives, in the sense of self-determination, expression of their natural inclinations, initiating activity etc. Instead of expressing and caring of their needs, we can note a trend, in which these people react through self - aggression or over - subjugation. In our work we will discuss how some of the Neo-Reichian psychotherapeutical techniques can be used to change these blocked behaviors for the Schema Domain “Other-Directedness” and also for each Schema from this domain. We will also discuss the opportunities and the sense of continuing this research to a full size, covering all five Schema Domains.

### **ID 333: Examination of obsessive-compulsive disorder symptoms in terms of mental contamination and related variables: Structural Equation Modeling with Muslim University Students**

*Ilgun Bilekli, Mujgan Inozu, Hacettepe University Department of Psychology*

**Introduction** Fear of contamination and washing compulsions are one of the most frequent symptom subtype of OCD (Calamari et al., 2004; Rasmussen & Eisen, 1992). Despite growing recognition that several affective and cognitive vulnerability factors may be critical to the development and maintenance of pathological mental contamination and OCD symptoms, specifically washing urges, there has been a relative dearth of empirical research examining serial associations among these factors that may further increase our understanding of this area. The aim of this study was to examine the associations among religiosity, contamination related thought action fusion, mental contamination and guilt to produce more severe OCD symptoms. The present study hypothesized that religiosity would predict contamination related TAF, which in turn would predict mental contamination, which in turn would predict feelings of guilt, and finally guilt would predict obsessive-compulsive symptoms.

**Method** The study was composed 475 university students. The majority of participants (86.1%,  $n = 409$ ) were female and Muslim (82.3%,  $n = 391$ ). The ages of participants range from 17 to 33 with a mean of 20.26 (1.84). Participants completed the questionnaires including Religious Fundamentalism Scale, Vancouver Obsessive Compulsive Inventory Mental Contamination Scale, Contamination Thought Action Fusion Scale, Guilt Inventory and Obsessive Compulsive Inventory-Revised. The roles of these variables are examined by Structural Equation Modeling.

**Results** The hypothesized model yielded acceptable (degree of) fit to data:  $\chi^2$  ( $df = 2$ ,  $N = 475$ ) = 2.79,  $p = .248$ , RMSEA = 0.03, CFI = 0.99, NFI = 0.99, IFI = 0.99. As seen in Figure (will be added), religiosity positively predicted contamination related TAF ( $\beta = 0.13$ ,  $p = 0.005$ ) and explained 2% of the variance. Religiosity also positively predicted feelings of guilt ( $\beta = 0.29$ ,  $p < 0.001$ ). Contamination related TAF positively predicted the mental contamination feelings ( $\beta = 0.45$ ,  $p < 0.001$ ) and explained 20% of the variance. Mental contamination feelings predicted positively feeling of guilt ( $\beta = 0.38$ ,  $p < 0.001$ ) and obsessive compulsive symptoms ( $\beta = 0.42$ ,  $p < 0.001$ ). Guilt predicted obsessive compulsive symptoms ( $\beta = 0.18$ ,  $p < 0.001$ ). All the variables predicted obsessive compulsive symptom level together and accounted 36% of variance.

**Discussion** The results indicated that religiosity is an important variable that explains mental contamination with the mediation of contamination related thought action fusion (TAF). Furthermore, not only mental contamination feelings but also feelings of guilt predict OC symptom level. Clinicians should pay attention to these variables when evaluating the symptoms and try to understand these feelings and beliefs in therapy.

**Conclusion** The findings are discussed as support for the conceptualization of mental contamination offered by Rachman (1994). The results suggest that strict religious codes may create a suitable ground for the increased mental contamination with misinterpretations related contamination related thoughts. Future studies should examine other internal and external negative emotions with different samples.

### **ID 335: The Roles of Mental Contamination and Negative Emotions in the Relationship between Disgust Propensity and Washing Urges: Serial Mediation Analysis with Female University Students**

*Ilgun Bilekli, Mujgan Inozu, Hacettepe University Department of Psychology*

**Introduction** Fear of contamination and washing compulsions are one of the most frequent symptom subtypes of OCD. However, in mental contamination phenomena these feelings of dirtiness can be triggered without any direct contact with a dirty object. A person can feel dirty as a result of images, thoughts, memories, immoral acts or assaults, physical or psychological violation (Rachman, 1994). Previous research has shown that heightened disgust propensity, as opposed to disgust sensitivity, may have greater relevance for obsessive compulsive disorders (OCD), especially contamination fears, because it reflects individual differences in reactivity to disgust stimuli. However, little evidence documents the specific role of disgust in mental contamination (Badour, Ojserkis, Mckay, & Felder, 2015). Therefore, the current study examined the association of disgust propensity with washing urges triggered by mental contamination within the context of mediating role of internal and external negative emotions. It was hypothesized that disgust propensity would increase mental contamination feeling evoked by non-consensual kiss paradigm, which in turn increases internal and external negative emotions and these increased internal and external negative emotions would evoke cleaning impulses.

**Method** As a part of larger study, this study was composed 92 female university students who attended experimental part of this study. The mean age of participants was 20.29 (SD = 1.68). Participants listened either consensual or non-consensual scenario condition and filled a set of questionnaires included Baseline Ratings Form, Mental Contamination Report, Disgust Propensity and Sensitivity Scale-Revised. The roles of these variables are examined by serial mediation model (Model 6) proposed by Hayes (2012).

**Results** The direct effect of disgust propensity on urges to wash positive but not statistically significant  $c' = 3.873$ ,  $t(88) = 1.082$ ,  $p = .282$ , 95%CI -3.241 to 10.987. The results revealed only one significant indirect path that mediated the association between disgust propensity and washing urges. The significant indirect is the specific effect of disgust propensity on urges to wash through mental contamination feelings (feelings of dirtiness) and internal negative emotions,  $b = 2.285$ , 95% CI 0.578 to 5.087 in a serial manner.

**Discussion** The positive significant indirect effect indicated that increased disgust propensity was associated with increased feeling of dirtiness that reported after listening scenario, which in turn resulted in stronger internal and external negative emotions. These negative emotions evoked a greater urge to wash body to relief these negative feelings and dirtiness. The results indicated accelerating influence of disgust propensity on mental contamination and washing urges.

**Conclusion** The results indicated a more robust understanding of reciprocal relationships among affective and cognitive mechanisms underlying mental contamination, as well as washing urges felt after mental contamination. Disgust propensity and its association with other negative emotions seems play an important role in the etiology of mental contamination.

**ID 334: Attachment anxiety as a mediator between parental overprotection and obsessive beliefs in a Turkish sample**

*Ezgi Trak, Hacettepe University, Turkey*

**Introduction:** Previous studies indicated that parenting rearing style characterized with high parental overprotection might be partly responsible for the occurrence of obsessive-compulsive symptoms. In addition, it has been suggested that attachment anxiety may be linked to the emergence of obsessive beliefs. The aim of this study was to examine the role of anxious attachment as a mediator in the relationship between recalled parental overprotection and obsessive-compulsive symptoms. **Method:** The sample of the study consisted of 538 Turkish adults. Participants completed self-report measures including Parental Bonding Instrument, Experiences in Close Relationships-Revised and Obsessive Beliefs Questionnaire-TRIP. We used Model 4 of PROCESS macro for SPSS (Hayes, 2013) to conduct a test of indirect effect. **Results:** Results of path modeling analysis revealed that anxious attachment mediated the relationship between high maternal overprotection and obsessive beliefs. Similarly, anxious attachment mediated the relationship between high paternal overprotection and obsessive beliefs. **Discussion:** To our knowledge, this was the first study to evaluate the mediator role of attachment anxiety in the relationship between relationship between parental overprotection and obsessive beliefs. **Conclusion:** Findings supported the link between childhood interpersonal problems and vulnerability to obsessional thinking in adulthood. However, findings are preliminary and further support is needed to establish generalizability of the findings.

## **ID 125: Psychotherapy in Saudi Arabia: Its History and Cultural Context**

*Haifa Algahtani, Arabian Gulf University, Manama, Bahrain*

*Yasmine Buraik, Saudi Aramco Health Organization, Dhahran 31311, Saudi Arabia*

*Yasser Ad-Dab'bagh, Department of Mental Health, Neuroscience Center, King Fahad Specialist Hospital-Dammam, Dammam, Saudi Arabia & Department of Psychiatry, University of Ottawa, Ottawa, ON, Canada*

The introduction of modern mental healthcare standards and services in the Kingdom of Saudi Arabia (KSA), has resulted in a gradual shift towards a more positive perspective on mental health issues and related services, and has increased the demand for qualified mental health professionals and psychological interventions (WHO 2016). Despite recent advances in mental healthcare services, psychopharmacology remains the main treatment modality for the majority of mental health issues in KSA. Psychotherapy has had a rather slow developmental trajectory in KSA, and its provision requires an understanding of many specific aspects of Saudi culture (Dubovsky 1983). This paper will shed light on the historical development and current challenges of psychiatric and psychological services and the availability of psychotherapy in KSA. By offering an explication of a selection of local social phenomena, this paper will attempt to explain how unique Saudi cultural constructs and social contexts influence the training, perception, and practice of psychotherapy in the country, outlining existing challenges as well as some expected future directions.

### **ID 339: PProtect after depression: a randomised pilot study of a brief wellbeing intervention**

*Katherine Clarke, University College London*

#### **Background:**

Depression is a common mental health problem with several effective treatment options, but with high rates of relapse following recovery. To target and reduce this risk of relapse we designed a brief supplement to acute treatment, the PProtect intervention. It focusses on wellbeing and encourages self-efficacy, and includes a self-help booklet, guided workshop and review call. The purpose of this randomised pilot study was to test its feasibility, and potential for efficacy, in an ecologically valid setting.

#### **Methods:**

Participants were recruited from NHS 'Improving Access to Psychological Therapies' (IAPT) services following successful depression treatment and randomly allocated to the PProtect intervention (n=41) or to be discharged (n=42). Participants were interviewed at study entry and at 3- and 6-month follow-up; and completed measures of depression symptoms, anxiety symptoms, functional impairment, and use of the intervention. The primary efficacy outcome was 'relapse', defined as meeting DSM-V criteria for an episode of major depression, using the Longitudinal Interval Follow-up Evaluation (LIFE).

#### **Results:**

There were half as many relapses in the intervention arm by 6-months. Overall, relapse rates were low. Mean symptom scores remained steady in the intervention arm but deteriorated in the control arm at 3 and 6 months. Most participants reported finding the intervention useful and introducing new wellbeing activities into everyday life, some of which were maintained.

#### **Conclusions:**

The PProtect intervention was feasible to offer routinely after acute treatment. It has the potential to reduce risk of relapse and maintain wellbeing.

The trial is registered with the ISRCTN (ISRCTN17371456) and has ethical approval from an NHS REC (Camden and King's Cross NHS Ethics Committee 14/06/2016, ref: 16/LO/0652). A manuscript is under review at the moment.

# THURSDAY, Sep 6, 14:00

## BEHAVIUIORAL MEDICINE

### **ID 278: The impact of cognitive fusion and experiential avoidance on the quality of life of college students with chronic illness**

*Ferreira, C., Trindade, I.A., Marta-Simões, J., & Mendes, A. L., Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), University of Coimbra*

#### *Background:*

Living with a chronic health condition can represent a major psychosocial burden to college students. Literature has suggested that the impact of chronic illnesses may be influenced not only by physical symptoms but also by emotion regulation processes. Recent data showed that cognitive fusion and experiential avoidance are associated with quality of life (QoL) impairment. Nevertheless, the role of these maladaptive processes in chronically ill students remains understudied.

#### *Objective:*

This study aimed: (1) to analyse differences on QoL levels between healthy and chronically ill students; (2) to examine the mediator role of chronic illness-related cognitive fusion and experiential avoidance in the relationship between chronic illness-related shame and QoL in the chronic illness sample.

#### *Methods:*

This study comprised two samples of college students aged from 18 to 35 years: a sample of 232 healthy college students and a sample of 115 college students with diagnosis of chronic disease.

#### *Results:*

Students with chronic illness presented significantly lower levels of physical, social, and psychological QoL. Results indicated that the associations of chronic illness-related shame with psychological and the quality of social relationships are significant at a direct and indirect level through the effects of chronic illness cognitive fusion and experiential avoidance. The tested model accounted for 45% and 26% of the variances of psychological QoL and the quality of social relationships, respectively.

#### *Conclusions:*

This study appears to offer important clinical and research implications for the healthcare of chronic illnesses by underlining the pathogenic effects of cognitive fusion and experiential avoidance.



## **ID 268: The link between attachment, body image-shame and disordered eating**

*Ana Laura Mendes, Cláudia Ferreira, Cognitive and Behavioural Centre for Research and Intervention (CINEICC), Faculty of Psychological and Education Sciences, University of Coimbra, Portugal*

### *Introduction:*

Literature has shown that attachment may hold a powerful effect on one's physical and psychological development, an impact which manifests itself on well-being throughout life. While secure attachment relationships seem to associate with feelings of safeness, soothing and acceptance; feeling inferior, unvalued and rejected by significant others is significantly related to physiological and mental health problems (such as shame and maladaptive defensive behaviours). Consistent evidences have documented that shame, in turn, is linked to body image-related difficulties and disordered eating attitudes and behaviours.

### *Objectives:*

The current study aimed to examine the mediational role of body image-shame, and its external and internal dimensions, in the relationship between secure attachment and disordered eating, while controlling the effect of Body Mass Index.

### *Methods:*

The sample comprised 110 Portuguese women, aged between 18 and 46 years old, that completed validated self-report measures.

### *Results:*

The final path model explained 23% of external body-image shame, 13% of internal body-image shame and 59% of disordered eating, and revealed excellent model fit. Results showed that secure attachment presented an indirect effect on disordered eating attitudes and behaviours, which was totally carried by external and internal body-image shame. These results seem to suggest that women who report a more secure attachment, present lower levels of internal and external body-image-related shame, and thus a lower tendency to display disordered eating attitudes and behaviours

### *Conclusions:*

This study emphasizes the relationship between attachment interactions and body image-related shame experiences. These results seem to have relevant contributions for clinical practice and for the development and implementation of intervention community programs. In fact, these findings emphasize the relevance of targeting maladaptive defensive behaviours and promote more adaptive emotion regulation strategies focused on de-shaming, to prevent the adoption of maladaptive body image and eating attitudes and behaviours.

## **ID 117: The impact of Individual Psychoeducation on the Level of Glycemia and Pulse of Type 1 Diabetes Patients**

*Sofiia Lahutina, Medical Psychology Department of Bogomolets National Medical University; Ukrainian Institute of Cognitive Behavioral Therapy.*

«The impact of Individual Psychoeducation on the Level of Glycemia and Pulse of Type 1 Diabetes Patients» Background: depression is a common disease among type 1 diabetes patients and requires attention from medical staff. On the other hand, there is evidence of the impact of psychoeducation on the level of depression in patients. Objective: to determine the effect of comorbidity of hypertension (HT) on the level of depression in type 1 diabetes patients; to check the impact of individual psychoeducation on the level of pulse and glycemia in «type 1 diabetes patients with HT» and «in type 1 diabetes patients without HT». Methods: 50 type 1 diabetes patients with HT were examined (main group - 50%); comparison group – 50 type 1 diabetes patients without HT (50%), which were treated in clinics of Kyiv Clinical Endocrinology Center. Patients were randomized according to age, sex, duration of disease. We used Beck Depression Inventory, instrumental measuring of glycemia using a glucose meter and heart rate for 1 minute. Results: no significant differences were observed in Beck Depression Inventory of the main group and in the comparison group (respectively,  $16.88 \pm 3.40$  and  $12.56 \pm 3.95$ ,  $p > 0.05$ ). Each patient had an individual 20-minute psychoeducation. Patients were explained the features of their disease, information about depression and so on. In this case, the level of glycemia and pulse before and after psychoeducation was measured. In the main group the level of glycemia decreased by  $2.6 \pm 1.83$  mmol/l, pulse – by  $4.28 \pm 3.02$  beats per minute, in the comparison group level of glycemia decreased by  $1.04 \pm 0.73$  mmol/l, pulse – by  $2.56 \pm 1.81$  beats per minute after psychoeducation. Conclusion: comorbidity of HT in type 1 diabetes patients does not significantly affect the level of depression. The impact of individual psychoeducation was more significant in the group of type 1 diabetes patients with HT compared type 1 diabetes patients without HT.

## **ID 203: The Relationship Between Normal Weight and Obese People's Frustration Intolerance Towards Emotional Eating and Eating Addiction**

*Fatmanur Taner, Psychiatry Department of Np İstanbul Brain Hospital ; Clinical Psychology master student of Üsküdar University*

Obesity is the most controversial topic in the World because of the increasing percentage of obese people. According to the classification determined by the World Health Organization, individuals whose Body Mass Index [BMI= body weight (kg)/ height (m<sup>2</sup>)] is above 30.0 are considered as obese. In 1980 there were 875 million obese people worldwide and in the last 30 years the problem has doubled in number. Previous views about obesity was mainly focused on over-consumption of unhealthy food, but during the last decades, increased number of studies have shown that obesity can be caused by psychological problems. A more detailed examination of the relationship between obesity and psychological factors may enrich the treatment options in obesity. For example, during the last years Cognitive Behavioral Therapy has become a treatment option for losing weight. Our aim in this research is to find if frustration intolerance is a specific psychological factor that may increase the risk for obesity. With this aim, we randomly selected 150 people (both obese and normal weight) and gave Yale Food Addiction Scale, Frustration Intolerance Scale, and Emotional Eating Scale. We hypothesized that the people with low frustration intolerance would show significantly more disordered eating pattern, such as emotional eating and food addiction, than normal weight people. To Result; frustration intolerance was closely related with emotional eating but not with food addiction.

## **ID 322: Effects of the POsitive Memory elaboration training (POEM) on daily well-being**

*Christina Haag, Dept. of Experimental Psychopathology and Psychotherapy, University of Zurich, Switzerland; Dept. of Psychiatry, Psychotherapy and Psychosomatics, University of Zurich, Switzerland; Arnaud Pictet, Dept. of Psychology, University of Geneva, Switzerland 3\*, Birgit Kleim, Dept. of Experimental Psychopathology and Psychotherapy, University of Zurich, Switzerland; Dept. of Psychiatry, Psychotherapy and Psychosomatics, University of Zurich, Switzerland.*

### *Introduction:*

Positive autobiographical memory retrieval is an effective emotion regulation strategy associated with increased well-being. Psychopathology, such as depression, has been linked to retrieval of less vivid and less detailed positive memories. Such memories may, in turn, increase or maintain negative mood states. The present study investigates the novel "POsitive Memory elaboration training for Healthy individuals" (POEM-H) compared to a control condition. The POEM-H trains individuals to elaborate positive memories by deliberately focusing on, for instance, different sensorial qualities and positive emotions linked to the memory and thereby, aims to promote well-being.

### *Method:*

The study currently include 82 young and non-depressed individuals (target sample size: n=70). During a baseline assessment, memory and mood measures are administered. Participants then keep a daily diary for three days on their positive memories, and on daily well-being. Participants then receive the POEM-H that comprises an initial training session and a five-day practice method. Afterwards and at a one-month follow-up participants are reassessed and keep again a positive memory diary for three days.

### *Results:*

Preliminary results indicate that effects of POEM-H on positive emotions during memory retrieval and memory characteristics, such as e.g. vividness, promote well-being in daily life in comparison to the control condition.

### *Discussion:*

These findings reveal that POEM-H holds promise as a feasible intervention to promote positive memory elaboration and well-being in daily life. A positive future extension of the novel POEM-H training is envisioned as a supplementary treatment option for individuals reporting diminished positive memories, such as sufferers of depression.

## **ID 250: A Qualitative Study of Patients' Experiences on Imagery Rescripting for Early Traumatic Memories in Social Anxiety Disorder**

*Rieko Takanashi, Research Center for Child Mental Development, University of Chiba; Naoki Yoshinaga, Organization for Promotion of Tenure Track, University of Miyazaki; Eiji Shimizu, Research Center for Child Mental Development, University of Chiba.*

### *Introduction:*

Although there are growing number of positive results of imagery rescripting (IR) for early traumatic memories in patients with social anxiety disorder (SAD), no study has investigated experiences of patients on IR. The aim of this study is to gain understanding of patients' perspectives on IR as an adjunct to cognitive behavioral therapy (CBT) for SAD.

### *Method:*

Twenty-two individuals with SAD who received one or two sessions of IR over 16 CBT sessions were asked to complete a questionnaire about their perspectives of IR after the session. Thematic analysis was used to analyze the qualitative data.

### *Results:*

Most of patients (82%) experienced IR as impressive and more than half of patients (59%) found IR as effective. Themes of reasons of impressiveness and effectiveness were categorized as "Results of IR session" including subthemes such as "Change of belief," "Feeling better," and "Impossibility to change the past," etc., and "Processes of the IR session" including "Becoming emotional," "Unfamiliar experience," and "Useful factor," etc.

### *Discussion:*

Our results suggest that many patients with SAD found IR session effective and offered various perspectives, some of which provided practitioners implementations of IR.

## **ID 253: CBT based group therapy at Institute of Oncology Ljubljana – evaluation of the ongoing clinical programme**

*Andreja Cirila Škufca Smrdel, Institute of Oncology Ljubljana, Dept. of Psycho-Oncology, Zaloška 2, Ljubljana, Slovenia*

### *Introduction:*

Therapeutic groups are the mainstay of the psycho-oncological treatment. We initiated the programme of the supportive-educative group based on cognitive behavioural therapy at our department. The programme comprises of 9 weekly meetings. Patients are entering the group through the clinical-psychological treatment, mostly following the completion of the oncology treatment – vulnerable and often neglected period regarding experiencing distress, fear of cancer recurrence and coping with the consequences of the cancer treatment.

### *Methods:*

We evaluated patients, included in the therapeutic groups programme from the beginning of 2016 (different localizations, but predominantly breast cancer patients). The groups followed a predetermined schedule, addressing first relaxation techniques and anxiety control, working on negative automatic thoughts and dysfunctional intermediate and basic beliefs, sleep hygiene, problem solving and decision techniques, communication and assertiveness, anger experiencing, mindfulness, concluding with goals setting and time management. At the group beginning and the completion, they had been evaluated using Edmonton Symptom Assessment System (ESAS) and purposely constructed evaluation questionnaire for identifying the techniques perceived as the most useful in the coping with distress.

### *Results:*

Due to small sample and individual variations, we have not find differences in observed parameters before and after the group completion to be statistically significant, but the trend pointing at the improvement in the dimensions of depression and anxiety is emerging. Breathing techniques, mindfulness and assertiveness training were highlighted by the patients.

### *Discussion:*

Although the further evaluation of the ongoing groups is needed, the trend is pointing at the group therapy positive impact. We found, that group therapy placement at the point, where the period of intensive oncological treatment is turning into a psycho-social and professional rehabilitation or surveillance suits the needs of the majority of the patients included.

## **ID 271: Living with Intention, Fullness and Engagement with Inflammatory Bowel Disease (LIFE with IBD): Presenting a new third wave intervention**

*Ferreira, C., Trindade, I. A., Portela, F., Marta-Simões, J., & Mendes, A. L., Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC)*

### *Aims:*

This project aims to complete and add to the traditional medical approach by developing and testing the efficacy of a novel third wave-based psychotherapeutic intervention for inflammatory bowel disease (IBD). The pertinence of this intervention emerges from the lack of effective psychological interventions for this population and from recent findings on the effect of emotion regulation on IBD patients' mental health. The LIFE with IBD intervention includes eight 90-minute weekly sessions and will be the first to integrate acceptance, mindfulness and compassion-focused strategies in the context of IBD.

### *Method:*

The LIFE with IBD Intervention will be developed based on the MIND Programme for Cancer Patients (a previously developed third wave intervention), and will be adapted to meet the characteristics of the IBD population. The sample will be recruited from a Gastroenterology Unit. Eligible participants will be randomly assigned to one of two conditions: experimental group (TAU+LIFEwithIBD; n=75) or control group (TAU; n=75). The experimental group will be divided into subgroups of 10-15 participants.

### *Results:*

It is expected that the intervention will produce improvements of quality of life and mental health. It is also expected that the observable changes after the intervention completion will be attributed to changes in emotion regulation processes and maintained over the 3 and 6 months follow-ups.

### *Conclusions:*

This study will hopefully provide scientific grounds for the implementation of the LIFE-IBD intervention in the regular healthcare of IBD patients and to contribute to reduce long-term medical costs associated with IBD.

## **ID 318: Binge eating and overeating in relation to emotion regulation difficulties among men**

*Katrin Kukk, Kirsti Akkermann, University of Tartu*

### *Introduction:*

Binge eating occurs among clinical and nonclinical populations and among both men and women. Nevertheless, men have received disproportionally less attention in this field. Few studies have implicated that eating behavior among men might be driven by different motives. Research among women has associated binge eating with emotion regulation difficulties. In one study it has been found that emotion regulation difficulties contribute to disordered eating among men. The goal of this study is to investigate associations between binge-eating or overeating and emotion regulation difficulties using experience sampling method (ESM).

### *Method:*

43 men with a mean age of 31.67 years (SD 7.86) participated in a 7-day ESM study during which they were signaled semi-randomly 7 times a day to fill out a questionnaire regarding emotional experience and eating behavior. They also filled out different semi-randomly 7 times a day to fill out a questionnaire regarding emotional experience and eating behavior. They also filled out different questionnaires such as Eating Disorders Assessment Scale (EDAS) and Difficulties in Emotion Regulation Scale (DERS) beforehand.

### *Results:*

As the data collection ended April 2018 there are no final results to report yet. Preliminary data indicates that of those 43 men who have completed the study 15 experienced binge eating episodes, 18 experienced overeating episodes and 10 reported no binge eating or overeating.

### *Discussion:*

The data analysis starts May 2018 and the results are ready to be presented in September 2018 on the EABCT congress in Sofia. We expect that binge-eating episodes are associated with more emotion-regulation difficulties in comparison to overeating knowing the possible underlying mechanisms of eating behavior give implications for effective-prevention and treatment of disturbed eating behavior.



## **ID 246: Cognitive Behavioral Therapy and NAFLD: a pilot study**

*Siragusa Cinzia, Schiff Sami, Siragusa,C. (ITCC) and Schiff, S. (Psychologist -Department of Medicine - DIMED, University of Padova*

Non-alcoholic fatty liver (NAFLD) is an emerging public-health problem frequently associated with diabetes and obesity. The main treatment for NAFLD is lifestyle modification (LSM). Unfortunately, the required changes are frequently difficult to implement and maintain for a long time. The literature has identified that some psychological factors may influence adherence to medical prescriptions of patients with NAFLD. One of this factor is motivation: patients with NAFLD, not feeling ill, have little motivation toward LSM (Zelber-Sagi et al., 2017). Another one is emotional dysregulation, considered a risk factor for metabolic syndrome and NAFLD. Because psychological factors contribute to NAFLD's etiology and in difficult to change unhealthy lifestyles, Marchesini et al. (2005) included cognitive-behavioural therapy (CBT) in treatment of NAFLD. Teaching strategies for manage LSM and helping patients to increase illness awareness and sense of self-efficacy. The aim of the present proposal is to evaluate if the cognitive behavioural therapy, integrated with procedures oriented to regulate emotional states (ER-CBT), enhance the efficacy of NAFLD treatment. In a randomized controlled case-control study, two groups of patients, one receiving CBT-ER and one receiving only indications regarding dietary and physical activity will be investigated before and after treatment and six months later. The hypothesis is that ER-CBT may enhance adherence to medical prescription in NAFLD treatment compared to as usual prescriptions for LSM. We predict an improvement of medical (i.e. hepatic enzymes), behavioural (i.e. physical activity and dietary) and psychological factors (QoL, emotional regulation, psychopathology symptoms), which are related with NAFLD.

## **ID 242: Symptoms of posttraumatic stress, psychological adjustment and post-traumatic growth and among cancer patients and survivors: The indirect effect of psychological flexibility**

*Marco Pereira, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC); Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal; Tiago Gonçalves, Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal; Tiago Paredes, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC); Liga Portuguesa Contra o Cancro Coimbra, Coimbra, Portugal; Maria Cristina Canavarro, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC); Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal*

### *Introduction:*

Cancer is often considered a traumatic event that may encompass the experience of symptoms of posttraumatic stress, which may compromise patient's well-being over the course of illness and beyond, as well as their emotional regulation. Because psychological flexibility has been considered an important mechanism in psychological functioning, in this exploratory study we examined if the association between symptoms of posttraumatic stress, psychological adjustment and posttraumatic growth (PTG) and among cancer patients and survivors was mediated through that process, and whether this mediation was moderated by disease stage (cancer vs. survivorship).

### *Method:*

This cross-sectional study comprised 73 participants (39 cancer patients in treatment and 34 cancer survivors), mostly female (78.1%) and with a mean age of 60.10 years. Participants completed self-reported questionnaires assessing symptoms of posttraumatic stress, psychological flexibility, symptoms of anxiety and depression, quality of life (QoL), and posttraumatic growth.

### *Results:*

Symptoms of posttraumatic stress were significantly associated with reduced psychological adjustment, but not with PTG. Higher levels of psychological flexibility were significantly associated with better psychological adjustment, but not with PTG. The pattern of associations was similar for cancer patients and survivors. Psychological flexibility was a significant mediator of all associations, with exception of Environmental QoL and PTG. No moderated mediation of disease stage was found.

### *Discussion:*

Our findings reinforce the usefulness of psychological flexibility as a health promoting variable, considering its association with better psychological adjustment. These results also highlight the importance of implementing psychological interventions aiming at developing acceptance in cancer patients, regardless of disease stage.

## **ID 241: Understanding the importance of attachment in the experiences of stigma and shame of people living with HIV: The role of emotion regulation processes**

*Marco Pereira, Alexandra Martins, Catarina Chaves, Maria Cristina Canavarro, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC), Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal*

### *Introduction:*

Stigma and shame are negative markers of the experience of living with HIV. Emotion regulation is an important factor of individuals' psychological well-being, which may be shaped by attachment orientations. However, evidence has yet to be established among people living with HIV (PLWH). In this study, we examined the role of emotion regulation processes (self-compassion and distress tolerance) in the association between attachment, stigma and shame among PLWH.

### *Method:*

This cross-sectional study comprised 95 adults with HIV (53.7% male; mean age = 41.65 years). Participants completed an online survey, which included self-reported questionnaires assessing attachment (Experiences in Close Relationships - Relationship Structures), stigma (Stigma Scale Revised), shame (Other as Shamer Scale), self-compassion (Self-Compassion Scale), and distress tolerance (Distress Tolerance Scale).

### *Results:*

Low attachment-related anxiety and avoidance were significantly associated with lower self-compassion and higher ability to tolerate distress, as well as higher levels of HIV-related stigma and shame. Low self-compassion and high distress tolerance were significantly associated with higher levels of stigma and shame. Self-compassion mediated the association between attachment-related orientations and shame, and between attachment-related avoidance and stigma. Distress tolerance was not a significant mediator.

### *Discussion:*

Our findings indicate that PLWH with higher attachment-related anxiety and/or avoidance reveal lower levels of stigma and shame, especially when they have greater ability to be self-compassionate. Self-compassion may be an important emotion regulation process in understanding the experiences of stigma and shame, and support the development and practice of compassion-focused therapy, for which there is emergent evidence in the HIV context.

## **ID Altered patterns of perception in obesity**

*Mayron Picolo, Chantal Martin-Soelch, Unit of Clinical and Health Psychology, University of Fribourg, Fribourg, Switzerland*

Obesity is a concerning issue in current times. Studies suggest that, if progression continues as seen in the last years, it might be too late to avoid an obesity epidemics. Research has shown that these patients seem to have altered perceptions both towards self- and external-related aspects, as seen also in Anorexia Nervosa. Therefore, the aim of this paper was to review available studies that specifically analyzed the relation between perceptive behaviors and obesity or overweight. Altered perception has been found towards one's own body weight / body image and satiety (categorized here as self-related perception) as well as food palatability and nutritional characteristics, distance and steepness (external-related perception). We also found a few psychotherapeutic strategies that focused on perception for dealing with eating disorders and obesity, which have shown promising results in preliminary studies. Disparities between perceived and actual reality seems to be constant in patients with obesity, but few studies have focused on self-related perception and even fewer on interventions regarding this aspect.

## **ID 297: Childhood trauma perpetrated by close others, psychiatric dysfunction, and urological symptoms in patients with interstitial cystitis/bladder pain syndrome**

*Chui-De Chiu, Department of Psychology, Chinese University of Hong Kong*

**Background:** A psychosocial phenotype of interstitial cystitis/bladder pain syndrome (IC/BPS), a urogenital condition without known organic causes, was proposed. While psychosocial variables, including interpersonal maltreatment and negative affect, were studied in association with IC/BPS, the specificities of the relationships between childhood trauma by close others, psychiatric dysfunctions (negative affect and post-traumatic psychopathology), and urogenital symptoms have not been established. **Methods:** 94 IC/BPS patients were recruited together with 47 patients with acute cystitis who served as clinical controls. Standardized scales were used to assess various potentially traumatizing events in childhood and adulthood as well as psychiatric (dissociation and negative affect) and urogenital symptoms. **Results:** Among the potentially traumatizing events, those perpetrated by close others during childhood were found to be the most salient features discriminating the IC/BPS group from the control group. When divided into 2 subgroups according to their history of childhood trauma by close others, only IC/BPS patients with childhood trauma by close others had more dissociative and anxiety symptoms compared with the control group. These two subgroups did not differ in urogenital symptom severity. **Conclusions:** Childhood trauma by close others, rather than other types of interpersonal trauma, was a differentiating characteristic in IC/BPS patients, and a childhood trauma related psychosocial phenotype with a distinct clinical profile of dissociation and anxiety proneness was identified. Future studies should investigate whether a distinct set of pathogenic factors exists in IC/BPS patients with a history of childhood trauma by close others, even if this subgroup is not readily differentiated by urogenital symptoms.

## **ID 291: Effectiveness of cognitive behavioural therapy for insomnia: The tapering rate of hypnotics, sleep quality, and depression**

**Naoko Ayabe, National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan;** **Isa Okajima, Faculty of Humanities, Tokyo Kasei University, Tokyo, Japan;** **Japan Somnology Center, Institute of Neuropsychiatry, Tokyo, Japan;** **Shun Nakajima, Faculty of Liberal Arts, Teikyo University, Tokyo, Japan;** **Yuichi Inou, Japan Somnology Center, Institute of Neuropsychiatry, Tokyo, Japan;** **Norio Watanabe, Department of Health Promotion and Human Behavior /Clinical Epidemiology, Kyoto University Graduate School of Medicine /School of Public Health, Kyoto, Japan;** **Wataru Yamadera, Department of Psychiatry, The Jikei University Katsushika Medical Center, Tokyo, Japan;** **Naohisa Uchimura, Department of Neuropsychiatry, Kurume University School of Medicine, Fukuoka, Japan;** **Hisateru Tachimori, National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan;** **Yuichi Kamei, National Center Hospital, National Center of Neurology and Psychiatry, Tokyo, Japan;** **Kazuo Mishima, National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan.**

This multicenter randomized controlled trial examined the effectiveness of cognitive behavioural therapy for insomnia (CBT-I) in the tapering rate of hypnotics, improvement of sleep quality, and depression symptoms among Japanese insomnia patients. There were 4 study periods: baseline (BL), intervention, post-intervention (PI), and follow-up (FU). Patients were randomly assigned to the TAU (sleep hygiene) or CBT-I group. The CBT-I group received 5 CBT-I sessions in addition to the sleep hygiene education. Drug tapering training began from Session 4 for both groups. One-fourth of the equivalent diazepam dose administered at BL was set as the unit of dose reduction in Sessions 4 and 5. This study was approved by the Ethics Committee of the National Center of Neurology and Psychiatry and participating medical facilities. Forty-nine patients were analysed (CBT-I:  $n = 23$ , TAU:  $n = 26$ ). Regarding the tapering rate, a mixed-effects model for repeated measures analysis revealed a significant main effect of period ( $p = .01$ ), but no significant group  $\times$  period interaction. Sleep quality and sleep latency on the Pittsburgh Sleep Quality Index showed a significant improvement in interaction with the CBT-I group than with the TAU group. The FU period's the Self-rating Depression Scale score showed an improvement tendency in the CBT-I group. CBT-I revealed that some sleep parameters and depression symptoms improved. However, CBT-I achieved an almost 30% hypnotics tapering rate although no significant inter-group difference was observed between CBT-I and TAU. CBT-I may promote dose reduction by optimizing the protocol and duration

## **ID Relationship between burnout symptoms and social relation levels and feelings of inferiority in call center workers**

Mehmet Fatih ERTEN, *Psychologist, Private practice*

Emre SARGIN, *Psychiatrist Uskudar University*

**Introduction:** Call centers are one of the main components of organizations which aim to offer a new technology or service intended production. Call centers are preferred by many companies both in developed and developing countries. The purpose of this study is to evaluate the relationship between call center employees' level of burnout and social relationship level and inferiority feeling.

**Method:** The study sample include one hundred call center employees (n=31 males n=69 females) in a private company in Istanbul. The participants were given Socio-Demographic Form, Burnout Measure-Short Form (BM-SF), Inferiority Feeling Scale (IFS) and The Multidimensional Relationship Questionnaire (MRQ). Descriptive Statistics Method is used in evaluating the data and normal distribution assumption is taken in consideration in application of hypothesis tests.

**Results:** When the participants were divided into two groups: The ones who are "burnout positive" and who are "at low/intermediate risk for burnout", the scores in subdimensions of "discouragement" and "Negation of self-value" in IFS were significantly higher in the "burnout positive" group than the "low/intermediate risk for burnout group" but there was no significant difference in the subdimension of "useless superiority effort". There was also significant difference in the subdimensions of "Relational satisfaction", "fear of relationship/relational anxiety", "relational monitoring", "relational esteem" and "relational assertiveness" in MRQ.

**Discussion:** The increase in the burnout symptoms in call center workers has significant effect on the inferiority feelings and some dimensions of relationship. These results can guide the clinicians during their intervention to burnout symptoms of these population.

# THURSDAY, Sep 6, 14:00

## GENERAL MENTAL HEALTH

### **ID 317: Acceptability and usability of web and mobile versions of a cognitive behavioral intervention based on problem solving for depressive complaints in Turkey**

*Burçin Ünlü İnce, Department of Medical Informatics, Informatics Institute, Middle East Technical University, Ankara, Turkey, Ruhuna İyi Bak, Online Counseling Centre, Istanbul, Turkey; Didem Gökçay, Ece Dinçer, Department of Medical Informatics, Informatics Institute, Middle East Technical University, Ankara, Turkey; Heleen Riper, Department of Clinical, Neuro and Developmental Psychology, Section of Clinical Psychology, VU University, Amsterdam, the Netherlands; EMGO+ Institute for Health and Care Research, VU Medical Centre, Amsterdam, the Netherlands ; Department of Psychiatry, VU Medical Centre/GGZ inGeest, Amsterdam, the Netherlands ; Pim Cuijpers, Department of Clinical, Neuro and Developmental Psychology, Section of Clinical Psychology, VU University, Amsterdam, the Netherlands, Department of Clinical, Neuro and Developmental Psychology, VU University, Amsterdam, the Netherlands*

In Turkey, the prevalence of depression is approximately 4.4%, while mental health care has serious deficiencies. Innovative solutions which provide cognitive behavioural interventions using online services are needed to fill the gap between health burden and the treatment of depression. For instance, Her Şey Kontrol Altında (HŞKA) which is based on problem-solving therapy is a good alternative which increases self-awareness and reduces the stigma and inconvenience of office visits. In this study, a web version and a mobile application of HŞKA were developed to evaluate the usability and acceptability of online guided self-help among students and therapists. A total of 6 focus groups were organised where participants were asked to perform small tasks in the intervention. Assessment of usability is made through several sub-scales such as trust to the intervention, perceived usability, value to personalization and intention to use the intervention. Finally, the evaluation of acceptability is done through qualitative remarks. The first pilot study was conducted on the web version with four focus groups (22 students and 5 therapists). Perceived ubiquity and application mobility was significantly rated as higher among students than therapists ( $p=.049$  and  $p=.03$ ). The second pilot was performed on the mobile version with two focus groups (28 students). Trust to the intervention was moderate while value to personalization and intention to use the intervention were rated as high. In conclusion, acceptance and usability of both web and mobile applications have been evaluated as moderate to high but trust and privacy were factors of concern.



**ID 316: Does a two-days workshop on managing ruptures of alliance help psychotherapy trainees conceptualizing their difficulties with refractory patients?**

*Valentino Pomini, Institute of psychology, University of Lausanne, Switzerland; Diana Ortega, Division of Endocrinology, Diabetology and Metabolism, Lausanne University Hospital, Switzerland*

CBT therapists traditionally are trained to attribute failures in the collaborative relationship either to patients' problems (e.g. lack of motivation, distorted thoughts about the treatment, etc.) or to themselves (lack of competence, inadequate technique implementation, etc.). Safran & Muran propose to conceptualize problems in the therapeutic relationships, considering definition of therapeutic alliance as the result of a continuous intersubjective negotiation where therapist and patient aspire to mutual recognition. Breakdowns in this negotiation regularly appear during the therapy, and are signaled by various patients' withdrawal or confrontation attitudes. If a therapist does not react adequately to them, the therapy may lead to impasses and a premature end. Identifying and repairing ruptures of alliance can be learned in dedicated training courses or supervisions. To see if young CBT trainees can develop through a brief course the basic skills to repair ruptures of alliance, we evaluated the effects of a two-days seminar specifically focused on the Safran and Muran model. We led a randomized control study (N=34) assessing the competence in repairing alliance ruptures through standardized role-plays, followed by structured interviews where therapists commented their performances. The poster will focus on the qualitative analyses done on therapists' comments. They reveal that trained therapists changed the way they conceptualize the difficulties encountered in the therapeutic relationship from pretest to post-test assessments. Even if this change is correlated with improved objective performances in role-plays, the effects remain moderate on perceived self-efficacy. Results will be discussed in the light of the contents and duration of the training but also from a methodological point of view.

**ID 306: Rumination, worry, and symptom severity of OCD: A correlational study in individuals diagnosed with obsessive-compulsive disorder.**

*Carlotta V. Heinzl; Martin Mazanec; Marcel Miché; Roselind Lieb, Karina Wahl,  
University of Basel, Faculty of Psychology, Clinical Psychology and Epidemiology*

Rumination and worry are involved in the development and maintenance of multiple psychological disorders. The precise role of these two constructs in obsessive-compulsive disorder (OCD), however, is still largely unclear. Previous correlational studies using non-clinical as well as clinical samples have found associations between rumination, worry, and various obsessive-compulsive (OC) symptoms. However, to our knowledge these associations have so far not been investigated in large samples of individuals with OCD. The present study investigates the relationships between rumination, worry, and OC symptoms in  $N = 149$  individuals with OCD using a correlational design. Participants reported ruminative tendencies (RRS), worry (PSWQ), OC symptoms (OCI-R), depressive symptoms (BDI) and anxiety symptoms (BAI). Ruminative tendencies showed moderate to large positive zero-order correlations with the OC symptom dimensions ordering, obsessions, hoarding as well as checking. The associations with ordering and obsessions remained significant even after controlling for depressive and anxiety symptoms. Similarly, worry showed moderate positive zero-order correlations with ordering, obsessions, and checking. However, only the relationship with ordering remained significant after controlling for depressive and anxiety symptoms. These results further support the idea that OC symptom severity is related to rumination and worry, and that these associations are unlikely to be accounted for by depressive or anxiety symptoms. Additionally, content analyses of typical episodes of repetitive negative thought are presented for a subsample of  $n = 38$  individuals with OCD. The results are interpreted with regard to the possible overlap of rumination and worry with OC symptoms and clinical implications are considered.

## **ID 302: What happens if one ruminates on unwanted intrusive thoughts? A replication and extension of previous findings**

*Martin Mazanec; Carlotta V. Heinzl; Patrizia Hofer; Roselind Lieb; Karina Wahl, University of Basel, Department of Psychology, Division of Clinical Psychology and Epidemiology, Missionsstr. 62a, 4055 Basel, Switzerland*

**Introduction.** Rumination is a common cognitive thinking style involved in the onset and maintenance of many mental disorders. However, to date, there is only little research into its impact on obsessive-compulsive symptoms. In our previous experimental study, we found an effect of rumination about unwanted intrusive thoughts (UITs) on the urge to neutralize. The aim of the present study was to replicate the results of our previous study and to extend them by including assessment of behavioral neutralizing. **Methods.** A UIT was activated by asking non-clinical participants ( $N = 105$ ) to write down the following sentence: „I wish that [beloved Person] would die today in a horrible car accident.“ Participants were then asked to monitor their distress, urge to neutralize, frequency of UITs, and depressed mood before and after an experimental manipulation. During the experimental manipulation, they were instructed either to ruminate on their UIT, to ruminate on negative mood, or to distract themselves (random allocation). At the end, behavioral neutralizing was assessed. **Results.** As in the previous study, there was no effect of rumination about UIT on the frequency. However, in contrast to the previous study both rumination instructions led to an attenuated decrease of the distress, urge to neutralize, and negative mood compared to distraction. Unexpectedly, rumination about UIT did not affect the behavioral neutralizing. **Discussion.** Present findings support the view that rumination might play a role in the maintenance of UITs. Effects on vividness and appraisals of UITs as well as clinical implications for obsessions are discussed.

## **ID 287: Application of Short-Term Cognitive Behavior Therapy in Tbilisi Adult Crisis Intervention Centre**

*Natia Badrishvili, Georgian Association of Cognitive-Behavioral Therapy*

We investigated the efficiency of brief individual Cognitive Behavior Therapy for the patients with depression and anxiety disorders in crisis intervention centre in Tbilisi, Georgia. The objective of the study was to explore effectiveness of short-term cognitive-behavior therapy in the context of crisis theory. The study consists to conduct individual CBT session for the patients with depression ( $n = 8$ ) and anxiety disorders such as panic disorder ( $n=12$ ) and obsessive-compulsive disorder ( $n=8$ ) during 6-8 week. We were conducted an average 8-9 Cognitive-Behavior Therapy session with 28 patients' (14 male and 14 female) from 16 to 65 year. Before and after therapy the patient's mental state were evaluated by the following tests: Beck's Depression Inventory (BDI), Hamilton Anxiety Rating Scale (HAM-A), Sheehan Panic Disorder Scale (SPS) and Yale-Brown Obsessive Compulsive Scale (Y-BOCS). From the pre and post-assessment patient reported significant improvement of mood (BDI,  $t(27) = 14,789$ ,  $p < .0001$ ), decrees of anxiety (HAM-A, ( $t(27) = 15,000$ ,  $p < .0001$ ); (SPS,  $t(27) = 4,116$ ,  $p < .0001$ ) and OCD symptoms (Y-BOCS,  $t(27) = 3,800$ ,  $p < .001$ ). In summary, short-term individual CBT was effective treatment to improve mental status of persons with anxiety disorders and depressive patients in crisis intervention setting. Additional follow-up research needs to be continued.

## **ID 240: The Power of Digital CBT: Group Counselling in an Online Atmosphere of Anonymity and Identity Protection**

*Barbara J. Veder, Morneau Shepell*

As technology-driven mental health solutions continue to develop, seemingly permanent barriers to information, products, and services are crumbling. We continue to experience giant leaps forward in digital CBT, and with leading-edge technology and a personalized, high-touch, people-centered approach, we are now able to engage individuals who would not otherwise access support, regardless of geography, schedules, or learning styles and preferences, in ways that were never before thought of as possible. Such is the case in the area of online CBT group counselling. Launched in 2016, Morneau Shepell's Online Group Counselling for Anxiety program has run over 1000 group sessions and helped over 7000 participants. Through this innovative method of support, multiple participants struggling with mild to moderate anxiety discuss their similar issue(s) in a closed, structured, counsellor-moderated, and confidential group setting, based on the foundation that individuals benefit from shared experience. Group interactions allow participants to build relationships, receive feedback on how to meet goals and overcome challenges, and gain peer encouragement. When delivered digitally, users are able to anonymously access group sessions and adjunct support via their smartphone, tablet, or computer, from wherever they'd like. This poster will present the current structure of our online group-CBT counselling program and its effectiveness when delivered digitally. We will share best practice models, as well as examine client demographics, engagement, and direct user feedback to demonstrate the value of offering online therapeutic group solutions in supporting mental health and behavior change in a digital world.

## **ID 231: Spouse Support and General Health In the Context of Marital Satisfaction In Grieving Couples: An Actor–Partner Interdependence Mediation Model**

*Samet Baş, Psychology Department of Dokuz Eylul University, Izmir, Turkey; Duygu Güngör Culha, Psychology Department of Dokuz Eylul University, Izmir, Turkey.*

**Introduction:** It is known that bereaved individuals may experience mental or physical health problems after the death of a loved one. Despite the fact that men and women give different reactions to the loss, in the context of marriage, partner's health conditions are mutually influencing each other. **Method:** In this study using dyadic analysis we examined whether marital satisfaction is an effective mediator in the relationship between spouse support and general health among grieving couples (N=296). The data obtained from couples who has a significant loss experience tested using the actor-partner interdependence model and path analysis. **Results:** The model revealed that actor effects between spouse support and general health mediated by marital satisfaction. The higher spouse support was significantly associated with higher marital satisfaction, and marital satisfaction was significantly associated with better general health for grieving couples. However, the partner effects showed different associations for men and women. While women's perceived spouse support had a significant effect on men's marital satisfaction, perceived spouse support of men was not significantly associated with women's marital satisfaction. Moreover, there was no significant partner effect in the relationship between marital satisfaction and general health. **Conclusion:** Such findings provide an important perspective on interactive nature of men and women during marriage and the role of actor-partner interdependence model. Recommendations for further researches and dyadic methods will be discussed.

## **ID 157: Pilot review: Assessing the effectiveness of CBT for depression, anxiety and long-term conditions for adults over 65 years of age**

*Idyli Kamaterou, Dr Vandana Gupta, Soraya Aweys, Mind Matters*

Long-term conditions are more prevalent in older adults. Patients with chronic conditions suffer from related psychosocial factors, anxiety and depression that have an impact on their quality of life. As an IAPT service we looked at innovative ways to improve access to Older People as there was very poor uptake locally but also at a national level. An 18-month pilot was designed to assess the effectiveness of individual and group CBT in reducing depression and anxiety and improving the management of LTC. Every person referred to the pilot was offered a face-to-face assessment before a treatment plan involving individual or group CBT was developed. Psychometric tools were used to assess people's symptoms and track their progress. People who entered therapy (both individual and group) showed clinical recovery of both anxiety and depression symptoms. However, individual therapy was more effective in treating anxiety symptoms. People's confidence in managing their long-term condition improved in both treatment types but marginally more in the group setting. An interesting finding was that a lot of participants refused having treatment. The main reasons were: feeling able to cope/ not feeling they need support, being busy with appointments for their physical health/ not able to find time for therapy and ill health.

## **ID 76: Suicidal attempts among drug-addicted patients with suicidal ideation: Prevalence and clinical profile**

*José J. López-Goñi., Javier Fernández-Montalvo, Alfonso Arteaga, Begoña Haro, Departamento de Ciencias de la Salud. Universidad Pública de Navarra, Pamplona/Iruñea, Spain*

**Background and Objectives:** Patients with addictions have a great risk of suicidal ideation and attempts. Suicidal behaviour is a continuum that begins with ideation and may continue with planning, attempts and suicide completion. Investigating the specific risk characteristics for suicidal attempts in patients with addiction problems who present with suicidal ideation is crucial for developing prevention strategies. In this paper, the prevalence rate of suicide attempts among patients with suicidal ideation receiving treatment for addiction was studied. Moreover, differential characteristics for suicidal ideators with and without suicidal attempts were analysed. **Methods:** A sample of 149 patients with suicidal ideation (110 men and 39 women) who sought treatment for addiction in a Spanish clinical centre was assessed. Information concerning socio-demographic characteristics, addiction severity, and psychopathological symptoms was obtained. **Results:** In total, 39.6% of the patients had attempted suicide. Patients with both suicidal ideation and suicide attempts showed a more severe addiction profile and more maladjustment to everyday life than patients with only suicidal ideation. **Conclusions:** In this study, a high prevalence rate of suicide attempts in addicted patients with suicidal ideation was observed. Although all patients with suicidal behaviours presented a high severity in their addiction, suicide attempters showed a worse clinical profile. Systematic screening of suicidal risk in patients seeking treatment for addiction problems is recommended.



## **ID 69: Suicidal ideation and attempts among drug-addicted patients with lifetime physical and/or sexual abuse**

*Begoña Haro, Javier Fernández-Montalvo, Alfonso Arteaga; José Javier López-Goñi, Health Sciences Department of Public University of Navarre, Spain*

Background: Several studies indicate that lifetime abuse is a relevant risk factor for suicidal ideation and/or attempts. However, little is known about this phenomenon in drug-addicted patients seeking treatment. The prevalence rate of suicidal ideation and/or suicide attempts was explored among lifetime physically and/or sexually abused patients receiving treatment for drug addiction. The differential characteristics between these patients and those without suicidal behaviours were studied. Method: Three hundred and seventy-five patients were assessed. Socio-demographic characteristics, addiction severity, lifetime abuse, suicidal ideation and attempts, and psychopathological symptoms were explored. Results: Eighty-two patients (21.9%) presented with a history of lifetime abuse and were included in the study (37 men and 45 women). Sixty-two per cent of them presented with lifetime suicidal ideation (12.2% in the last month), and 30.5% with suicidal attempts (1.2% in the last month). Patients with suicidal ideation or attempts showed a more severe addiction profile (assessed by the EuropASI) and more psychopathological symptoms (assessed by the SCL-90-R). Conclusion: This study highlights the relationship between previous traumatic experiences and suicidal behaviours. According to these results, systematic screening of suicidal risk in addicted patients seeking treatment with histories of abuse is recommended.

## **ID 67: Life Review Therapy for Holocaust Survivors**

*Simon Forstmeier, University of Siegen, Germany; Danny Brom, Hebrew University of Jerusalem, Israel; Martin Auerbach, Elisheva van der Hal, Amcha, Israel; Sarah Zimmermann, University of Siegen, Germany*

The mental health of Holocaust survivors is in average still worse today than a comparison group, mainly with regard to PTSD symptoms, depression and anxiety (Barel, Van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010). Although Holocaust survivors exhibit incredible adaptive processes (deVries, Suedfeld, Krell, Blando, & Southard, 2005), aging poses new challenges for this adaptation process. Most PTSD treatment research has focused on children and young and middle-aged adults. The need for psychotherapy for the elderly, especially for those who suffer from PTSD, has till very recently not been subject to systematic study (Maercker, 2013). As aging is accompanied by reviewing one's life (Butler, 1963), a narrative approach including life-review and narrative exposure (i.e. "life review therapy") seems to meet the natural need of older people very well (Pinquart & Forstmeier, 2012). However, life review therapy (LRT) has not been evaluated with state-of-the-art methodology in traumatised older people, let alone in Holocaust survivors. Therefore, a randomized controlled trial that investigates the efficacy of LRT is urgently needed. In cooperation with the Hebrew University of Jerusalem and AMCHA, the "National Israeli Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation", we evaluate the effect of life-review therapy for Holocaust survivors on symptoms of PTSD and related mental health problems (depression, anxiety, prolonged grief), compared to a supportive control group (visiting "social clubs" at AMCHA) that receives no psychotherapeutic intervention. We further aim to identify groups of participants that especially seem to benefit from the intervention. The sample (N = 80) consists of Holocaust survivors, i.e., Israeli individuals that were born 1945 or earlier in Europe and experienced persecution, concentration camp, witnessing torture and death, or having to survive in hiding and/or other traumatic events by the Nazi regime during World War II. The participants will be recruited from 6 centres of AMCHA. Each patient is diagnosed with one or more of the following conditions: PTSD, complex PTSD, depressive disorder (major depression, minor depression, or dysthymia), anxiety disorder, prolonged grief disorder. The treatment includes 20 sessions. Before and after the treatment phase, participants in both conditions will be assessed. Follow-up will take place at 6 months post-treatment. We expect that life-review therapy reduces the symptoms of PTSD and related mental health problems with a large pre-post effect size and to a greater extent than the supportive control group at posttest and 6-months follow-up with a medium-to-large effect size.

# FRIDAY, Sep 7, 10:00

## CHILDREN AND YOUNG PEOPLE

### **ID 330: Validation of the Borderline Personality Features Scale for Children (BPFS-C) in a non-clinical adolescent Portuguese sample**

Ana Loureiro, Paula Castilho

*Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal; Center for Research in Neuropsychology and Cognitive Behavioral Intervention. Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal*

#### *Introduction:*

There are multiple studies that established that Borderline Personality Disorder (BPD) is a serious disorder with onset in adolescence. However, there aren't many measures developed to assess Borderline features in children and adolescence. Therefore, this study aims to validate the Portuguese version of the Borderline Personality Features Scale for Children (BPFS-C), analyse the psychometric properties of the BPFS-C, and explore its factor structure (EFA and CFA).

#### *Method:*

Adolescents from 14 to 18 years old were invited to fill in a series of self-report instruments, measuring Borderline features; depression, anxiety and stress; internal shame; self-compassion; fear of compassion; NSSI, suicide ideation and impulse.

#### *Results:*

This is an ongoing study and we expect to have results by June 2018. Since we are still in the process of collecting and processing data, there are no results. However, the analysis will allow a psychometric study of the scale.

### **ID 325: Piloting a CBT group therapy among psychologically distressed female university students**

Johanna Bernhardsdottir, Runar Vilhjalmsón, *University of Iceland*

Psychological distress including stress, anxiety and depression is common among university students' especially females. An Icelandic cross-sectional prevalence study found that one in five female university students experience psychological distress. The purpose of this study was to explore female students' mean stress, anxiety and depression levels on the DASS questionnaire, as part of pilot testing this intervention, pre and post intervention.

The Cognitive Behavioural Group program was conducted in 6 consecutive weekly group sessions for 90 minutes. The intervention group was divided into three sub-groups with five women enrolled in each group. All had been screened with psychological stress prior to the intervention. The study design was quantitative with a pre- post intervention design. The questionnaire consisted of the 42 items DASS instrument and questions on background variables. The sample consisted of 15 undergraduate and graduate female students. Their age ranged from 21-42, and 60% were employed part-time. Most were cohabiting or married (60%). Others were single or in a steady relationship (40%). Sixty seven percent were childless. The results of this preliminary pilot study, with a paired sample t-test, revealed that participants' mean depression score on the DASS instrument had decreased significantly from pre to post intervention. Symptoms of anxiety and stress had also decreased but not significantly. However, females who had exhibited serious to very serious levels of stress and anxiety pre-test decreased the most post intervention. The results, will be presented in more detail at the conference as well as the implications for this intervention.

### **ID 313: The prevalence of trauma related disorders in children and adolescents affected by severe forest fires**

Daniel Rijo, Ana Fonseca, Helena Moreira, Joana Pereira, *Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), University of Coimbra*; Paula Vagos, *Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), University of Coimbra*; The Portucalense Institute for Human Development, *University of Portucalense*; Maria Cristina Canavarro, *Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), University of Coimbra*.

#### *Introduction:*

In 2017, the Central Region of Portugal were extremely affected by forest fires. Given the lack of knowledge about the psychological impact of these events, this project aims to assess the prevalence of trauma related disorders in children and adolescents of this region through a screening tool developed for this purpose and provide them with specialized intervention.

#### *Method:*

In this cross sectional study, 2559 children and adolescents (aged between 6 and 18 years old) from 6 municipalities of the Central Region of Portugal will be clinically assessed by a psychologist through a computer assisted screening tool. This tool is based on the DSM-V criteria and on the M.I.N.I Kid interview and assesses post-traumatic symptomatology and other types of symptomatology including grief, drop in school achievement, and separation anxiety.

#### *Results:*

To date, 1344 children/adolescents were already assessed. Of these, 296 (22%) reported relevant symptomatology: post-traumatic symptoms (8.1%), drop in school achievement (4.1%) and hyperactivity and attention deficit symptoms (3.3%). More detailed results will be presented at the congress.

#### *Discussion:*

This project will contribute to identify children/adolescents with relevant symptomatology and to provide them with specialized psychological intervention. A structured intervention, based on trauma-focused cognitive behavioral therapy for children and adolescents, will be made available to children/adolescents reporting significant symptomatology. Specific measures of child post-traumatic cognitions and symptoms, cognitive and emotion regulation, impact of event and quality of life will be assessed through self-report measures and treatment effects on these symptoms will be assessed during and after intervention (longitudinal design).

### **ID 312: Differences within early maladaptive schemas in healthy young adults with or without experience of childhood sexual abuse**

Maria Durianova, Marta Popelkova, Antonia Kotianova, *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*; Michaela Chupáčová, Michal Kotian, *Psychagogia s.r.o, Liptovský Mikuláš, Slovak Republic*; Jan Prasko 1\*,3\*, *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*; *Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, Olomouc, Czech Republic*; Milos Slepecky, *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*

#### *Introduction:*

Aversive experiences during childhood are considered as the main predictor of early maladaptive schemas (EMS) and they are also connected with several psychological and psychiatric problems in adulthood. Sexual abuse is a worldwide problem, which has often negative impact on individual's life and can lead to psychological and interpersonal problems. The aim of this study is to observe the differences within EMS in individuals with or without experience of sexual abuse during childhood.

#### *Method:*

We used Adverse Childhood Experiences – International Questionnaire (ACE-IQ) to find out adverse traumatic experiences during childhood. This questionnaire has 36 items of different categories, Contact sexual abuse included. Young Schema Questionnaire – Short Form (YSQ-S3) was used to evaluate of participants' EMS. It consists of 90 items resulting to 18 different EMS (e.g. Emotional Deprivation, Mistrust/Abuse, Failure, Self-sacrifice).

#### *Results:*

Participants, which experienced contact sexual abuse during childhood, scored higher only in unconditional schema Mistrust/Abuse and in conditional EMS Entitlement/Grandiosity, Insufficient Self-control/Self-discipline and Approval-seeking/Recognition-seeking in comparison with participants without experience of sexual abuse.

#### *Conclusion:*

It appears that sexual abuse was not strongly involved in development of EMS in our sample of healthy young people. It is contradictory to assumption about role of sexual abuse in development of EMS in clinic population. More research is needed to clarify which factors mediate development of EMS after experience of sexual abuse to know how to provide better treatment for these patients.

## **ID 308: A qualitative study of adolescents' use and perception of Internet-delivered CBT: the case of Social Anxiety Disorder**

Fredrik Enoksson, Stefan Hrastinski, Martina Nordh and Jens Högström,

1) KTH Royal Institute of Technology, Stockholm, Sweden; 2) Department of Clinical Neuroscience, Center for Psychiatry Research, Karolinska Institutet, 3) Stockholm Health Care Services, Stockholm County Council

### *Introduction:*

Research on Internet-delivered CBT (ICBT) for adults indicates that it is a feasible treatment for several psychological conditions, which also maintain effect when implemented in clinical settings. ICBT for children and adolescents has been less researched, but results so far show promising results. The Internet, and associated technologies, enables new possibilities to deliver CBT and therefor also a multifold of design choices can be made for ICBT treatments, e.g. which technologies to use and in what way. The research field of human computer interaction teach us that users' perception and willingness to use a digital artefact is influenced by how it is designed. Thus, informed choices need made in the design process of an ICBT treatment to make sure that the patients perceive the digital artefact as something that can help them in reducing their symptoms. The study presented here explores how adolescent patients perceive the combination ICBT treatment and its accompanying digital platform and how they use that platform. The purpose is to gain further insights of how ICBT treatment and their digital platform is to be designed.

### *Method:*

Participants were recruited from a pilot study where 30 adolescents (aged 13-17), diagnosed with Social Anxiety Disorder (SAD), received ICBT treatment via a digital platform. Upon inclusion in the pilot study the patient had the option to also partake in this study, which 7 patients agreed to. The participants' perceptions was explored through home visits at the first time they used the digital platform. Data was collected in three steps: a short semi-structured interview before they used the platform, focused on their expectations, a recording of the screen together with the audio in the room, to capture the interaction. The participants were also asked to "talk aloud" about what they were thinking, especially when they did not know what to do. A short semi-structured interview after to capture more about their perceptions.

### *Results:*

Data is currently being analyzed, using qualitative methods. The result will be presented on the poster at the conference. In general, the adolescent had no problem using the digital platform and they seem to perceive that this was something that would help them in their treatment. One interesting preliminary finding from the analysis of the screen recordings were situations where the adolescents spent relatively long time to provide expected written input to their therapist. The time could be spent quietly thinking and retyping several times, or discussing with their parents (if they were present). The richness of what they externalized with their parents was however not always represented in what they ended up writing. Though, the patient doesn't seem to directly perceive this as a problem as they do not bring this up in the interview in step 3.

### *Discussion:*

The positive result found on how the platform was perceived in general is probably what to be expected, as the participants were aware that the treatment would be Internet-delivered. With further analysis, we hope to also gain further insights on what they perceived as difficult to understand, unclear, misunderstood etc. and also why. This could potentially inform a discussion on how digital platforms used for ICBT treatment should function.



### **ID 303: Which adverse childhood experiences are most related to early maladaptive schemas in healthy young adults?**

Michaela Chupáčová, *Psychagogia s.r.o, Liptovsky Mikulas, Slovak Republic*; Maria Durianova; Antonia Kotianova; Marta Popelkova, *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*; Michal Kotian, *Psychagogia s.r.o, Liptovsky Mikulas, Slovak Republic*; Jan Prasko, *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*; Department of Psychiatry, *Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, Olomouc, Czech Republic*; Milos Slepecky, *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*

#### *Introduction:*

The childhood adversities could be an important factor in the development and maintenance of several psychological problems or psychiatric disorders in adults. The mechanism of this connection is so far unclear. Studies suggest, that early maladaptive schemas (EMS) are related with several psychiatric disorders. EMS could be that mechanism, which connect childhood adverse experiences with mental problems. Therefore, the aim of this study is to observe the relationship between childhood adversities and EMS.

#### *Method:*

We used Adverse Childhood Experiences – International Questionnaire (ACE-IQ) to find out adverse traumatic experiences during childhood. This questionnaire has 36 items of different categories (e.g. Physical violence, Emotional abuse, Divorce, Collective violence). Young Schema Questionnaire – Short Form (YSQ-S3) was used to evaluation of participants' schemas. It consists of 90 items resulting to 18 different EMS (e.g. Emotional Deprivation, Mistrust/Abuse, Failure, Self-sacrifice).

#### *Results:*

150 participants in age 20-30 years were included in the study. There was significant connection between childhood experience of someone chronically depressed, mentally ill, institutionalized or suicidal in the family with 9 different EMS. Physical abuse was related with 7 different EMS. Physical neglect with 6 EMS. Both, Emotional Neglect and Collective violence was connected with 5 schemas.

#### *Conclusion:*

Results suggest, that experience of chronically depressed or mental ill person within family in early childhood could be connected with development of largest amount EMS. Therapists should give special attention to patients' childhood experiences with their mentally ill relatives.



**ID 286: CBT interventions for adolescents refusing school – a comic strip for help**

Irena Šinigoj Batistič, *Zarja psihološke storitve s.p.*, Nova Gorica, Slovenija

School refusal especially excessive school absence is a common problem in adolescents. It derives from many different etiologies from separation anxiety, social and specific phobias, panic disorder, health anxiety and many others. It commonly has a function of avoidance from negative consequences in means of unpleasant emotions or evaluation or obtaining positive reinforcement like parents attention, additional time for computer games etc. I present some cases of adolescents with difficulties attending school appearing from different dynamics (panic attacks, health anxiety, escaping from evaluation) and their outcomes. As a great deal of interventions are common in all cases, I am thinking about finding efficient ways to reach adolescents and provide them with basic education and orientation for coping. I am preparing a comic strip with some stories of adolescents so that they can recognize their issues. They receive basic education to understand mechanisms and connections in between, find major guidelines for action and get some optimism for change.

## **ID 280: Efficacy of a Danish version of the guided ICBT program ChilledOut Online for Youth with Anxiety Disorders**

Silke Stjerneklar, Esben Hougaard, Mikael Thastum, *Department of Psychology and Behavioral Sciences, Aarhus University, Denmark*

### *Background:*

Anxiety disorders are highly prevalent in adolescence, but access to health care services is limited and only a small proportion receive professional help. Internet-based cognitive behavioral therapy (ICBT) has been proposed to increase accessibility and reduce costs of treatment.

### *Objective:*

The study evaluated the efficacy of a Danish version of the guided ICBT program ChilledOut Online, developed at the Centre for Emotional Health, Macquarie University, Australia.

### *Methodology:*

At the Centre for Psychological Treatment of Children and Adolescents, Aarhus University, Denmark, a randomized controlled trial was conducted with 70 adolescents (13–17 years) with anxiety disorders. Participants were randomly assigned to 14 weeks of therapist-guided ICBT or to a waitlist control condition. Outcome was evaluated post-treatment and at 3- and 12-month follow-up using Clinical Severity Ratings (CSR) and self-reported questionnaires.

### *Results:*

At post-treatment, the ICBT group significantly outperformed the waitlist condition with moderate to large between-group effect sizes on diagnostic severity and anxiety symptoms as rated by clinicians, adolescents and their parents. Forty percent of adolescents in ICBT were free of their primary diagnosis compared to 16% in the waitlist condition. Treatment gains were maintained at 3- and 12-month follow-up.

### *Conclusions:*

Results of the study provide support for the efficacy of guided ICBT for adolescents with anxiety disorders, confirming the potential of this treatment method to minimize current gaps in mental health services.

## **ID 279: The predictive role of negative and positive affect on the cardiac response to stress in adolescents**

Aina Fiol-Veny, *University of the Balearic Islands*; Alejandro De la Torre-Luque, *University Autonomous of Madrid*; Xavier Bornas, Jordi Llabrés, Maria Balle, *University of the Balearic Islands*

### *Introduction:*

A diminished heart rate variability (HRV) implies lower cardiac flexibility and this has been related with several psychopathological problems. Negative affect (NA) and positive affect (PA) play an important role as risk or protective factors, respectively, on the development of some of these problems. A few studies have shown the relationship between NA and cardiac reactivity and recovery when confronting a stressor. However, little is known about the relationship with PA and cardiac response under stress, especially in adolescents.

### *Aims and method:*

This study examines the relationship of both PA and NA, with the cardiac response during and after confronting a stressor. The sample was composed by 92 healthy adolescents ( $M = 13.36$  years;  $SD = 0.68$ ; 44.6% boys). The participants completed the PANAS questionnaire and 3 months later, their cardiac activity was recorded during a laboratory stress induction procedure (the Trier Social Stress Test, TSST). HRV and cardiac complexity measures were calculated and linear regressions were performed.

### *Results:*

The NA predicted the HRV at recovery, showing that the higher the NA, the lower the HRV. The PA significantly predicted HRV during the recovery and also during the stress task, showing that the higher the PA, the higher the HRV.

### *Discussion:*

These results indicate that adolescents who have high NA and those who have low PA manifest lower cardiac flexibility when confront or when recover from a stressor. This tendency to experience more negative or less positive emotions might influence the exhibition of maladaptive cardiac responses in stressful situations.

## **ID 277: The relationship between rumination, cardiovascular recovery from stress and internalizing symptoms in adolescents**

Maria Balle, Aina Fiol-Veny, *University of Balearic Islands*; Alejandro de la Torre-Luque, *University Autonomous of Madrid*, Jordi Llabrés, Xavier Bornas, *University of Balearic Islands*;

### *Introduction:*

Previous research suggests that rumination may be one mechanism linking stress with depression and anxiety, although mechanisms underlying this relationship remain inadequately understood. It seems that individuals who habitually ruminate exhibit maladaptive physiological responses to stress, such as slower cardiovascular recovery. Moreover, a maladaptive heart pattern in stress situations could be an indicator of internalizing problems. The high incidence of these problems during adolescence, and the inconclusive data on rumination in infant and juvenile literature justify their study in this population.

### *Objectives and Method:*

The current study examined whether rumination moderated the relationship between cardiovascular recovery from a standardized laboratory-based stressor and anxiety and depression symptoms in adolescents, measured with the Revised Children's Anxiety and Depression Scale (RCADS). A sample of 89 adolescents (55.4% female) aged 13–17 completed the Trier Social Stress Test (TSST), and cardiac response was obtained during and after the TSST.

### *Results:*

On the one hand, the findings indicated that rumination moderated the relationship between cardiac entropy during recovery from stress and depressive symptoms. On the other hand, rumination moderated the relationship between heart rate variability at recovery and obsessive-compulsive symptoms, but did not moderate the relationship with the rest of anxiety symptomatology.

### *Discussion:*

This study reports new findings about the role of rumination in the association between stress cardiac recovery and internalizing symptoms. It seems that rumination increase the depressive and obsessive-compulsive symptomatology when the cardiac pattern is maladaptive after a stressor, functioning as a possible mechanism that increases the risk for these psychopathologies.

## **ID 264: Preventing and reducing bullying and cyberbullying by teaching adolescents that people can change**

Esther Calvete, Izaskun Orue, Liria Fernández-González, Nerea Cortazar, Angel Prieto, Estibaliz Royuela-Colomer, *University of Deusto*

Face to face bullying and cyberbullying are prevalent problems for children and schools around the world and they have important consequences for both victims and aggressors. Therefore, it is important to design and evaluate universal interventions to prevent and intervene in these types of behaviors. Previous studies have found that interventions aimed to teach that people can change (i.e., incremental theory of personality) are effective to reduce symptoms such as depression or stress. This study aimed to test whether a brief intervention based on the incremental theory of personality reduces bullying and cyberbullying perpetration and victimization over time. A total of 868 Spanish adolescents (50.8% boys, aged between 13 and 18) participated in the present study. Participants were randomly assigned to the experimental intervention based on an incremental theory of personality ( $n = 452$ ) vs an educational control intervention ( $n = 416$ ). Adolescents completed measures of both perpetration and victimization of traditional bullying and cyberbullying at pretest and at a 6-month follow-up. We used repeated measures ANOVA, with time of measurement (pre-treatment vs 6-month follow-up) as the within-subjects variable, and group (experimental vs control) and scholar year (8<sup>o</sup>, 9<sup>o</sup>, or 10<sup>o</sup> grade) as between-subjects variables. The results indicated that the interaction Time  $\times$  Group was statistically significant for the four dependent variables (bullying perpetration, bullying victimization, cyberbullying perpetration and cyberbullying victimization), indicating that the intervention based on the incremental theory reduced these problems more than the educational control intervention. Furthermore, the Time  $\times$  Group  $\times$  Scholar year interaction was also statistically significant and indicated that the incremental theory condition reduced bullying and cyberbullying especially among 10 graders. The results of this study show promising evidence about the utility of this type of brief intervention based on the idea that people can change to prevent and reduce traditional and cyber bullying behaviors.

## **ID 245: The Lived Experience of Anhedonia in a Community Sample of Adolescents with Depressive Symptoms**

Rebecca Watson, Kate Harvey, Ciara McCabe, Shirley Reynolds, *University of Reading*

### *Introduction:*

Anhedonia is defined by DSM-5 as the loss of interest or pleasure in most activities, most of the time (APA, 2013). It is a core symptom of Major Depressive Disorder, and a feature of other neuropsychiatric disorders. To date, the subjective experience of anhedonia has not been explored using qualitative methods.

### *Method:*

Participants were twenty two adolescents (10 females; 12 males) aged between 13 and 18 recruited via secondary schools in England. Adolescents were purposively sampled based on elevated depression scores (Mood and Feelings Questionnaire), as well as age and gender. Individual semi-structured interviews were conducted by the researcher to elicit in-depth accounts of adolescents' experiences. The topic guide explored the following: a) Current and past interest and hobbies; b) Future plans; c) Changes in enjoyment; and d) Loss of enjoyment.

### *Results:*

Constant comparative techniques were used to analyse the data, based on Braun and Clark's (2006) six stage thematic analysis. Five major themes emerged: 1) Positive Affect & Emotional Flattening; 2) Incentive and Motivation; 3) Connectedness; 3) Agency and Control; and 5) Reflection, Perspective and Outlook.

### *Discussion:*

These findings develop our understanding of how anhedonia is experienced and understood by adolescents with depressive symptoms. This may have implications for how we identify and assess the symptom of anhedonia in depression.

**ID 243: Parents' Perspectives About Their Experience in the ACT–Raising Safe Kids Program: Perceived changes and barriers**

Ramos, F., Pereira, A. I., Marques, T., *Faculty of Psychology, University of Lisbon*

The present study examined parents' perspective about their experience and participation in the ACT-Raising Safe Kids Program (RSK), a universal parenting program to prevent child maltreatment. The sample consisted of 9 mothers and 1 father of 3 to 8 years old children who completed the ACT-RSK. Parental perspectives were assessed through a semi-structured face-to-face interview. Content analysis and descriptive statistical procedures were used to analyze the data. Findings indicate that parents choose to participate because they needed help to solve specific problems, wanted to improve parenting abilities and knowledge, and share experiences. As result of participating in the ACT-RSK, parents reported an increased awareness of parenting behaviors, an adjustment of expectations and acquisition of information. They also perceived an increased emotional self-regulation, self-efficacy and use of positive parenting practices. Implications of these findings are discussed and future research questions are addressed.

**ID 234: Therapist-guided internet-delivered cognitive-behavioural therapy supplemented with group exposure sessions for adolescents with social anxiety disorder: a feasibility trial.**

Martina Nordh, Sarah Vigerland, *Centre for Psychiatry Research and Education, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden; Stockholm Health Care Services, Stockholm County Council, Stockholm, Sweden*; Lars-Göran Öst, *Department of Psychology, Stockholms Universitet, Stockholm, Sweden*; Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Stockholm, Sweden; Brjánn Ljótsson, *Centre for Psychiatry Research and Education, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden*; Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Stockholm, Sweden; Mataix-Cols, Eva Serlachius, Jens Högström, *Centre for Psychiatry Research and Education, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden; Stockholm Health Care Services, Stockholm County Council, Stockholm, Sweden*;

*Introduction:*

Social anxiety disorder (SAD) is one of the most common psychiatric disorders in youth, with a 12-month prevalence of about 3-4%. Cognitive behavioral therapy (CBT) is considered the first line of treatment for youth with SAD but many adolescents remain untreated due to limited accessibility to CBT. The aim of this trial was to develop and evaluate the feasibility and efficacy of a guided Internet-delivered CBT treatment, supplemented by clinic-based group-exposure sessions.

*Method:*

This was a proof-of-concept study evaluating the feasibility, acceptability and efficacy of combined Internet- and group-CBT for adolescents with SAD. The trial was conducted at a child psychiatric research clinic and participants (N = 30) were 13-17 years old (83% girls) with a primary diagnosis of SAD. The intervention was 12 weeks long, consisting of nine remote therapist-guided Internet-delivered CBT sessions and three group-CBT sessions at the clinic.

*Results:*

Participants were generally satisfied with the treatment. Completion-rate of Internet-modules, and attendance at group-sessions were high, indicating that the treatment is feasible and acceptable. Post-treatment assessment showed a significant decrease in clinician-, adolescent-, and parent-rated social anxiety ( $d = 1.13, 0.82$  and  $0.87$  respectively), as well as in general anxiety and depression ( $d = 0.52$  and  $0.78$ ), compared with pre-treatment levels. With regard to diagnostic status, 47% of participants no longer met DSM-5 criteria for SAD at post-treatment. Results were maintained or further improved to follow-up after 6 months.

*Conclusion:*

Internet-delivered CBT, supplemented by a limited number of group-exposure sessions is a promising intervention for adolescents with SAD.



### **ID 215: The Impact of Schema Modes on Non-Suicidal Self-Injury: The Mediator Role of Emotion Regulation Difficulties**

Gülşah Durna, Selva Ülbe, A. Esin Yılmaz, *Psychology Department of Dokuz Eylül University, İzmir, Turkey*

In recent years, non-suicidal self-injury (e.g., banging, hair pulling, pinching etc.) has become clinically significant condition especially among adolescents and young adults. However, uncertainty regarding the mechanisms underlying the self-injury is still ongoing. In few studies schema modes, considered as emotional and cognitive patterns shaping an individual's behaviors, were found to be related to the age of onset, duration and number of self-injurious behaviors. Furthermore, the self-injurious behaviors were found to have some maladaptive emotion regulatory functions such as reducing negative feelings and thoughts and avoiding self-punishment. However, such maladaptive strategies might cause schemas developed in childhood to become dysfunctional in adulthood. In this regard, the present study aimed to investigate the mediator role of emotion regulation difficulties on the relationship between schema modes and non-suicidal self-injurious behavior. The sample will consist of at least 500 university students. The instrument set will include Demographic Information Form, Schema Mode Inventory, Difficulties in Emotion Regulation Scale, and the Inventory of Statements about Self-injury. Correlation and mediation analyses will be conducted to evaluate the hypotheses. The results will be discussed within the scope of related literature. The findings of planned research will contribute to the literature by displaying how difficulties in emotion regulation have an intermediary function in the relationship between schema modes and non-suicidal self-injurious behavior. The understanding of the functions of these behaviors will provide important implications for the development and implementation of relevant treatment strategies.

### **ID 201: Cognitive training among youth with ADHD**

Amélie Dentz, Marie-Claude Guay, Bruno Gauthier, Parent Véronique, Romo Lucia, *University of Fribourg, University Paris Ouest Nanterre la Defense, University of Quebec at Montréal, University Of montréal, University of Sherbrooke*

The primary objective of this study was to examine the effects of the Cogmed training program on working memory among youths 7 to 13 years old, while controlling presence and presentation of ADHD-related comorbidity. A secondary objective was to examine the generalization of effects to ADHD symptoms, non-verbal reasoning, attentional and executive functions, inhibition, reading comprehension, and mathematical reasoning. Participants were under pharmacological treatment for ADHD combined presentation and a comorbidity. They were randomized into an experimental group that received the Cogmed program and an active control group that received a low-intensity comparison version of the training. They were evaluated at three time points. Results indicate no significant effect attributable to the Cogmed program. Moreover, cognitive training did not lead to a reduction in ADHD symptoms or to an improvement in the other cognitive functions measured or in academic achievement. The results of this study do not demonstrate the effectiveness of the Cogmed program for youths with ADHD combined presentation and a comorbidity when training is received while medicated.

## **ID 188: Inclusiveness of cognitive bias modification research toward children and young people with neurodevelopmental disorders: a systematic review**

Nora Baldus, Leen Vereenoghe, Bielefeld University

### *Introduction:*

Interpersonal cognitive bias may be present in children and young people (CYP) regardless of any special educational needs or diagnoses of neurodevelopmental disorders (NDD), yet cognitive bias modification (CBM) and attribution retraining studies focused on NDD are sparse. The aim of this systematic review is to investigate the extent to which CYP with NDD have been included or explicitly excluded from intervention studies targeting interpersonal cognitive bias with the objective to explore the effectiveness of such interventions in CYP with NDD.

### *Method:*

The electronic databases PsycINFO, PsycARTICLES, MEDLINE, Cochrane Central Register of Controlled Trials (CENTRAL) and Science Citation Index were searched using a combination of MeSH terms and synonyms of 'review', 'cognitive bias', 'modification', 'neurodevelopmental disorder' and 'mental health problems'. Trials of CBM or attribution retraining for interpersonal cognitive bias, defined as selectively interpreting, recalling or attending to ambiguous interpersonal stimuli, involving CYP were identified through previously published systematic reviews, backward reference searching and contacting authors. These primary studies were then reviewed to determine the proportion of CYP with NDD included in their trials and to evaluate the effectiveness of CBM and attribution retraining for these participants. Where NDD or special needs were listed as an exclusion criteria within the primary study, the justification for exclusion was critically examined.

### *Results:*

The database search yielded 2120 records. Of the 35 identified primary CBM- or attribution retraining studies for CYP that were retained for the qualitative synthesis, only one included participants with NDD. This single study adapted CBM for adolescents with mild to borderline intellectual disability (MBID) by using computerised audio-supported one-to-one training, which successfully reduced adolescents' interpretation bias and social anxiety. At least one third of intervention studies employed explicit NDD-related exclusion criteria, such as excluding participants with intellectual impairment, Tourette's syndrome, reading difficulties, learning difficulties, autistic spectrum disorder and special education status. These exclusion criteria were applied because the limited reading abilities associated with such diagnoses were considered to be incompatible with the reading demands of traditional CBM interventions.

### *Discussion and Conclusion:*

All CBM or attribution retraining studies for CYP, apart from one study, either did not include participants with NDD or explicitly excluded them. Task demands, in terms of reading and intellectual abilities, were stated as reasons for excluding participants with NDD. Increasing the accessibility of CBM interventions for CYP with NDD through adapting training materials would be a step forward in light of evidence for interpersonal cognitive biases in this population, such as for the aggression-related hostile attribution bias and the anxiety-related interpretation bias in ID. Future studies should build on the single CBM study that targeted cognitive biases in NDD, which successfully improved both bias and social anxiety in CYP with ID. It should also be investigated whether accessible CBM interventions could prove helpful in reducing the hostile attribution bias and its associated internalising and externalising problems in CYP with ID, other NDD or special educational needs and disabilities.

## **ID 187: Processing of interpersonal ambiguity in children and young people with neurodevelopmental disorders: a systematic review**

Nora Baldus, Leen Vereenooghe, Bielefeld University

### *Introduction:*

Interpersonal cognitive biases play a role in the cause and maintenance of internalising- and externalising problems. These problems may be more prevalent in children and young people (CYP) with neurodevelopmental disorders (NDD) than in typically developing CYP. This systematic review aims to provide a first overview of interpersonal cognitive biases in CYP with NDD.

### *Method:*

A systematic search of the PsycINFO, PsycARTICLES, MEDLINE, Cochrane Central Register of Controlled Trials (CENTRAL) and Science Citation Indexdatabases was conducted using a combination of MeSH terms and synonyms of 'CYP', 'NDD', 'cognitive bias' and 'modification'. Review eligibility criteria included participants under the age of 18 with NDD, as defined by the DSM-5, and assessed interpretation-, memory- or attention bias towards ambiguous interpersonal stimuli, defined as scenarios, images, faces or text that involve at least two people and have unresolved overall meaning due to the presence of unclear social cues. Data extraction for primary outcome variables included the extent of interpersonal cognitive bias, whilst measures of internalising and externalising problems, social information processing and social-cognitive skills were extracted as secondary outcomes.

### *Results:*

The systematic search yielded 1918 records, of which the abstracts were screened for eligibility by two independent reviewers. 75 full-text articles were assessed and 18 papers retained for qualitative synthesis. The majority of studies focused on hostile attribution bias (HAB), with most consistent evidence found in CYP with intellectual disabilities (ID), who interpreted others' intentions as more hostile and generated more hostile behavioral responses than controls. Moreover, one study provided evidence for an association between negative interpretation bias and self-reported social anxiety in CYP with mild to borderline ID, while an intervention study successfully improved interpretation bias and social anxiety through cognitive bias modification (CBM) in this population. While HAB was not stronger in CYP with autism spectrum disorders (ASD) than in typically developing CYP, one study found more negative interpretations of social-threat scenarios in ASD and another study reported a more global attributional style. Seven studies investigated cognitive biases in CYP with attention deficit hyperactivity disorder (ADHD), only one of which found evidence for HAB in this population and two of which instead found an increased tendency to attribute outcomes to their own behaviours. Studies investigating memory and attention bias in CYP with NDD were identified through the search, but none were eligible for review as they did not employ ambiguous interpersonal stimuli.

### *Discussion and Conclusion:*

Only a small number of studies has investigated biased processing of ambiguous interpersonal information in CYP with NDD, despite the potential importance of such biases in understanding the increased risk of developing mental health problems in this population compared to typically developing CYP. Since most consistent evidence for cognitive biases was found in CYP with ID, HAB and interpretation biases relating to social anxiety might be a suitable target for attribution retraining or cognitive bias modification in this population with the aim of reducing externalising or internalising problems.

### **ID 173: The Mediating Role of Maladaptive Schemas in the Predictive Relationship between Previous Victimization in the Family and Dating Violence Victimization in Adolescents**

Esther Calvete, Liria Fernández-González, Izaskun Orue, Erika Borrajo, *University of Deusto*  
Manuel Gámez-Guadix, *Autonomous University of Madrid*

#### *Introduction:*

Several longitudinal studies have supported that adolescents who have been victims of family abuse are at a higher risk of also becoming victims of dating violence. However, an unresolved issue is the mechanisms involved in the perpetuation of victimization and/or re-victimization. This study examined whether exposure to family violence, both in the form of direct victimization and witnessing violence, predicted dating violence victimization in adolescents through maladaptive schemas.

#### *Method:*

A sample of 933 adolescents (445 boys and 488 girls), aged between 13 and 18 ( $M = 15.10$ ), participated in a three-year longitudinal study. They completed measures of exposure to family violence, maladaptive schemas of disconnection/rejection, and dating violence victimization. Results: The findings indicate that witnessing family violence predicts the increase of dating violence victimization over time, through the mediation of maladaptive schemas in girls, but not in boys. Direct victimization in the family predicts dating violence victimization directly, without the mediation of schemas. In addition, maladaptive schemas contribute to the perpetuation of dating violence victimization over time.

#### *Discussion and Conclusion:*

Results confirm the transmission of victimization from the family to the partner relationships and that this transmission is partially mediated by maladaptive schemas that can increase risk of revictimization. These findings provide new opportunities for preventive interventions, as maladaptive schemas can be modified.

## **ID 171: The Interplay between Mindfulness, Maladaptive schemas, and Depression in Adolescents**

Esther Calvete, Aida Morea, Izaskun Orue, *University of Deusto*

### *Introduction:*

Transactional models of psychopathology propose that relationships between maladaptive schemas, stress, and depression are bidirectional. This study aimed to examine whether dispositional mindfulness moderates the bidirectional long-term predictive associations between these variables in adolescents. It was hypothesized that mindfulness would buffer the predictive bidirectional associations between cognitions, stress, and depressive symptoms.

### *Method:*

The sample was composed of 1190 high school students from the Basque Country (Spain), who participated in a 2-wave longitudinal study spaced two years apart. The adolescents completed a mindfulness measure at wave 1, and measures of dependent stressors, disconnection/rejection schemas, and depressive symptoms at both waves.

### *Results:*

Dispositional mindfulness reduced the predictive associations between disconnection/rejection schemas and depressive symptoms at the follow-up. In addition, mindfulness predicted lower scores on maladaptive schemas, stress, and depressive symptoms at follow-up, and reduced the stability of schemas over time. These findings were statistically significant only in boys.

### *Discussion:*

The results suggest that mindfulness based interventions can be used to reduce the negative impact of maladaptive schemas in depressive symptoms in adolescents.

## **ID 168: Social Information Processing as a Mediator between Beliefs Legitimizing Aggression and Dating Violence Perpetration**

Fernández-González, L., Calvete, E., Orue, I., *University of Deusto*

### *Introduction:*

Dating violence is an important and prevalent problem in adolescence worldwide. The understanding of the cognitive and emotional processes involved in violent behavior within adolescent-age dating relationships has great relevance for prevention and intervention. Thus, the main objective of this 3-year longitudinal study was to explore whether biased cognitive processing, more specifically social information processing (SIP) in relation to ambiguous dating situations, mediates the relationship between beliefs legitimizing aggression and dating violence perpetration.

### *Method:*

Participants were 855 high school students (52.7% girls) aged between 13-18 years ( $M = 14.70$ ,  $SD = 1.14$ ). Data were collected through self-report measures on three occasions, with a one-year interval between each time point.

### *Results:*

SIP did not act as a mediator between acceptance of dating violence beliefs and dating violence perpetration. Nevertheless, the emergence of anger emotions in dating conflict situations, along with aggression justifying beliefs, were revealed as essential in explaining dating violence. Previous aggression also explained a subsequent higher anticipation of positive consequences for aggressive acts.

### *Discussion:*

Our findings have demonstrated that core beliefs about the acceptance of dating violence predict an increase in the perpetration of dating violence over time. Moreover, the modification of how adolescents process social information in conflict situations, which involve more automatic and proximal cognitive processes, may help to achieve behavioral modification. Specifically, training adolescents to improve their anger management skills seems essential.

**ID 163: Group Schema Therapy for Children and Adolescents**

Maria Galimzyanova, Elena Romanova, *St.Petersburg University, Schema Therapy Institute in St.Petersburg*

Presentation describes a comparative study of implementation of different Schema Therapy techniques in individual and group sessions with young clients who have learning and communication problems. Special games and art-therapy techniques have been designed and used to facilitate identifying, understanding and correcting dysfunctional modes in children and adolescents.



### **155: Cognitive Biases and Adolescent Worry**

Annabel Songco, Elaine Fox, *University of Oxford, Oxford, UK*

Worry is a common phenomenon in adolescents, yet some young people experience excessive worries that cause significant distress and interference in their daily lives. This pathological worry is a risk factor for the development of anxiety disorders and a range of negative outcomes. Whilst the literature on worry and GAD in adults is well established, there is a relatively small body of research examining the mechanisms underlying the development and maintenance of adolescent worry. The present study investigated how cognitive biases such as attention, interpretation and memory bias are associated with worry in adolescents.

Participants were 504 adolescents aged 11 to 14 (mean age = 12.9) who completed cognitive processing tasks and self-report measures. This study is part of a three-wave longitudinal study (CogBIAS-L-S) and data presented are from time-point one. The results showed that interpretation bias and memory bias were important information processing biases associated with adolescent worry. Negative interpretations of ambiguous social scenarios ( $\beta = 0.12$ ,  $p < .05$ ) and ambiguous non-social scenarios ( $\beta = 0.10$ ,  $p < .05$ ) were related to high worry, whilst positive interpretations of ambiguous social scenarios were related to low worry ( $\beta = -0.14$ ,  $p < .05$ ). In addition, negative memory bias was significantly associated with high worry ( $\beta = 0.18$ ,  $p < .05$ ). A better understanding of how these cognitive biases operate during adolescence has important implications for identifying the mechanisms to target during treatments and early interventions in adolescent populations.

## **ID Psychosocial characteristics of young offenders in a detention centre in Spain**

Alfonso Arteaga, Raúl Cacho, José J. López-Goñi, Begoña Haro, Javier Fernández-Montalvo, *Departamento de Ciencias de la Salud. Universidad Pública de Navarra*

### *Introduction:*

Crime in minors is a prevalent phenomenon. The most severe profile is observed in those minors to whom a judicial detention measure is imposed. It becomes necessary to know the characteristics of these young offenders in order to tailor the intervention programmes carried out in detention centres.

### *Method:*

The sample of this study was composed of 102 minors with a judicial measure of internment in a detention centre in Navarra (Spain) between 2000 and 2014. Demographic, psychosocial and personality variables were assessed through the Youth Level of Service/Case Management Inventory (YLS/CMI) and the Millon Adolescent Clinical Inventory (MACI).

### *Results:*

Most of the minors in the sample were men. The most prevalent characteristics were low school performance, previous history of aggressions and violent acts, lack of social and problem solving skills, previous history of assistance by social protection services, school dropout, economic difficulties and ethnic or cultural problems. The most prevalent personality patterns were the following: unruly, dramatizing, egotistic, and forceful. The main expressed concern was social insensitivity. Finally, delinquent predisposition, substance-abuse proneness, and impulsive propensity were the main clinical syndromes found.

### *Discussion:*

The profile found in minors interned in a detention centre reflect a high prevalence rate of disturbing psychosocial and personality characteristics. Therefore, it is necessary to take into account this profile in order to adapt interventions to the specific characteristics of young offenders in intervention programmes in detention.

FRIDAY, Sep 7, 14:00

## General Mental Health - A / Psychosis

**ID 79: Verbal interaction patters in clinical contexts with severe and persistent mental illnesses diagnosed participants.**

*Alejandra Álvarez-Iglesias, Jesús Alonso-Vega, Imanol Campo and María Xesús Froxán-Parga, Universidad Autónoma de Madrid*

Introduction: Severe and persistent mental illnesses (SPMI) -schizophrenia and other psychotic disorders, bipolar disorders and personality disorders- are associated with different degrees of disability depending on the difficulties for their autonomous development, which requires a large amount of resources not only by the caregivers but also by society. These problems suppose a great economic cost and generate a great suffering not only to the people who present it but also to those who are around him. Psychological interventions have been introduced over the years in health systems to treat these types of problems. However, the learning processes -which occur in the verbal interaction and allow clinical change- have been little studied. Method: The aim of this study is to analyze the verbal interaction patters that occur in clinical contexts with severe and persistent mental illnesses diagnosed participants. Sixty-six therapy sessions were recorded in care centers of the public network of social care for people with disabilities. Different cases (n=23) were analyzed, all of them were adults with diagnoses of personality disorders, mood disorders, bipolar disorder or schizophrenia. The Verbal Behavior Categorization System for Severe and Persistent Mental Illnesses (VB-CS-SPMI) have been used to register the therapist verbal behavior and the patient verbal behavior. Once the results were obtained, they were analyzed through a sequential analysis. Results: The results obtained show the reciprocal influence between the behaviors of both parties of the intervention: We have witnessed how the more directive the therapist is with regard to the instructions that he/she gives, the better the response the user emits. Further, we have also noticed that the therapist refrains from using punishment following anti-therapeutic verbalizations. This is especially true after the realization that the user will not – or has not – followed the instructions, as well as after expressions of the so-called positive symptoms. Finally, we have seen a certain lack of consistency in the use of different verbalizations categorized within the different hypothetical levels of reinforcement: The therapist sometimes reinforces with the same level of strength both pro-therapeutic and neutral verbalizations, and sometimes even expresses strong reinforcements following anti-therapeutic verbalizations. Discussion: These results may indicate certain similarities between the immediate context in which these problems are maintained, and the therapeutic context. Recalling that these problems may be sustained by avoidance of aversive stimulation and lack of skills to access potent delayed reinforcements, the lack of instructions and the inconsistent use of reinforcement and punishment not only hinders the acquisition of the skills that the person needs, but exposes him/her to an erratic and compassionate context similar to that which keeps problems out of session.

## **ID 263: To blend or not to blend? Can an app enhance the efficiency and the efficacy of an ACT treatment?**

*Ellen Excelmans, Learn2ACT*

This poster describes the results of a Belgian government sponsored project run in a private practice of psychologists where the added value of the app Learn2ACT in a psychological treatment was examined. The purpose of the app is to provide support outside the therapy sessions. We expected that treatments would be more efficient and effective. Thanks to the app we could allow more time between the sessions and limit the number of sessions per client and, consequently, reduce our waiting list. Also, because of the extra data provided by the app we could detect problems faster and intervene when necessary. Learn2ACT was received positively. Almost all the clients were willing to use the app ( $N = 85$ ). The compliance was very high. The therapists, on the other hand, were somewhat more reserved and needed some training and support to integrate this new method into their work.

Nevertheless, all of them would recommend the app to their colleagues. Results from surveys (ease of use, efficient use of therapy sessions, feedback on the therapy process, commitment, self-efficacy, crisis-management) will be presented here. Blending ACT with an app didn't have an effect on the effectiveness of the treatment, but did increase the efficiency of the treatment. Our average number of sessions per client declined with 1 during the project (compared with the same period the year before). This means that we can reach more people.

Given the long waiting lists in mental health care, this is an important argument for stimulating blended therapy.

## **ID 262: Short group CBT with socially anxious university students**

*Ivanka Zivcic-Becirevic, University of Rijeka, Faculty of Humanities and Social Sciences,  
Department of Psychology; Ines Jakovcic, Gorana Birovljevic, University of Rijeka,  
University Counseling Center*

Introduction: Social anxiety is one of the common problems among university students, affecting between 10% and 12% of them, comparing to 8% in general population, and 28% of the students have elevated results on social anxiety scales. Some of the socially anxious students have difficulties approaching a new group, asking a question during lectures, going to the student restaurant or having a coffee with colleagues, but the most common problem is giving a presentation in front of the group of other students. Anxiety often decreases their academic performance and interferes with their social life, while frequent avoidant behavior may lead to depressive symptoms. As many socially anxious students seek help at university counseling center, there is a need for the effective treatment that would be accessible to the most of them. The goal of this research is to check the effectiveness of the shortened group CBT treatment of social anxiety that is adjusted to the needs of university students. Method: Group CBT treatment, based on Heimberg and Becker model, was conducted with 7 groups of students, (N=48; age 19 to 28). The original treatment package was shortened. Instead of 12 sessions proposed in original treatment package, we have conducted 8 weekly sessions with one follow-up session (after two months). The treatment included the following CBT interventions: psychoeducation, cognitive restructuring and in-vivo exposure exercises in the group. Homework assignments were focused on identifying and evaluating negative automatic thoughts, behavioral experiments and in-vivo exposure. Several measures of anxiety were used: Social Interaction Anxiety Scale (SIAS, Mattick & Clarke, 1998), Social Phobia Scale (SPS, Mattick & Clarke, 1998) and subjective assessment of anxiety level at the beginning and at the end of each session (on the scale from 0 to 10). Results: All students showed improvement in all measures. The average result on the both scales was significantly lower, and their self-reported anxiety level at the beginning and at the end of the sessions significantly dropped. Students also report about less avoidant behavior, changes in their thinking, improved functioning in academic and social situations, as well as more motivation for further practice. Conclusion: Shortened version of group CBT for socially anxious university students was successful. It is recommended to use it as adjusted version that is better suited to the students' needs.

## **ID 260: Impaired Executive Function in Everyday Life: a Predictor of OCD Relapse?**

*Nathalie Fournet, Ouafae Achachi, Laboratory of Psychology and NeuroCognition (LPNC), CNRS, UMR 5105, University Savoie Mont-Blanc, F-73011, Chambéry Cedex, France; Arnaud Roy, Jérémy Besnard, Céline Lancelot, Didier Le Gall, Laboratory of Psychology des Pays de la Loire, EA4638, Université Bretagne Loire – Université d'Angers, 49045 Angers cedex 01, France; Martine Bouvard, Laboratory of Psychology and NeuroCognition (LPNC), CNRS, UMR 5105, University Savoie Mont-Blanc, F-73011, Chambéry Cedex, France.*

**Objectives:** In the present study, we set out to establish whether executive function in everyday life is impaired in treatment-naïve obsessive-compulsive disorder patients and patients with obsessive-compulsive disorder who relapsed after cognitive behavioural therapy. **Methods:** The Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A) was used to measure executive function in everyday life in three groups of 19 participants: treatment-naïve obsessive-compulsive disorder patients, obsessive-compulsive disorder patients having relapsed after CBT, and healthy controls. **Results:** The BRIEF-A results revealed an impairment in executive function in the treatment-naïve and relapsed obsessive-compulsive disorder groups, relative to the healthy control group. There was no significant difference in executive function between the two groups of patients. **Conclusion:** These results show that impaired executive function is not associated with relapse in patients with obsessive-compulsive disorder having undergone cognitive behavioural therapy.

## **ID 259: Cognitive and clinical Insight in Panic Disorder: Relationship to Treatment Outcome in Internet Cognitive Behavior Therapy**

*Asala Halaj, Asher Strauss, Dina Zalaznik, Isaac Fradkin, The Hebrew University of Jerusalem, Jerusalem Israel, Gerhard Anderson, Linköping University, Linköping, Sweden; David Ebert, Leuphana University Lüneburg, Lüneburg, Germany; Jonathan D. Huppert, The Hebrew University of Jerusalem, Jerusalem Israel.*

Insight can be divided into two subtypes: clinical and cognitive. Clinical insight can be defined as the degree to which individuals have awareness of the presence and severity of their symptoms. Cognitive insight can be described as the capacity of individuals to evaluate their thoughts by isolating the self from cognitive distortions and considering different perspectives. Researchers have frequently studied cognitive insight in relation to obsessive compulsive disorder; recent literature reviews have suggested that cognitive insight is associated with the severity of symptoms, comorbidity, a long duration of illness, and negative treatment outcomes. However, researchers have hardly examined clinical insight in anxiety disorders. Therefore, the aim of this study is to examine cognitive and clinical insight in panic disorder (PD) and their relationship to treatment outcomes and to determine whether insight improves through Internet cognitive behavior therapy (iCBT) for PD. In this study, we offered six modules of iCBT for PD to a total of 36 patients diagnosed with PD. We interviewed patients at pretreatment and posttreatment using the Brown Assessment of Beliefs Scale (BABS) to measure cognitive insight and the Scale for the Assessment of Insight (SAI) to measure clinical insight. The patients also completed self-report questionnaires of their symptoms (e.g., the Panic Disorder Severity Scale [PDSS] and Anxiety Sensitivity Index-3 [ASI]) pre- and post-intervention. The results indicated that cognitive insight was strongly associated with the severity of panic symptoms at pretreatment ( $r = .730$ ,  $p = .673$ ); however, it was not associated with anxiety sensitivity ( $r = .208$ ,  $p = .223$ ). Clinical insight was not associated with severity of panic symptoms at pretreatment ( $r = -.225$ ,  $p = .291$ ) and anxiety sensitivity ( $r = -.268$ ,  $p = .206$ ) at pretreatment. BABS pretreatment total scores were not associated with SAI pretreatment total scores ( $r = .115$ ,  $p = .592$ ). In terms of improvement with treatment, there was a significant improvement in BABS total scores ( $M = 5.0$ ,  $SD = 4.60$ ) and BABS posttreatment scores ( $M = 2.3$ ,  $SD = 2.93$ ) at the .05 level of significance ( $[20] = 2.30$ ,  $p = .032$ , for mean difference 2.7); however, there was not a change in SAI scores ( $M = 2.9$ ,  $SD = 2.64$ ) and SAI posttreatment scores ( $M = 2.70$ ,  $SD = 2.49$ ) at the .05 level of significant ( $[9] = .31$ ,  $p = .758$ , for mean difference .20). Change in panic symptoms was not correlated with changes in BABS ( $r = .297$ ,  $p = .265$ ), and with pretreatment insight ( $r = .379$ ,  $p = .133$ ). To our knowledge, this study is the first to examine the role of cognitive and clinical insight in the treatment of PD and their relationship to symptom improvement. The results suggest that cognitive insight is associated with decreased severity of symptoms and that the level of insight improved with treatment, and that change in insight is not related to symptom improvement. More research is needed to explore the nature of clinical insight and its relationship with treatment outcome; this would be essential to promote greater understanding of this concept. In addition, further research into the role of both types of insight and their relationship to symptoms and how they may influence treatment of anxiety disorders is needed. These results are promising, and they highlight the importance of gaining a deeper understanding of the concept of insight.

## **ID 258: The Impact of Failure Coping Behaviours on Well-Being and Academic Outcomes: Development and Validation of a New Failure Coping Measure**

*Eamon Colvin, Amanda Sinclair, Darcy Santor, University of Ottawa*

**Introduction:** Despite the frequency of academic failure and its potential impact on well-being, relatively little is known about the specific manner in which students cope with failure in the days and weeks following failure. To address this gap, a new measure of failure coping behaviour was developed and validated. **Methods:** A large sample of undergraduate students ( $N = 238$ ) completed a new measure of failure coping behaviours, in addition to measures of failure appraisal, depressed mood, academic engagement, academic difficulty, and attitudes towards failure. Principal components analyses, hierarchical regression and structural equation modelling were used to examine the structure, construct validity and incremental utility of the new scales. **Results:** Results supported the existence of 4 distinctive and internally consistent types of failure coping behaviours: maladaptive task-related behaviours ( $\alpha = 0.83$ ), adaptive task-related behaviours ( $\alpha = 0.75$ ), maladaptive socially-focused coping behaviours ( $\alpha = 0.72$ ), adaptive socially-focused behaviours ( $\alpha = 0.87$ ). These coping behaviours were significantly related to depressed mood, academic engagement, academic difficulty and attitudes towards failure. The measure also demonstrated incremental validity: compared to an existing measure of failure appraisals, failure coping behaviours explained additional variance in attitudes towards failure, depressed mood, academic engagement and academic difficulty. **Discussion:** These results support the importance of understanding and targeting the failure coping behaviours of students. Given the impact of failure coping behaviours on well-being and academic outcomes, current efforts to address the stress and mental health difficulties experienced by students might consider including explicit training on how to cope with academic failure.



## **ID 257: LIVIA-FR: An online unguided self-help intervention for people struggling with interpersonal loss**

*Anik Debrot, Liliane Efinger, Valentino Pomini, University of Lausanne, Switzerland*

Losing a close person, either because death or because of separation or divorce, is a uniquely stressful event associated with poor psychological and physical health outcomes. Indicated prevention is effective to help coping with these difficulties. Online therapies are similarly effective to face-to-face therapies for many disorders, including complicated grief. Unguided interventions are promising as they allow to reach a large audience. Brodbeck, Berger and Znoj (2017) developed a German online guided program to prevent the development of complicated grief symptoms, based on cognitive-behavioral therapy elements (LIVIA I). First results indicate positive effects for different degree of symptom severity. However, no such empirically validated program exists in French. Our project has two aims: test the French unguided version of LIVIA I. The second and central aim is to develop a new version of LIVIA (II) including the following elements that should foster adherence and efficacy: a) structure the intervention around the Worden's 4 Grief Tasks, focusing on both their loss and restoration focus b) use the Goal Attainment Scale to assess participant's progresses on those tasks c) assess and promote personal and interpersonal resources, partly through promoting interpersonal touch d) Send automated e-mails (reminders, positive reinforcement) e) higher interactivity through animated videos and optional content, and d) a forum for exchanges between participants We will compare the effects of LIVIA I and II at post-intervention and 6 month follow-up on people who subjectively struggle with interpersonal loss. We will present into more details the design and tenets of the project.

## **ID 254: Insight and Its Relationship to Cognitive Factors and Implicit Theories in Anxiety Disorders**

*Asala Halaj, Asher Y. Strauss, Jonathan D. Huppert, The Hebrew University of Jerusalem*

Insight and Its Relationship to Cognitive Factors and Implicit Theories in Anxiety Disorders  
Asala Halaj, Asher Y. Strauss, & Jonathan D. Huppert The Hebrew University of Jerusalem  
The current literature indicates that insight in obsessive compulsive disorder (OCD) may be associated with a number of factors, including metacognitive variables such as cognitive flexibility, jumping to conclusions (JTC), and metacognition. The limited evidence of these effects and the similarities between poor insight in OCD and delusions may suggest that these constructs are related to insight in anxiety disorders. Other factors, such as implicit theories (the notion that certain concepts such as beliefs or emotions are malleable (incremental) vs. fixed (entity)), have not been studied in the context of insight. We propose that implicit theories will also be related to insight; therefore, additional research is needed to characterize this relationship. Thus, the aim of this study is to examine the relative contribution of cognitive flexibility, JTC, metacognition, and implicit theories of beliefs and emotions to cognitive insight in pathological anxiety. A total of 200 participants will complete an online questionnaire-based survey that will be distributed via the internet. This study will include participants who score high ( $> 50$ ) on the trait subscale of the State-Trait Anxiety Inventory. The survey will consist of a probabilistic reasoning task—the beads task (measuring JTC) and a series of self-report questionnaires, including demographics, symptom measures, two measures of insight, cognitive flexibility scale, metacognition questionnaires, and scales to measure implicit theories. We are currently in the process of collecting data, which we will analyze in May 2018. We hypothesize that lower cognitive flexibility is associated with poorer insight. Following previous research showing a positive relationship between metacognition and insight in schizophrenia, we expect to find a positive relationship between low metacognition and poor insight, suggesting that individuals who frequently monitor their internal cognitions may be more likely to notice abnormal cognitions. Based on previous research, we also expect individuals with poor insight to have the tendency to use less data to reach a decision and to have fewer instances of drawing to decision. We also expect to find a positive relationship between entity theories of emotion and thoughts and poor insight. To our knowledge, this study is the first to examine insight in pathological anxiety. This study attempts to better define and understand the concept of insight in pathological anxiety, and it may suggest an overlap with cognitive constructs and implicit theories. Determining the roles of cognitive performance and concepts relative to insight may help predict treatment-seeking behavior and treatment outcomes as well as lead to new avenues for improving insight.

## **ID 253: CBT based group therapy at Institute of Oncology Ljubljana – evaluation of the ongoing clinical programme**

*Andreja Cirila Škufca Smrdel, Institute of Oncology Ljubljana, Dept. of Psycho-Oncology, Zaloška 2, Ljubljana, Slovenia*

**Introduction:** Therapeutic groups are the mainstay of the psycho-oncological treatment. We initiated the programme of the supportive-educative group based on cognitive behavioural therapy at our department. The programme comprises of 9 weekly meetings. Patients are entering the group through the clinical-psychological treatment, mostly following the completion of the oncology treatment – vulnerable and often neglected period regarding experiencing distress, fear of cancer recurrence and coping with the consequences of the cancer treatment. **Methods:** We evaluated patients, included in the therapeutic groups programme from the beginning of 2016 (different localizations, but predominantly breast cancer patients). The groups followed a predetermined schedule, addressing first relaxation techniques and anxiety control, working on negative automatic thoughts and dysfunctional intermediate and basic beliefs, sleep hygiene, problem solving and decision techniques, communication and assertiveness, anger experiencing, mindfulness, concluding with goals setting and time management. At the group beginning and the completion, they had been evaluated using Edmonton Symptom Assessment System (ESAS) and purposely constructed evaluation questionnaire for identifying the techniques perceived as the most useful in the coping with distress. **Results:** Due to small sample and individual variations, we have not found differences in observed parameters before and after the group completion to be statistically significant, but the trend pointing at the improvement in the dimensions of depression and anxiety is emerging. Breathing techniques, mindfulness and assertiveness training were highlighted by the patients. **Discussion:** Although the further evaluation of the ongoing groups is needed, the trend is pointing at the group therapy positive impact. We found, that group therapy placement at the point, where the period of intensive oncological treatment is turning into a psycho-social and professional rehabilitation or surveillance suits the needs of the majority of the patients included.

## **ID 252: THERAPY 2.0 – eCounselling and Therapeutic Interactions with Digital Natives**

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Up to now most activities concerning counselling and therapy with ICT (Information and Communication Technologies) have been limited to applications of personal computers for emails and internet tools. Counsellors and therapists still rely almost exclusively on traditional interaction with their clients (“the couch”). Due to this, especially the younger generation and “digital natives” may not be reached to the full extent, as they have a fundamentally different communication behaviour. The goal of the Therapy 2.0 project is not only to raise awareness of the potentials of ICT based approaches in therapeutic and counselling processes, but also to provide a practical guide to the different ways of how technology can be used, best practice examples, and a mobile application for smartphones. The project is developed by a multi-disciplinary team of mental health and social counselling organisations, education and pedagogic expert partners as well as ICT and multimedia specialists under Erasmus+ program. The most important outputs of the project are: Therapy 2.0 Guidelines enable social, pedagogic and psychologic counsellors, advisers and therapists to deliver counselling or therapy services via technology. Therapy 2.0 Toolbox as a complement to the Guidelines offers a modular range of awareness raising, training and demonstration materials. The Therapy 2.0 e-platform supports the delivery of all material of the project and support online interactive tools. Therapy2.0 mobile application provides greater validity since data are collected in the clients’ natural environment. The program is launched (<https://www.ecounselling4youth.eu/toolbox/main/toolbox.php>) and will be demonstrated and discussed.

## **ID 242: Symptoms of posttraumatic stress, psychological adjustment and post-traumatic growth and among cancer patients and survivors: The indirect effect of psychological flexibility**

*Marco Pereira, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC); Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal; Tiago Gonçalves, Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal; Tiago Paredes, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC); Liga Portuguesa Contra o Cancro Coimbra, Coimbra, Portugal; Maria Cristina Canavarro, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC); Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal*

Introduction: Cancer is often considered a traumatic event that may encompass the experience of symptoms of posttraumatic stress, which may compromise patient's well-being over the course of illness and beyond, as well as their emotional regulation. Because psychological flexibility has been considered an important mechanism in psychological functioning, in this exploratory study we examined if the association between symptoms of posttraumatic stress, psychological adjustment and posttraumatic growth (PTG) and among cancer patients and survivors was mediated through that process, and whether this mediation was moderated by disease stage (cancer vs. survivorship). Method: This cross-sectional study comprised 73 participants (39 cancer patients in treatment and 34 cancer survivors), mostly female (78.1%) and with a mean age of 60.10 years. Participants completed self-reported questionnaires assessing symptoms of posttraumatic stress, psychological flexibility, symptoms of anxiety and depression, quality of life (QoL), and posttraumatic growth. Results: Symptoms of posttraumatic stress were significantly associated with reduced psychological adjustment, but not with PTG. Higher levels of psychological flexibility were significantly associated with better psychological adjustment, but not with PTG. The pattern of associations was similar for cancer patients and survivors. Psychological flexibility was a significant mediator of all associations, with exception of Environmental QoL and PTG. No moderated mediation of disease stage was found. Discussion: Our findings reinforce the usefulness of psychological flexibility as a health promoting variable, considering its association with better psychological adjustment. These results also highlight the importance of implementing psychological interventions aiming at developing acceptance in cancer patients, regardless of disease stage.

## **ID 241: Understanding the importance of attachment in the experiences of stigma and shame of people living with HIV: The role of emotion regulation processes**

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Introduction: Stigma and shame are negative markers of the experience of living with HIV. Emotion regulation is an important factor of individuals' psychological well-being, which may be shaped by attachment orientations. However, evidence has yet to be established among people living with HIV (PLWH). In this study, we examined the role of emotion regulation processes (self-compassion and distress tolerance) in the association between attachment, stigma and shame among PLWH. Method: This cross-sectional study comprised 95 adults with HIV (53.7% male; mean age = 41.65 years). Participants completed an online survey, which included self-reported questionnaires assessing attachment (Experiences in Close Relationships - Relationship Structures), stigma (Stigma Scale Revised), shame (Other as Shamer Scale), self-compassion (Self-Compassion Scale), and distress tolerance (Distress Tolerance Scale). Results: Low attachment-related anxiety and avoidance were significantly associated with lower self-compassion and higher ability to tolerate distress, as well as higher levels of HIV-related stigma and shame. Low self-compassion and high distress tolerance were significantly associated with higher levels of stigma and shame. Self-compassion mediated the association between attachment-related orientations and shame, and between attachment-related avoidance and stigma. Distress tolerance was not a significant mediator. Discussion: Our findings indicate that PLWH with higher attachment-related anxiety and/or avoidance reveal lower levels of stigma and shame, especially when they have greater ability to be self-compassionate. Self-compassion may be an important emotion regulation process in understanding the experiences of stigma and shame, and support the development and practice of compassion-focused therapy, for which there is emergent evidence in the HIV context.

## **ID 236: Clinical Effects of Abnormal Neurodevelopment and Substance Use Over Memory in First Psychotic Episodes IN FIRST PSYCHOTIC EPISODES**

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**INTRODUCTION:** Scientific literature notes that memory is one of the most altered cognitive areas in a First Psychotic Episode. The aim of the study is to link memory deficits with neurodevelopment variables and substance abuse. **METHOD:** Cross-sectional study with a total sample of 91 clinical subjects diagnosed with a First Psychotic Episode. Inclusion criteria: two or more psychotic symptoms; 7-65 range age; less than 6 months since first contact with mental health services. Assessment instruments used were: a substance use test, TAVEC, NES. Statistical test used was Student t-test. **RESULTS:** worse punctuations in recent memory in the first learning trial of a word list show a significant correlation with punctuations in the NES test ( $p=0.03$ ); after the fifth learning trial of a word list, the results reveal that recent memory has a positive significant correlation with cannabis use ( $p=0.037$ ) and a negative significant correlation with coffee use ( $p=0.004$ ); and the number of remembered words in the set of five trials showed a significant correlation with cannabis use ( $p=0.015$ ) and NES test ( $p<0.000$ ). In reference to short-term memory, results show a positive significant correlation with cannabis use ( $p=0.032$ ); in long-term memory there is a negative significant correlation with coffee use ( $p=0.045$ ); and a long-term recognition task appears to correlate in positive significant way with the NES test ( $p=0.042$ ). **DISCUSSION:** Memory is altered in people with a First Psychotic Episode, and this memory alteration is linked with neurodevelopmental impairments and with a higher use of cannabis and a lower use of coffee.



## **ID 223: Why should we use other methods than self-reported measures? The example of perfectionism**

*Julie Rivière, Thierry Kosinski, & Céline Douilliez, PSITEC Lab, University of Lille*

**Introduction:** In psychopathology research, one of the most popular methods of conducting research is questionnaires, in clinical and sub-clinical samples. When one seeks to evaluate psychopathological symptoms, personality traits or psychological processes, there are many validated questionnaires, used by researchers and clinicians. They are a convenient way to obtain information from a target population, easy to collect and to analyse. However, it is established that the self-reported measurement method includes a risk of biases, and in recent years, several researchers have focused on alternative methods. In this presentation, we will take the example of perfectionism, which can be defined as the tendency to establish and maintain very high performance standards or personal goals, as well as a strong tendency towards self-criticism (Burns, 1980). There are more than 15 self-reported questionnaires that evaluate perfectionism as a general construct, in addition to several questionnaires focused on specific domains, such as sport, performance, parenting, or physical appearance. The large majority of studies examining the links between perfectionism and psychopathological symptoms (e.g., depression, anxiety, obsessive-compulsive disorder, eating disorders) or more general outcomes (e.g., well-being, stress, rumination) used self-reported measures (for a review, see Egan et al., 2011). Moreover, most of them are cross-sectional and correlational. While self-reported measures method is still used a lot in psychopathology research, there is some unwillingness about the exclusive use of questionnaires for two major reasons: the biases of the questionnaires, and the fact that cross-sectional correlational studies using questionnaires are not appropriate for making causal inferences about the link between variables. Those pitfalls need to be overcome in order to fine-tune our understanding of the way perfectionism contributes to psychopathology.

**Objectives:** Using research on perfectionism as an example, the aims of this presentation are twofold. First, we will describe various types of biases in questionnaires and some possible alternatives to this method (i.e., implicit measures and behavioural measures). Second, we will present the idea that while cross-sectional correlational studies are not appropriate for making causal inferences, using questionnaires have some advantages, and that self-reported measures could be used in alternatives to the cross-sectional studies (i.e., longitudinal studies and ecological momentary assessment method).

**Discussion/Conclusion:** These conclusions point out research and clinical implications about the self-reported measures and their alternatives, mainly in research about perfectionism and more generally in psychopathology research.



## **ID 215: The Impact of Schema Modes on Non-Suicidal Self-Injury: The Mediator Role of Emotion Regulation Difficulties**

*Gülşah Durna, Psychology Department of Dokuz Eylül University, İzmir, Turkey; Selva Ülbe, Psychology Department of Dokuz Eylül University, İzmir, Turkey; A. Esin Yılmaz, Psychology Department of Dokuz Eylül University, İzmir, Turkey*

In recent years, non-suicidal self-injury (e.g., banging, hair pulling, pinching etc.) has become clinically significant condition especially among adolescents and young adults. However, uncertainty regarding the mechanisms underlying the self-injury is still ongoing. In few studies schema modes, considered as emotional and cognitive patterns shaping an individual's behaviors, were found to be related to the age of onset, duration and number of self-injurious behaviors. Furthermore, the self-injurious behaviors were found to have some maladaptive emotion regulatory functions such as reducing negative feelings and thoughts and avoiding self-punishment. However, such maladaptive strategies might cause schemas developed in childhood to become dysfunctional in adulthood. In this regard, the present study aimed to investigate the mediator role of emotion regulation difficulties on the relationship between schema modes and non-suicidal self-injurious behavior. The sample will consist of at least 500 university students. The instrument set will include Demographic Information Form, Schema Mode Inventory, Difficulties in Emotion Regulation Scale, and the Inventory of Statements about Self-injury. Correlation and mediation analyses will be conducted to evaluate the hypotheses. The results will be discussed within the scope of related literature. The findings of planned research will contribute to the literature by displaying how difficulties in emotion regulation have an intermediary function in the relationship between schema modes and non-suicidal self-injurious behavior. The understanding of the functions of these behaviors will provide important implications for the development and implementation of relevant treatment strategies.

## **ID 214: Distinct Groups of Women who experienced violence: The Role of Emotional Processing and Self- Esteem in Relations with Depression**

*Cennet Yastıbaşı, Mete Sefa Uysal, Duygu Güngör Culha, Dokuz Eylül University*

The negative discourse and violence tendency against women have been increasing recent years in Turkey. Violence against Turkish women by male partners is pervasive and the rate of physical and sexual violence was found around 39%. Although psychological violence is also a significant violence type that have impact on women's daily lives, it has taken little attention. Furthermore, the rate of psychological violence against women was found 44% in Turkish research. Types of violence could be seen together that means many women are exposed to multiple type of violence including physical, sexual and psychological. The fact remains that there has been little clear information of the effects of distinct violence on abused women. It has been asserted that women who suffered from violence by male partners faced a number of mental health problems especially depression. Violence as a distressing emotional event may have not been properly emotional processed and they may be unable to absorb emotional disturbances so that it might be result in experiencing more negative emotions. Besides, violence could give harm to women's self-esteem. Low level of self-esteem might be an important factor to experience depressed mood. Little is known about the inter-relationship of violence and depression. Therefore, the aim of the current study is to examine patterns of violence against women and then to explore the relationship between violence and depression and emotional processing and self-esteem based on women class memberships. 200 female undergraduate university students will be participated. Pforile of Psychological Abuse of Women, Physical and Sexual Abuse Inventory, Emotional Processing Scale, Rosenberg Self-Esteem and Beck Depression Inventory are recruited. The statistical analysis will be carried out through MPlus and Latent Gold Programs. The data collection and analysis will be completed at beginning of May, 2018. It is expected that women who experience multiple type of violence together will have higher level of depression than distinct type of violence. In addition, violence will negatively impact on self-esteem and emotional processing of women. In other words, it is expected that self-esteem and emotional processing will be meditors in relation between violence and depression. It is believed that the findings of the present study will contribute to theoretical understanding of the dynamics of violence and also will have important clinical implications. The intervention programs should take into consideration of self-esteem enhancement and emotion focused techniques should be entegrated in order to improve mental health of abused women.

## **ID 210: What do you think your emotions are telling you? Development of a measure tapping dysfunctional emotional meanings**

*Gonzalo Hervás, Sofia Benito, Rocio Florido, Complutense University of Madrid*

**Introduction.** Based on previous research highlighting that self-devaluative dysphoric experience predicted poorer depressive course (Park, Goodyer, & Teasdale, 2005), we explored individual differences in personal meanings associated with several self-relevant emotions (e.g., guilt, rejection, loneliness, embarrassment...). For example, some individuals can interpret guilt as a message saying “You are a bad person” (dysfunctional meaning), while others can interpret the same emotion as “You made something wrong that hurt others” (functional meaning). The aim of the present research was to develop and validate a new scale tapping dysfunctional meanings, the Dysfunctional Emotional Meanings Scale (DEMS). **Method.** Based on the clinical observations of several judges, a set of items describing dysfunctional meanings associated with self-relevant emotions was developed. Then, the scale, along with other questionnaires, was administered to a total of 303 participants, using a snowball methodology. **Results.** The psychometric properties of the scale were very good. Internal consistency and convergent validity were very good. Moreover, incremental validity was tested and results showed that dysfunctional meanings predicted rumination over and above the rest of the variables including self-esteem. **Discussion.** The potential value of the scale for research as well as for clinical settings will be discussed. For example, when an individual exhibits extreme dysfunctional meanings, as measured by the scale, it can be useful to work on renovated, adaptive emotional meanings.

## **ID 209: A Program for Increasing Well Being in Victims of Terrorism**

**Gonzalo Hervás**, Carolina Marín, María Crespo, Mar Gómez-Gutiérrez, Manuel J. Rodríguez-Abuin, Carmelo Vazquez, Complutense University of Madrid

**Introduction.** Although barely studied, severely affected victims of terrorism do not always recover adequate levels of well-being even after receiving psychological treatment. Due to the important implications of having chronic low well-being levels, and for ethical reasons, there appears to be a need of promoting well-being in these victims. **Method.** Based on previous work on applied Positive Psychology, we designed an intervention protocol in order to improve well-being of victims that, after going through a standard psychotherapy, did not reach adequate levels of well-being. The goals of the intervention were: (a) increase the frequency, intensity and range of positive emotions; (b) develop key areas of well-being as relatedness, self-acceptance, life meaning, among others, and (c) promote perception of benefits and the development of a positive identity. In this presentation we will describe main ingredients included in the protocol as for example: working with positive emotions as pride, admiration or gratitude, increase savoring skills as well as positive emotions labeling skills, increase self-forgiveness and self-acceptance, exploring personal values for increasing life meaning, develop meaningful goals, promote the awareness and use of personal strengths, among others. A positive reminiscence intervention was included at the end of the intervention in order to increase posttraumatic growth, and to develop a more unified and constructive life narrative. **Results.** It was found that the intervention fostered participants' well-being after follow-up. Since they are explained in another presentation, results will be just summed up. **Discussion.** Specific difficulties observed in this population (e.g., difficulties to project themselves into the future, victim identity) and how to overcome them will be discussed. Further, advantages of using a group format and how to fully benefit from it will be also addressed.

## **ID 207: The more thoughts about thoughts, the more social anxiety and self-focused attention**

*Yasemin Meral, Gamze Çarboğa , Atacan Küçüköğlü, Department of Psychology, Izmir University of Economics, Turkey*

**Introduction:** Cognitive and metacognitive processes are important maintaining factors in social anxiety. The cognitive aspect includes beliefs about the self as a social object and cognitive processes, such as self-focused attention (SFA). On the other hand, the metacognitive aspect includes beliefs about thinking, which organize and determine individuals' responses to their experiences. Several studies show that social anxiety is associated with heightened SFA. Furthermore, research suggest a positive relationship between metacognitive beliefs and social anxiety, but results remain inconsistent. The current study aimed to investigate the relationship between metacognitions and self-focused attention in social anxiety. **Methods:** 155 high (female=105, male=50) and 150 low (female=89, male=61) socially anxious individuals from Izmir University of Economics completed questionnaires measuring metacognitions (Metacognitions Questionnaire-30), social anxiety (Liebowitz Social Anxiety Scale), and self-focused attention (Self-focused Attention Scale). Based on the Liebowitz scale our sample was divided into high and low socially anxious groups. **Results:** Compared to low socially anxious participants, high socially anxious participants were more engaged in metacognitions and were more self-focused. A main effect for gender indicated that male participants showed higher metacognitions than female participants. However, no such difference was found for SFA. Furthermore, higher SFA was predicted by higher metacognitions. **Discussion:** The current study highlights again the crucial role of SFA as a maintaining factor in social anxiety. Moreover, our results underline the positive association between metacognitions and social anxiety. **Conclusion:** Cognitive and metacognitive processes are assumed core factors for developing and maintaining social anxiety. Whereas treatments for social anxiety focus on modifying SFA, metacognitive treatment focus on adaptive response styles to social experiences. Even when there is an overlap between these two processes, understanding the discriminative features might be beneficial for improving treatments for social anxiety. **Keywords:** metacognitions, self-focused attention, social anxiety, cognitive theory, metacognitive theory

## **ID 206: What helps against stress? The association between mindfulness and emotion regulation**

*Yasemin Meral, Damlasu Uyuğ, Department of Psychology, Izmir University of Economics, Turkey*

**Introduction:** Emerging adulthood is a time, in which individuals experience a lot of stress, which is associated with higher anxiety and depression. Indeed, literature shows that mindfulness and adaptive emotion regulation strategies are associated with lower rates of depression and anxiety. Thus, research focuses more on anxiety and depression. However, how stress, mindfulness, and emotion regulation interact with each other remain unclear. Emotion regulation may be one pathway through which mindfulness promotes mental health. The current study examined whether emotion regulation mediates the association between mindfulness and stress in emerging adulthood, which is considered as an age at risk for depression and anxiety. **Methods:** 156 female and 42 male university students participated in our study and completed self-reported measurements assessing mindfulness (Cognitive and Affective Mindfulness Scale-Revised), emotion regulation difficulties (Difficulties in Emotion Regulation Scale) and stress (Depression, Anxiety, and Stress Scale. For the current study, only the stress scale was used). **Results:** Our findings showed that lower mindfulness and difficulties in emotion regulation significantly predicted higher stress levels in university students. Moreover, the association between mindfulness and stress was fully mediated by difficulties in emotion regulation. **Discussion:** Considering the results of the current study, individuals with higher mindfulness do not necessarily experience less stress, but through adaptive emotion regulation strategies, they may handle stress better. **Conclusion:** If our results can be replicated and expanded, training mindfulness skills and adaptive emotion regulation strategies in emerging adulthood might help individuals to cope better with stress, which on the other hand might act as prevention for mental disorders. **Keywords:** mindfulness, emotion regulation, stress, emerging adulthood

## **ID 200: Effects of cognitive and metacognitive training on adults presenting ADHD**

*Amélie Dentz, Chantal Martin Soelch, University of Fribourg University*

Clinical guidelines recommend non-pharmacological treatments in conjunction with medication for the treatment of ADHD (Cortese et al., 2015; European ADHD Guidelines Group, 2013). Cognitive training is one type of non-pharmacological treatment used in ADHD (Cortese et al., 2015; European ADHD Guidelines Group, 2013). Cognitive training improves cognitive deficits through specific exercises during intensive training sessions (Rutledge, Bos, McClure, & Schweitzer, 2012). Cognitive training is based on principles of brain plasticity with the aim to train cognitive function and to improve cognitive deficits in ADHD (Klingberg et al., 2010). Dosis, Van der Oord, Wiers, & Prins (2015) indicated that transfers to other deficits might be increased by tailoring cognitive function training, adding more ecological training tasks and metacognitive session. Cognitive and metacognitive training effects have been rarely studied among adults and adolescents with ADHD (Gropper, 2014, Dentz et al., 2017). The primary objective of this pilot study and meta-analysis was to examine the effects of cognitive training and metacognitive program among adults with ADHD on ADHD symptoms. A secondary objective was to examine the generalization of effects to attentional, executive functions and inhibition. Participant will train with Presco (Scientific Brain Training Pro, 2008). Metacognition will also be included. Cognitive training lasts five weeks and takes place at home. Five sessions of one hour of metacognition will be added. First result and case study are presented. Future clinical application are discussed.

# FRIDAY, Sep 7, 14:00

## General Mental Health – B

### **ID 197: Care dependency, passive stance, therapeutic alliance, and the wish for treatment continuation in a CBT-treatment analogue training study among students.**

*Naline Geurtzen, Radboud University, Behavioural Science Institute, Nijmegen, The Netherlands; NijCa2re, Nijmegen, The Netherlands; Pro Persona Mental Health Services, Wolfheze, The Netherlands; Ger P.J. Keijsers, Radboud University, Behavioural Science Institute, Nijmegen, The Netherlands; NijCa2re, Nijmegen, The Netherlands; Department of Clinical Psychological Science, University Maastricht, Maastricht, The Netherlands Johan C. Karremans, Radboud University, Behavioural Science Institute, Nijmegen, The Netherlands; Giel J. M. Hutschemaekers, Radboud University, Behavioural Science Institute, Nijmegen, The Netherlands; NijCa2re, Nijmegen, The Netherlands; Pro Persona Mental Health Services, Wolfheze, The Netherlands*

Care dependency in mental health care has been considered an unwanted side-effect of psychological treatments (Berk & Parker, 2009; Geurtzen, Keijsers, Karremans, & Hutschemaekers, 2018; Rozental, Kottorp, Boettcher, Andersson, & Carlbring, 2016). For example, care dependency has been linked to increased passiveness of patients and to prolonged treatment duration. However, there is only limited empirical evidence supporting these assumptions. The current study examined potential negative correlates of care dependency in a treatment analogue study with students in clinical training, and tested whether care dependency predicted the wish for treatment continuation and symptom levels at the end of the treatment. A total of 136 students following a training in Cognitive Behavioral Therapy participated in the study. The students received treatment for psychological symptoms as part of their professional schooling, conducted by a fellow student as their therapist. Students' care dependency levels, passive stance, wish for treatment continuation, and symptom levels, as well as the therapeutic alliance were administered multiple times during treatment by means of self-report questionnaires. Results showed that two dimensions of care dependency, submissive dependency and the lack of perceived alternatives, were positively associated with students' passive stance. The latter also predicted students' wish for treatment continuation, even when controlled for symptom levels. Care dependency was not related to symptom levels. Surprisingly, a third dimension of care dependency, the need for contact, was positively associated with the therapeutic alliance. Together these results partly confirm the potential negative consequences of care dependency, suggesting that care dependency may lead to an increased passivity in students and to unnecessary treatment prolongation. However, as care dependency is also partly related to a better therapeutic alliance, it is argued that some degree of dependency could have potential beneficial effects as well. Future research should examine to what extent the current findings could be generalized to a clinical population and whether care dependency among patients can predict treatment outcome and actual duration. Berk, M., & Parker, G. (2009). The elephant on the couch: Side-effects of psychotherapy. *Australian and New Zealand Journal of Psychiatry*, 43(9), 787–794. doi:10.1080/00048670903107559 Geurtzen, N., Keijsers, G.P.J., Karremans, J.C., & Hutschemaekers, G.J.M. (2018). Patients' care dependency in mental health care: Development of a self-report questionnaire and preliminary correlates. *Journal of Clinical Psychology*. Advance online publication. doi:10.1002/jclp.22574 Rozental, A., Kottorp, A., Boettcher, J., Andersson, G., & Carlbring, P. (2016). Negative effects of psychological



treatments: An exploratory factor analysis of the negative effects questionnaire for monitoring and reporting adverse and unwanted events. PLoS ONE, 11(6), e0157503.  
doi:10.1371/journal.pone.0157503

### **ID 183: Approaching depersonalization symptoms as panic symptoms.**

*Alicia Facio, Maria Cecilia Sireix and Cecilia Degani, Asociación de Terapia Cognitiva y Conductual del Litoral, Argentina*

**Presenting Problem** Patricia, aged 31, sought help for panic symptoms and depersonalization-derealization episodes that she interpreted as signaling different severe physical illnesses and impending psychosis. These problems began when her father was diagnosed cancer and increased gradually since then. **Case Conceptualization and Intervention** When a child, Patricia was terrified that her mother, who suffered a dramatic health anxiety, might die and leave her alone. At age 10, she began experiencing depersonalization-derealization episodes that continued for three years. She was diagnosed Illness Anxiety Disorder and Major Depressive Disorder. It was hypothesized that Patricia learnt to interpret somatic sensations as indicative of disease and experiences of depersonalization-derealization –a normal part of human experience- as a sign that she was getting “crazy”. These beliefs increased the attention directed to somatic and mental sensations, the chances of noticing them and the associated distress. Behaviors like repeated bodily checking, reassurance seeking and avoidance maintained symptoms in the long run. It was decided to address symptoms of depersonalization in the same way as panic symptoms. Psychoeducation and cognitive restructuring targeting the normality and harmlessness of both types of sensations was followed by interoceptive and in-vivo exposure and the combination of both. **Outcome** After 24 sessions, Patricia no longer met criteria for both disorders. Her recovery was evident in the MMPI-2 test: very high T scores at the beginning of treatment decreased to the normal range. Gains were maintained at follow up. **Review and Evaluation** Conceptualizing depersonalization symptoms within the CBT model for panic symptoms probably contributed to treatment success.

## **ID 180: OVERGENERALITY IN TRAUMA NARRATIVES BY BATTERED WOMEN**

*MARIA CRESPO, VIOLETA FERNÁNDEZ-LANSAC, CARMEN SOBERÓN, MARIA CABEZAS, M.MAR GÓMEZ-GUTIÉRREZ, COMPLUTENSE UNIVERSITY OF MADRID*

**Introduction:** A number of studies has shown a reduced ability to retrieve specific memories in trauma survivors. Hence, overgeneral memory retrieval has been linked to the development of posttraumatic and depressive symptoms. However, few studies have explored specificity vs. overgenerality in memory retrieval among victims of chronic or repetitive traumas.

**Method:** The present study assessed overgenerality in trauma narratives from 50 battered women and in stressful narratives from 50 control women using the Coding and Assessment System for Narratives of Trauma (CASNOT). **Results:** Battered women reported more specific memories as compared with those from control women. Contrary to expectations, women with PTSD diagnosis and depressive symptoms did not differ significantly in specificity. However, battered women with higher levels of trauma centrality, intrusion symptoms and nightmares reported significantly greater overgeneralization in their trauma memories. **Discussion:** All in all, a better understanding of autobiographical memory in trauma could lead to the development of innovative strategies focused on the event elaboration for the prevention, detection and treatment of trauma-related symptoms.

## **ID 179: MAKING SENSE OF ABUSE AND ADAPTATION IN BATTERED WOMEN**

*CARMEN SOBERÓN, VIOLETA FERNÁNDEZ-LANSAC, MARIA CRESPO, ALEJANDRA GABALDÓN, M.MAR GÓMEZ-GUTIÉRREZ, COMPLUTENSE UNIVERSITY OF MADRID*

Introduction: Making sense appears to be an important cognitive aspect for the individual adaptation to stressful life events. However, evidence is inconclusive. In addition, few studies have explored this aspect in women victims of intimate partner violence, and all of them have used American samples. Method: This study analyses trauma narratives by 50 Spanish battered women (trauma group) in comparison with stressful narratives by 50 non-traumatized women (controls). The use of words and language expressions related to making sense were coded using the Coding and Assessment System for Narratives of Trauma (CASNOT) and the Language Inquiry and Word Count (LIWC). Results: Trauma narratives from battered women contained significantly more words and language expressions related to helplessness, insight, control, uncertainty and causation. However, no significant associations were found between making sense expressions and psychological symptoms. Discussion: Overall, this study provides further evidence about the role of making sense in the trauma adaptation, specifically for women victims of intimate partner violence. Clinical implications and future research directions will be discussed.

## **ID 178: EMOTIONAL NARRATIVE CONTENT IN BATTERED WOMEN**

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Introduction: Narrative studies have associated the use of emotional expressions and the psychological adaptation after trauma. However, few studies have analysed the relationship between the emotional narrative content and the adjustment after trauma in battered women. Method: The current study explored the use of emotional expressions in trauma narratives from 50 battered women, by comparing them with stressful narratives from 50 non-traumatized women. Emotional narrative content was assessed using the Coding and Assessment System for Narratives of Trauma (CASNOT) and the Language Inquiry and Word Count (LIWC). Results: Narratives from battered women contained significantly more words related to a range of negative emotions. Unexpectedly, for the trauma group humiliation/shame and guilt were not associated neither with intimate partner violence characteristics nor with psychological symptoms. However, posttraumatic symptoms were associated to the use of more affective words and negative emotions. Discussion: Altogether, the analysis of emotional content in narratives from victims of intimate partner violence could help us to identify specific emotional responses linked to a poor trauma adaption, and therefore to further develop psychological interventions focused on the management of such emotions.

### **ID 175: User's perceptions about Be a Mom: Comparing completers and non-completers of a web-based intervention to prevent postpartum depression**

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Introduction: Be a Mom is a self-guided web-based intervention, grounded on Cognitive Behavioral Therapy principles, and delivered at postpartum women to prevent PPD. This study examined the user's perceptions about several features of the program (e.g., layout, navigation, content, exercises) and the differences and similarities in such perceptions, among users who completed and users who did not complete Be a Mom. Method: A pilot randomized, two-arm controlled trial was conducted. Women assigned to the intervention group (Be a Mom,  $n=98$ ), regardless having completed or not the program, filled out a form examining user's perceptions about several features of the program. Results: 41.8% ( $n=41$ ) of women completed the program. More than half of dropouts (50.9%) occurred before completing any module. 65 women completed the user's perception form. Women who completed Be a Mom were highly satisfied with the program ( $p<.001$ ), reported a significantly higher intention to use it if needed ( $p<.001$ ), perceived the program as more useful ( $p=.006$ ) and credible ( $p=.001$ ), but no significant differences were found in perceived demandingness ( $p=.620$ ). The users who completed Be a Mom had more positive perceptions, particularly related with navigation and layout ( $p<.05$ ), with the program's content ( $p<.05$ ) and to the exercise tips ( $p<.05$ ) than users who did not complete Be a Mom. Discussion: These results allow us to reflect on some improvements that can be done in Be a Mom, to promote engagement with the program. Further studies with the revised version of Be a Mom will be needed to establish its efficacy.

## **ID 170: Comparison of Predictors of Psychological Health in Adolescents and Adults: Cognitive Emotion Regulation, Perceived Parental Attitude and Perceived Social Support**

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**INTRODUCTION:** Individuals go through the periods of development, from childhood to old age, where different psychological and physiological stages are involved. Because of the sensitivities of the developmental periods, adverse effects on the psychological health can occur as a result of negative experiences. Thus it is important to understand the mechanism that affect psychological health from developmental point of view. Cognitive emotion regulation strategies (self-blame, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, Putting into perspective, catastrophizing, other-blame), perceived parental attitude from mother and father and perceived social support (friends and family support for adolescents; friends, family and special person support for adults) which are thought to be related to psychological health, were included in this study. Purpose of the study is to examine comparatively how the variables of the study affect psychological health during adolescence and adulthood. **MATERIAL-METHOD:** The data obtained from the adolescent and adult participants using the Demographic Information Form, Brief Symptom Inventory, Cognitive Emotional Regulation Scale, Perceived Parental Attitude Scale, Family and Friend Perceived Social Support Scale and Perceived Multiple Social Support Scale. Data were analyzed by using multiple regression and MANOVA analyzes. **RESULTS:** 223 adolescents (%57.7 were female, %42.3 were male) with an average age 16,4 years and 215 adults (%20.9 were female, %79.1 were male) with an average age 26 years were participated in the study. Psychological health, cognitive emotional regulation strategies, perceived parental attitude and perceived social support variables of adolescents and adults were examined by MANOVA analysis and it was found that there was a significant difference between groups. According to the results; in terms of psychological health, adolescents had more psychological symptoms than adults. There was a significant difference between adolescents and adults in terms of cognitive emotional regulation strategies as well. While, adults had higher scores in the positive refocusing, refocus on planning, positive reappraisal, putting into perspective; the adolescents had higher scores in the other-blame. However, there was a no difference in the self-blame, acceptance, rumination, and catastrophizing strategies. Also, in terms of frequency of use of cognitive emotional regulation strategies, refocusing on planning is the most frequently used cognitive emotional regulation strategy; catastrophizing is the least used strategy in both adolescents and adults. Regarding the perceived parental attitude and social support, it was found that while adolescents had higher maternal protection scores than adults; adults had higher social support scores than adolescents. When the variables that predict psychological symptoms are examined by regression analysis; variables of the study explained 48.8% of total variance in adolescents and 46.3% in adults. It can be said that mother's emotional warmth and social support from friends in adults were predictors of psychological symptoms. However, in adolescents, catastrophizing and blaming others were predictors of psychological symptoms. **CONCLUSION:** In this study, cognitive emotion regulation, perceived parental attitude and perceived social support, which are related to psychological health, have been examined comparatively in terms of how psychological health affects adolescences and adults. The findings are thought to be developmentally and clinically significant. **Key words:** psychological health, adolescence, adult, cognitive emotion regulation, parental attitude and social support

## **ID 169: Explaining the Protective Role of Social Support: The Intrapersonal and Interpersonal Emotion Regulatory Routes**

*Emine Yücel, Psychology Department of Selçuk University, Konya, Turkey; Derya Karanfil, Yankı Süsen, Emine İnan, Özden Yalçınkaya-Alkar, Psychology Department of Ankara Yıldırım Beyazıt University, Ankara, Turkey*

**Introduction:** Benefits of social support for an optimal human functioning have been naturally evidential in the literature given the fact that one of the basic needs of human beings is to belong. However, there are also cases in which social support might lead to negative mental health outcomes. Such inconsistent empirical evidence is an emergent call for the researchers to better appreciate the working principles of social support. For that reason, current study probed the potential mediating roles of both intra-individual (i.e., cognitive reappraisal and suppression) and interpersonal emotion regulation (ER) strategies (i.e., enhancing positive affect, perspective taking, soothing, and social modeling) in the link between social support and psychological distress (i.e., depression and anxiety). Accordingly, a serial affective processing model (social support → ER strategies → difficulties in ER → psychological distress) was tested across six different ER strategies. **Method:** 480 volunteers (366 females, 114 males), with a mean age of 22.48, completed an online survey for the present attempt. **Main study variables** were assessed via Multidimensional Scale of Perceived Social Support, Interpersonal and Intrapersonal ER Questionnaires, Difficulties in ER Scale, and the depression and anxiety related items of Depression, Anxiety, and Stress Scale. **Results:** Social support was found to be negatively associated with psychological distress. Such a link was partially mediated by the preference for certain ER strategies which amplified or mitigated the ER difficulties. The proposed serial mediation model was confirmed with respect to suppression and reappraisal as intrapersonal ER strategies, and with respect to perspective taking, soothing, and modeling as interpersonal ER strategies. **Discussion:** The present findings are in line with the previous empirical evidence in confirming the value of a supportive social environment for the psychological health. However, the nature of the relationship between social support and mental functioning can vary in consideration of different ER mediatory routes. Those alternative affective pathways will be discussed in answering the question that how social support can be beneficial or detrimental for human psyche. **Conclusion:** Even though the accessibility of interpersonal resources has the power to shield people from the psychological distress, the current affect regulatory routes of social support are revealing about the exceptional ways wherein social support might not function for the benefit of its recipients. **Keywords:** social support, emotion regulation, intrapersonal, interpersonal, psychological distress



## **ID 154: Cognitive Behavior Therapy in Egypt; historical developments and pathway to the future**

*Reham Aly Hisham Ramy, Egyptian Association of Cognitive Behavior Therapy*

Egypt has a central position in Africa and the Middle East. The country is the heart of the Arab world. Basically, the development and practice of psychotherapy in Egypt has followed the development of psychology. This presentation explores the evolution, development, and current status of psychotherapy in general and cognitive behavior therapy (CBT) specifically. The current status of CBT in Egypt is explored in the light of the Egyptian Association of Cognitive behavior therapy (EACBT). Starting from times of the development of clinical psychology in Egypt, we discuss the theoretical orientation of contemporary psychotherapy in the country, its status in the health care system, its training and research opportunities, and its current and future challenges. Nowadays, the training and practice of cognitive behavior therapy have perceived many roundabouts in Egypt. In local settings, the evidence based gold standard psychotherapy is subject to individual and cultural changes and progressions. Despite the long years of development in the western countries, the current situation of CBT in Egypt remains developing. Hence, the Egyptian Association of CBT (EACBT) has prioritized a general goal of increasing awareness & knowledge of CBT. This can only be accomplished through cultivating an environment of structured training & research of CBT in Egypt and thus, in the Arab region. The newly developed Egyptian route of CBT education, training, certification and accreditation is thoroughly reviewed. Future expectations and provisional plans for implementing CBT in Egypt will finally be presented.

### **ID 83: Say-do-report correspondence in therapy: an exploratory study.**

*Elisabeth Lozano, Centro de Estudios e Investigaciones en Comportamiento, Universidad de Guadalajara; Miguel Núñez de Prado-Gordillo, Carolina Trujillo, Isabel Ávila-Herrero, María Xesús Froxán-Parga, Universidad Autónoma de Madrid*

**Introduction:** A significant deal of what constitutes CBT might be characterized in terms of what the therapists ask the clients to do outside the clinic, what the clients say they will do, what they effectively do and what they report having done in the following session. A close parallel can be drawn between this procedural characterization of CBT and the say-do-report correspondence phenomenon, extensively documented in experimental settings as a means of studying rule-governed behavior (i.e., the linguistic control of extra-linguistic behavior). Along these lines, the general aim of our work will consist in drawing connections among the results of the experimental analysis of behavior and the therapeutic process as it has been depicted above. Specifically, our research will tackle two issues: a) how to assess the say-do-report correspondence in an ecological setting with natural stimuli (i.e., the therapeutic context); b) how therapy influences the say-do-report correspondence. **Method:** The experimental design will be a non-equivalent control group quasi-experimental design. 8 subjects will participate in the study, 4 in the control group (i.e., no therapy group) and 4 in the experimental group (i.e., therapy group). Say-do-report correspondence will be assessed both before and after therapy. Self-reports will be employed to assess the “say” and “report” phases, while a systematic observation of target behaviors (i.e., eating, drinking and leisure time) through a purpose-designed category system will be applied to assess the “do” phase. **Results:** Regarding our first objective, we expect that the employed analysis tools will prove useful to assess the say-do-report correspondence in a natural setting. Regarding our second objective, we expect to find an increase of the say-do-report correspondence after therapy in the experimental group and no significant change in the control group. **Discussion:** Due to the obvious methodological limitations of this exploratory study, a causal relationship between therapy and the increase of the say-do-report correspondence cannot be concluded. However, the applied research on the therapeutic process gives us reason to believe that, during therapy, therapists systematically reinforce both the clients’ utterances regarding pro-therapeutic behaviors to be performed outside the clinic and their precise behavioral reports. In addition, the experimental analysis of rule-governed behavior has repeatedly evinced that when the probability that a person says that he/she will behave in a certain way increases, the probability that the person behaves accordingly increases too. It is thus reasonable to expect that, when therapists reinforce the clients’ anticipation of their future pro-therapeutic behaviors, the probability that they behave accordingly outside the clinic increases. In addition, they will be later reinforced for precisely reporting what they effectively did. Therefore, the effect we expect to find in the experimental group might well be due to a generalization of the say-do-report correspondence relations specifically trained during therapy.

## **ID 82: Refinement of a category system in a verbal therapeutic behavior study**

*Elena Ruiz-Sancho, Universidad Camilo José Cela; Alejandro Ricote-Hernández, Gladis Pereira, María Xesús Froxán-Parga, Universidad Autónoma de Madrid*

Introduction: the processes research in therapy since decades, seeks to shed what is happening in all steps of any psychological intervention that truly makes possible the change in therapy. Our research team investigates in this area, analyzing the verbal behavior of therapists when in session, in order to identify the function of his verbalizations, and its possible relation with the clinical change. So far we have used the Verbal Behavior of Therapists Category System (SISC-INTER-CVT), but we've been working for years to improve it. Therefore the goal of this work is to show the depuration process of the SISC – CVT and its resulting categories. Method: the therapists verbal behavior was recorded in 30 sessions from 6 different clinical cases, treated by 3 cognitive behavioral psychologists. For the observation, coding of the sessions and the inter and intra-observer reliability, we have used the software The Observer XT 11.0. 3 expert observers in behavior change and observational methodology made the depuration process. First of all, a non-systematic observation was made to prove the new categories system. Afterwards, the instrument was changed and the agreements and disagreements between the observers were analyzed. During the whole process the inter and intra- observer reliability measures were made. Results: the verbal behavior of the therapists can be categorized by Antecedent Stimuli (discriminative; elicitation; instructional discrimination), Consequent Stimuli (reinforcement; punishment) or Dispositional Variables (establishing or abolishing motivational operation, which includes clinic information with or without appetitive and aversive conditioning). Also, reliability analysis with kappa higher than 0,7 and distribution of all 30 categories recorded are presented Discussion: We consider that, with this kind of studies, we can move forward in the clarification and comprehension of the therapeutical change processes that are given in the clinical environment, with the ultimate goal of improve the psychologists performance. Identifying the verbalization functions given by the therapist during session, can help us to be more effective when fostering the mentioned change, to be more efficient in our interventions and to teach future psychologist, highlighting the importance of the therapeutical relationship (verbal) between the professional and the client.

## **ID 284: A preliminary study of the intervention of cognitive behavioral therapy in home-visit nursing for patients with schizophrenia**

*Masayuki Katsushima, Teikyo Heisei University*

In Japan, psychiatric home nursing is effective as a method to support patients' daily lives, and it has recently been increasingly adopted. It is most frequently selected for patients with schizophrenia. These patients have depression and anxiety. In future regional daily life support, psychosociological interventional support may be provided in addition to medical care. In Japan, few clinical psychologists are involved in regional support practice, and no environment to provide regional residents with CBT has been established. A previous study investigated the provision of CBT for regional residents through home nursing by public health nurses in the United Kingdom, and suggested its efficacy. With the consideration that basic CBT with a workbook provided by nurses and occupational therapists can reduce depression or anxiety in schizophrenia patients receiving home nursing, we preliminarily examined its effects. In 8 subjects ( $48.8 \pm 17.3$  years) for whom CBT with a workbook was performed, significance was tested using Friedman's test at each evaluation point by single-group comparison. The effect size was compared using Hedge's  $g$ . Furthermore, the correlation between a primary endpoint, K6, and the homework compliance rate was analyzed by calculating Spearman's rank correlation coefficient. Based on the subjects' homework compliance rate, we investigated the level of effort in each session. In addition, a questionnaire survey involving the subjects and home nurses/occupational therapists who performed CBT was conducted, and data on their impressions were collected. Prior to this study, its protocol was approved by the Ethics Review Boards of Teikyo Heisei University and participating institutions. There were no significant differences in K6 before study intervention, after study completion, or 1 month after study completion ( $p=0.167$ ). The effect size was  $-0.79$  ( $CI=-1.81-0.23$ ) one month after study completion, indicating moderate effects. There was a strong correlation between K6 and the homework compliance rate ( $r=0.76$ ,  $p=0.045$ ). The mean homework compliance rate over a total of 8 sessions was 55.6%, but the compliance rate was the lowest in the 6th session (47.5%). Furthermore, the questionnaire survey involving the subjects showed that they preferred supportive intervention for behaviors rather than cognitive issues. The questionnaire survey involving home nurses/occupational therapists indicated that it was difficult for patients with schizophrenia to approach CBT, and that supporters themselves were aware of insufficient intervention techniques regarding CBT. There were no significant differences in the rate of change in K6. On the other hand, the effect size suggested moderate effects. Furthermore, there was a positive correlation between the degree of depression/anxiety, as represented by K6, and homework compliance rate; self-recognition of depression/anxiety may promote efforts on homework. The survey results suggest the importance of flexible CBT in accordance with individual schizophrenia subjects rather than standardized package-type CBT. In this study, specific effects were achieved.

# **Supported internet-delivered cognitive behavior therapy programs for depression, anxiety, and stress in university students: Feasibility, acceptability, effectiveness, and satisfaction**

*Jorge E. Palacios, Derek Richards, Riley Palmer, Carissa Coudray, Stefan G. Hofmann, Patrick A. Palmieri, and Patricia Frazier*

## *Introduction*

University campuses have limited mental health services that cannot cope with the high demand for treating depression and anxiety related conditions. One alternative is to use internet-delivered CBT (iCBT) as a way of tackling barriers such as stigma, lack of availability, and scheduling issues.

This study aimed to assess the feasibility, acceptability, effectiveness, and satisfaction of a supported iCBT intervention offering three distinct programs on depression, anxiety, and stress to students within a large university.

## *Method*

Participants were recruited from 3 counseling centers at a large midwestern University in the US. Those agreeing to take part chose one of three iCBT programs - Space from Depression, Anxiety, or Stress - all comprised of 8 modules of media-rich interactive content. Participants were supported on the use of the platform throughout the trial by a trained professional. The PHQ-9, GAD-7, and stress subscale of the DASS-21 were completed at baseline, 8 weeks, and 3-month follow-up. A satisfaction with treatment (SAT) questionnaire was completed at 8 weeks, and qualitative interviews were completed by a subsample of participants at 3 months.

## *Results*

182 participants were recruited, 52 choosing Space from Anxiety, 31 Space from Depression, and 19 Space from Stress. Mixed effects models showed a significant decrease in symptoms of depression ( $F = 6.36, p < .001$ ), anxiety ( $F = 7.97, p < .001$ ), and stress ( $F = 8.50, p < .001$ ) over time - with the highest decrease in PHQ-9 scores among those participants choosing the Space from Depression program (5.0 mean difference at 8 weeks and 4.3 at 3 months), the highest decrease in GAD-7 scores among those choosing the Space from Anxiety programme (2.5 mean difference at 8 weeks and 3.6 at 3 months), and a high decrease in DASS-21 stress subscale scores among those choosing the Space from Stress program (2.3 mean difference at 8 weeks and 3.5 at 3 months). The mean time spent using the platform per session was 27.4 minutes ( $SD = 33.8$ ), and participants completed 53.4% ( $SD = 37.6$ ) of the total program content on average. Most (69%) participants found the programs helpful/very helpful, and liked the convenience, flexibility, access, and ability to control the pace of the use of the intervention. Qualitative interviews indicated the intervention met students' expectations, and they saw it as valuable complement to face-to-face treatment.

## *Discussion*

The iCBT programs tested in our study appear to be feasible, acceptable, and effective in a university environment. Participants described the benefits of having a flexible, supported online intervention available on campus. Larger trials should be conducted to further test the significance of supported online interventions that give students a choice of program depending on the symptom profile.

SATURDAY, Sep 8, 10:00

# General Psychological Processes and Neuroscience

## ID 261: Experiencing and Embodying The Compassionate Self: The Impact of Practice Quality in a Compassion Training Program

*Marcela Matos, CINEICC, University of Coimbra; Cristiana Duarte, CINEICC, University of Coimbra; University of Leeds; Joana Duarte, CINEICC, University of Coimbra; Royal Holloway University of London; José Pinto-Gouveia, CINEICC, University of Coimbra; Paul Gilbert, Centre for Compassion Research and Training, University of Derby Sérgio Carvalho, CINEICC, University of Coimbra*

### Introduction:

Even though research has supported the efficacy of compassion mind training (CMT) on the promotion of well-being, the impact of the quality of the practice was yet to be studied. This paper explores indicators of practice quality of a brief compassion mind training (CMT) intervention and their impact on the development of an inner sense of one's compassionate self (CS) and a range of self-report measures.

### Method:

Participants were randomly assigned to one of two conditions: Compassionate Mind Training (CMT; n = 77) and Wait-List Control. Participants in the CMT condition practiced a range of CMT practices during two weeks. Each week, participants completed a feedback questionnaire, measuring practice frequency, helpfulness and embodiment of the practices in everyday life. Self-report measures of compassion, positive affect, shame, self-criticism, fears of compassion, and psychopathological symptoms were also completed at pre and post.

### Results:

Practice frequency was associated with the frequency and easiness of embodiment of the CS. Perceived helpfulness of the practices was related to greater embodiment of the CS and to increases in compassion, reassured self, relaxed and safe affect, and decreases in self-criticism. The embodiment variables of the CS were associated with higher compassion for the self, for others and from others, and with improvements in reassured self, safe affect and compassionate goals. Embodiment of the CS and perceived helpfulness of the practices predicted compassion for the self and experience of compassion from others at post-intervention.

### Discussion:

Perceiving compassion cultivation practices as helpful and being able to embody the CS in everyday life are key to foster self-compassion and the experience of receiving compassion from others, as well as to promote feelings of safeness, contentment and calmness.

## **ID 200: Effects of cognitive and metacognitive training on adults presenting ADHD**

*Amélie Dentz, Chantal Martin Soelch, University of Fribourg University*

Clinical guidelines recommend non-pharmacological treatments in conjunction with medication for the treatment of ADHD (Cortese et al., 2015; European ADHD Guidelines Group, 2013). Cognitive training is one type of non-pharmacological treatment used in ADHD (Cortese et al., 2015; European ADHD Guidelines Group, 2013). Cognitive training improves cognitive deficits through specific exercises during intensive training sessions (Rutledge, Bos, McClure, & Schweitzer, 2012). Cognitive training is based on principles of brain plasticity with the aim to train cognitive function and to improve cognitive deficits in ADHD (Klingberg et al., 2010). Dosis, Van der Oord, Wiers, & Prins (2015) indicated that transfers to other deficits might be increased by tailoring cognitive function training, adding more ecological training tasks and metacognitive session. Cognitive and metacognitive training effects have been rarely studied among adults and adolescents with ADHD (Gropper, 2014, Dentz et al., 2017). The primary objective of this pilot study and meta-analysis was to examine the effects of cognitive training and metacognitive program among adults with ADHD on ADHD symptoms. A secondary objective was to examine the generalization of effects to attentional, executive functions and inhibition. Participant will train with Presco (Scientific Brain Training Pro, 2008). Metacognition will also be included. Cognitive training lasts five weeks and takes place at home. Five sessions of one hour of metacognition will be added. First result and case study are presented. Future clinical application are discussed



## **ID 223: Why should we use other methods than self-reported measures? The example of perfectionism**

*Julie Rivière, Thierry Kosinski, & Céline Douilliez, PSITEC Lab, University of Lille*

**Introduction:** In psychopathology research, one of the most popular methods of conducting research is questionnaires, in clinical and sub-clinical samples. When one seeks to evaluate psychopathological symptoms, personality traits or psychological processes, there are many validated questionnaires, used by researchers and clinicians. They are a convenient way to obtain information from a target population, easy to collect and to analyse. However, it is established that the self-reported measurement method includes a risk of biases, and in recent years, several researchers have focused on alternative methods. In this presentation, we will take the example of perfectionism, which can be defined as the tendency to establish and maintain very high performance standards or personal goals, as well as a strong tendency towards self-criticism (Burns, 1980). There are more than 15 self-reported questionnaires that evaluate perfectionism as a general construct, in addition to several questionnaires focused on specific domains, such as sport, performance, parenting, or physical appearance. The large majority of studies examining the links between perfectionism and psychopathological symptoms (e.g., depression, anxiety, obsessive-compulsive disorder, eating disorders) or more general outcomes (e.g., well-being, stress, rumination) used self-reported measures (for a review, see Egan et al., 2011). Moreover, most of them are cross-sectional and correlational. While self-reported measures method is still used a lot in psychopathology research, there is some unwillingness about the exclusive use of questionnaires for two major reasons: the biases of the questionnaires, and the fact that cross-sectional correlational studies using questionnaires are not appropriate for making causal inferences about the link between variables. Those pitfalls need to be overcome in order to fine-tune our understanding of the way perfectionism contributes to psychopathology.

**Objectives:** Using research on perfectionism as an example, the aims of this presentation are twofold. First, we will describe various types of biases in questionnaires and some possible alternatives to this method (i.e., implicit measures and behavioural measures). Second, we will present the idea that while cross-sectional correlational studies are not appropriate for making causal inferences, using questionnaires have some advantages, and that self-reported measures could be used in alternatives to the cross-sectional studies (i.e., longitudinal studies and ecological momentary assessment method).

**Discussion/Conclusion:** These conclusions point out research and clinical implications about the self-reported measures and their alternatives, mainly in research about perfectionism and more generally in psychopathology research.



## **ID 80: Toward a richer conceptualization of therapy: classical conditioning processes during the therapeutic interaction.**

*Gladis Lee Pereira, Víctor Estal Muñoz, Universidad Autónoma de Madrid, Ricardo de Pascual Verdú, Universidad Europea de Madrid; Giulia Beggio, María Xesús Froxán-Parga, Universidad Autónoma de Madrid*

**Introduction:** During the last few years, the number of studies aiming to clarify the processes of change that occur during therapy has increased. Until now, from the analysis and behaviour modification view, therapy has been only understood as a process of shaping, where the role of the therapist is to reinforce or to punish client's behaviour until the treatment objectives are accomplished. However, this emphasis in operant conditioning has left aside the possible changes that occur due to classical conditioning, especially during the verbal interaction between the therapist and the client. Thus, the aim of this study is to test whether pavlovian associations occurring during the verbal interaction in therapy are related to the client's clinical change. **Method:** In order to analyse therapists and clients' verbal behaviour, video recordings of therapy sessions were used. Since the methodology was observational, a system for categorizing the utterances and analysing their dynamic throughout therapy was constructed. Reliability analyses of the observations were then performed. **Results:** Data showed a positive relation between the number of pavlovian associations presented by the therapists and both the level of agreement and clients' wellbeing. **Discussion:** These results constitute a first step in the study of classical conditioning processes that occur in therapy during the therapist-client verbal interaction. This study brings us closer to a better understanding of the processes of change in therapy, giving rise to a richer conceptualization of it. Future studies could address the role that pavlovian conditioning plays in different types of techniques such as cognitive restructuring, which is mainly driven through language.

### **ID 35: A Closer Look at the Relationship Between Looming Cognitive Style and Anxiety: How do Emotion Regulation Difficulties and Repetitive Negative Thinking Come into Play?**

*Ece Mina Çetin I\*, Koç University, Istanbul, Ayşe Altan Atalay, Koç University, Istanbul*

Previous research emphasized the significance of transdiagnostic and disorder specific vulnerability factors in the development and maintenance of anxiety. Looming Cognitive Style (LCS) is a vulnerability factor which emphasizes the dynamic nature of anxiety-provoking cognitions such that when an externally derived condition triggers anxious thoughts, these thoughts often involve expectations that the unfolding event is rapidly escalating. Several studies provided support for LCS as a cognitive vulnerability factor specific for anxiety disorders, but still limited information is available regarding the possible mechanisms through which LCS relates to anxiety. Building on these research; the aim of the current study was to investigate the roles of transdiagnostic factors (emotion regulation difficulties and repetitive negative thinking) in the relationship between LCS and anxiety. More specifically, emotion regulation difficulties and worry are hypothesized to mediate the relationship between LCS and anxiety. Data were collected from 142 individuals (88 females) between the ages 18 and 63 ( $M=28$ ,  $SD=10.50$ ). Participants received a battery composed of questionnaires assessing LCS, worry, emotion regulation difficulties, anxiety, stress and depression. Results of serial mediation analysis indicated that worry and difficulties in emotion regulation act as mediators in the relationship between LCS and anxiety. The findings are discussed under the light of recent studies, especially in terms of the cognitive specificity hypothesis and the exact relationship that allows for the association between LCS and anxiety.

### **ID 34: Roles of Emotion Regulation Deficits and Behavioral Inhibition in Abnormal Eating Habits: The Effect of Sex Differences**

*Aslı Bursalıoğlu, Ayşe Altan-Atalay, Koç University*

Obesity has become a major health issue spreading worldwide, and it has been shown that abnormal eating habits such as emotional and external eating are associated with obesity rates. Available research indicates that sex differences exist in maladaptive eating patterns. More specifically, overeating in males and females is explained by different aspects of experiencing emotions and different temperamental characteristics. Thus, it is important to explore such mechanisms explaining the inclination for engaging in abnormal eating behaviors in order to understand sex differences in obesity. In the current study, the relationship between problematic eating patterns and how emotion regulation strategies and behavioral inhibition influence them was investigated. The study was collected from 289 participants (189 females) with ages ranging between 18 and 76 ( $M=40.82$ ,  $SD=14.06$ ). Participants were administered self-report measures assessing level of difficulty in emotion regulation, temperamental characteristics, and abnormal eating habits. The results of hierarchical regression analyses indicate that external eating is positively associated with behavioral inhibition, and limited access to emotion regulation strategies result in more external eating in females. In addition, females who have lack of emotional clarity also engage in emotional eating behavior more frequently. In males, limited access to emotion regulation strategies is associated with more emotional eating. On the other hand, only difficulties in engaging in goal directed activities were associated with external eating behavior. In conclusion, emotional eating and external eating are explained by different underlying mechanisms, and sex differences are present in the occurrence of these eating habits.

**ID 331: Emergency C-section, maternal satisfaction and emotion regulation strategies: Effects on PTSD and postpartum depression symptoms**

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The present study investigates the relationship between a mother's emotion regulation strategy (antecedent-focused vs. response-focused), her satisfaction with childbirth, and posttraumatic and/or depressive symptoms towards unplanned C-section. Fifty French participants aged 18-35 ( $M = 27.10$ ;  $S.D. = 3.99$ ) were recruited on exchange groups about C-section and completed four self-report measures online, up to two years after childbirth. These measures assessed emotion regulation strategies used, birth satisfaction, postpartum depression symptoms and PTSD symptoms. Main results indicate: (1) Mothers who use expressive suppression, a response-focused strategy, are less satisfied with childbirth. (2) Emotion regulation, when combined with maternal satisfaction, can predict posttraumatic stress score and depression score. These results imply that the expression of emotions should be encouraged during labour and delivery, especially by providing as much social support as possible, and promoting more personal control in maternal care.

## **ID 293: Relationship between Alexithymia and Aggression in Substance Dependent Individuals**

*Elena Psederska, Bulgarian Addictions Institute*

Anger and hostility have been recognized as robust risk factors for drug use and strong triggers for drug relapse. One of the basic steps in CBT with substance dependent individuals (SDIs) is aimed at regulating anger by recognizing its earliest somatic signs. In this endeavour alexithymia, related to deficits in emotional processing and difficulties in identifying feelings could impede therapeutic efficacy by decreasing accurate emotion recognition. The aim of the present study was to evaluate the impact of alexithymia on aggression among individuals dependent on different types of drugs. We tested 281 participants (53 met DSM-IV criteria for opiate dependence, 58 met DSM-IV criteria for stimulant dependence, 69 met criteria for polysubstance dependence and 101 were non-substance dependent controls) with the Buss-Warren Aggression Questionnaire (AQ) and the Toronto Alexithymia Scale (TAS-20). Alexithymia was positively related to anger and hostility in all groups. In the amphetamine group there was a significant positive correlation between alexithymia and physical aggression ( $r = .416$ ), whereas in the polysubstance group alexithymia was positively related to verbal aggression ( $r = .317$ ). In addition, results indicated that alexithymic SDIs ( $N=55$ ) were more prone to aggression as opposed to their non-alexithymic counterparts ( $N= 125$ ). Results suggest that alexithymia is a significant risk factor for aggression in SDIs. Assessing and addressing alexithymia could have significant applications in relapse prevention programs and psychotherapy of substance use disorders.

### **ID 321: Building Compassionate schools: promoting socio-emotional skills with teachers.**

*Marcela Matos; Isabel Albuquerque, CINEICC, Faculty of Psychology and Educational Sciences, University of Coimbra ; Marina Cunha, CINEICC, Faculty of Psychology and Educational Sciences, University of Coimbra; Miguel Torga Superior Institute, Coimbra, Margarida Pedroso Lima; Lara Palmeira; Sérgio Carvavilho, CINEICC, Faculty of Psychology and Educational Sciences, University of Coimbra*

Mindfulness and compassionate-based interventions have received increasing empirical support, developing adaptive emotional regulation skills central to stress regulation and promoting well-being. These interventions have shown numerous benefits in diverse populations and contexts, such as in mental health indicators (eg, lower depression, stress, anxiety), physical health (eg, regulation of neurochemical processes associated with the stress response) and at an interpersonal level (eg, greater empathy and compassion, improved interpersonal and social relations). Recent studies show that teachers present a high risk of professional stress, damaging their well-being and professional performance. In addition, there is a high prevalence of mental health problems in the school context, including teachers and students. Thus, it is crucial to promote adaptive cognitive and emotional processes that provide teachers with more resources to deal with the challenges of the school context. This project aims to test the effectiveness of compassionate mind training (CMT) in reducing burnout and promoting well-being among teachers, as well as evaluating its indirect impact on students. Initially, a pilot study will be conducted with a sample of about 40 teachers. Subsequently, the participating schools will be randomized into two groups: the experimental group (EG) who will receive the 6-week intervention and the control group (CG) that will be on the waiting list. The efficacy of the intervention will be evaluated through self-response questionnaires and a measure of cardiac variability. It is expected that the implementation of CMT with teachers will allow the development of more adaptive and effective strategies to deal with challenging situations, contributing to the promotion of well-being in teachers and in the school community. At the end of the intervention, it is expected that the EG reveals, when compared to the CG, significant improvements in the indicators of well-being, greater cardiac variability and increased competences of mindfulness and compassion, as well as the decrease of levels of burnout, depression, anxiety and stress.

### **ID 320: The other side of the mood – Burden in caregivers of patients with mood disorders**

*Cabral, J., Barreto-Carvalho, C, University of Azores, Portugal; Castilho, P., University of Coimbra, Portugal; Pato, C., SUNY Downstate Medical Center, College of Medicine, New York, USA*

Mood Disorders (MD) are the mental pathology with greater expression in the world, involving prejudicial consequences, not only for the diagnosed individuals occupational and psychosocial functioning but also for the people around them. In the past years, studies assessing the family/caregiver burden have emerged, revealing that informal healthcare to psychiatric patients has a negative effect, and can compromise their health and capability to take care. This burden can be amplified in locations where patient psychiatric support services and family support services are scarce or hardly accessible. We intend to present the results from an ongoing study aiming to explore the impact that MD may have on the family/informal caregiver (IC) of the Azorean Islands patients. At the moment we are still concluding the data collection, from a sample of nearly 80 Azorean IC or relatives of people with any kind of MD diagnosis. We resorted to a set of questions and self-report measures that assess variables related with: type of support provided by the family/IC to the patient; illness severity of the cared person; caregiver burden; quality of life; psychologic symptoms (depression, anxiety, stress); etc. We hope the results in this study allow recognition of different impact levels of MD in the families/IC, as well as to identify some of the factors that can contribute to these variations. This study can bring important clues to improve/adjust the support provided to the patients and their family/IC, so that these can meet their needs and reduce the negative impact of MD.

## **ID 127: Is Emotion Regulation Mediating the Relationship between Personality Traits and Internet Addiction?**

*Arzu ÇALIŞKAN SARI, Özden YALÇINKAYA ALKAR, Ankara Yıldırım Beyazıt University*

Internet has influenced people's life both positively and negatively from past to present. If negative impacts as internet addiction on adolescents are considered, adolescents with internet addiction often have problems with their school performance, daily routines, mood, and family relationship. There can be several factors that predict internet addiction. The excessive use of the internet and its relation with personality traits have been studied a lot depending on many different theories. In addition, according to some researchers, pathological internet use is commonly related to impulse control disorder and so, internet addiction can be linked with emotion control capacity. This study aims to figure out the relationship between personality characteristics, emotion regulation strategies as cognitive reappraisal and suppression and internet addiction behavior in young people. One hundred and ninety three people who are between 18-25 years old participated and information related to socio-demographics, emotion regulation, internet addiction, and personality obtained. Hierarchical regression analyses were conducted to identify the predictors of internet addiction. Because of age differences and the page of book numbers read in weekly related to internet addiction, age and the page of book numbers read in weekly were entered in the first step using the enter method to the regression analysis, followed by the five personality traits and then emotion regulation strategies in the final step, 26% of the total variance in internet addiction scores were explained by predictor variables. In the last step, cognitive reappraisal, the number of book pages read and consciousness personality trait predict the internet addiction of young adults significantly. When the cognitive reappraisal, consciousness and the number of book pages read increase, reporting internet addiction scores decreases. Furthermore, results pointed out that the effects of openness to experience, neuroticism and agreeableness as personality traits were mediated by cognitive reappraisal on internet addiction symptoms. When agreeableness and openness to experience personality traits increase, cognitive reappraisal also increase and it decreases internet addiction of young adults. When neuroticism personality trait increases, cognitive reappraisal of participants decreases and it increases internet addiction. Additionally, there were negative correlations between conscientiousness, openness to experience and agreeableness personality trait and internet addiction while there was a positive correlation between neuroticism and internet addiction. When the age of participants increased, the use of cognitive reappraisal also increased. The study was concluded by emphasizing to implications in the area of emotion regulation especially programs that targeting the use of cognitive reappraisal strategy to young adults to decrease internet addiction as well as future directions about internet addiction and its related topics. Key words: internet addiction, personality traits, emotion regulation, mediation



## **ID 273: The effects of early life stress on fear generalisation**

Nathalie D Elliott, R. Richardson

*School of Psychology, University of New South Wales, Sydney, Australia*

Early life stress contributes to the risk of developing an anxiety disorder. Given that anxiety disorders have a devastating effect on an individual's quality of life, it is important to identify factors involved in their pathogenesis. One factor that has been implicated in the development of these disorders is generalisation, yet generalisation has never been investigated in the context of early life stress. Thus, the aim of these experiments was to examine whether early life stress enhances contextual fear generalisation, using a rodent model. Rats were exposed to maternal separation, a model for early life stress, where pups were separated from the dam from postnatal days 2-14, or reared as normal. In adulthood, rats were trained to fear a context through a conditioning procedure. The following day, animals were tested for fear to the conditioning context or to a similar, but novel, context. As predicted, unstressed rats showed good discrimination between the two contexts whereas stressed rats expressed fear generalisation. In a follow up experiment, stressed rats discriminated when tested one hour after conditioning, indicating that the faster rates of generalisation observed in stressed rats does not stem from a general inability to discriminate. In two additional experiments, treatments were used that have been previously shown to reduce generalisation in unstressed rats, yet neither of these manipulations attenuated generalisation in stressed rats. Taken together, these findings suggest that early life stress may increase vulnerability to later life anxiety by enhancing fear generalisation.

## **ID 272: Making lasting memories: Examining the effect of novelty on long-term memory formation in infant rodents**

Sarah Bae, Rick Richardson

*School of Psychology, The University of New South Wales, Sydney, Australia*

Childhood memories are rapidly forgotten yet adverse early life experiences have pervasive and profound effects on emotional development, rendering individuals vulnerable to psychopathology across the lifespan. Understanding the processes involved in memory formation during this critical developmental period will provide insight into this paradox. Therefore, in this study, we used a behavioural paradigm that has been shown to be involved in modulating the formation of long-term memories (LTM) in adults (i.e., exposure to novelty, which enhances protein synthesis). Specifically, we examined whether novelty also modulates LTM in infant rodents. Infant rats were trained to fear a context. Those given brief open field (i.e., novel environment) exposure 1-, but not 2-, hours prior to training exhibited enhanced retention when tested one day later (Experiments 1 and 2), but comparable retention when tested shortly after training (Experiment 2). Thus, exploration of an open field facilitates subsequent context fear memories by modulating processes involved in memory consolidation rather than those involved in encoding. While exploration of an open field did not lead to better memory when animals were tested 3-days later (Experiment 3), a pre-test reminder shock led to a more pronounced reinstatement effect in rats exposed to the open field 1-hour before training (Experiment 4). Overall, these findings suggest that exploration of an unrelated environment facilitates LTM formation in infant rats. Unlike reported findings in adults, however, this environment does not need to be novel and a similar facilitation effect is observed even when the environment is familiar (Experiment 5).

## **ID 256: Neural Correlates of Practicing Self-Control: The Domain of Anger Provocation**

Joanne R. Beames

*University of New South Wales, Sydney, Australia*

Self-control is fundamental to adaptive functioning. Given the widespread impact that self-control has on health, well-being, and interpersonal relationships, increasing self-control might be beneficial for individuals and communities. One strategy that reliably increases self-control is self-control training (SCT). This training involves repeatedly practicing self-controlled behaviors over time and acts to increase people's ability to inhibit incipient urges or desires. The alluring part of SCT for researchers is that practicing self-control in one domain (e.g., regulating verbal speech) increases self-controlled behaviors in other, untrained domains (e.g., anger and aggression). Although SCT is effective, the underlying neural mechanisms have remained elusive. Our fMRI study examined whether SCT changes activity in neural networks related to self-control following anger provocation. Forty-five healthy young men and women completed two-weeks of SCT or active monitoring and were then insulted during scanning. Activation in the middle frontal gyrus (MFG), insula, and hippocampus increased from pre- to post-provocation in the control. Trait aggression positively correlated with prefrontal and subcortical regions relevant to anger in both conditions, whereas negatively correlated with the MFG in the control. Amygdala-prefrontal functional connectivity was stronger in the SCT condition following provocation. Our results support neurological and psychological theories suggesting that anger is a product of poor self-control. Our results also suggest that SCT reduces the cognitive effort needed to exert control over angry impulses and has beneficial effects for anger-prone individuals. To this end, SCT might be an effective adjunct strategy for reducing anger in individuals with impulse-control problems or emotion dysregulation.

**ID 323: Does post-learning stress selectively enhance emotional memory?**

Mingming Lin, *Japan Society for the Promotion of Science(National Center of Neurology and Psychiatry)*

Existing evidence indicates that post-learning stress can enhance memory. The present study used high-arousal emotional words and low-arousal neutral words and then employed a 24-hour delay to investigate the effects of post-learning stress on memory, namely, whether or not stress enhances emotional memory. Forty undergraduate students were assigned to a stress group or a control group. On the first day, the participants completed a 24-word memory task. The tool contained eight neutral, eight high-arousal positive, and eight high-arousal negative words. The participants then performed an immediate free recall. The stress group participants were subsequently subjected to five minutes of white noise as acute stressor, whereas those in the control group were not subjected to any stressor. On the second day (24 hours later), the participants returned to the laboratory; a delayed free recall test and a recognition test were conducted. The stress group participants exhibited a significant subjective stress response following exposure to acute stress. They likewise showed a tendency of less memory-decrease from immediate recall on day 1 to delayed recall on day 2, as well as higher recognition performance, but only for neutral words. This result suggests an enhancing effect of post-learning stress on neutral but not for emotional memory. No selectively enhanced effect for arousal or emotional valence was detected. However, we found a correlation between memory performance for negative words and trait anxiety. As such, there may be interaction effects between the effect of post-learning stress on emotional memory and individual difference on emotional memory.

**ID 30: Moderator role of Looming Cognitive Style (LCS) in the Relationship between Attentional Control and Anxiety: Difference between Shifting and Focusing Dimensions**  
*Ayşe Altan-Atalay, Koc University*

Attentional control that is composed of shifting and focusing dimensions had been suggested as a transdiagnostic risk factor. On the other hand, Looming Cognitive Style (LCS) had been documented as a trait based characteristic that is associated with high levels of subjectively felt anxiety. The present study investigated whether individual differences in LCS moderated the association of shifting and focusing with anxiety. Participants were 402 individuals between ages 18 and 68 who filled out questionnaires assessing attentional control, LCS, anxiety, and depression. Results of the moderation analysis indicated that at high levels of LCS, low shifting ability was associated with more intense anxiety. A similar relationship with LCS was not observed for focusing. It is concluded that for individuals who have high LCSs and low shifting ability, content of and distress coming from looming images is experienced in a more intense manner since these individuals cannot shift to another (perhaps less anxiety provoking) content more flexibly and thus the duration of the looming process is prolonged and leads to higher levels of anxiety. The findings are discussed under the light of ego-depletion model.

## **ID 255: eBEfree: An app-delivered programme based on mindfulness, values and compassion for binge eating – Study protocol**

*Pinto-Gouveia, J., . Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), Faculty of Psychology and Educational Sciences, University of Coimbra; Duarte, C., Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), Faculty of Psychology and Educational Sciences, University of Coimbra; School of Psychology, Faculty of Medicine and Health, University of Leeds; Palmeira, L., Carvalho, S., Matos, M., Ferreira, C., Joana, D., Cunha, M., Castilho, P., Center for Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), Faculty of Psychology and Educational Sciences, University of Coimbra; Sousa, B., Cordeiro, L., Simões, P.3 OneSource*

### **Introduction:**

Binge Eating Disorder (BED) is a public health concern given its prevalence, comorbidity and how it affects the onset, severity and treatment of obesity. There is a growing interest in the development of psychological interventions for binge eating (BE), namely based on contextual-behavioural approaches. BEfree is a novel 12-week group intervention for BE that articulates mindfulness, compassion and values-based components. BEfree was found to be effective in diminishing BE symptomatology, weight stigma, shame and in improving quality of life in women with BED and obesity. This project aims at developing and testing the efficacy of the eBEfree: the BEfree adapted into an ICT-delivery format.

### **Method:**

The eBEfree toolkit will include sequential modules with psychoeducation on BE; mindfulness and compassion practices; exercises to promote psychological flexibility and values-based actions. The toolkit will emphasize daily self-monitoring (i.e., practices frequency, eating behaviour and physical activity). The study will employ a 2x2 factorial nonrandomized controlled design by comparing the results of the eBEfree intervention (n = 70) and the original BEfree (n = 31).

### **Results:**

The primary outcomes will be: reductions in binge eating symptomatology and other body image and disordered eating symptoms. The secondary outcomes will be: reductions in weight and depressive symptoms, and improvements in wellbeing. The eBEfree is expected to present greater cost-effectiveness than TAU and eBEFree.

### **Discussion:**

This project will stimulate innovative and cost-effective ways of providing healthcare options to the wider community with BE problems, and will contribute to target the healthcare burden of obesity.

## **ID 327:Competitive Mentality and Transgender Identity: The role of Shame Traumatic Memories, Shame, Fears of Compassion and Depressive Symptoms**

*Frederica Carvalho, Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal; Lígia Fonseca; Graça Santos, Genito-Urinary and Sexual Reconstruction Unit (URGUS), Coimbra University Hospital, Portugal; Paula Castilho, Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal ; Center for research in Neuropsychology and Cognitive Behavioral Intervention. Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal.*

1. INTRODUCTION Socially constructed social hierarchies and ranks (e.g., rich vs. poor, oppression) have huge impacts on people's psychological and physical health and well-being. The human brain is particularly shaped and evolved for social processing and is highly choreographed through relationships making both early and current social contexts central to understanding mental health problems. In fact, humans have become a species deeply reliant on the support and cooperation of in-group others, so much so that most human competition now is to create good impressions in the minds of others about the self. To our knowledge, there are no studies exploring the role of competitive mentality in transgender individuals. Specifically, we aimed to explore the relationship between shame traumatic memories, feelings of shame, fears of compassion and depressive symptoms 2. METHOD The present study used a questionnaire design. Day-patients diagnosed with Gender Dysphoria by the Sexology Consultation (specifically, in the Genito-Urinary and Sexual Reconstruction Unit) from the Coimbra University Hospital are being recruited and completed a set of self-report questionnaires measuring the variables in study. 3. RESULTS This is a study which is still underway and we predict to have results by July, 2018. We hypothesize that transgender individuals reported shame memories to be more central to their self-identity and life story, had increased levels of external shame, fears of compassion and depressive symptoms. On the other hand, these individuals revealed lower levels of self-compassion and social safeness, as expected.

### **ID 251:Core Beliefs across varying diagnoses as a starting point in CBT**

*Strauss Wolfgang & Strauss Johanna, Heinrich-Heine-University, Behaviour Therapy Unit, Duesseldorf, Germany, 2University of Applied Sciences Science*

The concept of core beliefs is a central part of the cognitive model of cognitive behavioral therapy. Little is known as to the number of patients, presenting with different diagnoses, spontaneously reporting such core beliefs at the beginning of psychotherapy. A study was conducted on 234 consecutive reports, which had been written by 28 different therapists in Germany after two or three anamnestic sessions. In applying for fee reimbursement from insurers, therapists are required to submit such reports to experts of the relevant health insurance-company. These reports were examined in order to ascertain the percentage of patients who spontaneously reported such core beliefs. In 88% of these reports, core beliefs were directly reported. No specific patterns of core beliefs were found which could be attributed to the different diagnoses (anxiety disorders, OCD, depression, schizophrenia, personality disorders, eating disorders). This finding is in line with genetic studies (Cross-Disorder Group of the Psychiatric Genomics Consortium, 2013) and structural brain change studies in psychiatric disorders (Goodwin et al., 2013). These also show that there is a common biological denominator in psychiatric disorders. The role of core beliefs as a starting point in CBT across varying diagnosis will be discussed.



**ID 249: The relationship between insecure attachment, trait anxiety and depressive symptoms in a clinical sample: mediating role of emotion regulation strategies**

*Hyu Jung Huh, Stress Clinic, Health Promotion Center, Seoul St. Mary's Hospital, The Catholic University of Korea, College of Medicine; Bo Ram Jeong, Ji Hyun Hwang, Catholic Emotion Research Laboratory, Catholic Biomedical Industrial Institute, Seoul, Korea; Jeong-Ho Chae, Catholic Emotion Research Laboratory, Catholic Biomedical Industrial Institute, Seoul, Korea; Department of Psychiatry, Seoul St. Mary's Hospital, The Catholic University of Korea, College of Medicine*

**Introduction** Attachment theory posits that attachment has an impact on emotion regulation ability, which can attribute to occurrence of affective symptoms. Empirical data on associations between adult attachment and trait anxiety/depressive symptoms via emotion regulation ability in a clinical sample is, however, scarce. The present study addresses this omission. **2. Methods** Patients with depressive disorder (n=261) completed the Beck Depression Inventory (BDI), Trait Anxiety Inventory (TAI), Experience in Close relationship (ECR), and Emotion Regulation Questionnaire (ERQ). We employed structural equation modeling (SEM) and simple mediation analyses. **3. Results** The indirect effect of reappraisal was significant in the relationship between both styles of insecure attachment and trait anxiety/depressive symptoms. Although repression was correlated with attachment avoidance, the indirect effect of repression was not significant in the relationship between attachment styles and psychiatric symptoms. **4. Discussion** Our results suggest that reappraisal is an important factor for symptoms severity of depression in patients with insecure attachment. In addition, insecure attachment also related to trait anxiety, a vulnerable factor for depression, via reappraisal.

## **ID 195: Experiencing and Embodying The Compassionate Self: The Impact of Practice Quality in a Compassion Training Program**

*Marcela Matos, CINEICC, University of Coimbra; Cristiana Duarte, CINEICC, University of Coimbra; University of Leeds; Joana Duarte, CINEICC, University of Coimbra; Royal Holloway University of London; José Pinto-Gouveia, CINEICC, University of Coimbra; Paul Gilbert, Centre for Compassion Research and Training, University of Derby Sérgio Carvalho, CINEICC, University of Coimbra;*

**Introduction:** Even though research has supported the efficacy of compassion mind training (CMT) on the promotion of well-being, the impact of the quality of the practice was yet to be studied. This paper explores indicators of practice quality of a brief compassion mind training (CMT) intervention and their impact on the development of an inner sense of one's compassionate self (CS) and a range of self-report measures. **Method:** Participants were randomly assigned to one of two conditions: Compassionate Mind Training (CMT;  $n = 77$ ) and Wait-List Control. Participants in the CMT condition practiced a range of CMT practices during two weeks. Each week, participants completed a feedback questionnaire, measuring practice frequency, helpfulness and embodiment of the practices in everyday life. Self-report measures of compassion, positive affect, shame, self-criticism, fears of compassion, and psychopathological symptoms were also completed at pre and post. **Results:** Practice frequency was associated with the frequency and easiness of embodiment of the CS. Perceived helpfulness of the practices was related to greater embodiment of the CS and to increases in compassion, reassured self, relaxed and safe affect, and decreases in self-criticism. The embodiment variables of the CS were associated with higher compassion for the self, for others and from others, and with improvements in reassured self, safe affect and compassionate goals. Embodiment of the CS and perceived helpfulness of the practices predicted compassion for the self and experience of compassion from others at post-intervention. **Discussion:** Perceiving compassion cultivation practices as helpful and being able to embody the CS in everyday life are key to foster self-compassion and the experience of receiving compassion from others, as well as to promote feelings of safeness, contentment and calmness.

## **ID 165: Altered patterns of perception in obesity**

*Mayron Picolo, Chantal Martin-Soelch, Unit of Clinical and Health Psychology, University of Fribourg, Fribourg, Switzerland*

Obesity is a concerning issue in current times. Studies suggest that, if progression continues as seen in the last years, it might be too late to avoid an obesity epidemics. Research has shown that these patients seem to have altered perceptions both towards self- and external-related aspects, as seen also in Anorexia Nervosa. Therefore, the aim of this paper was to review available studies that specifically analyzed the relation between perceptive behaviors and obesity or overweight. Altered perception has been found towards one's own body weight / body image and satiety (categorized here as self-related perception) as well as food palatability and nutritional characteristics, distance and steepness (external-related perception). We also found a few psychotherapeutic strategies that focused on perception for dealing with eating disorders and obesity, which have shown promising results in preliminary studies. Disparities between perceived and actual reality seems to be constant in patients with obesity, but few studies have focused on self-related perception and even fewer on interventions regarding this aspect.

**Possible problems in the referral of clients from cognitive behavioral approaches to less structured therapeutic approaches. Presentation of the conclusions from the practical work in Bulgarian context with clients, referred from cognitive behavioral therapy (CBT) to family therapy (FT)**

*Kalina Dzhambazova, Adaptacia Outpatient Mental Health Clinic, Bulgarian Association of Family Therapy*

*Kiril Bozgunov, Adaptacia Outpatient Mental Health Clinic, Bulgarian Addictions Institute*

*Irina Lazarova, M.D., Adaptacia Mental Health Clinic, Bulgarian Association for Cognitive Behavioral Psychotherapy*

In its essence cognitive behavioral approaches are problem centered, have a specific goal, focused on the present. The therapeutic sessions follow a particular structure that aims to educate clients to identify, evaluate, and respond to their dysfunctional thoughts and assumptions, which contribute to the symptom. The systemic approach is aimed at exploring, understanding and changing the relations in the systemic/family context as causing and sustaining the existence of a symptom, belonging to the individual. A key contribution to change besides the therapeutic alliance is the regulation of the emotional processes in human systems.

During the practical work with the clients referred from CBT to FT, we encountered a certain type of problems related to the structure of the therapeutic session, the measurement of the results and progress in therapy, and the maintenance of a stable therapeutic alliance.

This allowed us to draw conclusions for specific algorithms in the referral both from CBT to FT and vice versa, to enable an adequate succession, to validate the contributions of each of the approaches, and enable the client to make a smooth transition between different paradigms in order to make the most of the therapeutic process.

# SATURDAY, Sep 8, 10:00

## Children and Young People

### **ID 312: Differences within early maladaptive schemas in healthy young adults with or without experience of childhood sexual abuse**

*Maria Durianova, Marta Popelkova, Antonia Kotianova, Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic; Michaela Chupáčová, Michal Kotian, Psychagogia s.r.o, Liptovský Mikuláš, Slovak Republic; Jan Prasko 1\*,3\*, Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic; Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, Olomouc, Czech Republic; Milos Slepecky, Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Nitra, Slovak Republic*

Introduction: Aversive experiences during childhood are considered as the main predictor of early maladaptive schemas (EMS) and they are also connected with several psychological and psychiatric problems in adulthood. Sexual abuse is a worldwide problem, which has often negative impact on individual's life and can lead to psychological and interpersonal problems. The aim of this study is to observe the differences within EMS in individuals with or without experience of sexual abuse during childhood. Method: We used Adverse Childhood Experiences – International Questionnaire (ACE-IQ) to find out adverse traumatic experiences during childhood. This questionnaire has 36 items of different categories, Contact sexual abuse included. Young Schema Questionnaire – Short Form (YSQ-S3) was used to evaluate of participants' EMS. It consists of 90 items resulting to 18 different EMS (e.g. Emotional Deprivation, Mistrust/Abuse, Failure, Self-sacrifice). Results: Participants, which experienced contact sexual abuse during childhood, scored higher only in unconditional schema Mistrust/Abuse and in conditional EMS Entitlement/Grandiosity, Insufficient Self-control/Self-discipline and Approval-seeking/Recognition-seeking in comparison with participants without experience of sexual abuse. Conclusion: It appears that sexual abuse was not strongly involved in development of EMS in our sample of healthy young people. It is contradictory to assumption about role of sexual abuse in development of EMS in clinic population. More research is needed to clarify which factors mediate development of EMS after experience of sexual abuse to know how to provide better treatment for these patients.

## **ID 311: Psychometric Properties of the Portuguese Version of the Invalidating Childhood Environment Scale**

*Ana Isabel Vieira, MSc, Mónica Gonçalves, MSc, Psychotherapy and Psychopathology Research Unit – CIPsi, School of Psychology, University of Minho, Braga, Portugal; Bárbara César Machado, PhD, CEDH – Centre for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Porto, Portugal; Tânia Rodrigues, MSc, Paulo P. P. Machado, PhD, Psychotherapy and Psychopathology Research Unit – CIPsi, School of Psychology, University of Minho, Braga, Portugal; Isabel Brandão, MD, PhD, Sertório Timóteo, MD, Patrícia Nunes, MD, Psychiatry Department, Faculty of Medicine, Hospital of S. João, Porto, Portugal; Sónia Gonçalves, PhD, Psychotherapy and Psychopathology Research Unit – CIPsi, School of Psychology, University of Minho, Braga, Portugal.*

**Introduction** This study aimed to examine the psychometric properties of the Portuguese version of the Invalidating Childhood Environment Scale (ICES) in a non-clinical and clinical sample of eating disorder (ED) patients. This study also investigated the between-sample differences regarding invalidating parental behaviours and family styles and explored the associations between invalidating childhood environments and eating pathology. **Method** A sample of 410 high school and college students and 101 patients with a diagnosis of ED completed self-report measures. Principal component analyses and confirmatory factor analyses were conducted to examine the factor structure of the ICES. The internal consistency and the between-sample differences and associations between invalidating childhood environments and eating pathology were also tested. **Results** Principal component analyses and confirmatory factor analyses indicated a two-factor solution for each parent. The ICES demonstrated high internal consistency and was able to differentiate between non-clinical and clinical samples. The perception of parental invalidation was higher in ED patients, and the clinical sample presented higher scores in the chaotic and perfect family styles and lower scores in the validating family style, in comparison with the non-clinical sample. Both maternal invalidation and invalidating styles were significantly associated with a higher ED symptomatology. **Discussion** The Portuguese version of the ICES revealed adequate psychometric properties. Considering the relationship between invalidation in family and eating pathology, the ICES may be useful in clinical practice, especially among ED patients.

### **ID 324: Maladaptive perfectionism and test anxiety: The mediation effect of self-criticism and shame in a sample of Portuguese medical students**

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**Introduction.** When compared to general community and peers, medical students reveal higher test anxiety (TA) and perfectionism, a personality disposition comprising adaptive/maladaptive dimensions. The transdiagnostic psychological processes underlying the relationship between MP and TA in higher education (HE) students are yet to explore. The purpose of this study was to explore the relationship between MP, TA, self-criticism and shame, in a sample of medical students. **Method.** 336 medical students (234 female),  $M_{age}=20.39$ ,  $SD=2.72$ ) recruited from Portuguese HE institutions. In addition to sociodemographic data, all subjects filled a set of questionnaires assessing test anxiety (RT), perfectionism (MPS), self-criticism and self-reassurance (FSCRS), shame (OAS), depression, anxiety and stress (DASS-21). Pearson correlation analyses and path analysis were used to explore the data. **Results.** Pearson correlations revealed statistically significant moderated to large associations between the variables. A path analysis indicated that MP was associated with higher TA symptoms, though the mediation effect of external shame and self-criticism. The tested model revealed a good fit to the data and accounted for a total of 34 % of TA variance in medical students. **Discussion.** Results expand current knowledge on mechanisms linking MP and TA, corroborating the theoretical conceptualization of self-criticism as a process to regulate the aversive experience of shame. Students with TA might engage in a self-critic inner speech to avoid feelings of shame. These findings highlight the importance of addressing these processes during treatment of performance anxiety and of implementing compassion-based programmes in HE, promoting medical students' adaptive emotion regulation skills towards academic/personal challenges.

## **ID Attentional bias for affective stimuli: an eye-tracking study in a student sample with depressive and/or autistic traits**

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The lifetime prevalence of depression in individuals with Autism Spectrum Disorders (ASD) is remarkably high; approximately 30-50%, opposed to 20% in the general population. Unfortunately, very little is known about the cognitive mechanisms that underlie this increased risk for developing depression in ASD. According to cognitive theories (Beck, 2008), affective biases engender and maintain depressive symptoms. Depressed individuals preferentially attend to negative information (negative attentional bias). We therefore developed a new eye-tracking task to measure attentional bias for affective stimuli in a student population with autistic and/or depressive traits. The stimuli were divided into different categories varying on valence and showed social and non-social scenes, and photographs of actors with different emotional expressions. These different stimulus categories were selected to trigger differential attentional processing in individuals with varying levels of ASD and depressive symptoms. Sixty-four students participated in this eye-tracking task and underwent an assessment of ASD and depression symptoms. We will present and discuss the preliminary results on the poster. This is one of the first studies to explore affective attentional biases with various stimulus categories in a population with ASD and with or without depressive traits. The clinical relevance of this study is to expand knowledge about the role of biased information processing in ASD, this is relevant in the light of current treatment innovations whether bias is a target of computerized (add-on) treatment, as for example Attention Bias Modification.

### **REFERENCES**

Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *American Journal of Psychiatry*, 165(8), 969-977.



## **ID 149: The Effect of Perceived Psychological Control on the Automatic Thoughts of Children**

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The research indicates that the negative affects of the early childhood experiences have impact on the negative cognitive constructs. Besides, parents within the family system have been known to have significant events on the development of the children. It is considered to have major impact on the children that the parents provides them with the support and the control on them. The term ' control', is used to mean the pressing, dominating, or manipulating of the parents. Early childhood phase is known as a critical period in which negative constructs on the cognitive structure are placed and processed. The main purpose of this research is to determine the effect of the negative effects of the early childhood experiences on the negative cognitive constructs. Upon this, the child automatic thoughts inventory, psychological control scale and the sociodemographical information form have been applied on the dubjects whose ages range between 7-12 ( n=82). According to results, the perceived deprivation of live score between 12-13 ages has been found high compared to other scores. The physical danger and the social threat perception on the children of single parents have been found significantly high compared to the children of the married couples. In research , the perceived parents psychological control has an impact on the negative automatic thoughts. As a result, the more perceived parents psychological control increases, the more the negative automatic thoughts emerge. One of the main assumptions of the CBT is about the nature of the essential role of the negative thoughts on the psychopathology. Derived from this fact, parent information studies are advised for the future. Key words: automatic thoughts, psychological control, parental control , automatic thoughts of the children